



FOR YOUR INFORMATION

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Issue 23-14

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NALOXONE PROCEDURE

Overview:

The treatment of persons with opioid overdose is now integral to proactive healthcare in the U.S. The Department of Children and Family Services regularly support children and families who are at risk, and having front line workforce trained and equipped with over the counter (OTC) naloxone, the drug that reverses opioid overdose, will save lives.

Procedure:

Opioid Overdose and Naloxone Training is offered to volunteer staff and is not mandatory.

Any staff person volunteering to administer or distribute Naloxone will undergo the [training](#) at least one time every 24 months. All records of regular training will be maintained in the learning management system.

Staff volunteering should be trained to recognize signs and symptoms of opioid overdose, including:

- pallor
- clammy skin
- cyanosis (turning blue)
- decreased or loss of consciousness
- vomiting
- slow, irregular, or no heartbeat or breathing

In addition, staff volunteering should also assess, and if warranted, oversee that children and families at risk have Naloxone available. Candidates for Naloxone include those who:

- have active opioid use disorder
- take opioids for long term management of chronic pain
- have been discharged from health systems following opioid poisoning or intoxication
- have previous use of opioids and have had a period of abstinence

If Naloxone is provided directly to families, workers should record in the inventory log its distribution, lot number, and expiration date. When volunteer staff give Naloxone to families, staff will review the instructions inside the naloxone box and/or FAQ pamphlet, and provide an educational video to the family or guardian. County of Los Angeles Department of Public Health has a video to educate on opioid overdose and use of Naloxone. This [video](#) is available on YouTube and staff can use their county issued cell phones to share this video with the recipient of Naloxone. In addition, educational pamphlets will be stored with the Naloxone for distribution.



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An example of documentation by a worker may mirror the following: “Per protocol, Naloxone was supplied directly to the family, education and Naloxone box instructions were provided to the family, including link with the video created by Department of Public Health.”

Record Keeping of Naloxone:

Naloxone will be ordered centrally through coordination with the Health Management Services Division Chief in the Bureau of Clinical Resource and Services. The distribution log will be regularly reviewed by the designated office manager (RASL, CSA I, Staff Assistant, etc.).

Office emergency doses must be stored with the Automated External Defibrillator (AED) and be inventoried and checked monthly similarly to inspection of AED equipment. Doses for Distribution to Clients should be handled similarly to cash card/token/pass distribution but it must include expiration date and lot number on the distribution log.

Location of Naloxone:

DCFS has distributed five (5) individual units that contained two (2) doses to each DCFS facility, including Administrative Offices. Naloxone is stored in the AED. Additional boxes will be provided on an ongoing basis. It is recommend that five be the minimum number to be stored with the AED.

Storage of Naloxone:

Naloxone medication, should be stored per manufacturer's instructions. It should be kept in its box until use, protected from light, and stored at room temperature (below 77° F). The medication should not be frozen or exposed to heat above 104° F.

Information about Naloxone:

Naloxone medication will be given at the order of the Medical Director of Department of Children and Family Services. Under California Civil Code § 1714.22 take-home Naloxone may be distributed and administered using a standing order, which again the Medical Director will issue. Naloxone is Federal Drug Administration approved for all ages, and there are no distribution restrictions based upon age.

Administering Naloxone:

It is recommended that staff who have completed the voluntary training should administer naloxone. Instructions are included in the naloxone box/package. Only staff who have completed voluntary training may distribute naloxone to at-risk families, so they can have it on hand in case of an overdose outside of a DCFS facility. Staff who have completed voluntary training should review with families how to recognize signs/symptoms of opioid overdose, proper use of naloxone, activation of emergency management services, and what happens afterwards.

A training certificate can be printed from the DCFS learning management system and should be provided when requesting a box of Naloxone.

In the event of a suspected opioid overdose on the premises, staff should call 911 and at the same time attempt to arouse the person first by shouting and if still unresponsive then with painful stimulus like sternal rub – hand balled into fist and knuckles rub against chest plate – or pressing nailbed – compressing the nailbed between one’s thumbnail and index finger.



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Staff who have completed voluntary training will locate and administer naloxone per protocol. Per California Civil Code § 1714.22 staff who administers Naloxone and has received proper training who acts with reasonable care, in good faith, and without payment is not subject to civil action, criminal prosecution, or professional review. Additionally, Health and Safety Code § 1799.102 (California's Good Samaritan Law) protects persons who in good faith renders emergency medical or nonmedical care at the scene of an emergency.

The dose of intranasal Naloxone for all ages is 4 mg. Typically, intranasal Naloxone is dispensed in a box that contains two (2) doses – two (2) intranasal devices. Each intranasal device delivers 4 mg dosage and cannot be reused.

Age	Dose	Additional instructions
Neonate (under 1 month of age)	4 mg intranasal spray	If neonates responds but then respiratory depression returns, additional dose may be delivered in opposite nostril.
Infant to adult	4 mg intranasal spray	Additional spray in opposite nostril can be repeated in 2-3 minutes if no response.

If possible, the person with suspected opioid overdose should be prone, laying down (on one's back) with head aligned centrally and with chin thrust forward, so a hand may needed to support the person's neck. With the other hand, index and third finger on top of the intranasal device and thumb at the bottom, the intranasal device should be inserted into the nostril until index and third finger touch the bottom of the nose. Thumb depresses against the bottom of the intranasal plunger which the delivers the spray dosage of Naloxone.

If after first dose of Naloxone is administered, the person remains unconscious and not breathing, and personnel is trained in cardiopulmonary resuscitation (CPR), then personnel should initiate CPR. Personnel should follow medical emergency protocols, and contact emergency services (911).

Staff should observe the person closely for two (2) minutes and, if older than a neonate and still unconscious, administer another dose to the opposite nostril and continue CPR.

Most individuals respond with return of spontaneous breathing generally within two (2) – three (3) minutes of Naloxone administration. Afterwards, it is important that the person is not left alone as opioid effect may return. Personnel will await arrival of emergency personnel.

Documentation of medical emergency will follow department protocols, including the completion of the Security Incident Report (SIR), with notification to the Office of Emergency Management and Regional Administrator who will notify the BCRS Administrative Team.

Handling of Expired Naloxone:

Expiration dates of supplies are 12-24 months. A staff person designated by the office manager, (RASL, CSA I, Staff Assistant, etc.) will need to monitor as expiration dates are approaching. If the Department



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of Children and Family Services has expired Naloxone, then it should be disposed of per manufacturer's instructions. If the Department workers are asked about expired naloxone, workers should advise the family to obtain new naloxone over the counter or request it from their medical provider, but in the case of an opioid overdose, expired medication may still be used.

If you have any questions regarding this release, please e-mail your question to:

Policy@dcfs.lacounty.gov

(right click to open footer section and access link)



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