



# **SOG NALOXONE STORAGE, HANDLING AND ADMINISTRATION**

*How to store, handle and administer intranasal naloxone*

## **Determine individuals to whom naloxone may be furnished**

1. The medical director/authorizing physician will establish in protocol specifically who may receive a naloxone kit, and will be available to be directly consulted if there are any questions. [Refer to Protocol for Personally Furnishing Naloxone.]
2. Authorized individuals can furnish a supply of naloxone to any of the following:
  - a. An individual who there is reason to believe is experiencing or is at risk of experiencing an opioid-related overdose;
  - b. A family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.
  - c. Work environments where individuals may assist a person experiencing an overdose, include, but are not limited to, the following:
    - i. Colleges (residence life staff) and schools (school nurses, administrators, teachers, etc.);
    - ii. Substance abuse treatment programs (residential and nonresidential)
    - iii. Halfway houses
    - iv. Homeless shelters
    - v. Home health care agencies
    - vi. Probation officers
    - vii. Social workers and home visitors

## **Determine who needs to receive naloxone**

1. Naloxone is an opiate antagonist. It works by binding to opioid receptors in the brain and reversing an opioid overdose.
  - a. It will NOT work for any type of overdose that is not from an opioid
  - b. There is no other use for naloxone other than reversing opioid overdoses
2. Signs of an overdose:
  - a. Blue skin tinge (usually lips and fingertips show first)
  - b. Body very limp
  - c. Face very pale
  - d. Pulse (heartbeat) is slow, erratic, or not there at all
  - e. Throwing up
  - f. Passing out
  - g. Choking sounds or gurgling/snoring sounds
  - h. Breathing is very slow, irregular, or has stopped
  - i. Awake, but not able to respond

## **Naloxone Kit**

1. Project DAWN kit includes
  - a. Naloxone 2 mg/2 ml single dose vial, 2 vials
    - i. NDC No. 76329-3369-1
  - b. Two mucosal atomization devices (MAD300)
  - c. Two laerdal face shields
  - d. One Project DAWN Quick Reference Guide

## **Naloxone Response (Administration)**

Follow the six steps of naloxone response:

1. Assess the signs to confirm person is experiencing an overdose
  - a. Unresponsive
  - b. Stimulate the person
  - c. Call out to the victim
  - d. Do a sternal rub by rubbing knuckles hard up and down the breast bone
2. Activate EMS (Call 911)
  - a. Say, "I have someone who is not breathing and is unresponsive"

- b. If you feel comfortable, inform of overdose
3. Rescue breathing
  - a. Place person on his/her back
  - b. Lift the chin to open their airway
  - c. Remove any objects from mouth that could block the airway
  - d. Pinch the nose and give two strong breaths, enough to see the chest rise
4. Administer naloxone [See Attachment D – Assembling Naloxone Atomizer]
  - a. Pop off PURPLE cap attached to naloxone vial and two YELLOW caps attached to delivery service
  - b. Screw on nasal atomizer
  - c. Gently screw naloxone vial into delivery device
  - d. Administer entire vial by spraying half of the medication into one nostril and half into the other nostril
5. Monitor and support
  - a. If the victim has not become responsive and begins breathing on his/her own:
    - Continue to provide rescue breaths
    - After two minutes with no response, administer second dose of naloxone
    - If still unresponsive, continue to provide rescue breathing until EMS arrives
  - b. If the person is breathing on his/her own place in recovery position to avoid choking [See Attachment E – Rescue Position]
    - Place person on left side
    - Top leg bent at the knee, bottom leg straight out
    - Bottom arm extended straight out, top arm bent at the elbow with hand under face as if it were a pillow
  - c. If the person must be left alone for any reason – even for a few minutes – put him/her into the recovery position to avoid choking

## Labeling

1. Each naloxone kit **must** be labeled with the following information (OAC 4729-5-17):
  - a. The name and address of the prescriber [County entity's medical director/authorizing physician]
  - b. The name of the individual receiving the kit
  - c. The name and strength of the drug
  - d. Directions for use
  - e. Date furnished
2. Fill in Prescription Label with Prescriber, Client Name, Date, Location, and Address [See Attachment F – Labels]
3. Label each kit with the county code and a numbering system (XX-01). Use the kit number as the Client ID Number.
4. Insert Instruction Card in kit at time of training and distribution. [See Attachment G – Kit Instruction Card]

## Storage

1. Store naloxone in locked storage area at room temperature (between 68 and 77 degrees Fahrenheit), and away from bright light.
2. Check doses regularly – before each training and distribution – to ensure naloxone has not been adulterated;
  - a. Is beyond the manufacturer's or distributor's expiration date, and/or;
  - b. Shows signs of discoloration or particulate matter in the naloxone solution
3. Discard and document adulterated doses on Naloxone Distribution and Use Tracking Form
4. Submit Naloxone Distribution and Use Tracking Form to Morrow County Health Department, Project Manager monthly
- 5.

## Record Keeping

Each participating county site is responsible to store registration and refill forms onsite in locked cabinet following agency policy for HIPAA storage of personal health information.

1. Use program registration and refill forms provided. [See Attachment A – Registration and Refill Forms] **There must be a completed registration or refill form on file for each naloxone kit furnished.**
2. Fill in training date and site number. [See Attachment B– County Code Map] The site number will consist of the Morrow County Code and the Participating County Code separated by a hyphen (59-XX).
3. Assign a Client ID Number to each training participant (client). The Client ID Number will consist of the Participating County Code and a number separated by a hyphen (XX-01). Use the same Client ID Number for registration and refill forms. A client will always have the same Client ID Number.
4. Each client must fill out the registration form completely. Clients seeking a refill must fill out the required refill form completely.

5. Check to make sure each registration and/or refill form is complete and has a Client ID Number and Site Number listed.
6. While participants complete the registration/refill form, prepare naloxone kits for distribution.
  - a. Fill in the appropriate client and authorizing physician information on the prescription label and attach the label to the kit.
  - b. Label each kit with a Client ID Number. The Client ID Number may be written on the prescription label.
7. Registration and refill forms must be submitted electronically using the electronic version of the form provided.
  - a. Enter all data provided on the registration or refill form into the corresponding electronic form.
  - b. Submit data at least monthly by the 5<sup>th</sup> of each month.
8. Submit monthly report to Morrow County, using the reporting form provided, by the 5<sup>th</sup> of each month. [See Attachment C – County Code Map]
9. Store paper forms and training sign-in sheets in locked cabinet according to HIPAA policies and procedures.

### **Attachments**

Attachment A – Registration and Refill Forms – paper forms

Attachment B – County Code Map

Attachment C – Reporting Form

Attachment D – Assembling Naloxone Atomizer

Attachment E – Rescue Position

Attachment F – Labels

Attachment G – Instruction Cards for Kits