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Purpose

The purpose of this policy is to provide those individuals, exclusively named in *Kansas State Statute 65-16,127 Emergency opioid antagonists; dispensing, storing, administering; duties of the state board of pharmacy and first responder agencies; rules and regulations (g) (2)*, with guidelines, instructions, and procedures to utilize naloxone in order to reduce fatal opioid overdose.

Policy

It is the policy of Franklin County Kansas to aid any person(s) who may be suffering from an opioid overdose. Those individuals trained in accordance with this policy and the provisions of Kansas law shall make every reasonable effort to use naloxone to revive victims of any apparent drug overdose.

Discussion

Drug overdoses are a major cause of preventable death in the United States. Increasingly, this includes prescription opioids, along with illegal opiate drugs like heroin. Therefore, it is vital that those trained individuals recognize the symptoms that victims who are suffering from an opioid overdose display so as to ensure that fast and effective medical assistance is dispensed.

Definitions

- A. Drug Intoxication:** Impaired mental or physical functioning resulting from the use of physiological and/or psychoactive substances; i.e. euphoria, dysphoria, apathy, sedation, attention impairment.
- B. EMS:** Emergency Medical Services, a system that responds to emergencies in need of highly skilled pre-hospital clinicians.
- C. MAD:** The intranasal Mucosal Atomization Device which is used to deliver a mist of atomized medication that is absorbed directly into a person’s blood stream and directly into the brain and cerebrospinal fluid via the nose to brain pathway. This method of medication administration achieves medication levels comparable to injections.
- D. Naloxone:** An opioid receptor antagonist and antidote for opioid overdose which is produced in intramuscular, intranasal, or intravenous forms. Use NARCAN® (naloxone hydrochloride) Nasal Spray for known or suspected opioid overdose in adults and children.
- E. Opioid:** An opioid is a psychoactive chemical pain medication such as fentanyl, morphine, buprenorphine, codeine, hydrocodone, methadone, and oxycodone.
- F. Heroin:** A white, crystalline narcotic powder that is a highly addictive drug derived from morphine.



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- G. Opioid Overdose:** Means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, mania, or death resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson reasonably believes to be resulting from the consumption or use of an opioid or other substance with which an opioid was combined, and for which medical assistance is required.
- H. Universal Precautions:** An approach to infection control whereby all human blood and human body fluids are treated as if they were known to be infectious for HIV, HBV, and other blood-borne pathogens. The use of Nitrile gloves for purposes of this policy is a highly recommended best practice.
- I. Signs of Overdose:** A person who has overdosed may:
 - a. be breathing very slow or not breathing
 - b. have blue or purplish lips or fingernails
 - c. be limp
 - d. pinpoint pupils
 - e. be vomiting or gurgling
 - f. not wake up or respond if you try to rouse them

Issuance of Naloxone

It is the responsibility of the individual’s agency (i.e. school district, etc.) to acquire naloxone in accordance with Kansas State Statute.

Resources

Procedure

- A. Individuals shall receive approved and authorized training on responding to persons suffering from an apparent opioid overdose and the use of naloxone prior to being issued an intranasal naloxone kit and/or being authorized to administer naloxone.
- B. Individuals shall receive approved and authorized refresher training on responding to persons suffering from an apparent opioid overdose and the use of naloxone every two (2) years.
- C. Whenever an individual encounters a person who appears to be the victim of a drug overdose, the individual shall:
 - a. Maintain universal precautions throughout the event.
 - b. Call 911 and advise the dispatcher of a possible overdose and request EMS response.
 - c. Keep the dispatcher apprised of the condition of the overdose victim.
 - d. Perform an assessment of the victim checking for unresponsive and decreased vital signs.



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- e. Check for Medic Alert tags or the like, which may indicate a pre-existing medical condition, around the wrist or neck of the victim.
- f. Ask bystanders what type of drug the victim ingested.
- g. Observe surroundings for any evidence of drugs that may include what the victim ingested such as: prescription drug bottles, heroin packages, needles, and syringes.
- h. Prior to the administration of naloxone, ensure that the victim is in a safe location and shall remove any sharp or heavy objects from the victim's reach, as the sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, and difficulty breathing.
- i. Administer naloxone.
- j. Alert law enforcement officials of illegal and/or prescribed narcotics found on the victim or around the area of the overdose and inform EMS of the drugs/prescriptions found.
- k. Once used, the intranasal naloxone device is considered bio-hazardous material and shall be turned over to EMS for proper disposal.

Administration of Naloxone



Step #1—Ask person if they are okay and shout name (if known).

- Shake shoulders and firmly rub the middle of their chest.
- Check for signs of an opioid overdose:
 - Will not wake up or respond to your voice or touch
 - Breathing is very slow, irregular, or has stopped



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- Center part of their eye is very small, sometimes called “pinpoint pupils”
- Lay the person on their back to receive a dose of naloxone.

Step #2—Remove Narcan Nasal Spray from the box.

KEY STEPS TO ADMINISTERING NARCAN® NASAL SPRAY*:

PEEL



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the red plunger and 2 fingers on the nozzle.

PLACE



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

PRESS



Press the red plunger firmly to release the dose into the patient's nose.

- Peel back the tab with the circle to open the Narcan Nasal Spray.
- Hold the Narcan Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Gently insert the tip of the nozzle into either nostril.
- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Press the plunger firmly to give the dose of Narcan Nasal Spray.
- Remove the Narcan Nasal Spray from the nostril after giving the dose.

Step #3—Get emergency medical help right away.

- Move the person on their side (recovery position) after giving Narcan Nasal Spray.



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- Watch the person closely. If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. Narcan Nasal Spray may be repeated after 2 to 3 minutes, if available.
 - Repeat Step 2 using a new Narcan Nasal Spray to give another dose in the other nostril.
- Maintain constant observation of the victim and update dispatch on the condition of the victim.
- Improvement in the person's breathing should be noticed in 2 to 3 minutes.

Following the administration of the Narcan Nasal Spray the individual shall:

- Immediately provide information related to the administration to any responding personnel including law enforcement and EMS
- Notify the Franklin County Health Department via the Naloxone Usage Report within 24 hours of administration

Reporting

After utilization of naloxone, individuals shall:

- Prepare the provided Naloxone Usage Report to include a description of the individual's condition, symptoms, and behaviors; the fact that naloxone was deployed; EMS response; and the hospital to which the victim was transported (if known).
- A copy of the Naloxone Usage Report shall remain with the individual's agency.



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- A copy of the Naloxone Usage Report shall be forwarded to the Franklin County Health Department to:
 - Ashlea Confer, Health Educator
 - AConfer@franklincoks.org

Storage and Replacement

- Inspection of the intranasal naloxone kit shall be the responsibility of the individual to whom it is issued and shall be conducted at least monthly.
- Do not remove or test the Narcan Nasal Spray until ready to use.
- Check the expiration date found on the box or vial.
- Naloxone will be stored in accordance with the manufacturer’s instructions, avoiding extreme cold, heat, and direct sunlight.
- Missing, damaged, and expired kits shall be replaced as soon as the discrepancy is noted.
- Replacement kits are the responsibility of the individual’s agency.

Training

Training programs will be provided by Franklin County EMS facilitated by the Franklin County Health Department. The training will provide at minimum:

- The signs and symptoms of an opioid overdose
- The procedures for administration of an opioid antagonist
- The signs and symptoms of an adverse reaction to an opioid antagonist
- The procedures necessary to stabilize the patient if an adverse response occurs
- Opioid antagonist duration
- The procedures for monitoring the suspected opioid overdose victim and re-administration of opioid antagonist if necessary for the safety and security of the suspected overdose victim
- The procedures for storage, transport, and security of the opioid antagonist
- The method of opioid antagonist administration being taught