FNIHB-OR Nursing Policy and Procedure

Section: **Pharmacy** Policy Number: **III-10**

Subject: **Opioid Overdose and Naloxone** Issued: **2017-06-15**
Revised: 2017-06-28

1. POLICY

1.1 Community Health Nurses (CHN) working in Nursing Stations and Health Centers with Treatment will provide naloxone for suspected opiate overdose for persons of all ages in accordance with First Nations Inuit Health Branch (FNIHB) Clinical Practice Guidelines and Zone Formularies.

1.2 CHNs working in Public Health Centers may provide naloxone treatment for suspected opiate overdose if they have been trained and have received naloxone kits from an authorized provincial provider or are using FNIHB-OR Policy II-11 Over the Counter Medication.

1.3 Clients in the community who are at high risk for opiate overdose (including clients that misuse opiate and clients who are prescribed opiates), their family members and persons who are in a position to help in an emergency in the community, should be encouraged to obtain a naloxone kit and training through an authorized provincial provider.

1.4 In all cases of suspected opiate overdose, whether or not naloxone is utilized, emergency services must be activated.

1.5 All CHNs must attend mandatory opiate and naloxone education sessions when they are offered, however attendance or nonattendance of these sessions does not impact their ability to give naloxone as a resuscitative measure in the event of a suspected overdose.

1.6 All CHNs must adhere to FNIHB-OR *Policy II-36 Suspected Presence of Fentanyl or Carfentanil: Personal Protective Equipment and Procedure for Exposure of Health Care Worker.*

2. PRINCIPLES

2.1 Opiate misuse and overdose is a serious problem in Ontario and with the availability of stronger opiates, persons that misuse opiates are at increased risk of overdose and death (Government of Ontario, 2017).

2.2 Fentanyl and Carfentanil are circulating in Ontario and have been found in counterfeit opioids as well as in illicit drugs (such as cocaine and heroin). When using these drugs, people may not be aware that fentanyl or its analogues are present. The potency of these drugs poses increased risk to persons that use them, both intentionally and unintentionally.

Additionally, the landscape is rapidly changing and there is continued risk of new products and formulations entering the scene, which could increase risk of overdose situations. Even persons who are experienced with using opiates (opiate-tolerant) are at increased risk of accidental and fatal overdose.

2.3 The increased potency of these drugs also means that health care providers that respond to an overdose situation are at increased risk of accidental overdose if the drug gets on their skin or is accidentally inhaled/ingested.

2.4 Naloxone is a life-saving medication that can quickly reverse respiratory depression caused by opiate overdose (Government of Ontario, 2017).

2.5 In the absence of an opioid, naloxone exhibits no effects and the only contraindication to the use of naloxone is in patients known to be hypersensitive to it. Naloxone does not increase the likelihood of risk-taking behaviours, and cannot be abused (Government of Ontario, 2017).

2.6 Naloxone is available free of charge through several mechanisms, to clients that use opiates, their family members, community members, and any person who is able to help in an overdose situation (Government of Ontario, 2017).

2.7 Naloxone no longer requires a prescription in Ontario (CNO, 2016). As naloxone is now considered an over the counter medication in Ontario, it can be administered by any person in an attempt to resuscitate a person that is suspected to have overdosed from opiates.

2.8 Additionally, CHNs follow the Regulated Health Professional Act (RHPA), which allows nurses to perform the controlled act of administering a medication by injection or inhalation without an order in an emergency situation, known as emergency exemption (CNO 2017a). Resuscitation of a person in an overdose situation with naloxone would qualify as an emergency exemption. Nurse Practitioners (NP) are authorized to perform the controlled act of initiation the administration of a medication (CNO, 2017a). Both nurses and NPs must have the knowledge, skill and judgement to perform the procedure safely and ethically, and are accountable for their decision to perform the controlled act (CNO 2017b).

2.9 Nurses and NPs may distribute naloxone (CNO, 2016). Nurses and NPs may teach the use of naloxone to clients and unregulated care providers if they have the knowledge skill and judgement to both perform and teach the procedure (CNO, 2017b).

2.10 Harm reduction is an important component of public health programming. Providing information on opiate misuse and overdose, what naloxone is, and how to obtain it is considered a vital harm reduction activity.

3. DEFINITIONS

Carfentanil: Another powerful synthetic opioid, is considered 100 times more potent than fentanyl. It is not approved for use in humans, nor is it legal in Canada, but has been found in illicit drugs, often without the person using the drugs being aware of its presence.

Fentanyl: A powerful synthetic opioid drug that is similar to morphine and heroin but is 50 to 100 times more potent. It is highly addictive, but short acting. Signs and symptoms of use can appear within minutes of intravenous use or inhalation, within minutes to hours following ingestion, and within hours following dermal exposure (*Alberta Health Services, 2017*).

Naloxone: Naloxone is an opiate antagonist. It partially blocks opiate receptors so an opiate may not bind to them. This can improve respiration for a person that has overdosed on opiates. It can also diminish the pain relief and euphoria that persons experience when using opiates, leading to withdrawal symptoms. Naloxone has a short clinical effect of only 10-30 minutes. (FNIHB *Clinical Practice Guidelines*, 2011).This means that persons that have had clinical improvement with naloxone must be closely monitored for deterioration and medevaced promptly, as the opiate they have taken may have a longer duration of action than naloxone – respiratory depression and other symptoms may recur within 10-30 minutes. Naloxone does not reverse respiratory depression caused by non-opioid drugs (alcohol, benzodiazepines etc.) or conditions (hypoglycaemia, stroke etc.) and may be only partially effective for buprenorphine (suboxone)-induced respiratory depression. If Naloxone is not effective, rescue breathing or lifesaving measures according to the provider's ability should be initiated (Canadian Pharmacists Association, 2016).

Opiate: An opiate includes a variety of medications that bind to opiate receptors. These include controlled substances such as morphine, fentanyl, carfentanil, Percocet, codeine, and others. They also include over the counter medications such as Imodium (loperamide HCL), and illicit drugs such as heroin and opium. While drugs like cocaine and methamphetamine are not opiates, these drugs may be adulterated with opiates, and therefore clients can experience an opiate overdose even if they do not believe they are using opiates. An opiate produces pain-relief effects and can also cause sensations of euphoria. Opiates can be highly addictive. Symptoms of opiate toxicity include sedation, hypotension, bradycardia, respiratory depression, sleepiness, stupor, coma, flaccidity of skeletal muscle, cold clammy skin, apnea, circulatory arrest and convulsions (FNIHB *Clinical Practice Guidelines*, 2011).

4. PROCEDURE

4.1 In Nursing Stations and Health Centres with Treatment:

4.1.1 CHNs will ensure that the quantity of naloxone in the facility reflects the maximum amount that can be stocked as per Zone Formulary or most recent Regional/Zone directives.

4.1.2 CHNs will ensure an adequate stock of Ambubags, oral airways and other management supplies as per most recent Regional/Zone directives.

4.1.3 CHNs will consider opiate overdose as a differential diagnosis when assessing and treating a poorly responsive or apneic client and will administer naloxone as per Section 14-12 in the FNIHB *Clinical Practice Guidelines* (2011).

4.1.4 When opiate overdose is suspected and naloxone is used, the community physician will be contacted and the client will be medevaced for further assessment and monitoring.

4.1.5 Clients at increased vulnerability to opioid overdose include: clients who are prescribed opiates by a community physician or nurse practitioner (NP); who access harm reduction supplies at the clinic; who are known to use opiates; who utilize the Suboxone program; clients who have been recently released from a controlled environment (such as a jail), or any client that is requesting. These clients should be offered information about opiate overdose and naloxone, and access to obtain a naloxone kit as discussed in **Section 4.3** should promptly be facilitated.

4.1.6 As all Nursing Stations and Health Centres with Treatment also operate Public Health Programs, all provisions under **Section 4.2 Public Health Facilities** will also apply.

4.2 In Public Health Facilities:

4.2.1 Health Promotion and Prevention around opiate misuse, overdose and naloxone is an important part of individual and community health education. CHNs will familiarize themselves with these topics using the suggested further reading and bring any questions to their Zone Nursing Practice Consultant (NPC).

4.2.2 CHNs may choose to carry individual naloxone kits. To obtain a kit, CHNs must attend training at either a local public health unit or pharmacy. CHNs that obtain a kit this way must follow all policies, procedures, and directions for use as set out by the issuing provider. Please use the following link to help find kit providers in your area https://www.ontario.ca/page/get-naloxone-kits-free. If a CHN uses a naloxone kit in an attempt to resuscitate a client, emergency services must be promptly contacted and they must stay with the client until emergency services arrives.

4.2.3 Public Health Facilities utilizing FNIHB-OR *Policy III-11 Over the Counter Medication*, are encouraged to stock naloxone in their facilities. If stocking naloxone, procedures for administration as per the *FNIHB-OR Policy III-11 Over the Counter Medication* are to be used. If a CHN uses naloxone in an attempt to resuscitate a client, emergency services must be promptly contacted and they must stay with the client until emergency services arrives. Stocked naloxone is to be used by the CHNs only. For more information on helping clients, community members and non-nursing staff obtain naloxone kits see **Section 4.3 Helping Clients to Obtain Naloxone Kits.**

4.3 Helping Clients to Obtain Naloxone Kits

4.3.1 Clients who have an Ontario Health Insurance Plan (OHIP) number can obtain a provincially funded injectable take-home Naloxone kit from one the participating pharmacies in the Ontario Naloxone Program for Pharmacies (ONPP). See section 4.3.4 for a list of participating pharmacies. The pharmacist will prescribe and dispense the kit and provide training free of charge. Some participating pharmacies may be willing to do this over the phone or in conjunction with an on-site health care provider.

4.3.2 A client can obtain an intranasal take-home naloxone kit from public health units that have certain programs such as Needle Exchange or Hepatitis C, if they use opiates, or are the friend or family member of someone that uses opiates. The client will not require an OHIP number and the kit will be provided free of charge.

4.3.3 A physician or NP can order an injectable take-home naloxone kit, or the components to put together a naloxone kit, for any client, from any pharmacy whether or not the pharmacy is participating in the ONPP. If the client has non-insured health benefits (NIHB), the kit will be provided free of charge. If a client obtains a kit in this way, the ordering provider must train the client on using the kit or delegate this task appropriately. See Section 4.14 for a list of clients at higher risk for opiate overdose.

4.3.4 Please use the following link, https://www.ontario.ca/page/get-naloxone-kits-free, to find provincially funded community based programs and participating pharmacies in your area. The list of providers is subject to change. Alternatively, contact your local public health unit to discuss programs and services in your area.

5. RELATED POLICIES

FNIHB-OR FNIHB-OR *Policy II-36 Suspected Presence of Fentanyl or Carfentanil: Personal Protective Equipment and Procedure for Exposure of Health Care Worker.*

FNIHB-OR Policy III-11 *Over The Counter Medication*

FNIHB-OR *Policy III-03 Medication Dispensing*

6. REFERENCES AND FURTHER READING

Canadian Pharmacists Association. *Naloxone*. (2016) https://www.e-therapeutics.ca/search#

College of Nurses of Ontario *Practice Standard: Medication* (2017)

College of Nurses Reference Document: *Legislation and Regulation: Regulated Health Professional Act* (2017) http://www.cno.org/globalassets/docs/policy/41052_rhpascope.pdf

College of Nurses of Ontario: *The Standard. Questions about Naloxone* (May 2017). http://www.cno.org/en/learn-about-standards-guidelines/magazines-newsletters/the-standard/may-2017/questions-about-naloxone/

College of Nurses: *The Standard. Can I distribute Naloxone?* (October 2016). http://www.cno.org/en/learn-about-standards-guidelines/magazines-newsletters/the-standard/october-2016/naloxone/

First Nations Inuit Health Branch. *Clinical Practice Guidelines: Major Emergencies: Overdose* (2011) http://www.hc-sc.gc.ca/fniah-spnia/services/nurs-infirm/clini/adult/trauma-eng.php#a24

Government of Ontario. *Get Naloxone Kits for Free.* (2017). https://www.ontario.ca/page/get-naloxone-kits-free

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Director of Nursing, Ontario Region FNIHB	**Date:**	
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Regional Executive Officer, Ontario Region, FNIHB	**Date:**	