



# Naloxone (Narcan®) Nasal Spray Administration by Site Security for Suspected Opioid Overdose in Non-Clinical Settings

## Site Applicability

St. Paul's Hospital (SPH) and Mount Saint Joseph Hospital (MSJ)

## Practice Level

Site Security and Relational Security Officers: Advanced Skill

### Required Education:

- [LearningHub](#) Course: [BCCDC - Naloxone Administration](#) (45 mins; recommended to take this lesson every 2 years)

### Recommended:

- [“NARCAN training video - Instructions for administration of NARCAN® Nasal Spray 4mg”](#) video by ADAPT Pharma, Inc. (8 mins)

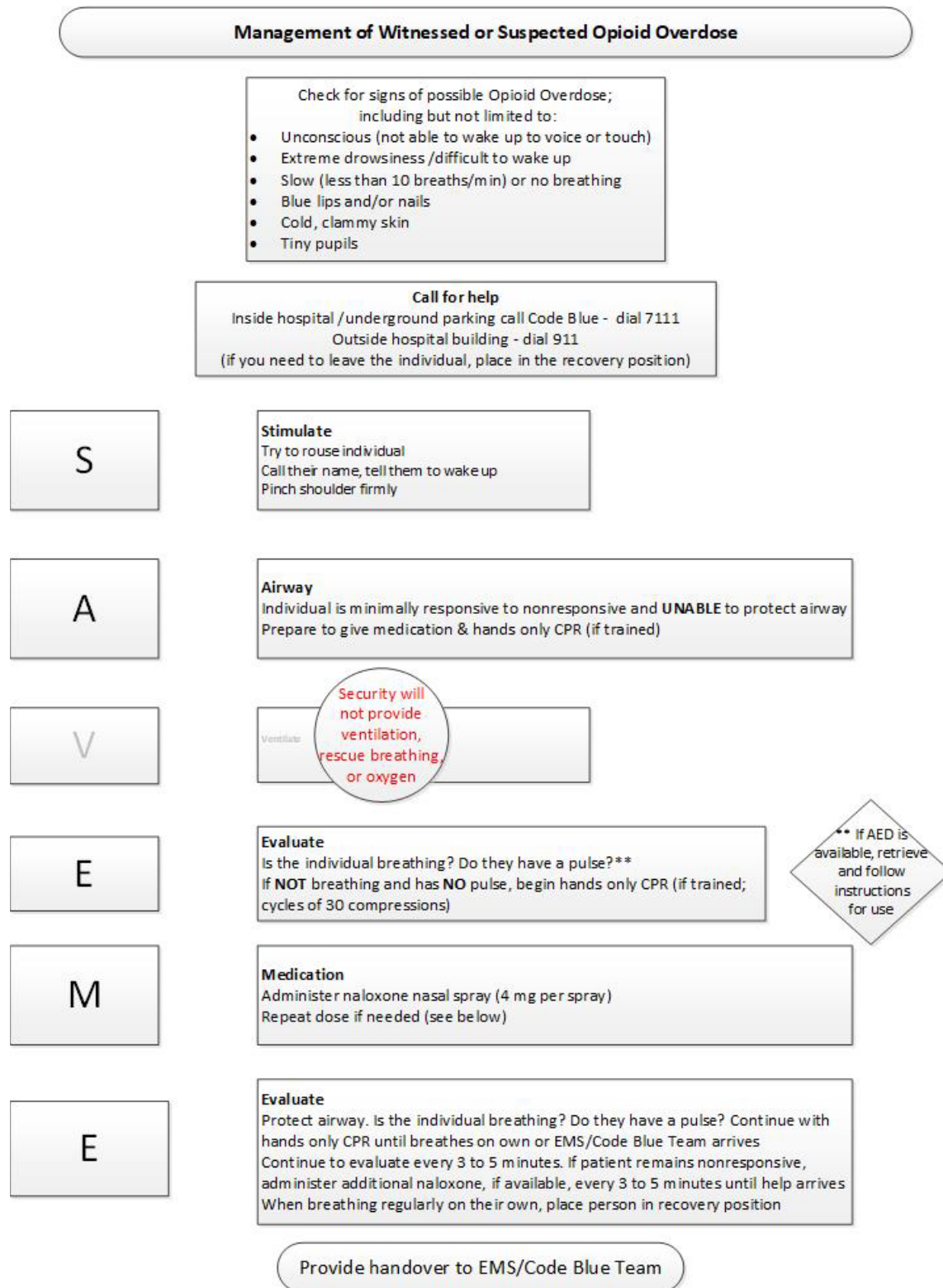
## Algorithm

[See algorithm, next page.](#)

*Modified from: BC Centre for Disease Control. (2023, April). BCCDC Decision Support Tool – Administration of Naloxone.*



## Algorithm





## Need to Know

- Individuals on hospital property (e.g., patients, visitors) may use opioids (whether prescribed or non-prescribed) in non-clinical or unsupervised areas of the hospital and be at risk of experiencing overdose.
- **Non-clinical settings** are publicly accessible areas within or adjacent to the hospital including, but not limited to, parkades, stairwells, courtyards, gardens, cafeterias, shops, waiting areas and publicly accessible washrooms.
- Opioid overdose that is not detected and treated in a timely manner can lead to neurological damage or death from respiratory depression or arrest.
- Naloxone is a drug that can quickly and temporarily reverse opioid overdose. It can restore normal breathing within 3 to 5 minutes. It is a very safe medication that will have no effect if someone has not taken any opioids.
- Site Security may be the first to discover a patient or visitor exhibiting signs and symptoms of opioid overdose in non-clinical settings and after initiating Code Blue response or calling 911, could deliver a dose(s) of nasal naloxone prior to the Code Blue Team or Emergency Health Services (EHS) arriving on the scene.

## Protocol

### Obtain Naloxone HCl Nasal Spray at start of shift / Return at shift handover

- Each site security officer on shift carries a naloxone device which contains one dose = one spray (this does not include additional security resources, for example, patient watch).
- At security shift change, transfer the naloxone device to the oncoming security officer as part of the equipment hand-off along with keys and radio.
- If a device is used in the event of an overdose or damaged during daily operational activities (e.g., physical intervention on an aggression call), additional devices are stored and can be obtained at the Security Office.
- The naloxone devices have a shelf life of approximately two years and will require replacement if expired.
  - IPS will monitor the expiry dates monthly and let a member of the Urban Health Program know ahead of time when devices need to be replaced.
- **If supply is expired or running low**, please contact the Nurse Educator, Substance Use through switchboard for additional stock Monday to Friday regular hours.

### Observations/Assessments

**NOTE:** Not all will be present upon discovery of an individual who is suspected to have overdosed.

- Assess immediate surroundings (*evidence of potential overdose, risk of injury to responder or others, including uncapped sharps*)
- Check for signs of possible opioid overdose, including but not limited to:
  - Unresponsive to voice or touch or extreme drowsiness and difficult to wake up



- Slow, laboured, or shallow breathing, snoring, gasping or gurgling, or not breathing
- Blue/grey color to lips and/or nail beds
- Cold, clammy skin
- Vomiting
- Constricted/pinpoint pupils

## Interventions

- **Early recognition** of possible opioid overdose is key to timely and appropriate interventions
- **Call for help**, specify location – *note time*
  - **Inside the hospital building and underground parking:** Initiate Code Blue (Dial 7111)
  - **Outside the building:** Dial 911 (Site Security can also be called through the urgent line [local 5800] or via 10-digit number 604-677-3672)
- **Refer to [“SAVEME” algorithm](#)** above
  - Always tell the person what you are doing before you do it (e.g., touching them, administering naloxone)
  - When attempting to “Stimulate” or rouse the person, try touching an extremity at first, then pinch the webbing between their thumb and fingers or their trapezius muscle (shoulder) to see if they respond to pain
  - Remind them to breath and instruct them to take deep breaths. Observe if the person is breathing (chest is rising and falling)
  - You can also try saying loudly “I am going to give you naloxone” or “I am going to give you Narcan” and the person may become responsive and not need naloxone
  - Initiate a Code Blue or dial 911 prior to administering naloxone. The person may not be having an overdose and may require other medical attention and/or further monitoring
  - If not responsive to verbal or painful stimuli, give naloxone as indicated in the [algorithm](#)
- **Administer Naloxone (Narcan®) Nasal Spray** (Instructions for Use; see [Appendix A](#))

### ADMINISTERING NARCAN® NASAL SPRAY:

Follow this step-by-step guide to using NARCAN® Nasal Spray in the event of an opioid overdose.

#### PEEL



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and two fingers on the nozzle.

#### PLACE



Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.

#### PRESS



Press the plunger firmly to release the dose into the patient's nose.



- If the person remains nonresponsive after 3 to 5 minutes, additional sprays can be administered until the person is breathing normally. Alternate nostrils with each spray
- When the person starts to breathe regularly on their own, roll them into the [recovery position](#) on their side to keep their airway clear and prevent them from choking on their own vomit if they begin to throw up

### **Aftercare**

- Explain to the individual what happened and the events leading to the decision to administer naloxone. They may not remember or know that they overdosed
- They may be scared, confused or angry and experiencing withdrawal symptoms. If the individual is opioid dependent and experiencing withdrawal, let them know that when the naloxone wears off, these symptoms will subside and they will feel better soon
- Explain that the effects of naloxone wear off within 2 hours, while most opioids last much longer in the system. This is why it is important to stay with the individual until help arrives
- Explain the importance of not taking more opioids following naloxone administration because overdose can return and/or the opioids themselves may not work in the presence of naloxone (i.e., the individual will not get “high”)
- If overdose occurred outside of the hospital building, encourage the person to go to the Emergency Department with EHS staff for follow-up care and monitoring. Complications from an overdose may include that the overdose may return or they may have inadvertently hit their head when they overdosed
- If the individual declines follow-up care, encourage them to stay with someone who can monitor them for a couple of hours and call for help if needed. Advise them that they can obtain a naloxone kit for free from the SPH Rapid Access Addiction Clinic or any nearby pharmacies

### **Handover to the Code Blue Team or EHS**

- Time of discovery
- Observation/assessment at time of discovery
- Level of consciousness (LOC)/responsiveness
  - For example, “person initially woke up when we called out loudly but then drifted off to sleep during conversation then became unresponsive to voice”, “patient did not wake up to voice, touch or pain, did not wake at all”, etc.
- Was the patient breathing (yes/no)
  - Number of breaths per minute
- Naloxone spray given (yes/no)
  - Exact time(s) spray was given
  - Number of sprays given
  - Outcome after each spray (LOC, breathing)



## Documentation

- Site Security will generate a Security Incident Report for each incident involving the administration of Naloxone by a Security Officer or Relational Security Officer.

## Related Documents

1. Province of British Columbia. (2017). *Ministerial Order No. M 021 – Order of the Minister of Health, Health Authorities Act*. Retrieved from the official website of the Government of British Columbia: [https://www.bclaws.gov.bc.ca/civix/document/id/mo/hmo/m0021\\_2017](https://www.bclaws.gov.bc.ca/civix/document/id/mo/hmo/m0021_2017)
2. Province of British Columbia. (2016). *Ministerial Order No. M 397 – Regulation of the Minister of Health, Emergency Health Services Act*. Retrieved from the official website of the Government of British Columbia: [https://www.bclaws.gov.bc.ca/civix/document/id/mo/hmo/m0397\\_2016](https://www.bclaws.gov.bc.ca/civix/document/id/mo/hmo/m0397_2016)

## Additional Resources

First Nations Health Authority. (2019, September 23). *Nasal Naloxone SAVE ME Steps Summary*. Overdose Prevention & Harm Reduction: Get Help.

<https://www.youtube.com/watch?v=JLAWvNU7tjY>

**\*NOTE: Security officers will not be ventilating/giving breaths to people, nor administering naloxone injections**

## References

BC Centre for Disease Control. (April 2023). *BCCDC Decision Support Tool – Administration of Naloxone*. Accessed January 23, 2024 at [http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Administering%20Naloxone%20DST\\_April%205%202023.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Administering%20Naloxone%20DST_April%205%202023.pdf)

Emergent BioSolutions Canada Inc. (2022). *NARCAN® (naloxone HCl) NASAL SPRAY 4mg*. Accessed January 23, 2024, at <https://narcannasalspray.ca/en/>

Emergent BioSolutions Canada Inc. (2020). *Instructions for Use*. Accessed January 23 2024 at <https://narcannasalspray.ca/pdf/NARCAN%20Nasal%20Spray%20Instructions%20for%20Use.pdf>

Fraser Health, Professional Practice. (2018). *Security response to opioid overdose in non-clinical setting*.





## Appendix A: Instructions for Use of Naloxone HCl (Narcan®) Nasal Spray - Opioid Overdose Response Instructions

# Instructions for Use



### Step 1: Identify Opioid Overdose & Call for Emergency Medical Help



#### Check for signs of an opioid overdose:

- Person DOES NOT wake up after you shout, shake their shoulders, or firmly rub the middle of their chest.
- Breathing is very slow, irregular or has stopped.
- Centre part of their eye is very small, like a pinpoint.

Call 911 or ask someone to call for you.

Lay the person on their back.

### Step 2: Give NARCAN® Nasal Spray



Remove device from packaging. **Do not test the device.** There is only one dose per device.



Tilt the person's head back and provide support under their neck with your hand.



Hold the device with your thumb on the bottom of the plunger. Put your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into one nostril.

Your fingers should be right up against the nose. If giving to a child, make sure the nozzle seals the nostril.

Press the plunger firmly with your thumb to give the dose.

Remove the device from the nostril.

### Step 3: Evaluate and support



Move the person on their side (recovery position). Watch them closely.

Give a second dose after 2 to 3 minutes if the person has not woken up or their breathing is not improved. **Alternate nostrils with each dose.**

**Note:** Each NARCAN® Nasal Spray device contains only one dose; use a new device for each additional dose.

You can give a dose every 2 to 3 minutes, if more are available and are needed.

Perform artificial respiration or cardiac massage until emergency medical help arrives, if you know how and if it is needed.

For a list of serious warnings, precautions and contraindications, refer to the product monograph.

**Persons/Groups Consulted**

Nurse Educator, Urban Health

Practice Consultant, Medication Safety and Management

Operations Coordinator, Integrated Protection Services

Advisor, Lower Mainland Integrated Protection Services, VCH/PHC

Area Security Lead, Paladin Security

Area Security Lead

Medication Use Evaluation Pharmacist, PHC

Clinical Nurse Specialist, Critical Care, PHC

Nurse Educator, SPH ICU

**Developed By**

Clinical Nurse Specialist, Substance Use

**Revised By:**

Nurse Educator, Substance Use Disorders

Lead Relational Security Officers

<b>Initial Effective Date:</b>	07-JUN-2021
<b>Posted Date:</b>	7-MAR-2024
<b>Last Revised:</b>	7-MAR-2024
<b>Last Reviewed:</b>	7-MAR-2024
<b>Approved By:</b>	PHC
	Professional Practice Standards Committee
<b>Owners:</b>	PHC
	Urban Health