

Frequently Asked Questions (FAQ): Intramuscular Naloxone Administration in AHS Settings

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1. Is there a policy and procedure for intramuscular (IM) administration of naloxone in the event of a suspected opioid poisoning (overdose)?
 - Yes, the *Naloxone Administration: Suspected Opioid Poisoning (Overdose)* policy suite provides direction for the administration of naloxone in an emergency situation without an authorized prescriber's order. If an authorized prescriber is available, an order can be obtained, provided this can be accomplished in a timely manner.
 - The *Intramuscular Naloxone Administration: Suspected Opioid Poisoning (Overdose)* Procedure supports the intramuscular (IM) administration of naloxone.
 - Staff authorized to perform IM injections may administer naloxone via the IM route without an order in the event of suspected opioid poisoning. Other staff are supported to

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respond when a health care professional authorized to perform the restricted activity of IM injection is not immediately available.

- Supervised Consumption Services (SCS) and Injectable Opioid Agonist Treatment (iOAT) Programs are exempt from this policy. These programs follow their own program policy and procedure as they have additional requirements and staff receive additional training on responding to suspected opioid poisonings.

2. How do programs/settings implement the policy suite?

- Site/program leadership shall:
 - 1) Assess the risk of opioid poisoning in their care setting.
 - 2) Assess the availability of resources to respond to a suspected opioid poisoning, including:
 - a) Naloxone and response supplies; and
 - b) Staff training to administer naloxone in their work setting.
 - 3) Establish a first response plan that is communicated to staff accordingly, so that all staff are aware of their roles and responsibilities.
 - 4) Support staff as needed to complete the required training.
 - 5) Obtain naloxone based on the risk assessment.

3. Who can administer intramuscular (IM) naloxone for suspected opioid poisoning (overdose) within AHS?

- Intramuscular (IM) injection is a restricted activity as per the [Government Organization Act](#). In AHS settings, IM injections are performed by a health care professional authorized under the [Health Professions Act](#).
- The *Naloxone Administration: Suspected Opioid Poisoning (Overdose)* procedure enables staff authorized to perform IM injections to administer naloxone by IM injection in the event of suspected opioid poisoning.
- Other staff are supported and allowed to respond when health care professionals are not available, so as to prevent unacceptable delays in treatment. Training would be provided to other staff who may choose to respond.
- The administration of naloxone for the treatment of opioid poisoning in situations not considered part of a person's day-to-day work responsibilities is not an organizational expectation; however, this policy suite is intended to support staff to act/respond in the event they encounter a suspected opioid poisoning while at work.

4. Do I require an order to administer injectable naloxone?

- In an emergency situation with a suspected opioid poisoning, an order to administer naloxone is not required.
- If an authorized prescriber is available, an order can be obtained, provided this can be accomplished in a timely manner.

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5. Am I supported by my licensing body to administer naloxone for suspected opioid poisoning (overdose)?

- Individual health care professionals are encouraged to check with their regulatory body or contact the AHS Health Professions Strategy and Practice, Professional Practice Consultation Services (PPCS): practice.consultation@ahs.ca for clarification.

6. How do I get trained to administer naloxone?

- Program areas will determine and implement required staff training, as needed. This will be based on a risk assessment and a first response plan to suspected opioid poisoning.
- Designated staff may complete education available to support their knowledge, skills, and abilities to safely administer injectable or nasal naloxone as applicable.
- Resources are available on MyLearningLink (“Community Based Naloxone” e-Learning module) and at www.ahs.ca/naloxone.
- Further resources are being developed.

7. What are recommended naloxone education components and additional supports?

- Recommended minimum education components include:
 - 1) Prevention of opioid poisoning
 - 2) Recognizing the signs and symptoms of an opioid poisoning.
 - 3) Responding to an opioid poisoning, including:
 - a) Calling 911 and/or activating workplace emergency response
 - b) Rescue breathing and CPR, if required
 - c) How to administer naloxone (intramuscular injection or nasal as applicable)
 - d) Evaluating the effects of naloxone
 - e) Post-opioid poisoning follow-up and care
 - f) Safety for the health care provider
 - g) Naloxone storage
- Programs can consider additional support for designated personnel such as:
 - CPR
 - Basic First Aid
 - Training using opioid overdose simulation and practice events
 - Non-Violent Crisis Intervention®
 - Infection, Prevention & Control and Workplace Health & Safety expectations (e.g., personal protective equipment, chemical hazards)

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8. Can I administer naloxone for suspected opioid poisoning (overdose) if I have not taken the training?

- Based on risk assessment and their first response plan to suspected opioid poisoning, program areas will determine and implement required staff training, as needed.
 - Program areas should develop an ongoing plan (e.g., communication, in-services, staff meetings) to ensure that staff are supported to respond to a medical emergency. This may include the administration of naloxone in response to a suspected opioid poisoning.
 - Health care professionals may complete education available to support their knowledge, skills, and abilities to safely administer naloxone via IM injection.

9. Why is the vastus lateralis muscle used for IM administration of naloxone? Are there any other sites appropriate for administration?

- IM administration of naloxone into the vastus lateralis muscle (mid outer thigh) is the recommended site because the rate of absorption in this muscle is far quicker (on average 8 minutes), as the vasculature is much richer, compared to the deltoid muscle (which has an average rate of absorption of 34 minutes).
- Alternate sites for IM injection (if the vastus lateralis is not accessible or appropriate for the patient) include the deltoid (upper outer arm) or ventrogluteal muscle.

10. What are other supportive measures staff should take when responding to suspected opioid poisoning (overdose)?

- The most important thing you can do to help someone who is in a state of suspected opioid poisoning is to call for emergency support and provide rescue breaths or CPR as needed. Follow site emergency response processes based on your scope and competency.

11. What if the person does not want to go to the hospital after experiencing a suspected opioid poisoning (overdose)?

- If the person required naloxone to respond and reverse signs of respiratory depression, ensure you advise them of the following:
 - Opioid poisoning and central nervous system depression is an emergency.
 - Immediate medical attention is needed (ideally EMS should transport them to the nearest Urgent Care Centre or Emergency Department) as they may be at risk of a rebound poisoning and further doses of naloxone may be required and a need for further monitoring.
- If this is a patient, document in the health record all interventions and the patient's response, and their decision regarding immediate medical attention.

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12. What should I do after an event? How do I report and document an event?

- The AHS [First Response To A Medical Emergency In Common Areas Inside Of An AHS Facility Or Outside Within Close Proximity Policy](#) outlines the expectations for sites, each AHS facility will have processes for managing a medical emergency in common areas inside and outside within close proximity, included in this will be the process for documentation of responses to medical emergencies.
- For admitted patients, document in the health record and follow reporting processes.
- For all individuals who are not under your direct care (e.g., member of public who is not a patient), follow the Facility process as required by the AHS *First Response To A Medical Emergency In Common Areas Inside Of An AHS Facility Or Outside Within Close Proximity Policy*.
- As applicable, complete incident reporting as per internal program reporting process (e.g., Protective Services, Reporting and Learning System).
- As applicable, complete an AHS MySafetyNet report on Insite to comply with workplace health and safety reporting (e.g. injury at work, blood or bodily fluid exposure, drug exposure).

13. How do programs/settings access injectable naloxone for administration for suspected opioid poisoning (overdose)?

- Programs areas that receive medications from AHS Pharmacy Services can obtain injectable naloxone through the same process.
- For programs areas that do not obtain medications from AHS Pharmacy Services, please email AHS.PharmacyProcurementandInventory@albertahealthservices.ca to discuss options available to access injectable naloxone.

14. If my site does not have naloxone in stock, and we have a suspected opioid poisoning in our practice area, can we use the Community Based Naloxone Kit to provide a rapid response?

- In the event of a suspected opioid poisoning, if you do not have access to naloxone, call 911 or activate your emergency response protocols per your setting and follow the directions of the operator or your outlined first response plan.
- There could be a circumstance in which a Community Based Naloxone Kit is immediately available for use and staff may be able to respond quickly (e.g., person found in a stairwell with a CBN kit available from another responder). If a Community Based Naloxone Kit is available in such circumstances, it can be used. The intention of the policy is to remove barriers for staff to respond to a suspected opioid overdose.

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15. Who can I contact if I have more questions?

- For practice questions, contact the AHS Health Professions Strategy and Practice, Professional Practice Consultation Services (PPCS): practice.consultation@ahs.ca
- For more information about naloxone, contact the AHS Harm Reduction Services Team at harm.reduction@ahs.ca

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