

TITLE

NALOXONE ADMINISTRATION: SUSPECTED OPIOID POISONING (OVERDOSE)**SCOPE**

Provincial

DOCUMENT

HCS-247

APPROVAL AUTHORITY

Clinical Operations Executive Committee

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SPONSOR

Executive Director, Communicable Disease Control

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Not applicable

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Not applicable

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December 2, 2022

NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To enable staff to administer naloxone for a suspected opioid **poisoning** (overdose) in an **emergency situation** within **Alberta Health Services (AHS) settings**.
 - An **authorized prescriber's** order is not required to administer naloxone via intramuscular (IM) injection or intranasal (i.e., nasal naloxone) in an emergency situation. Refer to the AHS *Intramuscular Naloxone Administration: Suspected Opioid Poisoning (Overdose)* Procedure and the AHS *Nasal Naloxone Administration: Suspected Opioid Poisoning (Overdose)* Procedure.

PRINCIPLES

AHS is committed to providing low-barrier access to opioid poisoning (overdose) treatment. The administration of naloxone is a safe and effective intervention for opioid poisoning (while the health care provider provides airway management and awaits the arrival of higher-level emergency teams (e.g., Emergency Medical Services, a Code Team, Rapid Response Team or other Emergency team).

The administration of naloxone for the treatment of opioid poisoning in situations not considered part of a person's day-to-day work responsibilities is not an organizational expectation; however, this policy is intended to support staff to act/respond in the event they encounter a suspected opioid poisoning while at work.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS**1. Points of Emphasis**

- 1.1 Program/Site Leadership shall:
- a) assess the risk of persons experiencing opioid poisoning in their work settings;
 - b) assess the availability of resources to respond to a suspected opioid poisoning , including the possible needs:
 - (i) for naloxone response supplies; and
 - (ii) staff training to administer naloxone in their work setting; and
 - c) establish first response requirements for a suspected opioid poisoning.
- 1.2 Where risk of persons experiencing opioid poisoning is identified, response to suspected opioid poisoning shall be included within each AHS site's response plan as per the *AHS First Response to a Medical Emergency in Common Areas Inside of an AHS Facility or Outside Within Close Proximity Policy*.
- a) Within the site plan, each program area shall determine the appropriate response to a suspected opioid poisoning including any staff training requirements based on risk assessment and availability of resources.
- 1.3 Naloxone and necessary response supplies shall be available in areas where risk was identified by their Program/Site Leader.
- a) These response supplies are not part of the Community Based Naloxone Program.
 - b) Program /Site leadership will provide direction on how to procure naloxone response supplies.
- 1.4 Supervised Consumption Services and Injectable Opioid Agonist Treatment Programs are exempt from this policy and shall follow program policy and procedure.

2. Nasal Naloxone

- 2.1 Program areas must approach their Senior Leadership and Pharmacy Services to seek approval for the use of nasal naloxone. Approved programs (e.g., Protective Services, Addiction & Mental Health residential settings) shall designate staff who will be trained to administer nasal naloxone for a suspected opioid overdose.

- 2.2 Nasal naloxone procurement requires approval by the AHS Drugs and Therapeutics Committee. Criteria for approval to procure nasal naloxone includes:
- a) operational leadership support;
 - b) assessment of risk for exposure to situation(s) of opioid overdose in the work setting; and
 - c) authorized health care professionals not being available for IM injection of naloxone.
- 2.3 AHS programs that are approved to procure nasal naloxone shall:
- a) establish a centralized process to distribute, store, and maintain and monitor nasal naloxone in their designated program areas;
 - b) designate staff to complete the required education and training to safely carry and administer nasal naloxone; and
 - c) implement recommended education and training for designated staff and develop an ongoing training plan.

3. Education

- 3.1 A summary of the recommended minimum education components is listed in Appendix A: *Recommended Education Components and Additional Supports*. This includes suggested additional training or resources to support staff responding to suspected opioid poisoning in emergency situations.
- 3.2 Based on risk assessment and their first response plan to suspected opioid poisoning, program areas will determine and implement required staff training, as needed.
- a) Program areas should develop an ongoing plan (e.g., communication, in-services, staff meetings) to ensure that staff are supported to respond to a medical emergency. This may include the administration of naloxone in response to a suspected opioid poisoning.
 - b) Health care professionals may complete education available to support their knowledge, skills, and abilities to safely administer naloxone via IM injection.

DEFINITIONS

Alberta Health Services (AHS) setting means any environment where treatment/procedures and other health services are delivered by, on behalf of or in conjunction with, Alberta Health Services.

Authorized prescriber means a health care professional who is permitted by Federal and Provincial legislation, their regulatory college, Alberta Health Services, and practice setting (where applicable) to prescribe medications.

Emergency situation means a circumstance which requires immediate health care that is necessary to preserve life, to prevent serious physical or mental harm, or to alleviate severe pain.

Health care professional means an individual who is a member of a regulated health discipline, as defined by the *Health Disciplines Act* (Alberta) or the *Health Professions Act* (Alberta), and who practises within scope and role.

Health record means the Alberta Health Services legal record of the patient's diagnostic treatment and care information.

Poisoning means experiencing the toxic effects of a drug or substance.

REFERENCES

- Appendix A: *Recommended Education Components and Additional Supports*
- Alberta Health Services Governance Documents
 - *First Response to a Medical Emergency in Common Areas Inside of an AHS Facility or Outside Within Close Proximity Policy* (#HCS-198)
 - *Intramuscular Naloxone Administration: Suspected Opioid Poisoning (Overdose) Procedure* (#HCS-247-02)
 - *Medication Administration Policy* (#HCS-244)
 - *Nasal Naloxone Administration: Suspected Opioid Poisoning (Overdose) Procedure* (#HCS-247-01)

VERSION HISTORY

Date	Action Taken
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APPENDIX A

Recommended Education Components and Additional SupportsRecommended Education Components

The following are recommended minimum education components and may be required by some programs training staff to administer naloxone at work in response to an opioid poisoning or overdose (e.g., approved nasal naloxone programs). Components include:

- Opioid poisoning (overdose) prevention techniques
- Recognizing the signs and symptoms of an opioid poisoning (overdose) and how this is different from a stimulant overdose
- Responding to an opioid poisoning (overdose)
- Calling 911 and/or activating workplace emergency response
- Rescue breathing and chest compressions if required
- How to administer naloxone (intramuscular injection or nasal as applicable)
- Naloxone storage
- Evaluating the effects of naloxone
- Post-opioid poisoning (overdose) follow-up and care
- Safety for the health care provider

Additional Educational Support

Programs can consider additional support for designated personnel such as:

- CPR
- Basic First Aid
- Training using opioid overdose simulation and practice events
- Non-Violent Crisis Intervention
- Infection, Prevention & Control and Workplace Health & Safety expectations (e.g., personal protective equipment [PPE], chemical hazards)