Frequently asked questions

Intramuscular naloxone administration for suspected opioid poisoning in AHS workplace settings

This document provides guidance on intramuscular (IM) naloxone administration for suspected opioid poisoning for Alberta Health Services (AHS), Recovery Alberta and other applicable former-AHS organization staff.

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Alberta Health Services

1. What is naloxone?

Naloxone is a fast-acting medication, classified as an opioid antagonist, used to temporarily reverse the effects of opioid poisoning, including symptoms of respiratory and/or central nervous system depression. Naloxone will displace opioids and bind to the same receptors that opioids bind to in the brain and nervous system. Naloxone will only act on opioid receptors and will have no effect or ability to reverse poisoning from drugs that are not opioids (e.g., stimulants, benzodiazepines, psychedelics).

Naloxone by itself is not harmful, but for individuals who have opioid dependence, naloxone may cause withdrawal symptoms, which include pain, muscle aches, agitation, anxiety, nausea/vomiting, diarrhea, runny nose and watery eyes, dilated pupils and chills. Withdrawal can be extremely uncomfortable and painful. It is important to wait 2 to 3 minutes between doses of naloxone and provide rescue breathing in between doses to minimize risk of precipitating withdrawal.

If a person is experiencing suspected poisoning from polysubstance use (multiple drugs), naloxone may help with reversing opioid effects, if opioids were taken. This may present new signs of poisoning from other psychoactive substances once the opioid effects are reversed. Emergency support should be engaged when responding with naloxone as individuals must be monitored closely and observed closely for changes in their condition.

2. Is there a policy and procedure for IM administration of naloxone in the event of a suspected opioid poisoning at AHS?

The Naloxone Administration Policy Suite provides direction for the administration of naloxone for suspected opioid poisoning without an authorized prescriber's order within AHS workplace settings. The policy suite applies to the intranasal and IM routes of administration for naloxone.

Some programs may have specific opioid poisoning response protocols, procedures or processes that include more interventions. These programs should follow their own program processes as they have additional requirements and training on responding to suspected opioid poisoning.

3. Which programs/settings can administer IM naloxone for suspected opioid poisoning?

All programs/settings may choose to administer IM naloxone to respond to suspected opioid poisoning. The Alberta government signed Ministerial Order 702/2023 to permit more workers to administer injectable naloxone as part of their job duties, provided they

are trained, and their site meets the requirements. This change means that, in addition to regulated professionals, other authorized workers can perform this task. More information on this can be found at Workers administering injectable naloxone. All AHS programs are encouraged to consider the risk of suspected opioid poisoning in their settings when developing first response plans.

4. How do we procure injectable naloxone for suspected opioid poisoning?

Injectable naloxone for IM administration can be ordered as vials or ampoules from AHS Pharmacy Services or 'red naloxone kits' from Contracting Procurement and Supply Management (CPSM). If a program/setting already procures medications from AHS Pharmacy Services, they will order their naloxone in the same manner. To assemble a kit, they can place an order for the other first response supplies (e.g., CPR mask, gloves, alcohol pads, syringes) via CPSM. This expense will come from your program budget.

Red naloxone kits are intended only for programs/settings that do not order medications from AHS Pharmacy Services and operate in the community (e.g., Public Health, Home Care and Outreach programs). These pre-assembled kits are identical to the black community based naloxone kits but are intended **only for staff use**. Black community based naloxone kits are intended only for public use and are government funded.

Programs/settings looking for red naloxone kits may reach out to AHS Harm Reduction Services (HRS) by emailing harm.reduction@ahs.ca for the partially completed CPSM purchase order form. Programs need to provide their functional centres for tracking, but the cost will be covered by AHS Pharmacy Services and will not come from your program budget. If you are unsure if your setting is eligible for red kits, contact AHS Pharmacy Services at AHS.PharmacyProcurementandInventory@ahs.ca.

5. Is a red naloxone kit different from a black community based naloxone kit?

Red naloxone kits have the same contents as the black community based naloxone kits distributed by the Community Based Naloxone Program. The only difference is the colour and intended use of the kits. Red kits are intended for AHS programs and are paid for by AHS to use as part of AHS workplace duties. Black community based naloxone kits are funded by the Government of Alberta for public use (i.e., not workplace use). In the event of suspected opioid poisoning in the workplace, call 911 or activate your emergency response protocols per your setting and follow the directions of the operator or your outlined first response plan. If no red kits or other naloxone for workplace use is available to respond, you may use a black community based naloxone kit if the first response process or 911 operator indicates a need for naloxone administration.

6. Who can administer IM naloxone for suspected opioid poisoning within AHS?

The administration of IM naloxone for suspected opioid poisoning is not considered part of a person's day-to-day work responsibilities and is not an organizational expectation; however, this policy is intended to support staff to act/respond in the event they encounter a suspected opioid poisoning while at work. The Naloxone Administration Policy Suite and Ministerial Order 702/2023 permit any worker who has been trained and authorised by their employer to respond to suspected opioid poisoning with injectable naloxone.

Program/site leaders will determine which staff should take training and be delegated as responsible for administering naloxone. This will be based on an assessment of the risk of individuals experiencing suspected opioid poisoning in their work settings and availability of resources to respond to a suspected opioid poisoning. Program/site leaders will ensure that staff responders are aware of their roles and responsibilities and prioritize everyone's safety.

7. Do I require an order to administer IM naloxone for suspected opioid poisoning?

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

8. Am I supported by my licensing body to administer IM naloxone for suspected opioid poisoning?

Administration of IM naloxone for emergency situations in workplaces is now permitted in Alberta by Ministerial Order 702/2023. Workers with training and authorization by their employers may administer injectable naloxone as part of their job duties. This change means that, in addition to regulated professionals, other authorized workers can perform this task. More information on this can be found at Workers administering injectable naloxone. The Naloxone Administration Policy Suite aligns with this Ministerial Order and has been reviewed and endorsed by AHS Health Professions Strategy and Practice (HPSP) and AHS Health Law. Individual health care professionals may check with their regulatory body or contact the AHS HPSP Professional Practice Consultation Services for additional questions.

9. How do I get trained to administer IM 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.

Recommended minimum education components include: prevention of opioid poisoning, recognition of signs of opioid poisoning, activation of emergency response or calling 911, rescue breathing and CPR (as required), preparation and administration of naloxone dose, evaluation of effects of administration, follow up care for the patient and responder, and storage of naloxone.

Designated staff should complete education available to support their knowledge, skills, and abilities to safely administer injectable naloxone. A learning module is available on MyLearningLink ("Community Based Naloxone (CBN) – Training for Kit Distribution") for designated staff who may administer injectable naloxone and also distribute community based naloxone kits to the public. Additional information and education can be found on the Naloxone Resources page.

10. Can I administer IM naloxone for suspected opioid poisoning if I have not taken the training?

The policy requires staff who have been designated to respond to suspected opioid poisoning in the workplace setting to complete training; however, should staff encounter someone experiencing a suspected opioid poisoning without a designated responder available, anyone may respond and administer injectable naloxone in order to avoid a delay in emergency response, if they have been previously trained and have the capacity to do so. The first response process should be engaged and care transferred to the responding team or persons.

11. What are the acceptable IM injection sites for naloxone?

The vastus lateralis (middle outer thigh) muscle is the recommended IM injection site for naloxone. The rate of absorption in this muscle is quicker (on average 8 minutes) due to its vasculature 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 (specific site on side of hip). In the event of an emergency and difficulty accessing bare skin, injection through clothing into the vastus lateralis muscle may be considered the only option.

12. What should I do after administering IM naloxone to respond to suspected opioid poisoning?

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, including 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. Complete required reporting as per internal program reporting process (e.g., Protective Services, Reporting and Learning System), if applicable. Complete a MySafetyNet report to comply with Workplace Health and Safety reporting (e.g. injury at work, blood or bodily fluid exposure, drug exposure), if applicable. Lastly, complete the Red Kit Usage Survey in order to inform future policy updates.

13. What are other supportive measures staff should take when responding to suspected opioid poisoning?

The most important thing you can do to help someone who may be experiencing opioid poisoning is to call 911 or engage your first response processes at your AHS workplace setting. Follow your response processes based on your scope and competence. Provide rescue breaths or CPR as needed. Approach the situation in a trauma-informed manner. Give the person space and reassurance when they regain consciousness. Explain to them what happened and ask for consent before future interventions. Give them information they need to be able to make sense of what happened and what to do next to stay safe.

14. If my site does not have injectable naloxone in stock and we have a suspected opioid poisoning in our practice area, can we use a community based naloxone kit to respond?

In the event of a suspected opioid poisoning, if you do not have access to naloxone intended for workplace use, 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 an injectable 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 community based naloxone 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 poisoning and prevent death or further harm.

15. How should we store injectable naloxone?

Injectable naloxone should be kept away from light and between 15° and 30°Celsius. Studies have been done testing effectiveness of naloxone exposed to extreme temperatures. If these conditions can't be met, be aware that naloxone exposed to high heat (up to 54°C) or extreme cold (as low as -6°C) can lose some effectiveness, but may still help reverse opioid poisoning.

Do not store naloxone outside or in places with extreme temperature changes, like in a car. Kits exposed to temperatures above 30°C or below 15°C should be replaced. However, if this is the only naloxone available during a suspected opioid poisoning, it should still be used. For more details, see the Injectable Naloxone Storage Recommendations.

16. What does a program do with expired injectable naloxone?

Naloxone expiries should be checked regularly as part of the Workplace Health and Safety assessments. Expired naloxone kits can often be repurposed. Here are your options for handling expired naloxone kits:

- Discard items: naloxone vials can be returned to a pharmacy or disposed of in a sharps container with syringes, while the rest of the kit can be disposed of in regular waste bins.
- Reuse items: entire kits can be reused for training purposes, or separate components can be used for training or as back up supplies (if not used). Training kits should always be labelled clearly so that they are not mistakenly used for emergencies (e.g., "EXPIRED – FOR TRAINING ONLY")

Do not dispose of expired doses until replacement doses have been received as expired naloxone may still be effective to use if new doses are not available. Expired Naloxone Kits goes over more information on what to do with expired kits.

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

For practice questions, contact the AHS HPSP Professional Practice Consultation Service by emailing practice.consultation@ahs.ca. For more information about naloxone, contact AHS Harm Reduction Services at harm.reduction@ahs.ca.