**\*SAMPLE\* Intranasal Naloxone in Safety Stations Policy**

**For Non-Healthcare Facilities**

# Purpose:

Overdoses can happen at any time and rapid access to opioid overdose reversal agents can improve patient outcomes. The purpose of this policy is to outline procedures for the administration of intranasal naloxone by [FACILITY] employees during a perceived medical emergency in an Indian Health Service non-healthcare facility setting.

# Policy:

It is the policy of the [FACILITY] to ensure that intranasal naloxone is rapidly accessible to respond to suspected medical emergencies for opioid overdose. The requirements to co-locate intranasal naloxone in Safety Stations [FACILITY] are below:

* Identification of Naloxone Champion.
* Access to non-prescription Naloxone.
* Identification of storage location: [FACILITY] will identify a controlled, marked, secure storage location for naloxone storage. The cabinet should be marked with a generic sticker and a tamper-proof band used to increase security of the cabinet. Weekly rounds to confirm product integrity and expiration are required with documentation on a log-sheet.
* Complete Staff training: ALL staff will complete annual training on recognition and response to opioid overdose. Staff will have be provided names of individuals to ask questions or receive additional training if desired.
* Incident reporting: any direct naloxone administration or replacement will be logged into the I-STAR, the web-based events reporting system with the Naloxone Usage Report (Attachment I) uploaded.

# 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

# Responsibilities:

1. Chief Medical Officer: responsible for ensuring that policy and procedures related to Naloxone in Safety Stations are established and are consistent with standards of care and practice as well as national patient safety goals.
2. Naloxone Coordinator: responsible for the implementation of this policy and oversight of procedural requirements. Oversees accuracy with required weekly rounds to check integrity of the product, expiration of the supplies, and replacing naloxone. Works with the GSA Building Manager to label cabinets and create campus maps of naloxone storage locations.
3. Naloxone Champions: person(s) responsible for required weekly rounds/checks for integrity of the product, expiration of the supplies, and requests to restock used or missing naloxone. Each AED cabinet/storage location containing naloxone will have designed staff assigned to conduct weekly checks. Generally, the staff where the AED with intranasal (IN) naloxone is located is responsible for the weekly checks; however, a building may identify a champion to oversee multiple storage locations.
4. Trained responding staff: begin prompt evaluation and aid individuals with a known or suspected opioid overdose using IN naloxone as indicated.

# General Procedures:

1. Naloxone Coordinator is appointed via memo and announced via email. The Coordinator oversees the Naloxone in Safety Stations program within each office. The Naloxone Coordinator’s responsibilities include:
	1. On a monthly basis, visually inspect all Naloxone kits to ensure they are current and unexpired and that all necessary supplies are available, this may include PPE such as gloves and CPR face shield
	2. Review of weekly rounds/checks and findings
	3. Review of Naloxone Usage Reports
	4. Coordination and support for Naloxone Champion
2. Intranasal Naloxone is co-located in the AED storage box zip-tied or attached to the external AED cover. The naloxone medication will be secured with a tamper resistant seal. Weekly rounds are recommended to promote product integrity and availability.
3. Only staff trained in the use of Naloxone are authorized to administer Naloxone. Staff should maintain universal precautions against pathogens and infection by using nitrile gloves as well as a CPR face shield or barrier if performing rescue breathing.
4. Incident reporting: any direct naloxone administration or replacement will be logged into the I-STAR, the web-based events reporting system with the Naloxone Usage Report (Attachment I) uploaded.

**Procedures for Use:**

1. Recognize the Signs of Opioid Overdose
	1. Suspected or confirmed opioid overdose consists primarily of a combination of the below signs and symptoms:
		* Unresponsiveness to stimuli such as calling the victim’s name, shaking them, or performing a sternal rub
		* Pale, clammy skin
		* Not breathing or very shallow breathing
		* Deep snorting or gurgling breaths
		* Slowed heartbeat/pulse rate
		* Cyanotic skin color (blue lips, etc.)
		* Pinpoint pupils
	2. Suspicion of opioid overdose can be based on:
		* Presenting symptoms
		* Reports from bystanders
		* Staff prior knowledge of the victim
		* Nearby medications, illicit drugs or drug paraphernalia
2. Respond to the Opioid Overdose
	1. Immediately call for emergency help – dial 911 OR page code (following local policy and procedures)
	2. Check the victim’s breathing. If needed, deliver first aid per your level of training
	3. Administer Naloxone
* Administer Naloxone per the manufacturer’s instructions;
* If possible, begin rescue breathing for two minutes;
* 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;
* Once the victim resumes breathing normally, place them in the recovery position, lying on their side
* Stay with the victim until emergency medical help arrives to take over care
1. Documentation of Naloxone Use
	1. 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.
	2. Forms will accompany each Naloxone kit and are available on the [FACILITY] sharepoint webpage or from the Naloxone Coordinator
	3. Completed forms should be submitted to the Naloxone Coordinator and attached to the incident report. The Naloxone Coordinator will then forward to the Quality Assurance/Risk Management contact. Please also report to your supervisor for awareness and debrief if needed.

References:

<https://www.federalregister.gov/documents/2023/12/22/2023-28207/guidelines-for-safety-station-programs-in-federal-facilities>

<https://www.gao.gov/products/gao-21-248>

**SAMPLE 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/ED Other:

**Description of the Incident:**

**Report prepared by: Signature:**

**Naloxone Coordinator: Signature:**

UPLOAD Completed Form to I-STAR