



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Care and Treatment
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	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>2/25/2020</u>

SUBJECT: Use of Naloxone Hydrochloride (Naloxone) in Outpatient BHS Programs

PURPOSE:

To provide a written policy regarding the use and storage of naloxone in the Health Care Agency (HCA), Behavioral Health Services (BHS), Substance Use Disorder (SUD) outpatient clinics.

POLICY:

The HCA BHS staff shall follow the procedures for receipt, storage, administration, and disposal of naloxone in the BHS SUD outpatient clinics as outlined by the BHS Medical Director.

SCOPE:

This procedure outlines a specific protocol for Substance Use Disorder and Mental Health staff to store, administer, and dispose of naloxone in the BHS SUD outpatient clinics.

REFERENCES:

[MHSUDS Information Notice No. 19-009 Naloxone in Licensed Alcohol and Other Drug \(AOD\) Residential Treatment Programs and Certified AOD Outpatient Programs](#)

[HCA IV-1.03 Special Incident Report P&P](#)

FORM:

HCA Record of Naloxone Receipt, Storage, Administration and Disposal (Contact SUD Program Administrator for form)

DEFINITIONS:

Naloxone – a medication approved by the Food and Drug Administration (FDA) to treat overdose by opioids such as heroin, morphine, and oxycodone. It blocks the opioid receptor sites, and can temporarily reverse the toxic effects of an overdose.

PROCEDURE:

- I. Naloxone shall be used exclusively to treat a suspected opioid overdose in adults and children.
- II. Any person who administers naloxone must have successfully completed naloxone administration training and the training must be documented in their individual personnel file.
- III. Acquired Naloxone
 - A. All acquired naloxone shall be recorded by the clinic nursing staff, or other designated staff, in the Record of Naloxone Receipt, Storage, and Administration and Disposal Log (hereby referred to as the Naloxone Log for the purposes of this document) and will be stored in the same location as the naloxone.
 - B. All acquired naloxone entering the clinic shall be logged sequentially and will note, as appropriate: date received, name of naloxone, quantity in box, lot number, and expiration date.
- IV. To demonstrate accountability for acquired naloxone, each line entry on the Naloxone Log must track receipt of each naloxone received, administered, or disposed of and all applicable sections of the log must be entirely completed.
- V. Expired naloxone shall be removed immediately from storage and placed in the hazardous waste container. To demonstrate accountability, tracking of expired medication must be entered into the Naloxone Log and must include date disposed, quantity of naloxone disposed, reason for disposal, and signature of staff disposing naloxone.
- VI. Storage of Naloxone
 - A. The stock of all naloxone shall be kept in an accessible location, such as the front office area.
 - B. All naloxone shall remain in its original and clearly marked packaging.
 - C. Expired medication shall be removed immediately to the hazardous waste container (see section IV).
 - D. Naloxone shall be kept at room temperature (between 59 and 86 degrees Fahrenheit) and away from direct sunlight.
- VII. Administration of Naloxone
 - A. Naloxone is to be administered to a person where it is suspected, known, and/or are showing signs of an opioid overdose.
 - B. No medication consent is necessary to administer naloxone.

- C. The steps of naloxone administration are as follows:
 - 1. An overdose or suspected overdose is identified.
 - 2. Call 9-1-1. Naloxone administration is not a substitute for emergency medical care.
 - 3. Administer naloxone per the Quick Start Guide that accompanies the medication.
 - 4. If the person is unresponsive and/or has impaired breathing after 2 to 3 minutes, administer a second dose of naloxone.
 - 5. Staff shall remain with person until emergency responders arrive.
 - 6. If additional naloxone is available, naloxone may be dosed every 2-3 minutes if necessary.

- D. After naloxone is administered, the clinical staff who administered the naloxone shall enter a progress note into the client's chart and complete the Naloxone Log: date and time administered, quantity administered, and name of staff who administered naloxone.
 - 1. If the staff who administered the naloxone is not a clinical staff person, a clinical staff person present shall enter a progress note into the client's chart.
 - 2. If the person who received the naloxone is not a current BHS client, no progress note needs to be written.

- E. A Special Incident Report (SIR) shall be completed within 24 hours of incident of administering naloxone. See HCA P&P IV-1.03 for instructions on completing an SIR.

VIII. Disposal of Naloxone

- A. All disposal of naloxone shall be logged in the Disposal section of the Naloxone Log and must include date, amount disposed, reason for disposal (expired, used, etc.), and signature of staff who disposed of the naloxone.

- B. All disposed naloxone shall be disposed in the hazardous waste container.