

## Frequently Asked Questions (FAQ): Naloxone Basics for Suspected Opioid Poisoning (Overdose) within AHS Settings

1. [What is naloxone?](#)
2. [Can naloxone cause harm or be misused?](#)
3. [Who can administer naloxone?](#)
4. [Is naloxone the primary treatment for suspected opioid poisoning for patients?](#)
5. [What if I administer naloxone to a patient and it turns out they have not overdosed on opioids?](#)
6. [How should naloxone be stored?](#)
7. [Who can I contact if I have more questions?](#)

### 1. What is naloxone?

- Naloxone is a fast-acting medication used to temporarily reverse the effects of an opioid poisoning (overdose), including symptoms of respiratory and/or central nervous system depression.
- Naloxone is classified as an opioid antagonist.
- Naloxone occupies 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 or overdoses from drugs that are not opioids (e.g., stimulants, benzodiazepines, psychedelics).

### 2. Can naloxone cause harm or be misused?

- Naloxone is a very safe drug. Naloxone has no effect on someone who has no opioids in their system. Naloxone only works to block/reverse the effects of opioids. It does not cause anyone to feel intoxicated.
- For individuals who are dependent on opioids, naloxone may cause them to go into withdrawal, which they may experience as pain, muscle aches/cramping, agitation, anxiety, nausea/vomiting, diarrhea, runny nose and watery eyes, dilated pupils, and chills. Withdrawal can be extremely unpleasant.

### 3. Who can administer naloxone?

- 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.
- Program areas must work with their senior leadership and AHS Pharmacy Services to seek approval for the use of nasal naloxone.

#### 4. Is naloxone the primary treatment for suspected opioid poisoning for patients?

- No. The first-line treatment for opioid poisoning is supportive care, such as maintaining a clear airway, supporting ventilations and administering oxygen. Naloxone administration takes place after these priorities have been managed.

#### 5. What if I administer naloxone to a patient and it turns out they have not overdosed on opioids?

- Naloxone by itself is not a dangerous medication, so there is minimal risk. However, if the person is experiencing a poisoning on multiple types of drugs, when the naloxone reverses the effects of the opioids, other drugs may then cause different symptoms that the opioids were potentially masking or inhibiting.
- Individuals must be monitored closely following receiving naloxone and responders need to be observant for changes in their condition.

#### 6. How should naloxone be stored?

- Injectable naloxone should be stored between 15°C and 30°C and protected from light. If your naloxone has been exposed to prolonged temperatures over 30°C or under 15°C, you should replace it when able.
- Nasal naloxone should be stored between 15°C and 25°C and protected from light. Keep it in the box until ready to use. If naloxone has been exposed to prolonged temperatures over 40°C or under 15°C, you should replace it when able.
- However, if this is the only naloxone available in the event of a suspected opioid poisoning, it will likely still help to reverse an opioid poisoning. Ensure you have implemented your first response plan (e.g., Emergency Medical Services, a Code Team, Rapid Response Team or other Emergency team) and providing ventilation (rescue breaths) while you wait for help to arrive.

## 7. 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](mailto:practice.consultation@ahs.ca)
- For more information about naloxone, contact the AHS Harm Reduction Services Team at [harm.reduction@ahs.ca](mailto:harm.reduction@ahs.ca)

[Back to Questions](#)