

**PAIUTE INDIAN TRIBE OF UTAH
HEALTH DEPARTMENT
POLICY & PROCEDURE MANUAL**

	Policy Number:	
Policy Title:	OPIOID OVERDOSE RECOGNITION AND NALOXONE ADMINISTRATION POLICY AND PROCEDURES	

Policy Statement: To reduce the risk of fatal opioid overdose within the PITU community, the PITU Health Centers will provide training and access for Behavioral Health program staff, Family Services program staff and those community members wishing to possess a Naloxone Rescue Kit. Naloxone is indicated for reversal of respiratory depression or unresponsiveness in the setting of opioid overdose.

Policy Purpose: To provide guidelines for staff and community member response to a suspected opioid overdose including the administration of the prescription medication naloxone, while awaiting the arrival of emergency medical personnel.

Background: The administration of Naloxone (brand name Narcan®) can reverse an opioid overdose and save lives. Naloxone distribution is recommended by the Centers for Disease Control and the Utah Department of Health as a promising strategy to prevent overdose deaths. The American Medical Association and the American Public Health Association both have policies supporting the availability of take home naloxone. Naloxone is widely available throughout the state of Utah.

Utah Code 26-55-101 to 104 (also known as the Emergency Administration of Opiate Antagonist Act) allows a person acting in good faith to receive a naloxone prescription, possess naloxone, and administer naloxone to an individual suffering from an apparent opiate-related overdose.

Utah Code 58-17b-507 and 58-31b-703 provides immunity from liability and exclusion from unprofessional or unlawful conduct for the Naloxone prescribing doctor.

Utah Code 76-3-203.11 provides an affirmative defense to the possession of a controlled substance for both a person who seeks medical assistance in good faith for an individual experiencing a drug-related overdose, and the person suffering from the overdose, as long as the alleged offense is committed in the same course of events giving rise to the reported overdose and the person who sought medical assistance can prove that he/she fulfilled all the requirements of the law.

Definitions: See Appendix A

Procedure:

1. In an effort to reduce overdose mortality among PITU members and their family or acquaintances, all PITU Behavioral Health and Family Services staff, and those Paiute Indian Tribe of Utah community members who wish to possess a Naloxone Rescue Kit will be trained to recognize an opioid overdose

and to administer naloxone to the suspected overdose victim via injection while awaiting the arrival of emergency medical personnel.

2. In order for staff to be able to intervene in an opiate overdose as soon as possible, and in order for community members to obtain a Naloxone Rescue Kit, individuals are considered trained for the purpose of this procedure after reading the visual, "Opioid Safety and how to use Naloxone". The visual is located in this policy, in the overdose kits, and as part of training. All staff and community members will receive a copy of the visual Naloxone training and will be asked to sign an acknowledgment of receipt form.
3. Staff and community members will attend in person "Opioid Overdose Recognition and Naloxone Training" arranged by the Paiute Indian Tribe of Utah, Health Department.
4. Staff will also attend an annual refresher training arranged by the Paiute Indian Tribe of Utah, Health Department.
5. Opioid Overdose Recognition and Naloxone Training curriculum will be used for training staff and community members. (See Appendix B)
6. Delivery and storage of Naloxone
 - a. Utah Naloxone or Southwest Behavioral Health Center will deliver naloxone to the Paiute Indian Tribe of Utah, Health Department.
 - b. Naloxone medication will be kept in an Overdose Prevention Kit (See Appendix C) and will be stored consistent with the manufacturer's guidelines with the staff member or in the Health Department in locked storage.
7. Documentation
 - a. In the event of an overdose and subsequent use of an overdose prevention kit, staff will document the event in a CHASERS LOG entry entitled "Naloxone Administration." Community members will not be required to document administration.
 - b. There will be posted signs in the staff office explaining the steps for overdose assessment, response, and treatment, including calling 911 and administration of naloxone. There will also be a sign outlining the same information in each Overdose Prevention Kit.
8. Paiute Indian Tribe of Utah, Behavioral Care Director, Behavioral Health Manager and Family Services Manager will have access to a cabinet where an Overdose Prevention Kit is stored. Each staff member will be allowed one kit to carry with them. Each community member who has completed training will be allowed one kit to take to their home.
9. General standards
 - a. Staff and community members are trained to administer the naloxone via injection. Please note that naloxone is only used to treat opiate overdose and does not reverse other types of overdose.
 - b. Naloxone is only administered with the implicit intent to send the client to the nearest hospital emergency room via ambulance for immediate medical treatment.
 - c. Rescue breathing is helpful in the event of opiate overdose, but it is not required for this procedure due to risk of injury to staff or community members. Barrier masks can be provided in the overdose kits for staff who are trained to perform rescue breathing and choose to do so.
 - d. In a crisis, staff are permitted to use whatever naloxone kit may be available to reverse an overdose if they are trained to use it and the medication is in a sealed package.

- e. Staff should approach the scene with caution and be aware of any safety hazards, such as uncapped needles.
- f. If staff are unsure as to whether the client is actually overdosing, please be aware that administering naloxone will not injure the client and that staff are acting in good faith to reverse an overdose.

10. Quality Assurance

- a. Designated Program Manager or Supervisor will review supplies regularly and will order replacement naloxone kits following an overdose incident. The kits should always contain two doses of naloxone in case a second dose is needed to reverse an overdose.
- b. Unused medication that expires will be deposited in a medication waste container.
- c. Manager of Organizational Policies and Procedures will consult annually with the Center for Opioid Safety Education (a project of the Alcohol and Drug Abuse Institute at the University of Washington) to stay current on opioid overdose trends. Manager of Organizational Policies and Procedures will also consult annually with Public Health regarding opioid overdose prevention best practices.

References

Date Approved by Tribal Council:		Effective Date:	
Dates Reviewed:	10/2017, 3/2018		
Supersedes Policies:	None		

 Tamra Borchardt-Slayton, Tribal Chairperson

 Date

Appendix A: Definitions

Administer: Direct application of a prescription medication to a client's body.

Naloxone: Naloxone (also known by the brand name Narcan®) is a medication called an “opioid antagonist” and is used to counter the effects of opioid overdose. Opioids can slow or stop a person's breathing, which causes death. Naloxone helps the person wake up and keeps them breathing. Naloxone can be administered intranasally or intramuscularly.

Opioid: Opioids, also called opiates, are a class of drug. This class includes drugs derived from the opium poppy, such as morphine and codeine. It also includes synthetic or partially synthetic formulas, such as Vicodin, Percodan, oxycodone, methadone, and heroin. Opioids are often used to treat pain.

Opioid overdose: An opioid overdose is an acute condition due to excessive use of opioids.

Opioid Overdose Prevention and Naloxone training: Training curriculum used to train staff to assess, respond, and treat an opioid overdose with the administration of naloxone. **(See Appendix B)**

Overdose prevention kit: A kit used in response to an opioid overdose. **(See Appendix C)**

Respiratory depression: A state wherein the amount of air inhaled is inadequate resulting in a deficiency in the amount of oxygen that enters the lungs.

Recovery position: (See diagram Appendix E) If a person is unconscious, but is breathing and has no other life-threatening conditions, they should be placed in the recovery position. Putting someone in the recovery position will ensure their airway remains clear and open. It also ensures that any vomit or fluid will not cause them to choke.

Appendix B: Opioid Overdose Prevention and Naloxone Training curriculum for new staff includes:

- Understanding Opioids and Risk Factors for Overdose (Drop in tolerance, abstinence then restarting, mixing drugs and alcohol, variation in strength and quality, using alone)
- Recognizing signs and symptoms of overdose
- Calling 911 and the Good Samaritan Law
- Naloxone storage and administration
- Post overdose follow up care

Appendix C: Overdose Prevention Kit

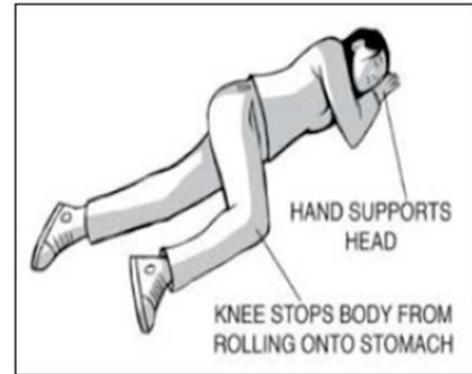
A small bag containing:

- Two doses of Narcan injection
- Pair of gloves
- Instructions to administer Narcan injection

- Barrier mask (optional)

Appendix D: How to administer naloxone nasal spray (see attached)

Appendix E: Recovery position



Appendix E: RESPONDING TO AN OPIOID OVERDOSE

1. Assess for overdose
2. Call 911 to report a probable overdose and plan to administer naloxone
3. Administer naloxone via injection
4. Stay with the client until emergency medical personnel arrives
5. Follow up after the overdose incident

A. Staff and community members approach the client to assess for overdose by looking and listening for:

- Slow, shallow, or no breathing
- Gurgling, gasping, or snoring
- Clammy, cool, skin
- Blue lips or nails
- Environmental clues such as pill bottles, syringes/injection equipment, or alcohol.

B. Try to rouse the client.

- Yell their name and shake them.
- Rub your knuckles hard over their chest bone.

C. Call 911 to report a probable overdose and plan to administer naloxone.

- Report that the client is not breathing.
- Provide the address and exact location of the client within the building or surrounding areas.
- Administer naloxone via injection

D. Staff will put on gloves and will administer naloxone injection by following instructions in the Overdose Prevention Kit. (See Appendix D)

E. Lay the person on their back if possible.

F. Remove cap from naloxone. Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml. Inject 1 ml of naloxone into an upper arm or thigh muscle.

G. If the client does not respond within 3-5 minutes, give a second dose of naloxone by following the above listed procedure.

H. If the client responds to naloxone injection but relapses back into abnormal or insufficient breathing before emergency assistance arrives, give another dose.

I. Stay with the client until emergency medical personnel arrive. Naloxone wears off after 30-90 minutes and the overdose can return. It is imperative that the client receives medical attention as soon as possible.

- Comfort the client. Naloxone can cause the client to go into acute withdrawal.
- Some common signs of withdrawal can include, but are not limited to: vomiting, agitation, weakness, sweating, and shivering.
- Be prepared to manage client behavior following the overdose reversal, such as confusion, irritability, attempts to leave, and desire to seek more opiates to relieve the withdrawal symptoms.
- Assess for need to administer CPR. Administer chest compressions if the client is not breathing or otherwise remains nonresponsive.
- If the client starts breathing again and it is safe for staff to do so, position the client in the recovery position. (See Appendix E)
- Encourage client to accept medical care if they are resisting medical assistance.

J. Staff will inform medics upon arrival that they administered naloxone injection.

After the overdose incident:

K. Following the arrival of emergency medical personnel and passing of the crisis, staff will document the naloxone administration in a Chasers LOG entry, entitled "Naloxone Administration."

L. Staff will notify the acting or on call supervisor.

M. Supervisor will complete an incident report.

N. Paiute Indian Tribe of Utah Behavioral Care team will consult regarding possible treatment interventions to help the client stay safe.

Appendix F: Rationale and Naloxone Information:

Paiute Indian Tribe of Utah members, family and associates often live in areas where access to emergency treatment of opioid overdose can take approximately 30 minutes or more to arrive. The Paiute Indian Tribe of

Utah recognizes that the best outcome for a person experiencing opioid overdose is immediate response by those on scene, or close by, while awaiting emergency personnel arrival.

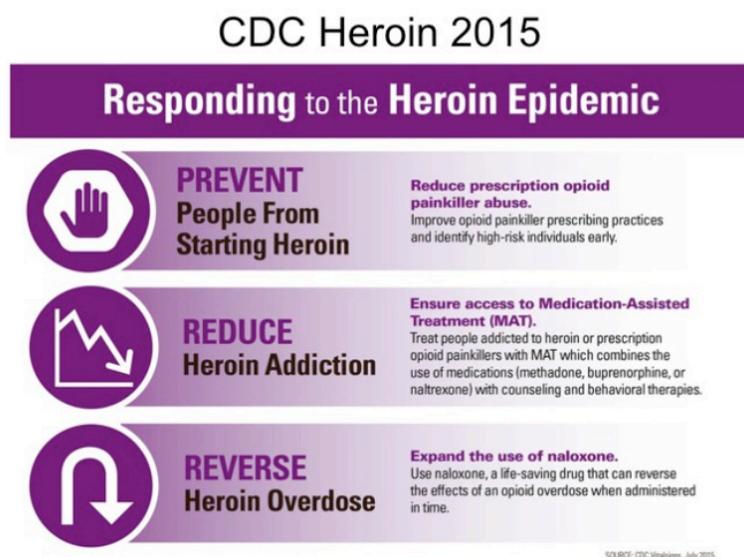
The Paiute Indian Tribe of Utah recognizes that Naloxone is a safe, effective and often life-saving treatment for those experiencing opioid overdose. It is further recognized that Naloxone is safe for all ages and that it will have no effect on a person not experiencing an opioid overdose.

Naloxone has been distributed to laypersons in the U.S. since 1996. In 2001, New Mexico became the first state to amend its laws to allow medical professionals to prescribe naloxone, and for laypersons to administer it without fear of legal repercussions. By 12/2014, twenty-eight states (including Utah) had enacted similar laws.

According to a recent CDC report (MMWR, Wheeler et al, 2015), as of 2014:

- There were 644 local opioid overdose prevention programs distributing naloxone to laypersons nationwide (a layperson is defined as a non-medical professional who may come into contact with a person overdosed on an opioid).
- From 1996-2014, these programs reported providing naloxone to 152,283 persons resulting in 26,463 overdose reversals and lives saved.
- Studies have found that providing naloxone kits does not lead to increased abuse or riskier use of opioids and can actually lead to increased enrollment in drug treatment. As of 2014, Utah passed laws (Utah Code § 26-55-101) to make prescribing and distributing naloxone rescue kits to laypersons legal. Clinicians, the VA, public health providers, and injury prevention programs are now getting these naloxone rescue kits to people who may witness an opioid overdose. These kits are saving lives.

The Centers for Disease Control recommend the following:



Information on Opioid Overdose and How Naloxone Works

OPIOID OVERDOSE. There are different types of opiates/opioids that people use, and that children are exposed to in their homes. All of these are capable of leading to overdose and death. They include:

- Oxycodone (Oxycontin, Percodan, Percocet, Tylox)
- Hydrocodone (Lortab, Vicodin, Hycodan, Lorcet, Vicoprofen, Hycet, Norco)
- Methadone
- Morphine
- Meperidine (Demerol)
- Codeine (Fioricet, tylenol #3)
- Oxymorphone (Opana)
- Fentanyl (Duragesic)
- Hydromorphone (Dilaudid)
- Buprenorphine (Suboxone, Subutex, Butrans)
- Heroin

Opioid overdose kills because it causes respiratory depression. This leads to:

1. **Slow or no breathing.** This leads to blue color of skin (cyanosis) in lighter skinned individuals from very slow breathing. In darker skinned individuals, the color change is more greyish and ashen color. This progresses to the breathing stopping (apnea).
2. **Cardiac arrest** as the heart stops because it is not getting oxygen.
3. **Circulatory collapse** as circulation of blood to the brain stops.

An Opioid overdose is recognizable by the followings signs and symptoms:

- **Unarousable/Somnolence-** can't arouse them, they don't respond to painful stimuli
- **Respiratory Depression-** very slow or gurgling breathing, and ultimately no breathing
- **Pinpoint pupils-** pupils do not get bigger when the eyelid is opened (miosis)
- **Cold or clammy skin**
- **Slow heartbeat-** less than 50 beats per minute (bradycardia)

NALOXONE. Fortunately, opioid overdose is reversible through the timely administration of the drug naloxone (Narcan®) and the provision of emergency care.

- This is a very safe antidote and has been used in ambulances and hospitals for decades.
- It is stronger than the opioids it counters, so it will reverse the respiratory depression and **REVERSE** the overdose very effectively if administered in time.
- It is only effective against opioid overdoses.
- It is not effective against overdoses of other substances such as alcohol, cocaine, methamphetamine, or benzodiazepines.
- In some cases, more than one dose of naloxone is needed to reverse the effects of an opioid overdose.
- Unfortunately, its reversal effects last only 30-90 minutes. This requires that patients be observed after receiving naloxone because they are at risk of overdosing again from the potentially longer-acting substances still in their bodies when the naloxone wears off.