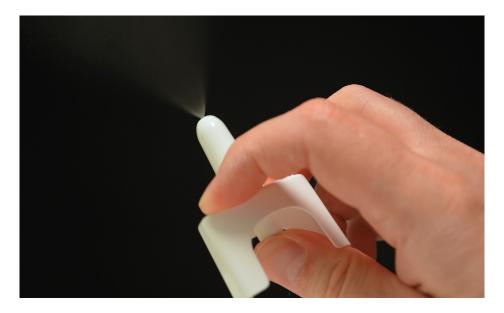


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SAFER TOGETHER

Hazard Alert: Opioid Overdose & Naloxone Use



What is Naloxone?

Naloxone is an opioid overdose reversal medication (or "opiate antagonist"), commonly known by its trade name Narcan. It can reverse the effects of an overdose from opioids such as heroin, fentanyl, oxycodone and morphine.

How is it used?

Naloxone can be given intranasally by spraying the medication with a device into someone's nose where it is absorbed into the sinuses. It can also be given as an injection.

How does it work?

It is an opiate antagonist, meaning it attaches to opioid receptors in the body which reverse and block the effects of opioids.

When should it be given?

Naloxone should be given immediately to anyone showing signs of an opioid overdose or if an opioid overdose is suspected, even if it is unclear which substances have been used. Signs include slow, shallow or stopped breathing, unresponsiveness or loss of consciousness, small "pinpoint" pupils, limp body, purple, blue or gray lips or fingernails,

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and choking, snoring or gurgling sounds. More than one dose of naloxone might be needed for some opioid overdose events, particularly those involving illicitly manufactured fentanyl and fentanyl-related substances.

What doesn't it work for?

While naloxone does not counteract the effects of non-opioid drugs such as cocaine, methamphetamine, MDMA, ketamine, or benzodiazepines, many street drugs are being mixed/laced with fentanyl to increase their potency. Naloxone will not harm someone who does not have opioids in their system. Therefore, naloxone should be administered to anyone displaying signs of an overdose.

What are the potential side effects?

When someone wakes up after being given naloxone (Narcan), they can become combative or agitated. This is a well-known response, as naloxone rapidly reverses the effects of opioids and can cause immediate withdrawal. Symptoms such as pain, nausea, anxiety, and confusion may lead to aggressive behavior.

What could go wrong?

To help ensure the safety of the person administering naloxone, they should be positioned at an angle, rather than directly in front of the individual as they begin to regain consciousness. Maintain a safe distance, especially if alone, and be prepared for a potentially unpredictable response.

If someone is having a medical emergency that is not an opioid overdose, such as a heart attack or diabetic coma, giving them naloxone will generally not have any effect or cause them additional harm.

Are we required to have it?

No.

Should we have naloxone on hand?

While entities are not required to have naloxone on hand, naloxone can save lives. Thus, consider providing naloxone to your entity's first responders and keeping some in your entity's AED cabinets. The State of Colorado has policies and funding programs in place that encourage wide availability of naloxone to eligible entities, such as local governments, first responders, law enforcement agencies, schools, and libraries. Additionally, Colorado law provides immunity against civil and criminal liability for individuals who administer naloxone in good faith.

Consult with your in-house legal counsel for guidance on laws or restrictions for your organization.

Is training required?

While specialized training is not required to obtain or use naloxone, learning how to use it can help improve readiness and confidence in responding to someone who may be experiencing an overdose.

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Consider adding this training to your First Aid/CPR/AED class.

Who can provide training?

There are numerous sources available online to provide self-guided training, including but not limited to those listed below.

National Harm Reduction Coalition:

 https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioidoverdose/

Centers for Disease Control & Prevention:

https://www.youtube.com/watch?v=odlFtGNjmMQ

Narcan.com

https://narcan.com/en/resources

If more formal training is desired, there are sources available for a fee, including but not limited to those listed below.

American Red Cross:

First Aid for Opioid Overdoses Online

https://www.redcross.org/take-a-class/classes/first-aid-for-opioid-overdoses-online/a6R0V0000015ETH.
html?utm_source=GA&utm_medium=LP&utm_term=Register_Now&utm_content=Opioid_Overdose_Course&utm_campaign=20180926_Opioid_Overdose_LP_

Overdose Lifeline:

Clinician and layperson accreditation through Purdue University, College of Pharmacy, Office of Continuing Education. 1.5 CE Credits.

https://www.overdoselifeline.org/opioid-training-and-courses/layperson-naloxone-administration/

The above-listed training programs and providers are included in this document for informational purposes only and their inclusion does not constitute an endorsement or recommendation by CIRSA with respect to any training program or provider. Entities should conduct their own research and consult with qualified professionals before enrolling personnel in any training program with any provider.

Where to store it?

Follow the specific manufacturer's instructions for storing the product. Generally, it should be kept in the original box, protected from sunlight and at room temperature below 77°F.

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Does it expire?

Naloxone nasal spray has a shelf life of 18-48 months when stored appropriately and should be replaced at regular intervals. However, studies show naloxone remains effective past its printed expiration date and even after multiple years of storage, with one study finding that expired test samples, including those stored for nearly 30 years, maintained over 90% of their potency. Additionally, the civil and criminal immunity protections afforded under Colorado law extend to individuals who furnish or administer expired naloxone in good faith to a person believed to be suffering from an opioid overdose. Still, it is recommended that naloxone kits be replaced at or before their expiration dates to ensure maximum potency and reliability.

Do we need a written policy or procedures?

Written policies promote safe, proper, and timely naloxone administration by trained individuals, increasing chances that overdose victims receive it before permanent damage occurs. Consider adding a section to your written emergency response plan.

What protections are afforded by Colorado's Good Samaritan Laws related to overdoses?

Under C.R.S. §§ 13-21-108.7 and 18-1-712, a person other than a health care provider who acts in good faith to administer or furnish naloxone to another person whom the person believes to be suffering an opiate-related drug overdose, or to a person who is in a position to assist the person at risk of experiencing an opiate-related drug overdose event, is immune from civil liability and criminal prosecution. The Colorado Governmental Immunity Act also provides protection for public entities and public employees.

What should be included in our policy?

Consider including information such as who is in charge of your entity's opiate antagonist administration program, the locations where antagonists will be stored, the individuals authorized or required to carry antagonists, the instances in which antagonists will be administered, your entity's schedule for replacing expired naloxone, your entity's requirements as to training and incident reporting, and any other relevant information and procedures.

This Safety Alert is intended for general informational purposes only. It is not intended and should not be considered or used as a substitute for medical or legal advice from qualified professionals.

Sources

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- https://library.samhsa.gov/sites/default/files/overdose-prevention-response-kit-pep23-03-00-001.pdf
- https://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/
- https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone.aspx#:~:text=What%20is%20naloxone?%20Naloxone%20is%20a%20 life%2Dsaving,a%20nasal%20spray%20(spray%20in%20the%20nose)
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