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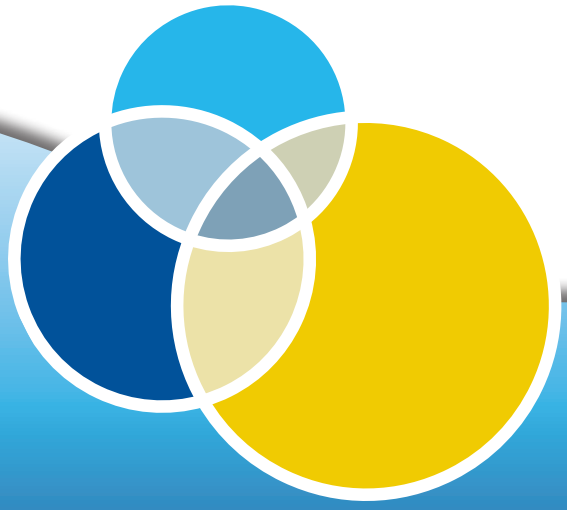
SUPERIOR HEALTH
Quality Alliance
Great Lakes Region

NURSING HOME
Naloxone Policy and Procedure Toolkit

This naloxone nursing home toolkit is intended to provide easy to adapt policies and procedures for nursing homes that need to implement or improve their emergency response to opioid overdose, which includes naloxone administration.



ACKNOWLEDGEMENTS

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INTRODUCTION

The Opioid Crisis in the United States has been fueled due to the availability of prescription and illicit drugs.

The Acting Secretary of the Department of Health & Human Services (HHS) declared a Public Health Emergency on October 26, 2017. The Centers for Disease Control and Prevention (CDC) has defined the opioid overdose crisis as arriving in three distinct waves: the first wave with an increase in deaths due to prescription opioids in the 1990s; the second wave due to increased deaths related to heroin beginning in 2010; and the third wave due to synthetic and illicitly manufactured fentanyl beginning in 2013. The number of drug overdose deaths increased by nearly 30% from 2019 to 2020 and quintupled since 1999. Provisional data from CDC's National Center for Health Statistics indicate there were an estimated 107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15% from the 93,655 deaths estimated in 2020.[1]

The State Operations Manual, Appendix PP Guidance to Surveyors for Long Term Care Facilities states that according to the Substance Abuse and Mental Health Administration (SAMHSA), opioid overdose deaths can be prevented by administering naloxone, a medication approved by the Food and Drug Administration to reverse the effects of opioids. The United States Surgeon General has recommended that naloxone be kept on hand where there is a risk for an opioid overdose. Facilities should have a written policy to address opioid overdoses.[2] The tag where compliance concerns are addressed may be found at F 697, §483.25(k) Pain Management:

The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.

According to a CMS memo regarding Mental Health/Substance Use Disorder (SUD), CMS has identified a need to improve guidance related to meeting the unique health needs of residents with mental health diagnoses and SUD. CMS clarified that when facilities care for residents with these conditions, policies and practices must not conflict with resident rights or other requirements of participation. They further clarified that facility staff should have knowledge of signs and symptoms of possible substance use, and are prepared to address emergencies (e.g., an overdose) by increasing monitoring, administering naloxone, initiating cardiopulmonary resuscitation (CPR) as appropriate, and contacting emergency medical services.[3]

This naloxone nursing home toolkit is intended to provide easy to adapt policies and procedures for nursing homes that need to implement or improve their emergency response to opioid overdose, which includes naloxone administration.

HOW TO USE THIS TOOLKIT

The goal of the Nursing Home Naloxone Workgroup was to provide easily accessible, customizable, naloxone policies, procedures, and education resources in a brief toolkit. This toolkit includes evidence-based recommendations for responding to opioid-induced respiratory depression. The example policies and procedures can be edited to meet the needs of your organization. These are suggested policies that you can select and/or modify when creating policies for your facility.

A variety of resources for additional information on topics including substance use disorder, risks associated with opioid use, and guidance on the prescribing of opioids for pain management are included in the Resource Section.

Polysubstance Use and the Use of Naloxone

This toolkit is intended to address opioid overdoses only. If naloxone doesn't work after multiple attempts, the loss of consciousness may be due to other drugs. An example: xylazine, a veterinary drug which is not an opioid and not currently known to be reversed by naloxone. The FDA recommends that health care professionals should consider potential xylazine exposure when patients presenting with an overdose do not respond to naloxone. In these situations, health care professionals should provide supportive measures and consider screening for xylazine using appropriate tests. More information is available about xylazine:

FDA warns about the risk of xylazine exposure in humans

Assessing Residents with Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD) and Risk for Opioid Use Disorder

Company/Facility	
[Company]	FACILITY LOGO
[Company Address]	

Policy			
Policy Name	Assessing Residents with Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression and Risk for Opioid Use Disorder	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	Nursing
Applicable Regulations or Standard	Appendix PP, State Operations Manual, F 697, §483.25(k) Pain Management		
Administrator Signature		**Contact Information**	

Version History				
Version	**Approved By**	**Revision Date**	**Description Of Change**	**Author**

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Nursing, authorized staff

Policy

All residents with new opioid orders and not on a comfort measure only plan will be assessed for risk for overdose or serious opioid-induced respiratory depression using the RIOSORD Tool and for risk for opioid use disorder using the Opioid Risk Tool-Revised.

It is the responsibility of the facility/organization to ensure the policy aligns with all federal, state, and local agencies. This policy will be revised as required by updates or changes to federal, state, and local regulations and guidance.

Procedure

Nursing

1. Nursing will assess resident risk for opioid overdose or serious opioid-induced respiratory depression using the RIOSORD Tool (see attached "Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression"). The risk result will be documented and noted in the care plan. Residents with a risk score of > 32 should receive a resident-specific naloxone medication order, if consistent with the resident's goal of care. For all residents receiving opioids, the care plan will include the availability of naloxone standing orders or naloxone rescue emergency supply in the event of opioid-induced respiratory depression.
2. Nursing will assess resident risk for opioid use disorder using the Opioid Risk Tool-Revised (see attached "Opioid Risk Tool-Revised"). The risk result will be documented and noted in the care plan. Risk scores of ≥ 3 indicates high risk for opioid use disorder. The resident's medical provider will be notified of results.

Related Policies

- Naloxone Education and Competency
- Naloxone Emergency Drill
- Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedures
- Standing Order for Use of Naloxone for Residents, Staff, or Visitors

Directions for Completing RIOSORD and ORT-R Assessment Tools

Complete the following assessment tools whenever a new order for opioids has been initiated (unless resident is on a comfort measure only plan). Tally the results and follow the instructions in the above policy for who to notify, obtain any resident specific naloxone orders, and complete the required documentation in the resident care plan. File completed assessments in the medical record.

Morphine Milligram Equivalent Calculation/Conversion Chart (To be used to answer the RIOSORD tool. Not to be used for prescription conversions. Please discuss prescription conversions with attending physician or prescriber.) Adapted from: Overdose Prevention: Clinical care and Treatment (CDC)

Opioid	Conversion Factor
Codeine	0.15
Fentanyl Transdermal (in mcg/hr)	2.4
Hydrocodone	1
Hydromorphone	4
Methadone 1-20mg/day	4
21-40mg/day	8
41-60mg/day	10
>= 61-80mg/day	12

Opioid	Conversion Factor
Morphine	1
Oxycodone	1.5
Oxymorphone	3

Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression (RIOSORD)

Description	Y/N	Score
In the past 6 months, has the patient had a health care visit (outpatient, inpatient, or ED) involving:		
Opioid dependence?		15
Chronic hepatitis or cirrhosis?		9
Bipolar disorder or schizophrenia?		7
Chronic pulmonary disease? (e.g., emphysema, chronic bronchitis, asthma, pneumoconiosis, asbestosis)		5
Chronic kidney disease with clinically significant renal impairment?		5
Active traumatic injury, excluding burns? (E.g., fracture, dislocation, contusion, laceration, wound)		4
Sleep apnea?		3
Does the patient consume:		
An extended-release or long-acting (ER/LA) formulation of any prescription opioid or opioid with long and/or variable half-life? (e.g., OxyContin, Oramorph-SR, methadone, fentanyl patch, levorphanol)		9
Methadone? (Methadone is a long-acting opioid, so also write Y for “ER/LA formulation”)		9
Oxycodone? (If it has an ER/LA formulation [e.g., OxyContin], also write Y for		
“ER/LA formulation”)		3
A prescription antidepressant? (E.g., fluoxetine, citalopram, venlafaxine, amitriptyline)		7
A prescription benzodiazepine? (e.g., diazepam, alprazolam)		4
Is the patient’s current maximum prescribed opioid dose:		
>100 mg morphine equivalents per day?		16
50-100 mg morphine equivalents per day?		9
20-50 mg morphine equivalents per day?		5
In the past 6 months, has the patient:		
Had 1 or more ED visits?		11
Been hospitalized for 1 or more days?		8
Total Score		

Opioid-Induced Respiratory Depression (OIRD) Probability Based on Calculated Risk Index	
Score	**OIRD Probability (%)**
0-24	3
25-32	14
33-37	23
38-42	37
43-46	51
47-49	55
50-54	60
55-59	79
60-66	75
≥67	86

Adapted from: Zedler B, Xie L, Wang L et al. Development of a Risk Index for Serious Prescription Opioid-Induced Respiratory Depression or Overdose in Veterans' Health Administration Patients. Pain Medicine. Jun 2015. 16;1566-1579.

Assessment Completed by: _____Date_____

Opioid Risk Tool - Revised (ORT-R)

The revised ORT has clinical usefulness in providing clinicians a simple, validated method to rapidly screen for the risk of developing OUD in patients on or being considered for opioid therapy.

Tool – OUD (ORT-OUD)

This tool should be administered to patients upon an initial visit prior to beginning or continuing opioid therapy for pain management. A score of 2 or lower indicates low risk for future opioid use disorder; a score of >/= 3 indicates high risk for opioid use disorder.

History of Substance Use/Psychological Disease		
Mark Each Box That Applies	**Yes**	**No**
Family history of substance abuse		
Alcohol	1	0
Illegal drugs	1	0
Rx drugs	1	0
Personal history of substance abuse		
Alcohol	1	0
Illegal drugs	1	0
Rx drugs	1	0
Age between 16-45 years	1	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	1	0
Depression	1	0
Scoring total		

Cheatle, M, Compton, P, Dhingra, L, Wasser, T, O'Brien, C. (2019) Development of the Revised Opioid Risk Tool to Predict Opioid Use Disorder in Patients with Chronic Nonmalignant Pain The Journal of Pain 0 (0) 1-10. Available online: https://www.jpain.org/article/S1526-5900(18)30622-9/fulltext Accessed June 10, 2019.

Naloxone Education and Competency Policy and Procedures

Company/Facility	
[Facility]	FACILITY LOGO
[Company Address]	

Policy			
Policy Name	Naloxone Education and Competency Policy and Procedures	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	Nursing
Applicable Regulations or Standard	Appendix PP, State Operations Manual, F 697, §483.25(k) Pain Management		
Administrator Signature		**Contact Information**	

Version History				
Version	**Approved By**	**Revision Date**	**Description Of Change**	**Author**

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Nursing, authorized staff

Policy

All nursing home staff will receive naloxone education and competency assessment upon hire and annually. This includes consultants and vendors as indicated. It is the responsibility of the facility/organization to ensure the policy aligns with all federal, state, and local agencies. This policy will be revised as required by updates or changes to federal, state, and local regulation and guidance.

Procedure

Facility

1. Naloxone education and competency assessment will be performed during orientation and annually.

Nursing

1. Nursing Staff Development will track facility staff education and naloxone administration competency assessments.
2. Educational content will include:
   a. All policies and procedures related to opioid-induced respiratory depression and naloxone use.
   b. Naloxone competency assessment. A training kit which includes a naloxone nasal spray demonstration device which DOES NOT contain active drug can be ordered from: https://www.narcan.com/healthcare-professionals/narcan-educational-kit-form/
3. Training Process
   a. Complete free web-based training: Long Term Care Overdose Response Training.
   b. Staff attest to completion of web-based training and reading and understanding all policies and procedures related to opioid-induced respiratory depression.
   c. Staff naloxone administration competency is assessed by nursing staff development or supervisory nurse and documented (see attached “Naloxone Administration Competency Assessment”).

Related Policies:

- Assessing Residents with Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression and Risk for Opioid Use Disorder
- Naloxone Emergency Drill
- Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedures
- Standing Order for Use of Naloxone for Residents, Staff, or Visitors

Naloxone Administration Competency Assessment

Employee Name:_____Date: _____

Competency Assessment		
Competency Criteria	**E = Explained and/ or O = Observed (select all applicable answers)**	**Competent? (select one answer)**
1. Opioid-induced respiratory depression is potentially life-threatening. It may be identified by: loss of consciousness, difficult to arouse, no response to physical stimuli, respiratory rate < 10/min.	E O	Yes No
2. A person experiencing an opioid overdose usually will not wake up even if the name is called or may not respond to sternal rub.	E O	Yes No
3. If a person is experiencing suspected opioid-induced respiratory depression, use intramuscular or nasal naloxone.	E O	Yes No
4. Demonstrate how to administer naloxone IM 0.4mg.	E O	Yes No
5. Demonstrate how to administer naloxone IN 4mg.	E O	Yes No
6. Check to ensure person is not allergic to naloxone before administering it (if information is available)	E O	Yes No
7. Initiation of Emergency Response protocol/calling 911 is step one.	E O	Yes No
8. If breathing stops, initiate CPR.	E O	Yes No
9. Nurse obtains naloxone from the nearest emergency medication kit, or Automated Dispensing Machine or medication cart, if ordered for resident specifically.	E O	Yes No
10. If the person responds, position them on their side in recovery position.	E O	Yes No
11. Once resident is transported to hospital, notify the pharmacy that the naloxone needs to be replaced, document administration and results, and debrief per policy and procedures.	E O	Yes No
12. Always follow the naloxone product manufacturer's instructions for administration.	E O	Yes No

Employee is competent in naloxone administration. (Select one) **Yes** **No**

Employee requires further education and training. (Select one) **Yes** **No**

Evaluator Signature and Title:_____

Comments: _____

Competency completion will be maintained in employee Education file or applicable file.

Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedures

Company/Facility	
[Facility]	FACILITY LOGO
[Company Address]	

Policy			
Policy Name	Naloxone Use for Opioid-Induced Respiratory Depression	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	All Departments
Applicable Regulations or Standard	Appendix PP, State Operations Manual, F 697, §483.25(k) Pain Management		
Administrator Signature		**Contact Information**	

Version History				
Version	Approved By	Revision Date	Description Of Change	Author

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Nursing, authorized staff

Policy

Upon a physician's medication order per resident or facility standing order, naloxone may be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors as indicated for the complete or partial reversal of suspected opioid-induced respiratory depression.

Identifying suspected opioid-induced respiratory depression:

- Person with recent inpatient hospitalization for suspected opioid overdose.
- Person with diagnosis of opioid use disorder.
- Person with history of opioid use or dependence, or diagnosed substance use disorder.
- Person with current prescribed opioid orders.
- Person with current prescribed opioid and benzodiazepine orders.
- Past opioid use and justice involved resident.
- Person with co-morbid diseases that may adversely affect respiratory status.
- Current or recent registrant of a methadone maintenance program, or a detox program.
- Visitor: Friends and family members of the above who may visit the resident and provide illicit or prescription opioids.
- Resident who frequently attempt to elope or leave the facility premises.

It is the responsibility of the facility/organization to ensure the policy aligns with all federal, state, and local agencies. This policy will be revised as required by updates or changes to federal, state, and local regulation and guidance.

Equipment

- Naloxone nasal spray, or naloxone solution for intramuscular injection.
- Medication administration record.
- Sterile syringe for intramuscular injection (if naloxone solution used).

Procedure

Facility

1. Naloxone injectable or intranasal formulation should be stocked in the emergency medication kit or automated dispensing machine (ADM) with at least 2 doses in each emergency medication kit or equivalent in the ADM.
2. All nursing home staff will be educated upon employment orientation and annually on Naloxone Use for Opioid-Induced Respiratory Depression, including participation in response drills, competency evaluations and applicable Good Samaritan law, federal, state and local regulations.

Medical Director

1. To prevent delay in treatment that may result in resident harm, shall approve standing orders (see, "Standing Order for Use of Naloxone") for the facility to allow administration of Naloxone by any licensed nurse to any resident, staff or visitor upon reasonable suspicion of opioid-induced respiratory depression, without having to first obtain a verbal or written order. Such reasonable suspicion shall be based on presentation of symptoms of opioid-induced respiratory depression as described in this policy and procedure.

Nursing or Authorized Staff

1. CALL 911 if opioid-induced respiratory depression/overdose is suspected. Activate Code Blue/Activate Emergency Response Protocol.
   - If resident/patient is receiving comfort only plan of care, hospice or end-of-life care, seek direction from the supervising nurse before initiating procedure.
2. Begin recovery breathing using bag valve mask/manual resuscitator (Ambu bag) and CPR if indicated.
3. Residents/individuals should meet the following criteria before naloxone is administered:
   - Suspected opioid-induced respiratory depression.
   - Loss of consciousness, difficult to arouse, or no response to physical stimuli.
   - Respiration rate <10/minute.
   - No documented allergy to naloxone (if information is available).
4. Administer naloxone in accordance with the procedures listed below depending on the product available for use (intranasal spray or intramuscular injection). In the event that manufacturer's instructions for administration differ from this policy, follow manufacturer's instructions.
5. Once naloxone is administered, turn individual on one side and stay with individual and continue to attempt to arouse.
6. Re-administer naloxone every 2-3 minutes if the individual does not respond or responds and then relapses into respiratory depression.
7. The effect of the opioid may outlast the effect of naloxone. Naloxone only lasts between 30-90 minutes, while the effects of the opioids may last much longer.
8. After event, perform the following:
   - Inform the responsible physician or physician extender, the administrator, the director of nursing, and the medical director.
   - Inform individual's representative/next of kin.
   - Document naloxone administration on the medication administration record.
   - Document the outcome of naloxone adminsitration in nursing notes and the condition of the resident upon emergency medical service transport.
   - Order replacement naloxone doses from pharmacy.
   - Conduct a debrief meeting with responders, administrator, director of nursing, and medical director, and the consultant pharmacist.

- Conduct an opioid-induced respiratory depression event root-cause analysis to determine precipitating event and opportunities for prevention/what could be done differently, including but not limited to:
  - Medication issue: ordering (e.g., drug-drug interaction, concentration issue), transcribing, dispensing, administering, documenting, monitoring, resident level issue.
  - Visitor supplying non-prescribed opioid.
  - Other (e.g., package delivery).

Procedures for administration of naloxone (Narcan®) nasal spray

1. Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle. Place individual in supine position, do not prime, insert the cone into the nostril, give short vigorous push into nostril.
2. Administer one dose of naloxone intranasally in 1 nostril.
   a. If the individual does not respond in 2 to 3 minutes, or responds and then relapses into respiratory depression, administer additional doses of naloxone nasal spray, using a new nasal spray with each dose.
   b. Additional doses of naloxone nasal spray may be given every 2 to 3 minutes until emergency medical assistance arrives.
3. See naloxone nasal spray full prescribing information: Food and Drug Administration. Narcan® Nasal Spray 4mg. Full Prescribing Information can be found here.

Procedure for administration of naloxone solution for intramuscular injection with standard syringe 0.4 mg/mL

1. Inspect vial for particulate matter or discoloration. Solution should be clear.
2. Intramuscular injection: Use 1-1 ½ inch needle for intramuscular injection. Inject deeply into anterolateral thigh or deltoid. Aspirate prior to injection to avoid injection into a blood vessel.
3. May be repeated every 2 to 3 minutes per maximum recommended dose. A maximum dose of up to 10mg has been used.
4. See naloxone solution for injection: Drugs.com. Naloxone Solution for Injection. Full Prescribing Information found here.

Related Policies:

- Assessing Residents for Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression and Risk for Opioid Use Disorder
- Naloxone Education and Competency
- Naloxone Emergency Drill
- Standing Order for Use of Naloxone for Residents, Staff, or Visitors

Resources:

Policy and procedure adapted from:

- ASCP Opioid Stewardship Toolkit – A Pharmacist's Guide for Older Adults © 2020 American Society of Consultant Pharmacists, "SAMPLE POLICY – Administration of Naloxone in the Long-Term Post-Acute Care Facility"
- Guardian Consulting, LLC, "Opioid Overdose Management/Use of Naloxone"
- Rivercare Consulting, LLC, "Treatment of Suspected Opioid Overdose and Use of Naloxone"

Standing Order for Use of Naloxone for Residents, Staff or Visitors Policy and Procedures

Company/Facility	
[Facility]	FACILITY LOGO
[Company Address]	

Policy			
Policy Name	Standing Order for Use of Naloxone for Residents, Staff or Visitors	**Policy No.**	
Effective Date		**Date Of Last Revision**	
Version No.		**Distribution**	All Departments
Applicable Regulations or Standard	Appendix PP, State Operations Manual, F 697, §483.25(k) Pain Management		
Administrator Signature		**Contact Information**	

Version History				
Version	**Approved By**	**Revision Date**	**Description Of Change**	**Author**

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Nursing, authorized staff

Policy

Upon a physician's medication order per resident or facility standing order, naloxone (Narcan®) may be administered by a licensed nurse or authorized staff to residents/patients/staff/visitors as indicated for the complete or partial reversal of suspected opioid-induced respiratory depression.

Identifying suspected opioid-induced respiratory depression:

- Person with recent inpatient hospitalization for suspected opioid overdose.
- Person with diagnosis of opioid use disorder.
- Person with history of opioid use or dependence, or diagnosed substance use disorder..
- Person with current prescribed opioid orders.
- Person with past opioid use and justice involved, resulting in reduced opioid tolerance from lack of use.
- Current or recent registrant of a methadone maintenance program, or a detox program.
- Friends and family members of the above who may visit the resident and provide illicit or prescription opioids.
- Resident who frequently attempt to elope or leave the facility premises.

It is the responsibility of the facility/organization to ensure the policy aligns with all federal, state, and local agencies. This policy will be revised as required by updates or changes to federal, state, and local regulation and guidance.

Procedure

Medical Director

1. In order to prevent delay in treatment that may result in resident, staff, or visitor harm, the Medical Director shall sign standing orders (see attached form: “Standing Order for Use of Naloxone for Residents, Staff, or Visitors”) for the facility to allow administration of Naloxone by any licensed nurse to any resident, staff, or visitor upon reasonable suspicion of opioid-induced respiratory depression, without having to first obtain a verbal or written order. Such reasonable suspicion shall be based on presentation of symptoms of opioid-induced respiratory depression as described in this policy and procedure.

Nursing

1. Upon signing the facility “Standing Order for Use of Naloxone for Residents, Staff, or Visitors”, the original shall be kept in the Administrator and Director of Nursing Policy and Procedure manual.
2. A copy of the standing orders shall be placed on each nursing unit in a location that is easily accessible, such as the Medication Administration Record Book or posted at the Nursing Station.

Related Policies

- Assessing Residents with Risk Index for Overdose or Serious Opioid-Induced Respiratory Depression and Risk for Opioid Use Disorder.
- Naloxone Education and Competency.
- Naloxone Emergency Drill.
- Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedures.

Standing Order for Use of Naloxone for Residents, Staff, or Visitors

Indication: Unresponsiveness and/or difficulty breathing due to suspected opioid-induced respiratory depression.

Exclusions, if known: Comfort care plan, hospice, or end-of-life care; known allergy to naloxone.

Order: Administer naloxone 0.4mg (0.4mg/ml) IM or naloxone nasal spray (4mg), repeat dose in 2 to 3 minutes for unresponsiveness or difficulty breathing, until individual is breathing (respiratory rate greater than 10). Initiate emergency medical response protocol (call 911) and transfer the individual to the hospital emergency department.

Medical Director Signature:_____

Date:_____

Suspected Overdose Drill

Company/Facility	
[Facility]	FACILITY LOGO
[Company Address]	

Policy			
Policy Name	Suspected Overdose Drill	Policy No.	
Effective Date		Date Of Last Revision	
Version No.		Distribution	All Departments
Applicable Regulations or Standard	Appendix PP, State Operations Manual, F 697, §483.25(k) Pain Management		
Administrator Signature		Contact Information	

Version History				
Version	**Approved By**	**Revision Date**	**Description Of Change**	**Author**

Accountable Leadership

Administrator, Medical Director, Director of Nursing, Consultant Pharmacist

Procedure Responsible Parties

Nursing, authorized staff

Policy

An overdose drill can help prepare staff to respond quickly and with confidence and potentially save a life. Announcing an Overdose Drill ahead of time may prevent panic, fear, and confusion so participants can practice the facility Suspected Overdose Response procedures with awareness and cooperation.

The facility will identify a Suspected Overdose Response team by role for each shift, to include at least one licensed nurse, and at least one, preferably two other staff members.

Recommendation is to conduct one Suspected Overdose Response drill at least annually and as needed.

Procedure

1. Plan a time and location for the drill. Advise staff and visitors in the area.
2. Conduct drill.
3. Complete a post drill review to capture successes and develop an action plan that incorporates lessons learned.

Suspected Overdose Response Drill

Before the Drill

1. Develop the overdose drill scenario.
   - When will the drill occur (choose a location where an overdose may occur)?
   - How will the alarm be called and what will it sound like?
   - Designate a staff member to play the role of the person who has overdosed and explain their role (unresponsive to intervention attempts).
   - Plan how you will proactively communicate the date, time, location, and purpose of the drill (e.g., to staff, residents around the drill location, and visitors). Include how you will proactively reassure observers during the drill.
2. Prepare staff for the drill.
   - Notify all staff, including administration and security, of the date, time and location of the drill, and review the overdose response plan.
   - Assign specific staff to roles and orient them to their task(s). Each task can be assigned to a different person.
   - Roles to be assigned:
     - Discoverer of an individual with a suspected overdose.
     - Individual experiencing the overdose.
     - Obtain naloxone training device/verbalize location and how to obtain actual naloxone and how to identify expiration date of naloxone.
     - Obtain crash cart/emergency supplies (e.g., CPR board, oxygen).
     - Call 911.
     - Meet fire/EMS at the door.
     - Use Ambu bag to support respiration, as needed.
     - Administer naloxone.
     - Provide crowd control.
     - Observer.
     - Person to facilitate and complete the Suspected Overdose Response Drill Debrief Form
   - Review *Tips for Overdose Reversal Using Naloxone.*

3. Gather equipment
    - Naloxone training kit.
    - CPR doll and board to be used to simulate administration of naloxone.

Conduct the Drill

1. Conduct the drill as planned and in accordance with the Naloxone Use for Opioid-Induced Respiratory Depression Policy and Procedures.

After the Drill (Use Suspected Overdose Response Drill Form)

- Debrief with the team and the person playing the overdose role together.
- What went well?
- What would you do differently?
- What needs improvement?
- Who will be responsible for follow-up actions, and by when?
- Develop/modify your Suspected Overdose Response plan.
- Provide additional education as needed.

Suspected Overdose Response Drill Debrief Form

Company/Facility			
Facility Name		Location of Drill	
Drill Leader		Drill Date/Time	
Person Completing this Form		Title	
Drill Participants			

Drill Debrief			
Use the following questions to debrief the drill, identify strengths and lessons learned and opportunities for improvement.	**Yes**	**No**	**N/A**
1. Were the overdose supplies easily located?			
2. Was someone designated to control on-lookers?			
3. Did the person designated to phone 911 know the site address?			
4. Was someone designated to do rescue breathing?			
5. Was the drill debrief conducted with all participants together?			
6. Did staff who participated in the drill have the knowledge/skills to respond to an overdose?			
7. Do staff who did not participate in the drill have the skills/knowledge to respond to an overdose?			

Lessons Learned
What went well?
What would we do differently the next time?
What opportunities for improvement were identified?
What are the next steps? Who is responsible? What are target dates?

Tips for Overdose Reversal Using Naloxone

Naloxone only works for an opioid overdose (e.g., morphine, fentanyl, oxycontin, Dilaudid, combination products with opioids, methadone, heroin) – NOT for non-opioid depressants (e.g., alcohol, benzodiazepines) AND if you are not sure what a person has taken, naloxone will not harm them.

Naloxone is light and heat sensitive. Do not store in vehicle.

RECOGNITION OF OPIOID OVERDOSE

Signs and Symptoms

- Unresponsiveness, fewer than 10 breaths per minute.
- Potential presentation of overdose may include:
  - Extreme muscle rigidity, seizures, or other uncontrolled movements.
  - Slow, shallow breathing.
  - Blue lips/fingernails.
  - Snoring/gurgling sound.

RESPONDING TO AN OPIOID OVERDOSE

Importance of Calling 911

- Medical interventions beyond what you can provide may be needed.
- The 9-1-1 operator can help walk through response including chest compressions, if needed.

Clear Airway and Ventilate

- Tilt head, lift chin up, plug nose, and make a seal over the mouth, giving ONE BREATH EVERY FIVE SECONDS THROUGHOUT THE RESPONSE UNTIL THE PERSON IS BREATHING AGAIN or until paramedics arrive.

Administer Naloxone

Customize this section to the type of naloxone in your facility, e.g.,

- Naloxone injection 0.4mg/mL given IM
- Naloxone autoinjector 5 mg/0.5mL (brand Zimhi) IM only
- Naloxone 4mg nasal spray
- Naloxone 8mg nasal spray (KloxxadoR)

Evaluate Effects for 3 Minutes and Administer Naloxone Again if Needed

- Continue breaths for 2 to 3 minutes OR until the person is breathing on their own again.
- If no response, after 2 to 3 minutes, administer a 2nd dose of naloxone
- Continue breaths until the person is breathing normally OR until paramedics arrive.
- Additional doses may be required.

Aftercare

- An overdose can be an out of control, frightening experience.
- Explain to the individual what happened– they may not recall what happened.

Selected Resources

Federal Government

- CMS State Operations Manual
- Brief overview of October 2022 revisions to CMS State Operations Manual Appendix PP
- DRUG MISUSE: Most States Have Good Samaritan Laws and Research Indicates They May Have Positive Effects Report to Congressional Committees. United States Government Accountability Office; 2021.

Life Support

- Adult Basic Life Support Algorithm for Healthcare Providers
- Opioid-Associated Emergency for Healthcare Providers Algorithm

Naloxone

- Naloxone Toolkit
- What You Need to Know About Naloxone

Opioid Crisis

- Understanding the Opioid Overdose Crisis
- The Centers for Medicare & Medicaid (CMS) discusses recognition of the opioid overdose epidemic and reference to its roadmap and strategy to address the opioid crisis
  - Ongoing emergencies & disasters
  - CMS Roadmap: Strategy to fight the Opioid Crisis

Pain/Opioid Guidelines

- The Society for Post-Acute and Long-Term Care Medicine (AMDA) opioid guidelines
- National Institute on Drug Abuse Benzodiazepines and Opioids
- Exposure-Response Association Between Concurrent Opioid and Benzodiazepine Use and Risk of Opioid-Related Overdose in Medicare Part D Beneficiaries
- Resources and Tools for Quality Pain Care

NOTE: These guidelines do not apply to individuals being treated for pain related to active cancer treatment, palliative care, and end-of-life care. Individual states also have initiatives and requirements related to opioid use for acute and chronic pain.

Understanding Substance Use Disorder

- Stigma and Discrimination | National Institute on Drug Abuse (NIDA) (nih.gov)
- Healthcare Worker's Feelings About People With Substance Use Disorders – Recovery Research Institute (recoveryanswers.org)
- Barriers for Elders with SUDs in Post–Acute Care (asaging.org)

Resources

1. CDC. U.S. Overdose Deaths In 2021 Increased Half as Much as in 2020 - But Are Still Up 15%. CDC. Published May 11, 2022. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/202205.htm.
2. State Operations Manual Appendix PP -Guidance to Surveyors for Long Term Care Facilities Transmittals for Appendix PP. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Appendix-PP-State-Operations-Manual.pdf; 2/3/23 edition, p.413.
3. Revised Long-Term Care Surveyor Guidance | CMS. www.cms.gov. https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and-memos-states-and/revised-long-term-care-surveyor-guidance. Accessed January 17, 2023.
4. Overdose Response Practice Drill. https://www.fraserhealth.ca/-/media/Project/FraserHealth/FraserHealth/Health-Topics/Mental-Health-Substance-Use/Fraser-Health-Overdose-Response-Practice-Drill-Toolkit-_-FINAL_2019.pdf?la=enrev=84bb5f44d0d247008b8316b976ae-5453hash=FBCB3589105BCF728B169954E19740E682CF65B3 Accessed January 17, 2023.

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