

[Insert Organization]

Overdose Response & Naloxone Administration Policy & Procedure

Policy #:		Effective Date:	
Reviewed Date:		Next Review Date:	

PURPOSE

The purpose of this policy is to ensure that staff at [insert organization] are enabled to respond appropriately to an overdose and prepared to administer naloxone safely and effectively.

APPLICATION

This policy applies to all programs, practices, communications, use of facilities, and provision of all [insert organization] services, and the staff, students, and third party providers/contractors (e.g. security, cleaning, food services, etc.), supporting individuals within [insert organization]. This policy supports the Toronto Shelter Standards and a Housing First approach.

REGULATION

The Good Samaritan Act 2001

- [S.O. 2001, c. 2 - Bill 20](#)

Good Samaritan Drug Overdose Act 2017

- [S.C. 2017, c. 4](#)

Occupational Health and Safety Act, R.S.O. 1990, c. O.1

- [Section 25.2](#)

DEFINITIONS

Naloxone

- Naloxone hydrochloride (also known as naloxone, or Narcan) is a medication that can temporarily stop many of the life-threatening effects of overdose from opioids. It is an opioid antagonist, which means that it ejects opioids from receptors in the brain, reversing the respiratory/central nervous system (CNS) depression caused by an opioid overdose. Naloxone can help restore breathing and reverse the sedation and unconsciousness that are common during an opioid overdose. In Canada, naloxone is available in intramuscular (i.e. injectable) and intranasal (i.e. nasal spray) formulations.

Opioid

- Opioids belong to a class of drug known as CNS depressants. CNS depressants are substances that slow the body down and can make people sleepier. Opioids may be prescribed or used illegally to reduce pain, manage opioid dependence or produce a state of relaxation. Common opioids include heroin, fentanyl, morphine, methadone, codeine and oxycodone.

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OVERDOSE OVERVIEW

An overdose (otherwise known as an OD) happens when a toxic amount of a drug, or combination of drugs completely overwhelms a person's body to the point of non-response to stimulation and/or breathing becomes inadequate. A number of things could lead to a person overdosing, including alcohol, over-the-counter medication, opioids, or a mixture of drugs.

In the case of opioid overdoses, the opioids block the specific receptors that also control breathing. If someone cannot breathe or is not getting enough oxygen, the lips and fingers will first turn blue. Oxygen starvation eventually stops other vital organs like the heart, then the brain and eventually leads to unconsciousness, a coma, and/or death.

The most effective way to respond to an opioid overdose is by administering naloxone and/or oxygen to an individual to ensure they receive an appropriate amount of oxygen.

SIGNS OF OVERDOSE

Signs of an opioid overdose/poisoning include:

- absent breathing or slow, erratic breathing, throat gurgling or snoring sounds
- inability to wake up, even when shaken or shouted at
- blue lips or nails/fingertips
- very small ("pinpoint") pupils
- cold and clammy skin

If you notice someone making unusual breathing sounds while "sleeping", it is appropriate to try waking them up. This could be the early stage of an opioid overdose indicating a struggle to breathe. Early overdose response offers a better chance at successful overdose reversal and lower chance for overdose-related death. It is rare for someone to die immediately from an opioid overdose; therefore, rapid responses are critical.

OPIOID OVERDOSE & NALOXONE ADMINISTRATION PROCEDURE

All staff will be trained in, carry, and be ready to administer naloxone at all times. If staff have identified a client that is potentially overdosing, they will follow the steps outlined below:

Step 1: Respond to Client & Stimulation

- Try to wake the individual. Shout their Name. Shake their Shoulders. Shouting: "I will use naloxone if you don't wake up," can help rouse someone who is on the nod. If you cannot rouse the individual, try rubbing their sternum (rub your knuckles firmly on their chest bone for about 5-10 seconds); this is painful and should wake them up. Warning: a successful sternal rub may agitate a roused client
- Look for signs of an overdose: Can't wake the person up, slow breathing or not breathing at all, pale blueish, greyish or greenish skin tone, blue tinged lips, pale or grey skin around the mouth, deep snoring or gurgling, very small pinpoint pupils

Step 2: Call 911

- If the individual does not respond to stimulation, use the radio and provide the corresponding code to alert the staff team

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- Call 911 or have another staff call immediately. Answer dispatch's questions and ensure to state:
 - Your agency name and address of overdose location
 - exact location onsite (room number, closest entrance)
 - signs of overdose observed and any other urgent medical issues, treatment administered, individual's current status
- Once the paramedics arrive, tell them as much as you know about what drugs the person was using and what you did, including how much naloxone you gave. This will ensure that they can provide the best care and response.

Step 3: Administer Naloxone (Intranasal)

If physically possible, lay the person on their back to receive a dose of naloxone nasal spray.

1. Peel back the blister foil of the naloxone spray dose to open. **DO NOT TEST or PRIME the device** (this will waste the entire dose)
2. Tilt the person's head back and provide support under the neck with your hand. Holding the spray device between your first two fingers, gently insert the tip of the nozzle into a nostril until your fingers against the bottom of the person's nose.
3. Press the plunger firmly with your thumb to give the entire dose of naloxone nasal spray.
4. Remove the naloxone nasal spray from the nostril after giving the dose and discard.



Note: The device delivers its drug load with a single activation and does not allow for partial dosing, which is an important feature for safety and efficacy.

Step 4: Initiate CPR

- Start CPR – Compressions/rescue breathing
- Follow your site's emergency response procedures pertaining to CPR.

Step 5: Reassess

- If the person does not start breathing on their own within 2-3 minutes:
 - Administer a second dose of naloxone in the other nostril following the same procedure in step 3
 - Continue CPR and naloxone administration, alternating nostrils until the person responds or EMS arrives.
- Only transfer care to EMS when directed to do so by paramedics and not sooner

Recovery Position

- If at any point the person must be left alone or they begin to breathe, place them in the recovery position (on their side). The recovery position gives gravity assistance to move the tongue from blocking the airway, and also help prevents choking should the person vomit or drain fluids otherwise.

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Step 6: Post Overdose Management

When the naloxone starts working the treated individual may:

- Wake up suddenly or slowly
- Be disorientated
- Want to use more drugs
- Become agitated and/or combative. The last thing the client will likely remember was feeling good or preparing their drugs. Naloxone temporarily takes this feeling away and can
- Experience opioid withdrawal symptoms, which could include:
 - muscle aches
 - restlessness
 - anxiety
 - lacrimation (eyes tearing up)
 - runny nose
 - excessive sweating
 - inability to sleep
 - yawning very often
 - diarrhea
 - abdominal cramping
 - goosebumps on the skin
 - nausea and vomiting
 - dilated pupils and possibly blurry vision
 - rapid heart rate
 - high blood pressure

When the individual regains consciousness:

- Let them know that you are glad they are alive and that they overdosed
- Orientate them to their surroundings, belongings, and pets as necessary
- Inform them that they received ## dose(s) of naloxone by trained responders
Communicate the need for hospital transfer for medical assessment and monitoring irrespective of the perceived severity of the situation.
- Communicate their risk of a secondary overdose.
- Let them know or remind them that naloxone's effects will subside anywhere between 30 minutes and 2 hours from administration. This will calm opioid withdrawal symptoms for longer acting opioids
- Recommend that they temporarily pause using opioids or other drugs due to the risk of subsequent poisoning as their body attempts to recover and process remaining opioids
- If EMS has not arrived yet, ensure them that emergency medical assistance is on the way.
- Stay with the person until EMS arrives.
- Watch for signs & symptoms of overdose returning.
- Overdose debrief – debrief with their friends and/or family. If they are connected, seek support from a worker or health care provider.

FOLLOW UP

Once the individual has been assessed by medical professionals, all involved staff must follow the standard incident reporting procedure.

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NALOXONE STORAGE & HANDLING

Follow the guidelines below to ensure you naloxone is always ready to be administered:

- Naloxone kits should be stored in a dark place between 15-25 degrees.
- Monitor the expiry date on the naloxone spray devices.
- Upon starting your shift, ensure that you have a naloxone kit on you
- Routinely check that all supplies are in your naloxone kit.
- Identify key locations in your facility to have overdose response kits (e.g. with naloxone, PPE and other first aid materials) ready and available (e.g. at the entrance to each floor or hallway, in or near bathrooms or spaces where people may use).

ROLES & RESPONSIBILITIES:

All Staff:

Staff are responsible for:

- Completing wellness checks on clients at-risk for overdose as per safety plan
- Updating the substance use tracker with overdose histories
- Carrying naloxone with them and staying up to date on the protocols and procedures around naloxone use.
- Completing incident reports/case notes about overdose incidents
- Attending provided trainings in naloxone use and harm reduction principles and practices

Supervisors & Managers:

Supervisors & Managers are responsible for:

- Making sure naloxone is well stocked onsite.
- Making sure staff are properly educated and trained in the use of naloxone and harm reduction principles and practices.
- Determining the proper time to request emergency services in the case of overdose, when staff require support.
- Giving the final approval on all required incident reports and case notes about overdose.

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APPENDICES:

[Naloxone Risk Assessment Tool – BC Joint Task Force on Overdose Response](#)

[Overdose Prevention, Recognition, & Response Training](#)

[Overdose Prevention & Response](#)

5 Step Overdose Response Visual



Overdose Response
Poster (5 Steps).pdf

Signs of an Opioid Overdose Visual



Signs of an Opioid
Overdose.pdf

Organizational Opioid Overdose Risk Assessment Tool



Organizational
Opioid Overdose Risk