

## **Town of Mansfield Opioid Overdose Reversal Policy**

### **Background**

To combat the continuing rise in opioid related deaths nationwide and ensure the safety of all individuals in public buildings, the Town of Mansfield has created the Opioid Overdose Reversal Policy. This policy addresses training in, maintenance of, and administration protocols for naloxone in order to reverse apparent opioid overdose in Town of Mansfield municipal buildings. This policy ensures ready and appropriate access for use of naloxone rescue kits by trained individuals during emergencies to any person suspected of having an opioid overdose regardless of known or unknown history of opioid use. This protects the lives of employees, residents, contractors, and other visitors of public buildings.

### **Terms**

Opioid antagonist – A Federal Drug Administration (FDA) approved drug that negates or reverses the effects of an opioid on the body.

Naloxone – FDA approved opioid antagonist that reverses the effects of other narcotic medicines. Trade name NARCAN.

Intranasal (IN) – Naloxone administration nasally.

DMHAS – Connecticut Department of Mental Health and Addictive Services

CT DPH – Connecticut Department of Public Health

MERT – Medical Emergency Response Team composed of staff volunteers as overseen by the Town of Mansfield's Office of Emergency Management

PPE – Personal Protective Equipment including but not limited to gloves and face shields

### **Relevant Connecticut Statutes**

#### **Opioid Overdose**

In October 2012, CT law (PA 12-159) allowed prescribers (physicians, surgeons, PAs, APRNs, dentists and podiatrists) to prescribe, dispense or administer Naloxone to treat or prevent an opioid overdose. This is important because people who are overdosing cannot administer Naloxone to themselves. This provides parents, family members, friends and others peace of mind if someone they care about overdoses.

Sec. 17a-714a. Treatment or prevention of drug overdose with opioid antagonist. Immunity. A licensed health care professional who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe, dispense or administer an opioid antagonist to treat or

prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing, dispensing or administering such opioid antagonist or for any subsequent use of such opioid antagonist. For purposes of this section, "opioid antagonist" means Naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.

## Liability

PA 14-61 Section 1. Section 17a-714a of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2014):

(a) For purposes of this section, "opioid antagonist" means Naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.

(b) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may, if acting with reasonable care, prescribe, dispense or administer an opioid antagonist to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing, dispensing or administering such opioid antagonist or for any subsequent use of such opioid antagonist. [For purposes of this section, "opioid antagonist" means Naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.]

(c) Any person, who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

Approved May 28, 2014

## Good Samaritan

PA – 11-210 Section 1. Section 21a-279 of the general statutes is repealed and the following is substituted in lieu thereof (Effective October 1, 2011):

d) The provisions of subsection (a) of this section shall not apply to any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor

or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the use or possession of drug paraphernalia in violation of said subsection was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search.

Provisional: Proposed H.B. No. 5222

**AN ACT CONCERNING GOOD SAMARITAN PROTECTIONS FOR PERSONS OR ENTITIES THAT INCLUDE OPIOID ANTAGONISTS WITHIN A CABINET CONTAINING AN AUTOMATIC EXTERNAL DEFIBRILLATOR.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 That section 52-557b of the general statutes be amended to provide
- 2 that a person or entity that provides an automatic external
- 3 defibrillator, which includes an opioid antagonist within the cabinet
- 4 containing the automatic external defibrillator, shall not be liable for
- 5 acts or omissions that constitute ordinary negligence involving the use
- 6 of the opioid antagonist in the rendering of emergency care.

Statement of Purpose:

To provide good samaritan protections from civil liability to persons or entities who include an opioid antagonist within a cabinet containing an automatic external defibrillator.

**Education & Training**

MERT members as well as other staff wishing to be eligible to administer Naloxone in the event of an emergency will be expected to participate in a training with an eligible naloxone trainer. A certificate of successful training completion will be kept on file by the Mansfield Office of Emergency Management. Staff shall participate in refresher training at least every two years. Records of these refresher trainings shall also be kept on file. Training events shall be coordinated by the Mansfield Office of Emergency Management.

Training content for participants who receive Naloxone education must include at a minimum:

- Signs of an overdose
- How to use Naloxone (Narcan.com)
- How to respond to an overdose.
- Overdose Prevention Tips
- Statutes protecting them when helping someone who is overdosing

- Data collection procedures
- Universal Precautions
- Review of Town of Mansfield Opioid Overdose Reversal Policy

### **Naloxone Storage and Monitoring**

The rescue kit shall include:

- (2) Naloxone HCL nasal spray (4mg)
- (2) sterile alcohol prep pads
- (1) pair gloves
- (1) face shield (for CPR rescue breathing)
- (1) nasal atomizer
- (1) instruction card in English and Spanish
- Proper storage information\*\*

To ensure that an adequate inventory of Naloxone be maintained consistent with reasonable projected demand, inventory shall be routinely assessed to ensure an appropriate on-site supply, taking into account the rate of utilization and shelf life. Naloxone kits shall be checked on a monthly basis in conjunction with AED checks by the designated responsible party who shall complete a written record of inventory and monitoring. These records shall be maintained by the Mansfield Office of Emergency Management.

Naloxone rescue kits shall be stored inside of designated AED cabinets and bags maintained by the Town of Mansfield. A list of locations shall be available through the Mansfield Office of Emergency Management. Back-up, replacement doses shall be securely stored by the Mansfield Office of Emergency Management. Replacement doses and kit supplies shall be replenished immediately following resolution of an emergency medical event which requires the administration of naloxone and the rescue kit shall be returned to the AED storage unit for future potential use. The inventory and storage log shall be updated accordingly and the administration shall be documented as outlined by this policy.

\*\*Naloxone shall be stored in accordance with the manufacturers' guidelines. Naloxone is a fairly stable medication, with a shelf life between 18 months and two years. Naloxone should be stored between 59 and 86 degrees Fahrenheit, and should be kept away from direct sunlight.

### **Procedure for Administration of Naloxone by Trained Staff**

Responder's Responsibilities:

- Call 911 and inform dispatcher of suspected overdose

Be sure to include that the emergency is related to a suspected overdose in order to ensure that both police and emergency medical services are dispatched. It is important to report to the

dispatcher if the victim's breathing has slowed or stopped, he or she is unresponsive, and the exact location of the individual. If Naloxone was given and if it did/did not work.

- Activate MERT as indicated by the Emergency Procedures Guide
- Put on Personal Protective Equipment (PPE) provided in the rescue kit to reduce the risk of fluid exposure and follow universal precautions protocols
- Perform rescue breathing (using the most current CPR recommendations)

For a person who is *not breathing*, rescue breathing is an important step in preventing an overdose death. When someone has stopped breathing and is unresponsive, rescue breathing should be done as soon as possible because it is the quickest way to get oxygen into the body.

- Administer Nasal Naloxone

*If the person overdosing has substantial nasal bleeding, naloxone may not work because the blood will interfere with absorption of the naloxone. Call for help and rescue breath.*

Administering Naloxone:

- Lay the person on their back
- Remove Naloxone Nasal Spray from the box. Peel back the tab to open the Narcan Nasal Spray.
- Hold the Naloxone Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- Press the plunger firmly to give the dose of Naloxone.

Nasal Naloxone may work immediately, but can take up to 8 minutes to have effect. The effect of the naloxone will last for about 30-90 minutes in the body. Because most opioids last longer than 30-90 minutes, the naloxone may wear off before the opioids wear off and the person could go into an overdose again. This depends on several things, including:

1. The quantity and purity of opioids used
2. The presence of other drugs or alcohol
3. The effectiveness of the liver to filter out the drugs
4. If the victim uses opioids again once the naloxone is administered

In response to these issues, the nasal naloxone rescue kits include 2 doses. Naloxone administration may be repeated without harm in the event that the person relapses into overdose symptoms after the first dose wears off.

After Naloxone has been administered:

- If person is still not breathing continue rescue breathing
- Move the person onto their side (recovery position)
- Monitor closely
- If no response, an additional second dose may be administered after 3-5 minutes.
- Await emergency services personnel to transport individual to the nearest emergency room.

Responding to combative individuals:

- Fewer than 1% of instances result in individuals presenting as combative or aggressive
- Do not attempt to physically engage individual, maintain a safe distance, wait for police to arrive
- Utilize verbal de-escalation strategies including explaining to individual that they have been revived from an overdose and discourage them from using additional substances to counteract their withdrawal symptoms
- If the situation is unsafe, leave the area.

Universal precautions following resolution of medical emergency:

- Responders shall follow universal precautions in removing PPE, assess for any potential fluid exposure, and wash hands
- Responders who believe they have had a potential exposure to blood or other potentially infectious materials (OPIM) shall report this information in accordance with the town's Blood Borne Pathogens Exposure Control Plan. This plan can be located with the Office of Emergency Management.

### **Tracking Administration of Naloxone**

Tracking of overdose reversals will be recorded and submitted to the most recent training organization who shall submit their report to CT DPH and DMHAS on a monthly basis. Non-identifying information will also be recorded on the monitoring and inventory checklist to account for usage and supply replenishment as maintained by the Mansfield Office of Emergency Management.

Responder shall notify the Town Manager's office following the resolution of the medical emergency. If there is concern that there was an error in naloxone administration, a potential injury to the individual being revived, or additional concerns that the situation could lead to increased liability for the town, staff will be asked by the Town Manager's office to complete an incident report to be shared with CIRMA for liability assessment and ongoing monitoring as needed.