

Program Document No.: 12019.00	Subject: Naloxone Administration		Type: Policy
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Signature of Director, EHS Provincial Programs:		Signature of Manager, EHS MFR Services:	

1.0 Purpose:

1.1 To provide guidelines for the administration of Naloxone by Medical First Responders (MFRs) meeting approval by the Provincial Medical Director.

2.0 Definitions:

2.1 Opioid Overdose - An overdose from an Opioid drug that is rapid in onset and may cause death. Typically causes a number of symptoms including decreased respirations, drowsiness, coma, pinpoint pupils, hypotension and bradycardia.

2.2 EMC- Emergency Medical Care

2.3 EHS- Emergency Health Services

2.4 Naloxone- an opioid receptor antagonist, administered by parental, or intranasal routes, reverses opioid-related respiratory depression

2.5 FRCO- First Response Communications Officer

2.6 MFR- Medical First Responder

2.7 PCR- Patient Care Report

2.8 PMD- Provincial Medical Director

2.9 PPE- Personal Protective Equipment- e.g. gloves

2.10 SSP – System Status Plan

3.0 Policy:

3.1 The MFR shall confirm the signs and symptoms Opioid Overdose (including but not limited to the following)

- Respiratory Depression or Respiratory Arrest
- Unresponsiveness or decreased level of consciousness
- Pinpoint pupils
- Bradycardia
- Hypotension

3.2 The MFR shall take and record vital signs on the PCR. This shall include blood pressure, heart rate, respirations, quality of breathing, and general appearance. The MFR must also confirm the age of the patient.

BEGIN CPR IF PATIENT IS UNRESPONSIVE WITH NO PULSE

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- 3.3 All health care providers who have direct contact with the patient must wear proper PPE and thoroughly clean hands post call.
- 3.4 **Basic airway and ventilation procedures must have been ineffective before Naloxone can be given. The goal of Naloxone administration is to stimulate the breathing response not to have the patient regain consciousness. BEGIN CPR IF PATIENT IS PULSELESS**
- 3.5 Should Naloxone be delivered to the patient prior to the paramedic's arrival, the MFR agency will update the Medical Communications Center. The brief report to the MCC shall note that Naloxone was administered and the patient's status - post administration.
- 3.6 The MFR shall monitor and record vital signs once every 5 minutes, until the arrival of paramedics. The MFRs shall give a detailed report, ensuring the paramedics know that Naloxone was administered and the time of administration.
- 3.7 If the patient's condition does not improve, or deteriorates, a second dose of Naloxone may be administered from the kit provided to the MFR agency containing 2 vials of 0.4mg Naloxone.
- 3.8 The MFR agency shall document the following in the notes section of the PCR
- Signs and symptoms of the patient
 - Attempts made to ventilate the patient using basic airway procedures.
 - Time Naloxone administered by patient
 - Patient response to Naloxone
- 3.9 The PCR shall be sent to MFR services within 7 days of the incident for review.
- 3.10 Naloxone kits must be kept in EHS supplied containers and the following criteria met:
- It shall be kept between 15 and 30 degrees Celsius and left in the provided case until ready for use. It shall be taken out of service if frozen.
 - It shall be checked on a monthly basis for expiry and damage. If damaged, a "Request for Missing or Damaged Equipment" report will be filed with EHS MFR Services and the damaged/expired contents will be replaced.

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4.0 Procedure:

Administer naloxone nasal spray

- 4.1 Responders will put on gloves and will prepare the naloxone nasal spray by the following instructions:
 - o Open the Naloxone Kit
 - o Place red blunt fill needle on 1cc syringe
 - o Carefully break the top of the 0.4mg Naloxone Ampoule.
 - o Remove the needle protector
 - o Place needle into bottom of ampoule on an angle until end of needle rests on bottom.
 - o Slowly withdraw syringe plunger until all medication is inside the syringe.
 - o Unscrew the blunt fill needle and replace with nasal atomizer.
- 4.2 Lay the patient on their back if possible. If necessary the patient may have the administration done in a semi prone or sitting position.
- 4.3 Gently insert the tip of the nozzle in to a nostril, until either side of the nozzle is against the bottom of the patient's nose. Press the plunger firmly to give the dose. Remove the spray from the nose. Each dose contains 0.4 mg naloxone HCl in 1 mL nasal spray. One entire spray in one nostril is one dose.
- 4.4 Continue basic Airway and ventilation procedures and monitor patients breathing status
- 4.5 If the patient does not improve within 3-5 minutes, Follow the above procedure and administer it in the **other nostril** in the same manner as described above.
- 4.6 If the patient responds to naloxone nasal spray but relapses back into abnormal or insufficient breathing before paramedics arrives, administer a second dose in the other nostril.
- 4.7 Stay with the patient until emergency medical personnel arrive. Naloxone wears off quickly and the overdose can return.
 - Comfort the patient. Naloxone can cause the patient to go into acute withdrawal.
 - Some common signs of withdrawal can include, but are not limited to: vomiting, agitation, weakness, sweating, and shivering.
 - Be prepared to manage patient behavior following the overdose reversal, such as confusion, irritability, attempt to leave, and desire to seek more opiates to relieve the withdrawal symptoms.
 - Assess for need to administer CPR. Administer chest compressions if the patient is pulseless.
 - If the patient starts breathing again and it is safe for staff to do so, position the patient in the recovery position. Administer Oxygen via Non-rebreather mask
 - Encourage client to accept medical care if they are resisting medical assistance.

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5.0 Safety Precautions:

- 5.1 All MFR's providing care must wear medical gloves when providing care
- 5.2 Be aware of your environment, exit the area and contact EHS if:
 - The patient or any person on scene becomes aggressive or violent.
 - Always ensure there is an escape path between the provider and patient.
 - Any white powdered substance of unknown origin is found, treat as a hazardous materials incident.
 - Caution is to be used when breaking the top of the Naloxone vial as sharp edges may exist.
 - Ensure that 'Blunt Fill' needles, syringes and vials are placed in the supplied sharps container and given to the paramedic crew for proper disposal.