



CLINICAL PRACTICE GUIDELINE

Practice Guideline:

Opioid Poisoning Response in a Non-Clinic Service Setting

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PURPOSE AND INTENT

The aim of this guideline is to assist Designated Staff in administering Naloxone to an individual who appears to be experiencing Opioid Poisoning in a Non-Clinic Service Setting while awaiting the arrival of Emergency Medical Services (EMS).

Exception: Primary care staff working in a Clinic Setting will defer to Primary Care Practice Guideline #17 [Emergency Management of Opioid Overdose using Naloxone in Clinic & Naloxone Kit Use](#).

The intent of this guideline is to outline for Designated Staff working in a Non-Clinic Service Setting:

1. Opioid Poisoning Response training
2. Procurement of Naloxone and Naloxone kits
3. Care and response to an individual experiencing Opioid Poisoning.

1.0 PRACTICE OUTCOME

Ensuring Designated Staff have comprehensive education and training to manage an individual’s Opioid Poisoning Response while awaiting EMS.

2.0 BACKGROUND

Naloxone, also known as Narcan, is a medication that blocks the effects of opioids (such as heroin, morphine, fentanyl, etc.) that can be used to temporarily reverse an opioid overdose. Naloxone is known as an opioid antagonist, a medication that blocks opiate receptors, therefore blocking the effects of the opioid. Naloxone is only used to reverse opioid poisoning and not to treat opioid addiction. Naloxone has no abuse potential. Naloxone gives Designated Staff a window of opportunity to save an individual’s life by providing extra time until Emergency Services arrive.

Naloxone is delisted by Health Canada. Manitoba has decided that Naloxone is to be available without a prescription. Two forms of Naloxone are currently available in Canada (intramuscular (IM) / intranasal).

Definitions:

- **Clinic Setting:** A primary care direct operational site (including Walk-In Connected Care).
- **Delisted:** Naloxone is removed from the list of medications where a prescription is required.
- **Designated Staff:** Within a Service Area, a staff member(s) who have completed and maintained an Opioid Poisoning Response training to respond to an Opioid Poisoning in a Non-Clinic Service Setting.
- **Emergency Services:** Call to 911 to initiate the City of Winnipeg Emergency Services (includes police, fire and ambulance).
- **Harm Reduction:** Aims to reduce the adverse health, social, and economic consequences of drug use without necessarily reducing an individual’s drug consumption

- **Management:** Determined by the service/site/facility, could include a supervisor level, a manager level or higher.
- **Naloxone:** also known as Narcan, is a medication that blocks the effects of opioids that can be used to temporarily reverse an opioid overdose.
- **Opioid Poisoning:** is a medical emergency caused by a toxic opioid supply of inconsistent quality and strength, often containing other drugs and if untreated will eventually cause respiratory and cardiac arrest, leading to death.
- **Opioid Poisoning Response:** A series of steps outlined by St. John's Ambulance Opioid Poisoning Response training that Designated Staff will perform in response to an Opioid Poisoning.
- **Professional Designation:** Specific to those Designated Staff who are Regulated Health Professionals as determined by the Regulated Health Professions Act of Manitoba.
- **Service Area:** is a service/site/facility comprised of Staff who operationalize and provide care as a centralized service or a community health service.
- **Non-Clinic Service Setting:** The environment where Designated Staff are providing routine planned or unplanned care to an individual that is not a Clinic Setting. For example, a Non-Clinic Service Setting could be an individual's residence, a school, the staircase of an apartment building, a hotel, the sidewalk of a street, etc.)
- **Staff:** All persons employed by the WRHA.

The [Regulated Health Professions Act of Manitoba](#) provides an exemption to reserved acts in section 5(3) when rendering first aid or temporary assistance in an emergency situation (Regardless of whether the professional body has transitioned under the RHPA thus far.) This exemption applies to Designated Staff administering Naloxone in an apparent Opioid Poisoning.

The [Good Samaritan Protection Act of Manitoba](#) provides a general legal protection to members of the public who choose to respond to an emergency situation. Within the health care system, however, there is an expectation that a response to an emergency situation is carried out by Designated Staff with appropriate training.

This guideline acknowledges there are some Non-Clinic Service Settings where substance use in the population is common and therefore the risk of encountering an individual experiencing Opioid Poisoning is higher. In consultation with staff, Service Areas can identify Non-Clinic Service Settings where the risk of an individual experiencing Opioid Poisoning is high and it would be prudent to have one or more Designated Staff trained to provide an Opioid Poisoning Response.

3.0 GUIDELINES

Opioid Poisoning Response Training

- 3.1.1 All Staff are required to complete the Learning Management System (LMS): Harm Reduction module as a foundational understanding of Harm Reduction.
- 3.1.2 Designated Staff are required to complete St. John Ambulance Opioid Poisoning Response training either in person or virtual (Instructor-Led) or using the St. John Ambulance Train-the-Trainer model within the Service Delivery Organization (SDO).
 - [LMS Login](#)
 - Search: Opioid Poisoning Response Training (Refer to [Appendix A](#) for course/curriculum training details)

- 3.1.3 After course completion, Designated Staff provide a copy of their digital certificate 'Opioid Poisoning Response Training' to Management to be added to their employee file (additionally, recommended to save a personal copy).
- 3.1.4 The St. John Ambulance Opioid Poisoning Response training will include rescue breathing and chest compressions as part of the response. However, Cardio Pulmonary Resuscitation (CPR) certification is not achieved through Opioid Poisoning Response training nor are Designated Staff required to be CPR certified to enroll in Opioid Poisoning Response training.
- 3.1.5 Staff who have completed a Standard CPR course which includes a Naloxone component are required to complete Opioid Poisoning Response training to be a Designated Staff. However, upon completion of the Opioid Poisoning Response training, a Standard CPR course which includes a Naloxone component can be used annually to refresh.
- 3.1.6 Designated Staff will recertify annually with one of the following trainings:
 - St. John Ambulance Opioid Poisoning Response in person, virtual (Instructor-Led), or through the SDO train the trainer training;
 - [St. John Ambulance Opioid Poisoning Response Training Online E-Learning Course](#) or
 - Any Standard CPR course which includes naloxone training

Procurement of Naloxone and Naloxone Kits

- 3.1.7 Procurement and delivery of Naloxone (intramuscular or nasal) occurs to community locations that currently receive other medications orders through Health Science Center (HSC) Pharmacy.
- 3.1.8 Naloxone (intramuscular and nasal) can be procured through HSC pharmacy using HSC Order Form (the same/established process that exists when ordering any medications through HSC pharmacy).
- 3.1.9 Procurement and delivery of the Protective Barrier w/ Valve, Filter & Exhalation Port in Ziploc Bag occurs through SAP.
- 3.1.10 For those Designated Staff with a Professional Designation that includes medication administration as part of their scope of practice (Registered Nurses, Nurse Practitioners, Midwives, Physician Assistants, Respiratory Therapists, Pharmacists, etc.) will defer to administering intramuscular Naloxone.
- 3.1.11 For those Designated Staff with a Professional Designation that does not include medication administration as part of their scope of practice (Social Work, Physiotherapists, Occupational Therapist) there is the option of administering intramuscular or nasal Naloxone. Intramuscular Naloxone is preferred if Designated Staff has received intramuscular injection training and is competent with administering intramuscular injections.
- 3.1.12 Designated Staff are responsible for ensuring that they have all required supplies including required personal protective equipment and a cell phone (to call 911).
- 3.1.13 Service Areas should identify responsibilities for updating, restocking and ensuring all materials are available and not expired, after each use, and monthly at minimum

Guidelines for Opioid Poisoning Response:

- 3.1.14 Designated Staff may carry a Naloxone kit and administer Naloxone to an individual experiencing an apparent Opioid Poisoning.
- 3.1.15 Designated Staff are supported to provide an Opioid Poisoning Response as outlined in this practice guideline if the Designated Staff is working and performing their daily job activities and encounters an apparent Opioid Poisoning.
- 3.1.16 Management will establish the Service Area parameters for Designated Staff to respond to an Opioid Poisoning.
- 3.1.17 If any Staff is notified of an apparent Opioid Poisoning and a local, immediate Opioid Poisoning Response by a Designated Staff is unavailable, Staff will call Emergency Services (911).
- 3.1.18 The benefits of delivering Naloxone far outweighs the risk of side effects from Naloxone.

4.0 COMPONENTS

4.1 Assembly of Naloxone Kits

- 4.1.1 Service Areas/Designated Staff will assemble Naloxone kits.
- 4.1.2 All naloxone kits should contain:
 - 1 face shield with one-way valve and filter (SAP #372466, [See Appendix D](#) for further details)
 - 1 pair of non-latex gloves
 - Role of masking tape
 - Pen
 - 1 “Suspected Opioid Overdose First Aid” **instruction page** ([Appendix B](#))
 - 1 “Suspected Opioid Overdose” **documentation page** ([See Appendix C](#))
- 4.1.3 Additional equipment for intramuscular Naloxone kits:
 - Naloxone 4mg/ml x 4 vials for intramuscular injection per kit
 - Syringe and retractable needles
 - Alcohol wipes
 - Cotton Balls
 - Adhesive bandage or bandaid
- 4.1.4 Additional equipment for intranasal Naloxone kits:
 - 2 Doses (4mg each) of intranasal Naloxone

Opioid Poisoning Response

Designated Staff will respond to an apparent Opioid Poisoning as follows:

- 4.1.5 Designated Staff assess for scene safety and determine if the situation and the scene are safe to enter/proceed.
- 4.1.6 Designated Staff determine if the individual is experiencing an apparent Opioid Poisoning by considering:
 - The individual is not responsive to stimulation (can’t wake the person up); the individual appears passed out or unconscious AND/OR
 - The individuals breathing is slow, irregular or nonexistent.

- Additional signs of opioid poisoning include: oxygen deprivation ie the individual is cyanotic or shows a blue/purplish discoloration in the lips and finger nails, pinpoint (tiny) pupils, deep snoring or gurgling sounds.
 - Evidence of substance use may be present such as drug paraphernalia, any equipment, product or accessory that is intended for making, cutting, using drugs.
- 4.1.7 Proceed with Opioid Poisoning Response following the ‘SAVE ME’ acronym as established within training.
- S = Stimulate - Shout their name and/or tap their foot and call 911
 - A= Airway - Put on gloves and open the airway
 - V =Ventilate - Using the face shield, deliver 1 breath every 5 seconds ensuring the chest rises, for a total of 5 breaths
 - E= Evaluate - Is the individual waking up?
 - M= Medication - If the individual is not waking up, administer a dose of Naloxone (intramuscular or nasal Naloxone); begin CPR for the next 2-3 minutes.
 - E= Evaluate Again
 - If the individual begins breathing, place them in in the recovery position (roll the person onto their side) and continue to watch them closely until EMS arrives.
 - If there is no response, continue CPR; Naloxone should work within 2-3 minutes. If it does not, deliver another dose of Naloxone and continue CPR. When the individual begins breathing, place them in the recovery position and continue to watch them closely until EMS arrive.
 - After giving an individual Naloxone, the individual may experience withdrawal or precipitated withdrawal symptoms which may cause the individual to become aggressive or combative; or cause a seizure, vomiting, and a fast heart rate. Designated Staff may need to manage these side effects while waiting for EMS to arrive.

Documentation:

- 4.1.8 Designated Staff will document Opioid Poisoning Response as follows:
- Each Naloxone kit contains a documentation template ([Appendix C](#)) to use in the Non-Clinical Service Setting to record notes/ information at the scene as needed (informal documentation).
- 4.1.9 Formal documentation of the event will occur using an Interdisciplinary Progress Note (IPN) within the client’s chart and follow the documentation standards of Designated Staff’s professional designation.
- 4.1.10 An occurrence report in RL Solutions will be required:
- Complete RL (in search bar type “Code Blue” or on icon wall select “Provision of Care”). In “Specific Event Type” drop down, select “code blue (cardiopulmonary arrest)”
- 4.1.11 If the individual does not receive any WRHA services and therefore does not have a client chart, the event will be documented as an occurrence in RL Solutions only.

- 4.1.12 The documentation template (informal documentation) to be discarded using confidential shredding.

Post-Event Follow Up:

- 4.1.13 Notify Management or Management on-call if after hours.
- 4.1.14 Management to informally debrief following occurrence with Designated Staff.
- 4.1.15 Management to remind Designated Staff to access the Employee Assistance Program (EAP) if needed.

5.0 REFERENCES:

- (1) Heart & Stroke 2020 Guidelines for CPR and Emergency Cardiovascular Care (ECC).
https://heartandstroke.my.salesforce.com/sfc/p/#A0000000BYzI/a/2K000003BAno/8.4y5cv4fAnC2teMm3Y8fnNZljICUf_W6pD1b.RKNyk
- (2) Manitoba Health, Seniors and Active Living. Overdose Prevention and Response Recommendations for Service Providers (n.d)
https://www.gov.mb.ca/health/mh/overdose/docs/od_prevresp_sp.pdf
- (3) Kinshella, M.W., Gauthier, T. & Lysyshyn, M. Rigidity, dyskinesia and other atypical overdose presentations observed at a supervised injection site, Vancouver, Canada. Harm Reduct J 15, 64 (2018). <https://doi.org/10.1186/s12954-018-0271-5>
- (4) Regulated Health Professions Act of Manitoba. Accessible at:
<https://web2.gov.mb.ca/laws/statutes/2009/c01509e.php>

6.0 PRIMARY AUTHOR (S)

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Appendix A: St. John’s Ambulance Opioid Poisoning Response Training Curriculum Details

St. Johns In Person/ Virtual (Instructor-Led)	Course Duration	2 hrs
	Applicable	Initial Training and/or Annual Refresher
	Content:	Stigma & harm reduction <ul style="list-style-type: none"> • How to respond to an opioid poisoning • How to administer nasal and IM naloxone • Self-care after a traumatic event
	Administration Route Reviewed	Nasal IM
	Registration Information	Register through St. Johns Website
	Course Cost	No Cost (currently funded by Health Canada)
Opioid Poisoning Response Training E-Learning (Self Learning)	Course Duration	90 mins
	Applicable	Annual Refresher Only
	Content:	<ul style="list-style-type: none"> • Recognize stigma and harm reduction best practices; identify types of opioids and their impact, • How to respond to an opioid poisoning • How to administer nasal • Self-care plan
	Administration Route Reviewed	Nasal
	Registration Information	Register through St. Johns Website
	Course Cost	No Cost
Train-the-trainer model used within WRHA, Opioid Poisoning Response Training	Course Duration	2 hrs
	Applicable	Initial Training and/or Annual Refresher
	Content:	<ul style="list-style-type: none"> • Stigma & harm reduction • How to respond to an opioid poisoning • How to administer nasal and IM naloxone • Self-care after a traumatic event
	Administration Route Reviewed	Nasal IM
	Registration Information	Register through LMS (offered 3 times yearly)
	Course Cost	No Cost

Additional Recommended Resources to supplement learning:

- [Naloxone Course | Toward the Heart](#)
- www.towardtheheart.com/naloxone-training
- <https://streetconnections.ca/naloxone>
- <https://pharmacists-2.wistia.com/medias/bk92ud4ee2>

Appendix B: [“Suspected Opioid Overdose First Aid” instruction page](#)



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SUSPECT AN OPIOID OVERDOSE? CALL 9-1-1

First Aid for a Suspected Opioid Overdose First aid for an opioid overdose is a combination of rescue breathing and administration of naloxone (if trained and available). Rescue breathing is the same as breaths delivered during CPR, except without chest compressions. Deliver one breath every 5 seconds ensuring the chest rises. If you suspect the casualty is having an overdose, follow these first aid steps:

1

Perform a scene survey.

Make sure the area is safe for you to be in - be aware of risks from people in the area as well as drug paraphernalia.

2

Use **SAVE ME** to remember these steps:

S - Stimulate.



Shake, shout, and activate EMS.

A - Airway.



Open the airway.

V - Ventilate.



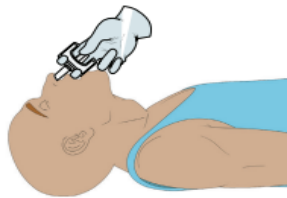
Deliver one breath every 5 seconds ensuring the chest rises.

E - Evaluate.



Are these steps helping?

M - Medication.



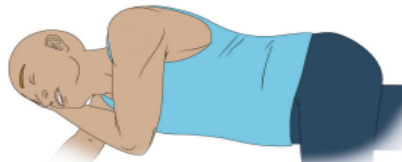
Prepare and deliver a dose of naloxone if available and you are trained.

E - Evaluate.



Evaluate. Did the naloxone help?

Place in Recovery Position



You should see improvement within 2-3 minutes. If a casualty is not breathing, begin CPR. Rescue breaths are delivered to assist a casualty having an overdose if they are breathing on their own, but at a lower rate. Check local protocols if naloxone is delivered before or after rescue breaths/CPR have been started. When possible, have another rescuer perform rescue breaths while you prepare and deliver a dose of naloxone. If there is no improvement after 2 to 3 minutes, deliver a second dose of naloxone. Caution: Naloxone reverses the effects of an opioid overdose, which may cause the casualty to become aggressive or combative; or cause a seizure, vomiting, and a fast heart rate. Ensure your safety and be prepared to assist with these other conditions if they happen.

Appendix C: Suspected Opioid Overdose Documentation page (insert in kit)

Date:

Time and Location:

Tasks:

- Perform a scene survey**
- Assess for Signs/Symptoms of Opioid Overdose/Poisoning:** (circle pertinent findings): cyanosis to lips or nail beds - pinpoint pupils - cold clammy skin - choking/gurgling or snoring sounds.

Use SAVEME Acronym

- Stimulate:** Shake, Shout and activate Emergency Services (911)
- Airway:** Open the airway
- Ventilation:** Deliver 1 breath every 5 seconds ensuring the chest rises
- Evaluate:** Are these steps helping?
- Medication:** Prepare and deliver Naloxone

	Time:	Time:	Time:	Time:
<input type="checkbox"/> Intramuscular	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Dose 2	<input type="checkbox"/> Dose 3	<input type="checkbox"/> Dose 4
<input type="checkbox"/> Intranasal	<input type="checkbox"/> Dose 1	<input type="checkbox"/> Dose 2	<input type="checkbox"/> Dose 3	<input type="checkbox"/> Dose 4

- Evaluate:** Did the Naloxone help?
 - You should see improvement within 2-3 minutes; Place in Recovery Position
 - If the individual is not breathing, begin CPR_(Chest compressions only 100-120 minute)

Caution: Naloxone reverses the effects of an opioid overdose, which may cause the individual to become aggressive or combative; or cause a seizure, vomiting, and a fast heart rate. Ensure your safety and be prepared to assist with these other conditions if they happen.

EMS onsite time: _____

Appendix D: One-Way Valve and Filter Face Shields

Naloxone Kits for Staff Use:

- Product: CPR RESQ-AID Protective Barrier w/ Valve, Filter & Exhalation Port in Ziploc Bag, Product Code GW3050
- SAP # 372466



Naloxone kits distributed by St.Johns Ambulance:

- Product: First Aid Central™ CPR Face Shield with One Way Valve, 1/Bag (Model # 350002) which is also a one-way valve and filter system suitable for staff use.

