

# WORKSITE NALOXONE POLICY

## Purpose:

The purpose of this policy is to ensure that all (insert entity name) staff are able to obtain Naloxone, be trained in the administration of Naloxone, and administer Naloxone to an individual during a perceived medical emergency if necessary.

## Policy:

It is the policy of the (insert entity name) that all current staff be trained in the use of Naloxone. Training on the use of Naloxone will be incorporated into initial employee training for all new employees and is available on the South Dakota Department of Health website at

<https://doh.sd.gov/providers/ruralhealth/EMS/NaloxoneForEmployers.aspx>

## Definitions:

**Naloxone:** an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal, and intravenous forms. Naloxone is specifically used to counteract life-threatening depression of the central nervous system and respiratory system. Narcan is a brand name for intranasal Naloxone

**Opioids:** a class of drugs that interact with opioid receptors on nerve cells in the body and brain. Opioids include the entire family of opiates including natural, synthetic, and semi-synthetic forms. Opioids include drugs such as heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription such as oxycodone, hydrocodone, and morphine

**Opioid Overdose:** an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance

## General Procedures:

1. (Insert entity name) shall designate a Naloxone Coordinator to oversee the Naloxone Administration program within each office. The Naloxone Coordinator's responsibilities include:
  - a. On a monthly basis, visually inspect all Naloxone kits to ensure they are current and unexpired and that all necessary supplies are available.
  - b. Ensure that any use of Naloxone is documented in a Usage Report.
2. (Insert entity name) shall deploy Naloxone units contained in a wall-mountable Nalox-Box to all offices, as outlined in the distribution plan. The Nalox-Box will be located next to an existing AED storage box or other established location.
3. Only staff trained in the use of Naloxone are authorized to administer Naloxone at the (insert entity name) building. In administering Naloxone, staff must maintain universal precautions against pathogens and infection by using latex gloves as well as a CPR face shield or barrier if performing rescue breathing.

## Procedures for Use:

1. Recognize the Signs of Opioid Overdose
  - a. Suspected or confirmed opioid overdose consists primarily of:
    - i. Unresponsiveness to stimuli such as calling the victim's name, shaking them, or performing a sternal rub
    - ii. Pale, clammy skin
    - iii. Not breathing or very shallow breathing
    - iv. Deep snorting or gurgling breaths
    - v. Slowed heartbeat/pulse rate
    - vi. Cyanotic skin color (blue lips, etc.)
    - vii. Pinpoint pupils
  - b. Suspicion of opioid overdose can be based on:
    - i. Presenting symptoms
    - ii. Reports from bystanders
    - iii. Staff prior knowledge of the victim
    - iv. Nearby medications, illicit drugs or drug paraphernalia
2. Respond to the Opioid Overdose
  - a. Immediately call for emergency help – dial 911
  - b. Check the victim's breathing. If needed, deliver first aid per your level of training
  - c. Administer Naloxone
    - i. Administer Naloxone per the manufacturer's instructions;
    - ii. If possible, begin rescue breathing for two minutes;
    - iii. If there is no response after two minutes of rescue breathing, administer second dose of Naloxone and resume rescue breathing until the person begins breathing on their own or EMS arrives;
    - iv. Once the victim resumes breathing normally, place them in the recovery position, lying on their side
    - v. Stay with the victim until emergency medical help arrives to take over care
3. Documentation of Naloxone Use
  - a. Use of Naloxone should be documented on the Naloxone Usage Report. This form details the date of use, nature of the incident, care the person received, and the person who administered the Naloxone.
  - b. Forms will accompany each Naloxone kit and are available on the (insert entity name) website at (insert link)
  - c. Completed forms should be submitted to the Naloxone Coordinator. The Naloxone Coordinator will then forward to the (insert entity name) Risk Management contact.

# NALOXONE USAGE REPORT

## DETAILS OF OVERDOSE

Person's Name: \_\_\_\_\_

Report Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date of Overdose: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time of Overdose: \_\_\_\_ ☐AM ☐PM

Location where overdose occurred: \_\_\_\_\_

Gender of the overdose victim: ☐Male

☐Female

☐Unknown

Signs of overdose present:

☐Unresponsive

☐Slow Pulse

☐No Pulse

☐Breathing Slowly

☐Not Breathing

☐Blue Lips

☐Other: \_\_\_\_\_

## DETAILS OF NALOXONE DEPLOYMENT

Type of Naloxone used: ☐intranasal

Lot Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of doses used: \_\_\_\_

Victim's response to Naloxone: ☐Responsive & alert ☐Responsive & sedated ☐No response

Post-Naloxone withdrawal symptoms (check all that apply):

☐None

☐Irritable or Angry

☐Nausea

☐Muscle Aches

☐Runny Nose

☐Watery Eyes

☐Combative

☐Vomiting

☐Other: \_\_\_\_\_

Other medical action taken:

☐Sternal Rub

☐Rescue Breathing

☐Compressions

☐AED Used

☐Oxygen Used

☐Other: \_\_\_\_\_

Disposition:

☐Care transferred to EMS

☐Other: \_\_\_\_\_

Description of the Incident:

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Report prepared by: \_\_\_\_\_ Signature: \_\_\_\_\_

Naloxone Coordinator: \_\_\_\_\_ Signature: \_\_\_\_\_

Forward Completed Form to:  
(insert entity name) Risk Management Contact  
(insert entity address)