



Naloxone Administration Standard

Document #	HSS-006	Prepared By	H&S Department
Issued	June 2019	Approved By	Senior Management Team
Revision #	0		

1.0 Purpose

To establish guidelines and procedures outlining utilization of naloxone (Narcan) to be administered by City of Brantford staff.

2.0 Scope

The participation in the administration of naloxone at the City of Brantford is a voluntary program. Staff are not required to participate in the program. This standard applies to all staff who have volunteered to participate in the program and have been trained to administer naloxone. *Fire is exempt from this Standard.*

3.0 Definitions

EMS: Emergency Medical Services

Opioids: a more general term that includes naturally occurring opiates (e.g.morphine, codeine), semi-synthetic opiates (e.g. heroin) and synthetic opiates (e.g. methadone, pethidine and Buprenorphine). In overdose, opioids cause varying degrees of respiratory depression (slowed breathing), loss of consciousness and pin point pupils.

Naloxone (Narcan): an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal and intravenous forms. Narcan is the brand name for naloxone.

4.0 Roles and Responsibilities of Workplace Parties

4.1 Employer

- 4.1.1 Provide resources to develop, implement, maintain and continually improve the Naloxone Administration Standard.
- 4.1.2 Enforce the standard and procedures associated with the standard.
- 4.1.3 Provide resources for training and necessary equipment.
- 4.1.4 Ensure all staff who volunteer to participate receive training.
- 4.1.5 Maintain updated lists on health and safety boards and front facing reception areas of staff who are trained in naloxone response and make these lists readily available.

4.2 Supervisors

- 4.2.1 Monitor the implementation of the standard within areas of responsibility.
- 4.2.2 Ensure staff who volunteer to participate in the program receive approved training on both the administration of naloxone as well as this standard.
- 4.2.3 Maintain training records for all staff participating in the standard. Provide a copy of the training record to the Corporate Training Officer.
- 4.2.4 Ensure naloxone kits are stored in the approved location.
- 4.2.5 Make available appropriate and suitably maintained personal protective equipment (PPE).
- 4.2.6 Participate in the incident reporting and investigation after any incident related to this standard for both employees and third party.
- 4.2.7 Facilitate post incident debriefing with all staff affected by an incident related to this standard.
- 4.2.8 Offer employees affected by an incident the support of the Critical Incident Stress Management Team (CISM) intervention or the Employee Assistance Program (EAP).
- 4.2.9 Ensure any concerns or opportunities for improvement are addressed in a reasonable time.
- 4.2.10 Comply with this standard at all times.

4.3 Employees

- 4.3.1 Successfully complete the mandatory approved training for the administration of naloxone.
- 4.3.2 Read, be familiar and comply with this standard.
- 4.3.3 Participate in the appropriate incident reporting and investigation for any incident related to this standard.
- 4.3.4 Participate in post incident debriefing and communicate any concerns to your Supervisor/Manager.

4.4 Joint Health and Safety Committee (JHSC)

- 4.4.1 As part of the monthly workplace inspection, ensure the naloxone kit is still in place, with all of its' contents and not expired.
- 4.4.2 Review incidents at JHSC meetings and make recommendations where necessary.

5.0 Procedures

5.1 Procurement and Storage of Supplies

- 5.1.1 Initial startup inventories of naloxone kits will be provided by Human Resources once staff training is complete.
- 5.1.2 Kits shall be located with the main AED cabinet and contain the following:
 - 1 hard case
 - 2 doses of nasal spray
 - 1 insert with instructions
 - 1 pair of non latex gloves
 - 1 rescue breathing mask
- 5.1.3 Kits will be checked during monthly workplace inspections by the JHSC Members to ensure they have not expired and contain the necessary contents. Any expired or missing doses will be recorded on the workplace inspection form that is distributed to Managers/Supervisors.
- 5.1.4 Any expired doses will be disposed of at any local pharmacy and replaced as soon as possible.
- 5.1.5 The procurement of any replacement naloxone will be at the cost of the department and ordered through an approved supplier.

5.2 Overdose Response

- 5.2.1 Trained employees may administer naloxone to members of the public, or other City of Brantford employees when based upon their training they reasonably believe that the intended recipient is experiencing adverse health effects caused by an opioid induced overdose.
- 5.2.2 Employees trained in naloxone administration will be summoned either by way of the City's emergency paging notification system identifying a medical emergency or where the paging system is not in place, by a system identified by the specific facility in the case of a medical emergency (ie. verbal summoning).
- 5.2.3 Upon arriving at a scene of a medical emergency where it has been determined that an overdose has likely occurred, the responding employee will ensure the safety of the scene and ensure that 911 has been called. Naloxone shall only be administered when it is safe to do so.
- 5.2.4 When using the naloxone administration device, the authorized employee will first adhere to the following:

- a. Exercise universal precautions to protect against bloodborne pathogens and other communicable diseases;
 - b. Use the PPE found with the kit as needed, but at a minimum, the nitrile gloves should be worn;
 - c. Assess the patient to determine unresponsiveness and other indicators of an opioid-induced overdose;
 - d. Ensure EMS has been notified;
 - e. Prepare and administer the naloxone in accordance with standard training protocols. Multiple doses of naloxone may need to be administered to the patient depending on the type of exposure the victim was exposed;
 - f. Provide CPR if a trained first aider is available.
- 5.2.5 Be aware that patients revived from an opioid overdose may regain consciousness in an agitated or combative state, and may exhibit symptoms of withdrawal. Staff should be prepared to step back and take appropriate control measures if necessary.
- 5.2.6 If the naloxone is effective, immediately place the patient into and maintain the recovery position and provide supportive care until EMS arrives.
- 5.2.7 Notify responding EMS personnel of the use of the naloxone and the number of doses used.

5.3 Training

- 5.3.1 Training for staff will be a coordinated effort with the Brant County Health Unit and the City of Brantford.
- 5.3.2 Training for staff will include the following:
- a. Overdose prevention
 - b. Overdose recognition
 - c. Overdose response without naloxone
 - d. Overdose response with naloxone
 - e. Review of the City's Naloxone Administration Standard
- 5.3.3 Ongoing training of staff will include overdose response drills annually and refresher training every three years or earlier if changes to the standard or training occur.
- 5.3.4 Records of training must be documented and copies of those records shall be forwarded to the Corporate Training Specialist in Human Resources for the employee's record.

5.4 Incident Reporting

- 5.4.1 All incidents involving members of the public or volunteers must be reported in accordance with the Patron Accident Incident Reporting standard.
- 5.4.2 All employees involved in the incident must report using the City's online incident reporting tool and in accordance with the Employee Accident Incident Reporting standard.

5.5 Post Response Protocol

- 5.5.1 The City of Brantford recognizes that responding to an overdose can be an emotional experience and therefore must have plans in place to support our staff affected by an incident related to this standard.
- 5.5.2 Following each event that requires the administration of naloxone, Supervisors/Managers shall perform a debrief with all staff involved in the incident. This may include staff members who may not have participated in the event, however, may have witnessed the event.
- 5.5.3 When necessary, Supervisors/Managers should dispatch the Critical Incident Stress Management Team (CISM).
- 5.5.4 For ongoing support to staff, the information for the City's Employee Assistance Program(EAP) should be communicated to staff involved in the incident.

After approximately 4-6 days post incident, a second debrief shall occur with the Supervisor/Manager and the staff that directly responded to the incident. The Opioid Overdose Debriefing Form (Appendix) will be used to identify in writing any recommendations for improvement. ***Please note: the debrief process is not intended to point fault with employee actions only to identify areas of improvement with regards to the standard and processes related to the program.***

6.0 Appendices

- 6.1 Appendix A – CMHA Intranasal Naloxone Administration Response
- 6.2 Appendix B – Frequently Asked Questions
- 6.3 Appendix C – Opioid Overdose Debriefing Form

7.0 Related Standards or Policies

- 7.1 HSS-017 Patron Accident Incident Reporting
- 7.2 HSS-002 Employee Incident/Accident/Near Miss Reporting

8.0 Revision History

Date	Revision #	Reason for Revision
11/2020	1	Change to location of naloxone kits

ADMINISTERING INTRANASAL NALOXONE



Canadian Mental
Health Association
Ontario



Shake **shoulders** and shout **name**



Call **911** if unresponsive



Lay person on their back. Insert **nozzle tip** into **one nostril**. Firmly press plunger



Give **chest compressions** and/or **rescue breathing**



If **breathing has not improved** after two to three minutes, perform **step 3 and 4 again**



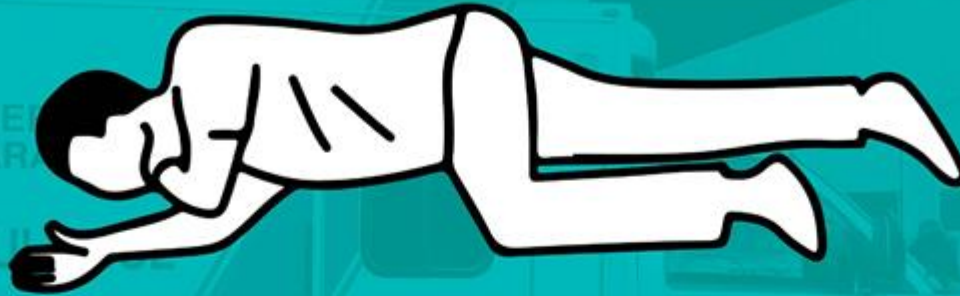
If breathing has resumed, place in **recovery position**

POST-ADMINISTRATION CARE



Canadian Mental
Health Association
Ontario

PLACE CLIENT IN RECOVERY POSITION



STAY UNTIL EMERGENCY SERVICES ARRIVE

**NALOXONE CAN BE ADMINISTERED EVERY 3 TO 4 MINUTES UNTIL
EMERGENCY SERVICES ARRIVE**

COMPLETE INCIDENT REPORT

WATCH FOR THESE POSSIBLE WITHDRAWAL SYMPTOMS



NAUSEA



VOMITING



SWEATING





FREQUENTLY ASKED QUESTIONS

1. Why has the City chosen to have naloxone kits in City facilities?

The City's Naloxone Response program has been developed in response to a growing number of opioid overdoses in the community. As the City operates a variety of facilities and spaces that are utilized by the general public, the potential exists that a member of the public may experience an overdose while attending a City facility. Having Naloxone kits readily available and trained staff authorized to administer them can save a life. Providing naloxone availability on site will also protect City staff in the event of accidental exposure to substances such as Fentanyl or Carfentanyl.

2. If my department has naloxone available, does that mean I have to participate in the program?

No, this program is a voluntary program and staff will have to notify their Supervisor if they wish to participate.

3. Do I have to take the training?

If you volunteer to participate in the program, the training will be a mandatory requirement prior to participation. This training aims at ensuring that staff are knowledgeable in the proper administration and proper safety measures to ensure the safety of our employees.

4. What will happen if naloxone is administered to someone who is not overdosing? Can it be harmful?

In the event that someone is given naloxone but they are not experiencing an opioid overdose, there will not be any significant impacts or harms to the person. The only effect of naloxone is to reverse the effect of opioids in the body. In the worse case scenario,

naloxone will simply do nothing, but in the best case scenario, it will save a life.

5. Can there be legal action against me if I administer and it does not save the person? Or can there be legal action if I do not choose to administer?

No. The Good Samaritan Overdose Law provides civil and criminal immunity to a first responder who administers naloxone to another person “in good faith” and “with reasonable care” or if the reversal was unsuccessful.

6. Can I be disciplined if I choose to participate, take the training, but do not respond to an overdose on site?

No. While an employee may choose to volunteer to participate in the program with good intentions, we cannot predict our responses when an event occurs.



OPIOID OVERDOSE DEBRIEFING FORM

This form is intended to be used approximately 4-6 days post incident. All staff directly involved in the incident should be present for the debrief. Please keep in mind how staff are currently coping and offer additional support if needed.

What went well and why?

Were roles and responsibilities understood by all team members?

What didn't go well and why?

Concerns	Opportunities for Improvement	Corrective Actions	Person Responsible

Additional Comments: _____

Completed By: _____ Date: _____

