



Monterey County Behavioral Health Policies and Procedures

Policy Number	701
Policy Title	Administration of Naloxone in the Event of a Suspected Overdose
References	None
Effective	December 21, 2023

Policy

Monterey County Behavioral Health (MCBH) seeks to obtain and maintain a supply of naloxone, also known as Narcan, to reverse opioid overdoses, and to train MCBH staff how to identify overdoses and safely administer naloxone.

Naloxone is a life-saving medication that works almost immediately to reverse overdose by blocking the effects of opioids. Naloxone is a drug which is available “over the counter.” Naloxone does not require a prescription. Naloxone is not a controlled substance. Naloxone has few known adverse effects, no potential for abuse, and can be rapidly administered through nasal spray.

MCBH may obtain and deploy naloxone at any location throughout the County. The administration of naloxone by staff in the event of an emergency overdose is strictly voluntary. Training to administer naloxone will be made available to all MCBH staff through NeoGov. This training is required and appropriate for staff at all levels.

Procedure

1. Emergency Narcan:
 - a. At the onset of this program, each site will receive three (3) units of naloxone, each of which contains two 4mg dose nasal sprays. Clinic Managers are responsible for determining an appropriate area to store their supply of naloxone. It may be stored in an unlocked area of the staff workroom, in a cabinet behind a customer service desk, or another conveniently accessed location, for example next to a first aid kit. A small supply of nitrile gloves should be kept adjacent to the supply of naloxone.
2. Obtaining and Maintaining Narcan:
 - a. Monterey County Behavioral Health Medical Assistants will be responsible for obtaining NARCAN through the Department of Health Care Services Narcan Distribution Project and tracking and distributing Narcan to Monterey County Behavioral Health operated programs.
 - b. NARCAN for emergency use and the instruction sheet can be obtained by emailing program assigned Medical Assistant. This email request will include the following information:

- i. Monterey County Behavioral Health unit/program
- ii. A contact person
- iii. Number of requested doses
 1. A minimum of three (3) units of Nalxone (containing two 4mg does nasal sprays) should be maintained for emergency use at all times
- c. Narcan for Emergency Use should be stored in an unlocked area of the staff workroom, in a cabinet behind a customer service desk, or another conveniently accessed location, for example next to a first aid kit. A small supply of nitrile gloves should be kept adjacent to the supply of naloxone.
- d. Monterey County Behavioral Health Medical Assistants will maintain a spreadsheet that includes inventory, tracking of NARCAN and the number of doses provided to each unit in Monterey County Behavioral Health.
- e. NARCAN has a shelf life of approximately 3 years. Each NARCAN unit contains an expiration date prominently displayed on the packaging. Medical Assistants should request new supply prior to expiration so that additional units may be obtained.

Training:

Training is available and required for all Monterey County Behavioral Health Staff. Training will be provided by Monterey County Behavioral Health via NeoGov. Training will include an overview of opioids, understanding naloxone and how it works, how to recognize and distinguish an overdose from impairment, and how to respond to an overdose and administer naloxone.

- For current staff as December 21st: training must be completed no later than January 31st, 2024
- For new employees: Training must be completed within the first 60 days of employment.

Administering Naloxone:

The administration of naloxone should only be handled by staff who have been trained, and who volunteer to do so. Staff considering the administration of naloxone should be aware of any personal physical limitations or restrictions and only perform intervention activities that are within their physical capabilities.

1. **When confronted with a situation involving a known or suspected overdose, staff must first quickly observe the scene to determine if it is safe to enter.** Safety considerations include, but are not limited to:
 - Be aware of hazardous materials (including drugs, paraphernalia, etc.);
 - Be aware of other people (other customers, friends/loved ones of the affected individual, etc.);
 - Be aware of body fluids;
 - Be aware Fentanyl passes through skin-to-skin contact;
 - Be aware of the potential for violence.

2. Once it has been determined that a scene is safe to enter, observe the individual for signs and symptoms of opioid overdose. Signs of an

Overdose include:

- Breathing is very infrequent or has stopped and the pulse is slow (deep snoring or gurgling);
- The skin is pale and clammy;
- Loss of consciousness;
- Heart rate is slow, erratic, or non-existent;
- Unresponsive to stimulation;
- Pupil restriction.

3. Staff should then:

- a. Recognize the symptoms of overdose outlined above.
- b. Call 911 (or direct another staff member to call 911).
- c. Reverse the overdose by administering naloxone.
 - i. Protect yourself with Personal Protective Equipment (**nitrile gloves**) (avoid skin-to-skin contact).
 - ii. Peel back the package and remove the device; hold the device with your thumb on the plunger and two fingers on the nozzle; do not test the device as there is only one dose in each dispenser.
 - iii. Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
 - iv. Press the plunger firmly to release the dose into the individual's nose.

4. Remain with the person until emergency personnel arrive.

- a. Relinquish medical scene responsibilities to emergency personnel immediately upon their arrival.
- b. If the individual does not respond within 2-3 minutes, and if emergency personnel have not yet arrived, a second dose may be administered using a new naloxone dispenser (repeat prior steps).
- c. If the person awakes prior to arrival of emergency personnel:
 - i. Staff should keep appropriate distance and keep their personal safety as the top priority when dealing with a person experiencing withdrawal symptoms. Upon awakening, the person may experience severe opioid withdrawal symptoms including restlessness/irritability, body aches, diarrhea, increased heart rate and/or blood pressure, fever, nausea or vomiting, shivering, or goosebumps.
 - ii. Ask the person to wait for emergency services, however if the person declines, do not insist.
 - iii. If the person decides to leave, observe them, and provide a description and direction of travel to emergency responders. Do not follow.

Reporting:

After any incident, immediately report it as follows:

1. Complete an Incident Report to Quality Improvement Department.
2. Notify the Behavioral Health Services Manager II for Substance Use Disorder Services or designee who is responsible to track the number of opioid reversals.