

<b>Community Mental Health Partnership of Southeast Michigan/PIHP</b>	<b><i>Policy Regional Naloxone Overdose Rescue Kit Distribution and Utilization</i></b>
<b>Committee/Department: Substance Use Disorder Services</b>	<b>Regional Operations Committee Review Date 01/12/2022</b>
<b>Implementation Date 03/01/2022</b>	<b>Oversight Policy Board Approval Date 02/24/2022</b>

**I. PURPOSE**

To reduce fatal opioid overdoses by allowing the distribution of Community Mental Health Partnership of Southeast Michigan (CMHPSM) funded Naloxone Overdose Rescue Kits by regional law enforcement agencies, first responders, crisis staff and other authorized individuals, as well as trained community members.

**II. REVISION HISTORY**

<b>DATE</b>	<b>MODIFICATION</b>
12/2018	
4/2019	Language changes/updates/attachments
02/24/2022	Policy updates/attachment updates

**III. APPLICATION**

This policy applies to all staff and contractual organizations receiving any funding directly or sub-contractually, within the provider network of the CMHPSM, and any first responders, including community laypeople, who will be administering naloxone that are not under contract or in the provider network to utilize the CMHPSM issued Naloxone Overdose Rescue Kits.

**IV. DEFINITIONS**

Approved Training: Training on administration of naloxone that is provided by a CMHPSM authorized agency; Designated Law Enforcement Training Department in conjunction with Medical Personnel; Hospital; Health Department personnel or Michigan Department of Health and Human Services Designated Trainers, and any trainer within the community who received “Train the Trainer” instruction. Training should include experiential hands-on practice with the naloxone administration device when possible. The use of virtual training or virtual training platforms by trained trainers needs prior approval before implementation by CMHPSM trainers and/or CMHPSM staff.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the PIHP for Lenawee, Livingston, Monroe and Washtenaw for mental health, developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under chapter 2 of the Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization.

Crisis Staff: Any staff assigned to a crisis response team/program within a CMHSP or substance use disorder (SUD) provider network who is involved in urgent/emergent responding to individuals engaged in using opioids and who are at risk of an overdose. This pertains to mobile outreach and crisis teams within the CMHSP, Regional Engagement Centers, emergency shelters, etc.

Opioid: A drug that is derived from the opium poppy or made synthetically. Opioids are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. First Responders often encounter opioids in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone and hydrocodone.

Naloxone: An opioid antagonist that can be used to counter the effects of an opioid overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including, "Narcan." *Naloxone is only effective if administered to an individual who has opioids in their body.*

Naloxone Overdose Rescue Kit: A kit containing one box of Narcan® Nasal Spray (containing two doses of naloxone intranasal 4mg each) one pair of latex free gloves, one-way valve breathing barrier, instructional brochures, and other items and local resource information as applicable.

Prescription Label: A label that denotes the CMHPSM address, name of recipient agency, organization, event or individual; date of distribution; expiration date of the medication; sig notation, and prescriber name and address.

Regional Entity: The entity established under section 204b of the Michigan Mental Health Code to provide specialty services and supports.

Responder: Any individual authorized to utilize a CMHPSM Naloxone Overdose Rescue Kit *who has completed an approved training.*

State Portal: Online portal for obtainment of naloxone which is made available to organizations through the MDHHS website.

Substance Use Disorder (SUD) Core Provider: A local provider of substance use services utilizing the ROSC Model that coordinates all levels of care for clients with substance use disorders.

Universal Precautions: An approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HCV and other blood borne pathogens

## **V. POLICY**

Through the authorization of a prescriber's standing order (Exhibit A), only appropriately trained individuals are authorized to utilize CMHPSM funded Naloxone Overdose Rescue Kits in an attempt to respond to an individual presenting with an apparent opioid overdose. Tracking of distribution will be maintained by CMHPSM staff via an electronic Naloxone Rescue Kit Distribution Log (Exhibit B).

## **VI. STANDARDS**

### **1. ASSESSMENT AND ADMINISTRATION**

In the event that a responder has arrived at the scene of a medical emergency prior to the arrival of EMS and has made a determination that the patient is displaying symptoms consistent with a suspected opioid overdose, the responding individual shall administer four milligrams of intranasal Narcan spray to the person by way of the nasal passages.

The following A.C.T.I.O.N. steps should be taken for **first responders** such as law enforcement officers:

- A. Responder shall use universal precautions.
- B. A brief medical assessment of the person as prescribed by First Aid Training can be conducted.
  - a. Taking into account statements from witnesses and/or family members regarding drug use.
  - b. Drug paraphernalia observed at the scene.
- C. The first responder shall
  1. **Arouse** the person using the “3 S’s.” Shout the person’s name, shake the shoulders vigorously, and perform a sternal rub against the breastbone of the person.
  2. **Check** for signs of opioid overdose: pinpoint pupils, blue lips/fingernails, shallow/slowed or stopped breathing, snoring/gurgling sounds, unconsciousness, unresponsive to pain stimulus (sternal rub).
  3. **Telephone 911** For the first responder, communicate with dispatch
  4. **Intranasal/Intramuscular Naloxone** If the first responder makes a determination *the individual has symptoms consistent with* a suspected opioid overdose, the Naloxone Overdose Rescue Kit shall be utilized.
    - a. The first responder shall remove the back seal from the package, remove Narcan nasal spray, insert the nozzle into the nose, and push the plunger.
    - b. Note: in the event the responder is using another FDA approved naloxone device, they should follow the accompanying package insert instructions.
  5. **Oxygen** After administering naloxone, the responder shall carry out appropriate resuscitation measures according to their First Aid Responder training (i.e. CPR and/or rescue breathing) as delivering oxygen to the person is critical in an overdose.
  6. **Naloxone Again** In the event the person does not resume breathing or regain consciousness, naloxone may be repeated every 2-3 minutes until EMS arrives.
    - a. EMS shall be contacted, and the person should be encouraged to be transported to the hospital for medical attention via EMS.
    - b. Responder should stay with the person until EMS arrives.
    - c. The person can be placed in a position of comfort once consciousness is regained and breathing resumes. If the person vomits, a recovery position shall be utilized (see image to right)



For **community layperson** administration, the A.C.T.I.O.N. steps shall be taken: (It is recommended that the community layperson should use universal precautions if available prior to administering naloxone.) following that the

- A. **Arouse** the person with the 3 S's: Shout the person's name, shake their shoulders vigorously, and perform a sternal rub by making fist and rubbing it along the breastbone of the person to check for pain response.
- B. **Check** for signs of an opioid overdose which may include some or all of these symptoms: pinpoint pupils, shallow/slow breathing or no breathing, gurgling/snoring-like sounds, unconsciousness, unresponsive to pain stimulus
- C. **Telephone 911**
- D. **Intranasal/Intramuscular Naloxone** administer intranasal naloxone by removing the back seal from the package, inserting the Narcan nasal spray nozzle into the nose, and pushing the plunger. *Note: in the event the responder is using another FDA approved naloxone device, they should follow the accompanying package insert instructions.*
- E. **Oxygen** As oxygen is critical to survival, the responder can deliver 2 rescue breaths initially and then 1 breath every 5 seconds, or perform CPR, or follow dispatch instructions. The responder can do what they are comfortable in performing and according to what they are trained to do while waiting for EMS to arrive.
- F. **Naloxone Again** If the person does not resume breathing or regains consciousness after the initial dose of Narcan nasal spray, the responder can repeat naloxone every 2-3 minutes until the person resumes breathing, regains consciousness, or EMS arrives.
  - a. Responder should stay with the patient until EMS arrives.
  - b. The person can be placed in a position of comfort once consciousness is regained and breathing resumes. If the person vomits or if the responder must leave the situation, a recovery position shall be utilized (see image to right)



## 2. REPORTING

A complete report of the incident shall be completed per the responders organizational policies for internal reporting.

## 3. EQUIPMENT AND MAINTENANCE

It shall be the responsibility of the responders to inspect Naloxone Overdose Rescue Kits issued to them prior to the start of each shift (in the case of law enforcement) or at a minimum monthly, to ensure that the kits are intact. The responder will be responsible for their assigned Naloxone Overdose Rescue Kit and must be able to account for it at all times.

### Expiration:

*Please follow the expiration date printed on the blister pack of the NARCAN Nasal Spray Product you have. It is important to check your box of naloxone to ensure expiration date, and to make arrangements for replacement 3-6 months prior to expiration.*

### Storage:

*Store NARCAN Nasal Spray in accordance with the storage instructions found in the package insert included with NARCAN Nasal Spray product you have.*

#### 4. DISTRIBUTION

For community naloxone distribution, any organization that distributes Naloxone Overdose Rescue Kits **obtained from CMHPSM** will need to have at least two staff/representatives complete the Train the Trainer course from a CMHPSM approved trainer. Each organization will be responsible to:

- A. Store the Naloxone Rescue kits in accordance with the storage instructions found in the package insert included with the NARCAN Nasal Spray product you have. Naloxone Overdose Rescue Kits should be stored in a secure, lockable cabinet limited to individuals who have received the Train the Trainer training.
- B. Train individuals how to respond to opioid overdoses using the:
  - a. Take ACTION curriculum protocol and PowerPoint (Exhibit F) OR
  - b. At the minimum, educate the individual using topics covered in the Opioid Overdose & Naloxone patient education brochure (Exhibit G) OR
  - c. Utilize the web-based naloxone training found on [www.overdoseACTION.org](http://www.overdoseACTION.org). OR
  - d. Attend another approved training by CMHPSM/MDHHS
  - i. Note: Any virtual training efforts must be preapproved by CMHPSM
- C. Sign a Receipt of Naloxone Overdose Rescue Kit (Exhibit H) and submit to CMHPSM.
- D. Sign a Memorandum of Understanding (MOU) with CMHPSM if receiving Naloxone Overdose Rescue Kits for further distribution outside of agency staff (Exhibit I).
  - a. If an individual does not have an affiliated organization or the organization is unable to sign a Memorandum of Understanding (MOU) with CMHPSM, they will need to work directly with CMHPSM to coordinate getting the distribution of naloxone rescue kits to trained individuals. CMHPSM may recommend the state naloxone portal or another local organization who has an MOU who can verify the training occurred and distribute a kit. This will be considered on a case-by-case basis and CMHPSM will need to document reason why an MOU cannot be obtained.

#### 5. REPLACEMENT

Naloxone Overdose Rescue Kits that have been used should be replaced. In the event the inventory is nearing depletion or expiration, the agency should notify the CMHPSM to determine if additional resources are available to replenish the supply 3-6 months prior to expiration date.

#### 6. ORDERING

Naloxone Overdose Rescue Kits and/or boxes of Naloxone can be ordered by trained individuals and organizations by contacting CMHPSM or completing the CMHPSM Naloxone Order Form available on the CMHPSM website (<https://www.cmhpsm.org/opioid-overdose-prevention-naloxone>).

To order Naloxone CMHPSM will need the following information:

- Ordering Individual's Name
- Organization
- Date Trained
- Trainer/Training Organization Name

- Number of Naloxone Overdose Rescue Kits needed or Naloxone only
- Date Needed
- Pick Up or Delivery (Delivery is dependent on location and ability of staff to deliver)

Trained individuals and organizations are also able to order Naloxone directly through the State's [Online Portal](#). Please note, that the State Portal is only for Naloxone. To order full Naloxone Overdose Rescue Kits contact CMHPSM directly.

## 7. VIRTUAL TRAINING CONSIDERATIONS

When in-person training is unavailable, CMHPSM trainers may request pre-approval to provide virtual training. Trainers must have a plan to assess for fidelity and ensure participant participation via video conference platforms. Additionally, trainees will need to be able to demonstrate responding to an overdose, rescue breathing and other learning objectives of the training.

## VII. EXHIBITS

- [Prescriber's Standing Order for Opioid Overdose Rescue with Naloxone](#)
- [Naloxone Rescue Kit Distribution Log Sample](#)
- [Take ACTION Opioid Overdose Training Curriculum Outline](#)
- [Patient Education Take ACTION Brochure](#)
- [Receipt of Naloxone Overdose Rescue Kits](#)
- [Naloxone Distribution Memorandum of Understanding](#)

## VIII. REFERENCES

State of Michigan Enrolled Senate Bill No. 857

<https://www.legislature.mi.gov/documents/2013-2014/publicact/pdf/2014-PA-0314.pdf>

Occupational Safety & Health Administration: Bloodborne Pathogen Definitions  
1910.1030(b)

[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051#1910.1030\(b\)](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051#1910.1030(b))