

**New Mexico Department of Health (NMDOH)
Public Health Division (PHD)
Hepatitis and Harm Reduction Program (HHRP)**

Overdose Prevention and Education (OPE) Protocol

Background

The primary cause of death due to an opioid overdose is respiratory depression leading to cardiac arrest. Naloxone is an opioid antagonist medication which can rapidly reverse the effects of opioids including but not limited to heroin, oxycodone, morphine, codeine, methadone, fentanyl, and meperidine. Naloxone may be effective in temporarily reversing an opioid overdose if administered within three to four minutes after the person who has overdosed has stopped breathing. Distribution of naloxone and education on proper administration are important tools to prevent an opioid overdose death.

Overdose Prevention and Education Programs (OPE) aim to expand the number of individuals who have naloxone and are trained to use it. The training also focuses on how to prevent opioid overdoses from occurring. This ensures greater community knowledge about preventing overdoses and improves access to naloxone in order to decrease opioid overdose mortality rates.

The OPE program is one of many routes of expanding access to naloxone across New Mexico. This protocol of the Hepatitis and Harm Reduction Program (HHRP) addresses OPE within Public Health Offices (PHO), outreach venues and other sites operated and delivered directly by Public Health Division (PHD) employees and contractual workers.

Definitions for this Protocol

- 1) “Clients” in this protocol are individuals served by an OPE and provided with training.
- 2) “Distribution” or “Distributing” refers to providing naloxone from the OPE stock.
- 3) “OPE” is an Overdose Prevention and Education Program. For the purposes of this protocol, all NMDOH PHOs distributing naloxone will be referred to as “OPE.”

Service Population

The primary service population for an OPE includes:

- 1) A person receiving syringe services;
- 2) A person at risk of experiencing an opioid-related drug overdose;
- 3) An individual who does not otherwise have access to naloxone due to a lack of access to a pharmacy, insurance coverage, other medical providers, or due to issues of stigma;
- 4) A family member, friend, or other person able to assist a person at risk of experiencing an opioid-related drug overdose; and,

- 5) An employee, volunteer, or representative of a community-based entity providing overdose prevention and education services that is registered with the department.

Methodology

The OPE provides an educational curriculum to teach strategies and the importance for preventing and reducing the likelihood of an overdose, providing rescue breathing, quickly contacting professional medical assistance, and the appropriate use and administration of intranasal naloxone.

Public Health Offices have two mechanisms for providing naloxone to clients:

- 1) providing a prescription to be filled at a retail pharmacy, and
- 2) distribution as an OPE.

Any time naloxone is distributed for the first time to a new client, the client must receive the approved educational curriculum, “Overdose Prevention and Rescue Breathing in 20 Minutes or Less” (see appendices). Please note: if a client has previously received naloxone from any other source, they are not considered “new,” but a returning client for purposes of naloxone distribution.

1. Implementation and General Provisions

Program Oversight

The HHRP is responsible for monitoring, reviewing, certifying, and ensuring the quality of the training and services being provided by any NMDOH locations and staff providing OPE programs, as well as external partners operating under OPE guidelines.

Staff providing services are responsible for maintaining their certifications; reading regulations, protocols, and guidelines when updated and as needed; and, adhering to program requirements, protocols, and guidelines.

Personnel

A **Regional OPE Program Coordinator** shall be identified in each Public Health Region. This individual, or their designee, shall ensure the following:

- 1) All clients receive training following the HHRP approved curriculum;
- 2) All naloxone distribution and reports of administration are forwarded to the HHRP by the 10th of the month following the administration using the electronic *Naloxone Enrollment and Record of Use Form*;
- 3) A copy of the electronic program records for all clients are maintained for at least three (3) years. Follow agency standards for record destruction;
- 4) Any changes in schedule of operations of the OPE are reported to the HHRP.

A **Local OPE Program Coordinator** shall be identified in each OPE. This individual shall have responsibility for supporting local operations, including:

- 1) Ensuring accurate documentation collection, secure storage, and timely reporting to the Regional OPE Program Coordinator;
- 2) Ensuring local staff receive appropriate training and follow PHD protocols;
- 3) Ordering naloxone through the HHRP as needed;
- 4) Maintaining secure storage of the naloxone;
- 5) Identifying and communicating potential issues to the Regional OPE Program Coordinator, or their designee, and local staff (e.g., client complaints, changes to office schedules, changes in protocols, etc.) as needed.

NMDOH personnel who may distribute naloxone to clients are those who:

- 1) Have current clinical licensure enabling them to prescribe or dispense naloxone; or,
- 2) Non-licensed individuals operating under the PHD Naloxone Standing Order with current certifications in the following trainings:
 - a. NMDOH HIPAA courses (annual re-certification);
 - b. Bloodborne Pathogen Training (annual re-certification); and,
 - c. NMDOH Hepatitis and Harm Reduction Specialist Certification.

2. Program Operation

Becoming an Overdose Prevention and Education Program (OPE)

All local PHO and outreaches conducted by PHO staff which comply with the provisions as listed above may be approved as OPEs by the HHRP.

Opioid Antagonist Selection

The OPE shall use naloxone as the opioid antagonist. The administration device to be used is the 4 mg/0.1 ml FDA-approved intranasal administration device.

Medication Storage and Control

Medication shall be stored in a designated secure area accessible to those who have completed the necessary training and are authorized to distribute naloxone per this protocol. Medication in this location should have adequate protection from adverse environmental conditions, including exposure to extreme heat or cold, and exposure to direct sunlight.

If any naloxone is suspected of being exposed to extreme temperatures or sunlight, the OPE should contact the HHRP to determine disposition of the naloxone.

Medication for Outreach

Personnel who have completed the necessary training and who are acting under this protocol may distribute naloxone. All naloxone removed from inventory for distribution will be returned to the designated storage area and recorded as returned within 24 hours of the end of the outreach.

Up to 2 doses of naloxone may be taken by staff conducting outreaches or field visits to be utilized for potential emergency response administration in the event of a suspected overdose.

- 1) Naloxone should be designated for this purpose and stored in the designated storage area at the OPE when not taken on outreaches or field visits.
- 2) While on outreaches or on field visits, the naloxone should not be exposed to extreme temperatures by being left unprotected or unattended in vehicles or exposed to sunlight. Insulated containers provide some limited protection of naloxone from extreme heat, cold, and sunlight.
- 3) Any naloxone not used during an outreach or field visit must be returned to the designated storage area and recorded as returned within 24 hours of the end of the outreach or field visit. Both the removal and return of the naloxone must be recorded on the Naloxone Medication Log (Appendix F).
- 4) If any naloxone is suspected of being exposed to extreme temperatures or sunlight, the OPE should contact the HHRP to determine disposition of the naloxone.
- 5) If the naloxone has expired or needs to be returned to the PHD Pharmacy Warehouse:
 - a) All units being returned will be given to the drug room nurse to be included with other expired returns.
 - b) Returned units not expired but damaged should be bagged or bundled and identified as “Damaged do not use”.
- 6) No more than 4 doses of naloxone may be designated for this purpose without written or electronic approval from the HHRP.

3. Required Documentation

Each OPE shall maintain a record keeping system available for audit. It shall include the following information:

- 1) Client Enrollment Materials:
 - a) Notice of Privacy Practices – Acknowledgement Form;
 - b) The electronic Naloxone Enrollment and Record of Use Form for every client and distribution visit.
 - c) Naloxone Medication Logs (Appendix F) to be kept in the secure naloxone storage area.
- 2) Any naloxone administered in the location, including on outreaches, is to be recorded on the electronic Naloxone Enrollment and Record of Use Form;
- 3) Naloxone Medication Logs (Appendix F). A perpetual inventory log must contain:
 - a) Receiving from PHD Pharmacy: The name and address of the supplier (“PHD Pharmacy Warehouse 1301 Siler Rd, SF NM 87507”), number of units received, lot number(s), expiration date(s), and the date the units are received;
 - b) Removal for Outreach: Date, quantity of doses, and the name of the individual who is removing/distributing the opioid antagonist;

- c) Distribution: Date, the name and date of birth of the trained targeted responder, quantity of doses distributed, lot number and expiration of each dose;
 - d) Returning from Outreach: Date, quantity of doses, and the name of the individual returning doses that have not been distributed; and,
 - e) For medication returned to PHD Pharmacy: The name and address of the facility to where the units are being returned to (“PHD Pharmacy Warehouse 1301 Siler Rd, SF NM 87507”), with a notation of why (expired, damaged, or in-date return).
- 4) By staff including their initials on the electronic *Naloxone Enrollment and Record of Use Form* and/or their name on the *Naloxone Medication Logs*, they are certifying they have provided the appropriate educational curriculum and naloxone distribution.
 - 5) Naloxone medication supply orders.
 - 6) Additional surveys or interviews, such as Point-in-Time surveys, may be required by the HHRP to collect specific information.
 - 7) The electronic *Naloxone Enrollment and Record of Use Form* and other required documentation must be sent to the HHRP by the 10th day of every month following the month of service.
 - 8) Documents should be kept in accordance to HIPAA security precautions when personal health information (PHI) may be present to ensure the confidentiality of syringe service clients

All naloxone supply order forms (see appendices) must be approved by the HHRP. Approved orders will then be sent to the PHD Pharmacy Warehouse. Approved orders will be filled and shipped per the PHD Pharmacy Warehouse distribution schedule.

Overdose Prevention and Education Curriculum

OPE clients must be educated by individuals who are certified as Harm Reduction Certified Specialists. The HHRP has an approved curriculum, titled *Overdose Prevention and Rescue Breathing in 20 Minutes or Less* (see appendices), which must be used to educate the OPE services provider. This curriculum is reviewed by the HHRP annually, and as needed, to ensure best practices are being utilized. At a minimum, the curriculum includes an overview of the following:

- 1) What causes an overdose;
- 2) Risk factors;
- 3) How to recognize and prevent an overdose;
- 4) What to do if an overdose occurs;
- 5) Emergency Medical Services (EMS) notification;
- 6) Rescue breathing; and,
- 7) Naloxone administration.

The Naloxone Administration section includes:

- 1) Discussion of the:
 - a) Indications;

- b) Contraindications;
 - c) Potential adverse reactions;
 - o Note: Persons, especially those with pre-existing cardiovascular disorders, should be closely monitored in an appropriate healthcare setting after receiving naloxone.
 - d) Administration process for the medication.
- 2) A discussion of logistic considerations, such as:
 - a) Storage in a relatively stable environment;
 - b) Avoiding direct sunlight or heat; and,
 - c) Avoiding excessive cold or freezing.
 - 3) Information regarding the expiration date of the medication;
 - 4) Instructions to dispose of the medication and obtain a new supply before the naloxone expires;
 - 5) Return to the location to obtain more naloxone:
 - a) If the naloxone is used; and,
 - b) If more is needed for any reason.

4. Naloxone Distribution

The process for distribution of naloxone includes:

- 1) New clients must be educated by the presentation of the entire HHRP approved OPE curriculum, *Overdose Prevention and Rescue Breathing in 20 Minutes or Less*;
- 2) Complete the *Naloxone Enrollment and Record of Use Form* and document the distribution on the *Naloxone Medication Log* with the appropriate information for the participant;
- 3) Distribute to the client:
 - a) Two (2) 4 mg/0.1 ml naloxone in FDA-approved intranasal administration devices (i.e., one box). Each box must be labeled with the following:
 - i) The client's first and last name;
 - ii) The name, phone number, and address of the OPE distribution location; and,
 - iii) The text "use as directed".

Additional doses of FDA-approved naloxone intranasal administration devices, may be provided as per the PHD Naloxone Standing Order if the staff member has reason to believe the client may need additional doses for situations which include, but are not limited to:

- i) Lengthy travel to reach the program location;
 - ii) Limited hours of availability of the program location; or,
 - iii) Potential to use multiple doses prior to ability to return to the program location.
- 6) The client must be issued a *Naloxone Enrollment Card* showing they have completed the OPE training course.
 - 7) Clients who receive training but do not receive naloxone are not enrolled in the program until naloxone is provided to them – they must repeat the training.

- 8) For a client returning to report using the naloxone or to obtain a refill for any reason, steps 2-7 of this section should be completed; and,
 - a) If it has been less than a year since the initial distribution or last refill for the client, the HHRP approved curriculum should be reviewed, but does not need to be repeated in full;
 - b) If it has been more than a year since the initial distribution or last refill for the client, the full HHRP approved curriculum should be provided; or,
 - c) If it is unknown when the last time the client received naloxone, the full HHRP approved curriculum should be provided.

Administration of Naloxone for a Suspected Overdose

In the event a client, staff, volunteer, visitor, etc. at a PHD-operated facility is suspected to be suffering from an opioid overdose, licensed clinical staff should utilize the PHD Emergency Medical Response Protocols (maintained in the emergency medical response kit and online at http://intranet/PHD/clinical_protocols.html under Emergency Response Documents).

Non-clinical staff/volunteers may follow the instructions as outlined in the Standing Order (Appendix A).

ATTACHMENTS

Appendix A: PHD Naloxone Standing Order

Appendix B: Naloxone Enrollment and Record of Use Form

Appendix C: Naloxone Order Form

Appendix D: Approved Curriculum: "Overdose Prevention and Rescue Breathing in 20 Minutes or Less"

Appendix E: Naloxone Enrollment Card

Appendix F: Naloxone medication log for secure designated storage location

Appendix G: Naloxone DIS

Attachment A: PHD Clinical Protocol Approval Sheet

Attachment B: Acknowledgement and Receipt of New/Revised Protocol

Appendix A: Standing Order

New Mexico Department of Health Public Health Division NALOXONE STANDING ORDER

Authority: NMSA 1978, 24-23-1.B: Any person acting under a standing order issued by a licensed prescriber may store or distribute an opioid antagonist; and NMSA 1978, 24-23-1.F A licensed prescriber may directly or by standing order prescribe, dispense or distribute an opioid antagonist to: 1) a person at risk of experiencing an opioid-related drug overdose; 2) a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose; 3) an employee, volunteer or representative of a community-based entity providing overdose prevention and education services that is registered with the department; or 4) a first responder.

Purpose: To contribute to decreasing morbidity and mortality related to opioid overdose, this standing order permits:

- Public Health Offices designated by the Hepatitis and Harm Reduction Program (HHRP) as an Overdose Prevention and Education Program (OPE) to store naloxone in a designated secure location; and,
- Clinical and non-clinical staff who have completed the Hepatitis and Harm Reduction Certification Training to distribute naloxone to eligible clients from OPE supplies.

Naloxone storage for local public health offices: OPE naloxone may be stored in a secure, environmentally stable space in the public health office where entry can be limited to Hepatitis and Harm Reduction Certified staff and individuals designated by the local public health office or the HHRP to have access.

Assessment:

1. Clients presenting for opioid overdose prevention services are eligible for management under this standing order. Clients are eligible if they have received training through an approved overdose prevention and education curriculum. If the client has not received the approved education within the previous year, it must be provided to them prior to distributing the naloxone. Eligible clients include:
 - A person at risk of experiencing an opioid-related drug overdose;
 - A family member, friend or other person able to assist a person at risk of experiencing an opioid-related drug overdose; and,
 - An employee, volunteer or representative of a community-based entity providing overdose prevention and education services that is registered with the department.

If a client has insurance or other means to access or obtain naloxone through their primary health care provider or through a pharmacy, they should be

encouraged to obtain naloxone through those sources. However, this should not be a barrier to providing them with the education or medication if they are unable to reasonably access naloxone through other means.

If there is uncertainty regarding the above conditions, contact a licensed healthcare provider for an order.

2. Assess the client who presents for contraindications and precautions, including:
 - Contraindications: hypersensitivity or allergy to naloxone.
 - Precautions:
 - o Anaphylactic shock may occur in those allergic to naloxone or any component of the medication.
 - o Acute withdrawal symptoms may occur in individuals currently using opioids including: body aches, fever, sweating, runny nose, sneezing, yawning, weakness, shivering or trembling, nervousness, restlessness or irritability, diarrhea, nausea, abdominal cramps, increased blood pressure and tachycardia.
 - o Respiratory depression may occur due to other conditions or substances - naloxone is not effective against respiratory depression due to non-opioid substances.
 - o Reversal of respiratory depression by partial agonists or mixed agonist/antagonists, such as buprenorphine, may be incomplete or require higher doses of naloxone.
 - o Persons, especially those with pre-existing cardiovascular disorders, should be closely monitored in an appropriate healthcare setting after receiving naloxone.

Order

1. At initial enrollment:

- Document as an Initial Enrollment using the *Naloxone Enrollment and Record of Use Form* and document the distribution on the *Naloxone Medication Log*.
- Provide, or ensure it is provided, the HHRP approved educational curriculum, *Overdose Prevention and Rescue Breathing in 20 Minutes or Less*.
- Distribute as available:

Two (2) Naloxone 4 mg/0.1 ml in FDA-approved intranasal administration devices (i.e., one box)

More than two FDA-approved intranasal naloxone devices may be provided if the client indicates one of the following:

- a) Lengthy travel to reach the program location;
- b) Limited hours of the program location; or,
- c) Potential to use multiple doses prior to ability to return to the program location.

2. For clients presenting for a refill:

- Document as a Refill/Record of Use using the *Naloxone Enrollment and Record of Use Form* and document the distribution on the *Naloxone Medication Log*.
- Provide, or ensure it has been provided within the previous year, the HHRP approved educational curriculum, *Overdose Prevention and Rescue Breathing in 20 Minutes or Less*.
- Distribute as available:
Two (2) Naloxone 4 mg/0.1 ml in FDA-approved intranasal administration devices

More than two FDA-approved intranasal naloxone devices may be provided if the client indicates one of the following:

- a) Lengthy travel to reach the program location;
- b) Limited hours of the program location; or,
- c) Potential to use multiple doses prior to ability to return to the program location.

3. Advise clients that the use of naloxone in individuals with contraindications or precautions may cause adverse effects.
4. Offer all clients a copy of the drug information sheet located at <http://intranet/PHD/PharmacyDIS.html> or at <http://nmhealth.org/about/phd/idb/hrp/>
5. Offer all clients a copy of the *Overdose Prevention and Rescue Breathing in 20 Minutes or Less* educational handout, located at http://intranet/PHD/clinical_protocols.html or at <http://nmhealth.org/about/phd/idb/hrp/>

Administration (for Suspected Overdose)

For any individual who presents with a possible overdose, licensed clinical staff should utilize the PHD Emergency Medical Response Protocols (maintained in the emergency medical response kit and online at http://intranet/PHD/clinical_protocols.html under Emergency Response Documents).

Non-licensed staff should:

1. Activate EMS/call 911.
2. Administer intranasal naloxone as:
*Naloxone 4 mg/0.1 ml in FDA-approved intranasal administration devices.
Administer all of the medication in one nostril.*

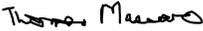
Please Note: Naloxone reversal of an opioid overdose is temporary – administration of naloxone will enable time for EMS to arrive. After Naloxone is administered, the patient may regain consciousness quickly, but may be disoriented and/or irritable (due to precipitated withdrawal and possibly due to hypoxia/oxygen deficiency). Assure the person the feeling will go away and explain to them what happened. The person must be observed during this time in

case the naloxone wears off and the overdose recurs. Keep the patient calm by compassionately engaging with them until EMS arrive.

3. Provide rescue breathing as needed. If rescue breathing is not necessary, place the patient in the recovery position (to prevent aspiration).
4. If a comatose patient with suspected overdose fails to awaken with naloxone within 3-5 minutes, **administer a second dose of naloxone**, in the opposite nostril. Be aware, there may be alternate causes for the condition (e.g., MI, hypoglycemia). Thus, the importance for notifying EMS.
5. Naloxone wears off after 30-90 minutes - respiratory depression may re-occur with long-acting opioids. Additional doses of naloxone may be required.
6. Report the use of naloxone to the Hepatitis and Harm Reduction Program utilizing the *Naloxone Enrollment and Record of Use Form* located at: <http://nmhealth.org/about/phd/idb/hrp/>
7. Report the incident using the *PHD Incident Report* form available at <http://intranet/PHD/healthandsafety.html>

Public health office staff are required to comply with all Department of Health, agency, Board of Nursing, Board of Pharmacy, and Board of Medicine regulations, protocols, and guidelines regarding the storage, possession, dispensation, distribution and administration of naloxone.

This standing order shall remain in effect until rescinded.

Licensed Prescriber	NPI	Signature	Date
Christopher Novak NW Region (Acting)	1508834110		01/23/19
Thomas Massaro NE Region	1760551394		01/31/19
Eugene Marciniak SE Region (Acting)	1407830458		01/29/2019
Eugene Marciniak SW Region	1407830458		01/29/2019

Appendix C: Naloxone Order Form

This is a sample, please use the most recently updated forms located at:

<http://nmhealth.org/about/phd/idb/hrp/> or http://intranet/PHD/clinical_protocols.html



NEW MEXICO DEPARTMENT OF HEALTH
Hepatitis and Harm Reduction Program
 1190 St. Francis Drive, South 1151
 Santa Fe, NM 87502

<http://nmhealth.org/about/phd/idb/hrp/>

Naloxone Inventory and Order Form

PLEASE COMPLETE and submit your ORDER ELECTRONICALLY

SECTION 1 (must be complete)

OPE/PHO Name	
Shipping Address	
Telephone Number	
Fax Number	
Requested By	
Title	
Date Requested	

SECTION 2 (must be complete)

ITEM	# Boxes in Stock (2 doses/box)	# Boxes Ordered (2 doses/box)	Qty Approved by HHRP
Naloxone 4 mg/0.1 ml (2 doses/box)			

SECTION 3

Please email completed form to the HHRP at:
Chandelle.Chavez@state.nm.us and Dominick.Zurlo@state.nm.us
OPEs: email this order form on or before the 10th day of the month.
Public Health Office OPEs: order according to the usual Pharmacy order schedule; however, send it to the above listed email addresses for approval.

For Pharmacy Use Only:		
Quantity Shipped	Expiration Date:	Initials of person who filled order

Rev: GG/DVZ 7-1-17

Appendix D: Approved Curriculum: “Overdose Prevention and Rescue Breathing in 20 Minutes or Less”

This is a sample, please use the most recently updated forms located at:

<http://nmhealth.org/about/phd/idb/hrp/> or http://intranet/PHD/clinical_protocols.html

Overdose Prevention & Rescue Breathing – in 20 minutes or less



A. What can cause or contribute to an Overdose (OD)

1. **Toxic amount:** too much of a substance; reduce amount and do tester shot
2. **Mixing:** effects are amplified; reduce amounts, inject first if mixing with alcohol
3. **Tolerance:** lowers when not using (i.e.: detox/jail/no money); reduce amount and do tester shot
4. **Quality:** varies in strength and purity; try to use known source and do tester shot
5. **Using Alone:** nobody to help if there is a problem; fix w/friend, unlock door, and call/text friend

B. How to recognize an Overdose

1. **Over-amp:** Stimulants (like cocaine/meth/speed, etc...) make the body speed up
2. **Overdose:** Heroin and other downers (like alcohol, benzos, etc...) make the body slow
3. **Signs of OD:** Unresponsive/unconscious, breathing slow/shallow (less than 12 breaths/min); pale, clammy, blue/gray (esp. lips/nails); loud/uneven snoring/gurgling; no breathing; faint/no pulse
4. **High vs OD:** "the line" = UNRESPONSIVE

C. What to do if an Opiate Overdose occurs – Make a Plan

1. **Call 911 - Good Samaritan Law:** protects against citation/arrest, unless another law is broken
 - a. Quiet the scene (or go to a quiet area), be calm and speak clearly - do not argue
 - b. Give exact address/location, person not breathing or turning blue
 - c. You do not need to say: it is an overdose, give a name, or if drugs were involved
 - d. Tell the paramedics everything you know about the situation when they arrive

2. Stimulation/Check responsiveness:

- a. Call out: "Are you okay?"
- b. Shake foot
- c. Use sternum rub
- d. Are they breathing? Look, listen, and feel



3. Check for clear airway: If blocked, roll on side and use finger sweep to clear

4. Use Naloxone (Naloxone Administration):

- a. Peel the back off the blister pack to remove device
- b. Place nozzle end into nostril
- c. Push firmly on base of device, spraying medication into nostril



**Stay with the person because naloxone loses effect 30-90 minutes after it is used*

5. Start Rescue Breathing:

- a. Roll them onto their back, tilt head back and pinch nose
- b. Look, listen, and feel
- c. If not breathing - Give 2 regular breaths
- d. Look, listen and feel (again)
- e. If still not breathing - Give 1 breath every 5 seconds
- f. Continue until person revives or help arrives
- g. Once they start breathing, put them in the recovery position
- h. If they do not start breathing in 3 minutes, use a second dose of naloxone

**Remember to keep breathing for them. Brain damage can occur 4-5 minutes after oxygen loss*

6. Recovery Position



D. OD Myths – These are some examples of things which do not work:

1. Slap or punch: may bruise or break nose/jaw
2. Put in cold water or use ice: makes the body cold, slow even more, and can lead to hypothermia
3. Use a lamp cord like a home-made defibrillator: can cause electric burns, irregular heart beat, or death
4. Inject with milk/saline/other substances: can cause the body to go into shock

If you have Medicaid or insurance – pharmacies carry naloxone and can be found through <https://www.doseofrealitynm.com/>

Syringe Service Participants (including family and people around them) and anyone who does not have Medicaid or insurance can obtain naloxone through the NMDOH Public Health Offices and Community Partners. To find locations, please visit: www.nmhivguide.org

Thanks to Rebecca Chavez (4-1-8), HRC <http://www.harmreduction.org/article.php?list-type&type=72>, and *Adapt Pharma (images). Most recent revisions: by D. Zurlo & J. Murphy 7-1-18

Appendix E: Naloxone Enrollment Card

This is a sample, please use the most recently updated forms located at:
<http://nmhealth.org/about/phd/idb/hrp/> or http://intranet/PHD/clinical_protocols.html

Code:	____/____/____/____/____/____
	
Date of Issue: _____	
Program: _____	
Program Contact Information: _____	
<p>Naloxone does not require a prescription to legally carry (NMSA 24-23-1-A)</p> <p>This individual is trained and certified through the approved New Mexico Department of Health overdose prevention and naloxone administration course.</p>	
<p>For contact information and a list of programs and service times, please visit: www.nmhivguide.org</p>	

Naloxone...also called Narcan

- It blocks the effects of opiates.
- It takes effect in 3-5 minutes and lasts for 30-90 minutes.
- It may cause some withdrawal symptoms.
- If not breathing use Rescue Breathing (mouth to mouth) - 3-4 cycles of 12 breaths a minute before giving a second dose of naloxone.
- Stay with the person, naloxone loses effect 30-90 minutes after use.

<p><u>Using "all-in-one" device</u></p> <ol style="list-style-type: none"> 1. Remove device from blister pack 2. Place nozzle end into nostril 3. Press firmly on base of device, spraying medication into nostril 	<p><u>Using device with separate atomizer*</u></p> <ol style="list-style-type: none"> 1. Remove colored caps on medicine vial & syringe barrel 2. Insert vial into barrel & gently turn until it stops 3. Twist nasal atomizer onto barrel tip. It is ready to use 4. Place assembled naloxone atomizer into one nostril 5. Press firmly on base of the vial, spraying half into nostril 6. Repeat in the other nostril 	
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Rev. 09/17

*If an atomizer is not available, slowly drip the naloxone under the tongue

Naloxone medication log for secure designated storage location at PHO/OPE: _____
 To be kept with naloxone **1 box (2 doses) = 1 Unit** (Full name of PHO /OPE location)

Date	Boxes received from/returned to: PHD Pharmacy Warehouse 1301 Siler Rd. Santa Fe, NM 87507		Naloxone removed from storage:		Naloxone distributed to Trained Targeted Responders (TTR)				Naloxone returned to storage:		Total # of boxes remaining in storage	
	# of boxes	Lot #	Exp. date	Name of person removing naloxone	# of boxes	Name of patient (TTR)	DOB	Lot #	Exp. date	Name of person returning naloxone		# of boxes
12/1/16 *	20	160460	04/2018									20
12/2/16 ***				Darwin Lamark	4	John Smith	3/15/98	160460	04/2018			16
12/2/16 ***						Jane Smith	2/14/93	160460	04/2018			16
12/2/16 **										Darwin Lamark	2	18
12/4/16 ***				Darwin Lamark	1	Bob Jones	6/12/76	160460	04/2018			17
12/30/16 *****	-2	160460	12/2016									15

This sample shows the different types of entry on the log form:
 *Naloxone received by the OPE from the PHD pharmacy on 12/1/16.
 ** It then shows a staff member removing 4 boxes for distribution on an outreach. Two patients were given 1 box (2 doses) each. The staff member returned the remaining 2 boxes of naloxone to the storage location.
 *** A patient coming into the location and naloxone distributed to them from the storage location.
 *****Expired naloxone returned to the PHD pharmacy.
 Please remember, this form contains PHI.

Appendix G: Naloxone: DIS

This is a sample, please use the most recently updated forms located at:

<http://nmhealth.org/about/phd/idb/hrp/> or <http://intranet/PHD/clinicalForms.html>

1301 Siler Road, Building A
Santa Fe, NM 87507
(800) 254-4689

Patient Information Leaflet Drug Name: Naloxone (Narcan) for intra-nasal use

.....
What is this medicine? NALOXONE is a narcotic blocker. It is used to treat a narcotic drug overdose. This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

What should I tell my health care provider about before I use this medicine?

Tell your provider about: drug use or addiction; any unusual or allergic reaction to naloxone or other medications, medicines you are taking; if you are pregnant or trying to get pregnant or are breast-feeding.

How should I use this medicine? I am to use this medicine by spraying it in the nose per my Harm Reduction training.

Over dosage: If you think you have given too much of this medicine contact a poison control center or emergency room at once. NOTE: This medicine is only to be used as directed in your training for treatment of a narcotic overdose in yourself or others.

What may interact with this medicine? Narcotic medicines for pain. E.g. nalbuphine, buprenorphine (suboxone), or naltrexone.

What side effects may I notice from giving this medicine? Side effects that should be reported to a doctor or health care professional as soon as possible are unlikely and include: • allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue • breathing problems • fast, irregular heartbeat • high blood pressure • pain that was controlled by narcotic pain medicine • seizures • stomach cramps
Side effects that usually do not require medical attention: • aches and pains • diarrhea • fever or chills • irritable, nervous, restless • nausea, vomiting • runny nose • sweating • trembling • weak

This list may not describe all possible side effects: Call your doctor for medical advice about side effects.

YOU MAY REPORT SIDE EFFECTS TO FDA AT 1-800-FDA-1088.

What should I watch for while using this medicine? You should carefully monitor the person you give this medicine to while you are waiting for help. They should not stand or sit up quickly, especially if they are an older patient.

Where should I keep my medicine? Store at room temperature.

NOTE: This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

To reach the consultant Pharmacist for PHD call 1-800-254-4689
(during normal business hours).

Rev: 11-15-16 GG/LD/DZ/CN

**PUBLIC HEALTH DIVISION
ACKNOWLEDGEMENT AND RECEIPT OF NEW/REVISED CLINICAL PROTOCOL**

PROGRAM/BUREAU: Hepatitis and Harm Reduction Program (HHRP), Infectious Disease Bureau – February 2019

CLINICAL PROTOCOL TITLE: Overdose Prevention and Education (OPE)

I have reviewed the document listed above and I approve it for practice in ____ Region.

Regional Director	_____	Date:	/	/
Regional Health Officer	_____	Date:	/	/
Regional DNS	_____	Date:	/	/
Regional DNS	_____	Date:	/	/

I have received, reviewed, and will follow this Clinical Protocol and its Standing Orders. Staff (Clinicians, PHNs, DPSs, etc.):

Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/
Name:	_____	Date:	/	/

Each clinician and PHN must review the document mentioned above and sign this sheet (use additional sheets as necessary). The Nurse Manager will retain the signed copy(ies) of this sheet at the clinic and submit the original(s) to the Director of Nursing Services.