

NALOXBOX DRAFT POLICY

I. PURPOSE

The purpose of this policy is to establish guidelines and procedures governing the utilization of the Opioid Overdose Response Tools in the NaloxBox units including naloxone administered by members or employees of the **[enter agency name]**

This policy is intended to recognize the potential life-saving role staff plays in the encounters with persons suffering from apparent opioid overdose. As such, staff needs to recognize the signs and symptoms of a potential overdose as they attempt to protect and aid the individual at the earliest stage possible.

II. DEFINITIONS

- A. **DRUG INTOXICATION** – Impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e.: euphoria, dysphoria, apathy, sedation, attention impairment.
- B. **EMS** – “Emergency Medical Services” that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.
- C. **NALOXONE** – an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal or intravenous forms.
- D. **NARCAN –2 4mg/1ml Nasal Spray**
- E. **OPIOIDS** – heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, oxycodone.
- F. **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.
- G. **UNIVERSAL PRECAUTIONS** – is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens.

III. POLICY

It is the policy of the AGENCY to aid any person(s) who may be suffering from an apparent opioid overdose. Employees trained in accordance with the policy shall make every reasonable effort, to include the use of naloxone, combined with calling 911 and CPR and/or rescue breaths, to the victim of any apparent drug overdose.

IV. PROCEDURES

A. TRAINING

1. Prior to issue, members or employees shall be trained in the use of naloxone by the **[enter name of training agency]**; or designee.
2. The **[identify employee or member title]** for the agency or his/her designee, shall ensure that appropriate personnel receive refresher training every **TWO (2)** years and that may be done in conjunction with First Aid/CPR Training.
3. The **[identify employee or member title]** for the agency shall serve as the coordinator responsible for managing the NaloxBox Project including.

B. ISSUANCE

1. Naloxone will be stored in the NALOXBOX located: _____
 - a. Each NaloxBox will include:
 - Bilingual instructions for administering intranasal Naloxone (tear away cards)
 - One Narcan Nasal Spray Rescue kit (2 4mg/1ml devices)
 - One Rescue Breathing Barrier Device with gloves and alcohol

C. USE OF NALOXONE

If an employee encounters the victim of what appears to be a drug overdose, the member shall follow the protocols outlined in their naloxone training.

1. Maintain universal precautions throughout overdose incident;
2. Notify 911 of a possible opioid overdose in progress and request EMS response (CALL 911)
3. Perform assessment - Check for unresponsiveness, vital signs such as breathing and pulse. [Is the subject awake and talking; responsive to verbal stimulation only; response to painful stimulation only; or completely unresponsive?]
4. Check for medic alert tags (around wrist, necklace or ankles; indicating pre-existing medical condition)
5. If unresponsive, administer one dose of Naloxone
6. Provide aid to the individual by providing CPR or rescue breaths with the face mask/barrier device from the NaloxBox unit and continue until victim is revived or EMS responds. OR: If unable to locate pulse or do not have barrier device, begin CPR, Chest Compressions and request and AED.
7. If after two to four minutes of administering naloxone, there is no improvement (victim remains unconscious, no breathing or pulse) and if available, one (1) additional dose of naloxone may be administered. Continue rescue breaths/CPR using CPR face mask/barrier protection device until

victim is revived or EMS responds.

8. Once used, the intranasal Naloxone device is considered bio-hazardous material and shall be turned over to EMS for proper disposal immediately following administration.

STORAGE AND REPLACEMENT

- A. Inspection of the NaloxBox unit shall be the responsibility of the **[identify employee or member title]** and shall be conducted **[enter time period]**. (suggest at least monthly)
 1. Check the expiration date found on the box.
 2. Check unit safety seal.
- B. Naloxone will be stored in accordance with manufacturer instructions to avoid extreme cold, heat and direct sunlight as best possible.
- C. Missing, damaged or expired overdose response tools will be reported to _____ **for the agency.**
- D. Requests for replacement overdose response tools, including naloxone shall be made to _____.

V. PROVISIONS

- A. Under the **[insert state's good Samaritan law]**, any person can administer naloxone to another person if he or she, in good faith, believes the individual is experiencing a drug overdose and acts with reasonable care in administering the drug to the overdose victim.

Any employee who administers Naloxone in accordance with this policy shall be deemed to be acting in compliance with **[insert state's good Samaritan law]** and not subject to civil liability or criminal prosecution