

MIDDLESEX COMMUNITY COLLEGE
DEPARTMENT OF ADMINISTRATION
MIDDLETOWN, CONNECTICUT 06457

DATE: OCTOBER 8, 2019

POLICY TITLE: INTRANASAL NALOXONE AKA NARCAN

RESPONSIBLE OFFICE: OFFICE OF ADMINISTRATION

RESPONSIBLE OFFICIAL: DEAN OF ADMINISTRATION

DISTRIBUTION: ALL

AMENDED: NEW

SUPERSEDES: NEW

PURPOSE

The purpose of this policy is to participate in a statewide initiative focused on public health issues regarding opioid-related drug overdose persons. In an effort to reduce statewide fatalities resulting from opioid overdoses, MxCC's Office of Administration shall establish procedures for Medical Emergency Response Team (MERT) Members to:

1. Identify the symptoms of a person suffering from an opioid overdose; and
2. Administer Intranasal Naloxone.

POLICY STATEMENT

It is the policy of MxCC's Office of Administration to provide assistance to any person(s) who may be suffering from an opioid overdose. MERT Members may administer Intranasal Naloxone provided he/she have been trained in accordance with MxCC's policies and procedures.

Intranasal Naloxone shall be available to MERT Members for the treatment of an opioid-related drug overdose person. When a MERT Member responds to any call that relates to a drug overdose, the MERT Member shall:

1. Provide immediate assistance up to and including the administration of Intranasal Naloxone, when appropriate;
2. Provide treatment commensurate with his/her responder training;
3. Assist other EMS personnel on scene as needed.

MxCC's Office of Administration shall coordinate training of MERT Members in the proper administration of Intranasal Naloxone. Training will be provided by certified instructors. Information for all students, faculty and staff regarding the location of all Intranasal Naloxone is located on the MxCC Emergency website.

DEFINITIONS

Drug Intoxication - impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e.: euphoria, dysphoria, apathy, sedation, attention impairment.

EMS - “Emergency Medical Services” that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with illnesses or injury.

Intranasal Naloxone - each container is near a manila envelope which contains:

1. Instructions for administering Intranasal Naloxone;
2. Incident Report Form
3. Naloxone Deployment Report

Mucosal Atomization Device (MAD) - a device used to deliver a mist of atomized medication that is absorbed directly into a person’s blood stream and directly into the brain and cerebrospinal fluid via the nose to brain pathway. This method of medication administration achieves medication levels comparable to injections.

Intranasal Naloxone - an opiate receptor antagonist and antidote for opiate overdose produced in intranasal form.

Opioid Overdose - an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opiate, or another substance with which an opiate was combined, or that a layperson could reasonably believe to be an opiate-related drug overdose that requires medical assistance.

Acute Opioid Withdrawal - a withdrawal state that may occur as a result of Intranasal Naloxone Administration. This state may be associated with vomiting, agitation, and combativeness.

Patient/Victim - a person who may be experiencing an opioid overdose.

Universal Precautions- an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infection for HIV, HBV and other blood borne pathogens.

- Intranasal Naloxone shall be administered utilizing universal precautions.

PROCEDURES

1. ADMINISTRATION OF INTRANASAL NALOXONE

- A. When a MERT Member has arrived on scene or is dispatched to a medical emergency prior to the arrival of EMS, and has made a determination that a person is suffering from a possible opioid overdose, the following steps should be taken:
 1. The MERT Member should contact 911 to advise of possible opioid overdose and request EMS response.
 2. The MERT Member 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 MERT Member 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 MERT Member shall assess the patient's Airway, Breathing, and Circulation, and provide medical care commensurate with training. The MERT Member shall determine the victim's responsiveness, identify symptoms of opioid overdose and when appropriate, administer the Intranasal Naloxone following the training guidelines.

5. The MERT Member shall administer the Intranasal Naloxone as follows:
 - a. For adults and children, one (1) milligram (mg) of Intranasal Naloxone per nostril;
 - b. For infants and toddlers, half (½) a milligram (mg) of Intranasal Naloxone per nostril; and
 - c. If the victim does not respond within 3-5 minutes of the first Intranasal Naloxone dose, the MERT Member shall re-assess the victim for responsiveness, pulse and status of breathing and a second dose may be administered by EMS personnel or the MERT Member on scene, when appropriate.
6. The MERT Member 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 is only effective for approximately twenty (20) minutes.
8. The administering MERT Member 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.
9. 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 our policy.
10. The MERT Member will complete a Naloxone Deployment Report (see attached) and incident report.

2. NARCOTICS AND DRUG PARAPHERNALIA

- A. The MERT Member shall seize any illegal and/or non-prescribed narcotics, including drug paraphernalia that is found on the victim, or in the immediate area, and put aside for EMS personnel.
- B. In accordance with C.G.S. §§ 21a-279, a police officer cannot charge a victim with possession of drugs or drug paraphernalia based solely on discovery of evidence resulting from medical assistance for a drug overdose. Connecticut General Statutes do not bar prosecution for possession of drugs and/or drug paraphernalia with intent to sell or dispense.
- C. C.G.S. §§ 21a-279 and 21a-267 prohibit prosecuting any person who seeks or receives medical assistance in “good faith” under the following scenarios: when a person seeks

assistance for someone else based on a reasonable belief that the person needs medical attention for himself/herself, when a person seeks medical attention based on a reasonable belief that he or she is experiencing an overdose, or when another person reasonably believes that he or she needs medical attention.

1. "Good faith" does not include seeking medical assistance while law enforcement officers are executing an arrest or search warrant or conducting a lawful search.

3. CERTIFICATION AND RE-TRAINING

- A. Only MERT Members who have completed the approved training course in the use and proper administration of Intranasal Naloxone shall be authorized to administer Intranasal Naloxone.
- B. Re-training is required annually to maintain certification to carry and administer Intranasal Naloxone.

4. ISSUE OF INTRANASAL NAXOLONE

- A. Each MERT Member shall be informed of the location of the Intranasal Naloxone.
- B. The Dean of Administration or her/his designee will be charged with the tracking and dissemination of all Intranasal Naloxone to MERT Members.

5. STORAGE

1. In accordance with manufacturer's instruction, Intranasal Naloxone must be kept out of direct light and stored at room temperature (between 59 and 86 degrees Fahrenheit).
2. Intranasal Naloxone should not be left in a vehicle for extended periods of time and should not be subjected to extreme temperatures (heat or cold since it will freeze) as it may impact the effectiveness of the medication.
3. In addition to Intranasal Naloxone being stored with AEDs, additional Intranasal Naloxone will be stored in the office of the Dean of Administration. The Dean of Administration or her/his designee will be responsible for the tracking, storage, and dissemination of all Intranasal Naloxone assigned to MxCC.

6. REPLACEMENT

- A. Replacement Intranasal Naloxone shall be stored at the Office of Administration and disseminated by the Dean of Administration or her/his designee and replaced as needed.
 - 1. All Intranasal Naloxone that have been opened, whether or not Intranasal Naloxone was administered, shall be replaced.
 - 2. In the event that an Intranasal Naloxone is expired or has been used, the MERT Member shall notify the Dean of Administration for immediate replacement.
 - 3. The purchase of all Intranasal Naloxone will be through grant funding or by MxCC.
- B. Intranasal Naloxone that are lost, damaged, or exposed to extreme temperatures, shall be reported to the Dean of Administration.