

## Administration and Maintenance of Naloxone by County Employees

<b>Objective:</b>	To establish guidelines governing the utilization of Naloxone (Narcan) by trained employees within Tompkins County.	<b>Policy/Procedure Number:</b>	01-47
<b>Reference:</b> <i>(All applicable federal, state, and local laws)</i>	NYS Public Health Law 3302; NYS Public Health Law 3309; NYCRR Title 10 Section 80.138; NYS Public Buildings Law, Section 140; Code of Federal Regulations Title 42 Section 8.12	<b>Effective Date:</b>	May 7, 2019
<b>Legislative Policy Statement:</b>	Tompkins County objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses that may occur within or on Tompkins County facilities or property.	<b>Responsible Department:</b>	County Administration
<b>General Information:</b>		<b>Modified Date (s):</b>	
		<b>Resolution No.:</b>	2019-100
		<b>Next Scheduled Review:</b>	May 2024

### I. Definitions:

**Automatic External Defibrillator (AED)** – A portable defibrillator designed to be automated such that it can be used by persons without substantial medical training in the event of a cardiac emergency.

**Fast Response Kit** - A pouch containing the following medical supplies:

- Two (2) prefilled applicators, each containing 4mg of intranasal delivery Naloxone within the manufacturer assigned expiration dates;
- One (1) Naloxone use guide: “Instructions for Use – Opioid Overdose Response” (See Appendix A);
- One (1) pair of paramedic scissors;
- Two (2) pairs of hypoallergenic nitrile gloves;
- One (1) chest hair razor;
- One (1) pocket breathing mask;
- One (1) large absorbent paper towel

**Naloxone** - A prescription medication that can be used to reverse the effects of an opiate overdose by blocking opioids in the brain for 30 to 90 minutes. It displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan.

**Opiate** - Any substance having an addiction-forming or addiction-sustaining liability similar to morphine or being capable of conversion into a drug having addiction-forming or addiction-sustaining liability.

**Opioid** - A medication or drug containing or derived from the opium poppy or that mimics the effect of an opiate. These drugs are narcotic sedatives that depress activity of the central nervous system; they will reduce pain, induce sleep and in overdose, will cause people to stop breathing. These medications include, but are not limited to, morphine, methadone, codeine, heroin, fentanyl, oxycodone, and hydrocodone

**Trained Overdose Responder** - Any individual not otherwise permitted by law to administer an opioid antagonist, who is an opioid antagonist recipient as defined in PHL Section 3309 who has successfully completed an opioid overdose prevention training curriculum offered by an authorized opioid overdose prevention program and has been authorized by a registered provider to possess the opioid antagonist.

For the purposes of this policy, an Overdose Responder is any Tompkins County employee who has successfully completed opioid overdose prevention training and has been authorized by a registered provider to possess and administer Naloxone.

## **II. Policy:**

### **A. Location and Administration**

1. Fast Response Kits, which contain two (2) doses of 4mg Naloxone per kit, are attached to Automatic External Defibrillators (AED) and are located in public areas of County buildings (and at some work sites) for quick access.
2. Tompkins County employees may administer Naloxone so long as they are trained as an Overdose Responder in accordance with NYS Public Health Law 3309 and the regulations New York Codes, Rules, and Regulations (NYCRR) Title 10 Section 80.138.
3. NYS Public Health Law 3309 (the "Good Samaritan" law) provides protection from liability for non-medical professionals when administering Naloxone to reverse suspected opioid overdose.
4. Under Public Health Law Section 3309, "the purchase, acquisition, possession or use of an opioid antagonist pursuant to this section shall not constitute the unlawful practice of a profession or other violation under title eight of the education law or this article." In addition, "Use of an opioid antagonist shall be considered first aid or emergency treatment for the purpose of any statute relating to liability."

### **B. Safety**

1. Overdose response and use of a Fast Response Kit shall only be administered when it is safe to do so. The primary role of the employee as an Overdose Responder is to provide a safe environment for him/herself, the public, and emergency medical responders. In the event that an employee arrives on the scene of an unconscious subject whose condition may be caused by an opiate overdose, the employee should operate under standard operating procedures to ensure employee safety and that the scene is safe BEFORE considering the administration of Naloxone.
2. Once the scene is safe, assess the person to determine the need for Naloxone, call for Emergency Medical Services (EMS) and law enforcement. If it is determined the person is in need of Naloxone, the employee should administer Naloxone according to their training. Reference can be made to the "Instructions for Use - Opioid Overdose Response" (*Appendix A*).
3. A person who has been administered Naloxone may become very agitated and/or combative when they regain consciousness and may exhibit symptoms associated with withdrawal, which is a safety concern for the person administering the medication.

## **III. Procedure:**

### **A. Deployment**

1. An individual designated by the County's Medical Director (The Medical Director serves as Naloxone Program Director) will serve as the Naloxone Program Administrator. This individual will be responsible for:
  - Maintaining employee training records;

- Assuring the supply, integrity and expiration dates of the Naloxone Nasal Spray;
  - Assuring the maintenance of administration records and complying with NYS reporting requirements;
  - Forwarding proper reporting to the County Medical Director and Alcohol & Drug Counsel of Tompkins County.
2. Only employees who have been trained in the use of Naloxone will have access to the Fast Response Kits.
  3. Employees will be given a brief refresher overview bi-annually in the effective administration and maintenance of Naloxone and should remain familiar with the use of a Fast Response Kit.

## **B. Naloxone Use**

1. Employees trained in the use of Naloxone will have access to kits in an easily accessible area within their work environment should their use become necessary.

**Note:** Trained Probation staff may wish to carry Naloxone kits with them while conducting field work.

### *2. Assessment*

When an employee encounters a scene where an individual is in a potential overdose state, their first action will be to conduct an assessment of the person to determine the need for treatment with Naloxone by evaluating the individual. If the individual is unresponsive with decreased or absent respirations, Naloxone should be administered following the established training guidelines and protocol, including having someone immediately call 911.

### *3. Administration*

- The employee shall use universal precautions when administering the Naloxone following established training guidelines;
- Employees shall remain with the individual until law enforcement and EMS arrive, unless safety concerns prevent them from doing so; and
- Employees shall advise law enforcement and EMS personnel that Naloxone has been administered.

## **C. Maintenance and Replacement of Naloxone**

1. Fast Response Kits shall be stored in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
2. The Tompkins County Naloxone Program Administrator is responsible for tracking the expiration dates and replacing Naloxone throughout County facilities.
3. Used, lost, damaged or expired Naloxone shall be reported to the Tompkins County Naloxone Program Administrator and then will be

replaced.

#### **D. Director**

1. Per NYS, each program shall have a Director who is responsible for oversight and liaison concerning issues related to program.
2. The County Medical Director is a physician employed by Tompkins County that acts as the County Naloxone Program Director. The Director will at a minimum:
  - Provide consultation, expertise and oversight for issues related to the program;
  - Adapt and approve opioid overdose prevention training curriculum content and protocols as needed;
  - Review all reports of administration of Naloxone; and
  - Prescribe replacement Naloxone.

#### **E. Documentation**

1. Following Naloxone administration, the Program Administrator will gather information from the employee that administered the medication, complete a report and shall notify the Alcohol and Drug Council of Tompkins County for the purpose of submitting a [NYS Public Safety Naloxone Quality Improvement Usage Report](#) (Most of the information can be obtained from 911 data, *See Appendix B*). The Alcohol and Drug Council of Tompkins County will forward the same to the NYS Department of Health.
2. The employee who administered Naloxone will complete a detailed [Tompkins County Incident Report Form](#) (*See Appendix C*) and submit the form to their Supervisor or Department Head with a copy to the Naloxone Program Administrator
3. If the AED had to be used on an unresponsive person, an AED usage report must also be completed.
4. In accordance with NYS regulations, the following documentation must be maintained:
  - a. The names of trained overdose responders and the dates they were trained;
  - b. The name of the designated program staff who dispensed or furnished the Naloxone or who are responsible for ensuring orderly, controlled, shared access to an identifiable pool of trained overdose responders;
  - c. Program policies and procedures;
  - d. Naloxone use and overdose reversal reports;
  - e. Documentation of review of these reports;
  - f. Inventory records on overdose response supplies.

## Appendix A

**NARCAN** (naloxone HCl)  
**NASAL SPRAY** 4mg

# Instructions for Use

## Opioid Overdose Response Instructions

NARCAN™ Nasal Spray is a pure opioid antagonist indicated for emergency use outside of a hospital to reverse known or suspected opioid overdose, as manifested by respiratory and/or severe central nervous system depression.

NARCAN™ Nasal Spray can be administered by a bystander (non-healthcare professional) before emergency medical assistance becomes available, but it is not intended to be a substitute for professional medical care. Emergency medical assistance (calling 911) should be requested immediately when an opioid overdose is suspected, before administering naloxone.

**Important: For use in the nose only.**

Do not remove or test the NARCAN™ Nasal Spray until ready to use.

# 1

### Identify Opioid Overdose



### Call for Emergency Medical Help

#### Check for signs of an opioid overdose:

- Person **DOES NOT** wake up after you shout, shake their shoulders, or firmly rub the middle of their chest
- Breathing is very slow, irregular or has stopped
- Centre part of the eye is very small, like a pinpoint

**Call 911** or ask someone to call for you.

**Lay the person on their back.**

# 2

### Give NARCAN™ Nasal Spray



**Remove device from packaging. Do not test the device.** There is only one dose per device.

**Tilt the person's head back** and provide support under their neck with your hand.

**Hold the device** with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle.



**Gently insert the tip of the nozzle into one nostril.** Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril.

**Press the plunger firmly** with your thumb to give the dose.

**Remove** the device from the nostril.

# 3

### Evaluate and Support



**Move** the person on their side (recovery position). Watch them closely.

**Give a second dose after 2 to 3 minutes** if the person has not woken up or their breathing is not improved. **Alternate nostrils with each dose.**

You can give a dose every 2 to 3 minutes, if more are available and are needed.

**Perform artificial respiration or cardiac massage** until emergency medical help arrives, if you know how and if it is needed.

For more information on NARCAN™ Nasal Spray, visit [narcannasalspray.ca](http://narcannasalspray.ca)

**ADAPT PHARMA**

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## Appendix C

Police Report # \_\_\_\_\_ (if applicable)

County Administration Report # \_\_\_\_\_

### TOMPKINS COUNTY INCIDENT REPORT

**DIRECTIONS:** Employee: Complete Section 1 and give to your supervisor within 24 hours of incident.  
Supervisor/Captain: Complete Section 2 and then forward this report, any additional backup and police reports to County Administration within 48 hours. If injury or illness to employee, send a copy to the Personnel Office.

Rev. 12/15

**SECTION 1:**

Dept/Division Name:	Name of Employee(s) Completing this Report:
Name of Person Injured or Property Owner ..... Employee? Yes <input type="checkbox"/> No <input type="checkbox"/> Employee Hire Date: ..... Home Address ..... Address ..... Telephone Number .....	
Date of Incident:	Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM
Location of Incident:	
Officials called to the scene: <input type="checkbox"/> Sheriff <input type="checkbox"/> State Police <input type="checkbox"/> Ithaca Police <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Ambulance <input type="checkbox"/> Other:	
Description of Injuries or Damaged Property:	
If employee injured, what time did employee start working today? ..... If employee injured, are you employed elsewhere? .....Where?.....	
STATEMENT: Describe who, what, when, where, why and how. (Attach additional sheets as necessary, and/or sketch on reverse side)	
Signature..... Date.....	
DESCRIPTION OF CONDITIONS/DAMAGED PROPERTY: List street name, weather conditions, ground conditions, property damaged (attach additional sheets as necessary)	
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**CAUSE OF INCIDENT:** List the factors that you believe contributed to this incident

**PREVENTION:** What actions, if any, can be taken now to prevent a recurrence?

Witness Name:..... Telephone.....

Witness Name:..... Telephone.....

Signature of Person Completing this Section:

Date:

Sketch if necessary:

**SECTION 2:**

**SUPERVISOR OR DEPARTMENT HEAD REVIEW, RECOMMENDATION AND FOLLOW-UP ON CORRECTIVE ACTION:**

Person responsible for corrective action (if applicable):.....

Corrective action target Date:.....

Supervisor/Captain Signature:..... date:.....

Department Head's Signature:..... date:.....

Date Incident Reported:..... Report Completed:.....