

## **Procedures for the use of naloxone (NARCAN®)**

### **Administration**

A. The University of Montana Western is required to develop specific requirements and procedures concerning the appropriate protocols associated with the administration and use of opioid antagonists. Montana Western must maintain an easily accessible supply of opioid antagonists to be used in case of emergencies.

B. The Student Engagement Coordinator, or their assigned designee. This official will:

- Develop and implement procedures for the appropriate training of designated individuals to access and administer the opioid antagonist in emergency situations.
- Oversee the purchase of intranasal naloxone for the University.
- Keep a record of all trained individuals and ensure the opioid overdose response training is current.
- Advise individuals receiving certified training that they are responsible for observing the manufacturer's guidelines for storage, use, expiration and disposal of naloxone dosages.

### **Inventory and Storage**

A. The Student Engagement Coordinator will inventory and store all naloxone dosages for those designated university individuals that have received formal naloxone use training.

- Student Engagement Coordinator will store intranasal naloxone on the designated shelf in their office. Stored medicine will be inventoried bi-annually and expired naloxone will be placed in the hazardous waste box.
- Student Engagement Coordinator will provide naloxone to the Residence Life Department who will store these naloxone dosages in provided backpacks.
- Doses of naloxone assigned to RA staff will be stored in a designated area within Bulldog Life.
  1. RA's will sign out the naloxone kit at the beginning of their shift.
  2. The kits will be returned to the designated area within Bulldog Life at the conclusion of each shift.
  3. The supply of the opioid antagonists will be stored in accordance with the manufacturer's guidelines. The opioid antagonists must be kept out of direct light, stored at room temperature, and not be subjected to extreme temperatures as extreme weather conditions may impact the effectiveness of the medication.
  4. Once distributed to designated RA staff, naloxone will be stored in a secure but accessible location or carried upon the person of the designated individual.

### **Distribution**

A. Naloxone may be distributed by the Student Engagement Coordinator to any designated individual that has received formal naloxone training.

- RA staff will carry naloxone as indicated above.

1. An inspection of the naloxone kit shall be the responsibility of the personnel assigned the equipment and will be done each shift.
  2. Missing or damaged naloxone kits will be reported to the Student Engagement Coordinator.
  3. Where any other dosage or packaging condition necessitates the naloxone kit shall be taken off line and be submitted for replacement to the Student Engagement Coordinator.
- Student Engagement Coordinator, or their designee, may offer free training and opioid antagonist kits to interested individuals. These kits will contain (1) dose of naloxone.
  - Anyone else receiving naloxone dosages are required to store it according to the manufacturer's recommendations. These individuals will:
    1. Sign for the dosage when it is received from the Student Engagement Coordinator, or their designee.
    2. Ensure it is stored in a secure location or personally carried.

## Deployment

### A. Administration of Intranasal Naloxone:

- When an RA has arrived on scene to a medical emergency prior to the arrival of EMS, and has decided that a person is suffering from a possible opioid overdose, the following steps should be taken:
  1. The RA should contact the dispatcher to advise of possible opioid overdose and request EMS response. Dispatch personnel shall then contact the appropriate EMS personnel.
  2. The RA shall use universal precautions and protection from blood borne pathogens and communicable diseases when administering intranasal naloxone.
  3. Prior to the administration of intranasal naloxone, the RA on scene shall ensure the victim is in a safe location and remove any object(s) from the patient's immediate reach that could be used as a dangerous instrument(s).
  4. The RA shall assess the patient's Airway, Breathing, and Circulation, and provide medical care commensurate with the RA's training. The RA shall determine the victim's responsiveness, identify symptoms of opioid overdose and when appropriate, administer the medication from the intranasal naloxone Kit following the training guidelines.
  5. The RA shall administer the intranasal naloxone as follows:
    - i. One 4mg intranasal dose in (1) one nostril
    - ii. If the victim does not respond within 2-3 minutes of the first intranasal naloxone dose, the RA shall re-assess the victim for responsiveness, pulse and status of breathing and a second dose may be administered by EMS personnel or the RA on scene, when appropriate.
  6. The RA shall be aware that treated victims who are revived from an opioid overdose may regain consciousness and may experience an acute opioid withdrawal. A rapid reversal of an opioid overdose may cause projectile vomiting and suctioning of the mouth may be necessary.

7. The patient shall continue to be observed and treated as the situation dictates, as the intranasal naloxone dose can be effective for approximately twenty (20) minutes to ninety (90) minutes.
8. The administering RA shall inform EMS about the treatment and condition of the victim, and shall not relinquish care of the victim until relieved by a person with an equal or higher level of training.
  - i. Once used, the intranasal naloxone device is considered bio-hazardous material and shall be turned over to EMS personnel, or shall be disposed of in accordance with this policy.
9. After clearing the call, the RA will complete a Maxient report.

B. All other University personnel trained to deploy naloxone will:

1. Call 911 for assistance;
2. Maintain universal precautions and scene safety;
3. Perform patient assessment;
4. Determine unresponsiveness, absence of breathing and/or pulse and initiate CPR if required;
5. Update the dispatcher that the patient is in potential overdose state.
6. Fill out a Maxient report for University records.

C. When naloxone is deployed by an individual other than a police officer, the responding officer will:

1. Make sure that emergency services have been notified to respond;
2. Document the deployment in a case report and naloxone Use form including who initiated the deployment.

### **Disposal**

A. The Student Engagement Coordinator, or their designee, is responsible for disposing of unneeded or expired opioid antagonists. Disposal of opioid antagonists should be:

1. Via the hazardous waste box located in the Student Engagement Coordinator's office.
2. Via other controlled substance disposal methods in accordance with federal, state or local laws.

B. For naloxone kits that are deployed in the field:

1. The device is to be considered bio-hazardous material and shall be turned over to EMS personnel, or shall be disposed of in accordance with the Student Engagement Coordinator.

### **Documentation/Naloxone Use Reporting**

A. Upon completing the medical assist, police officers will submit a case report detailing the nature of the incident, the care the patient received and that naloxone was deployed.

1. A copy of the report, and the corresponding Naloxone Use Form, will be forwarded to the Student Engagement Coordinator, who will then file and/or submit the data to any entity requiring this information.

B. The Student Engagement Coordinator, or their designee, is required to maintain a current record of every known use or administration of an opioid antagonist kit on Montana Western's campus.

1. On or before October 1 of each year, the Student Engagement Coordinator will report to the Safety Officer the statistics and a brief description of every incident that required the use of opioid antagonist administration within the prior year.

### **Training**

A. The Student Engagement Coordinator will ensure that annual training is provided to all members of the RA staff and other University personnel as required.

1. The content of this training will include information on opioids, risks for overdose, identifying an overdose, and response procedures.
2. The Student Engagement Coordinator, or their designee, will be a trained "Trainer" and will be responsible to ensure that all RA staff are re-trained on an annual basis.