

Kennebec County



Sheriff's Department

Opioid Overdose and Naloxone

Administration

Student Manual



Training Rationale and Objectives

According to the federal Centers for Disease Control and Prevention, someone dies every 19 minutes from a drug overdose, and nearly three out of four prescription drug overdoses are caused by prescription painkillers. When prescription medication is no longer available, individuals often turn to illicit drugs, such as heroin.

In Maine new legislation authorizes Physicians to prescribe Naloxone to patients who are at-risk for an opioid-related overdose, or family members of patients who are at-risk for an opioid-related overdose. Additionally, the law allows law enforcement officers and municipal firefighters to administer Naloxone as clinically indicated if they have completed a training program authorized by Maine EMS. In many areas within Maine, law enforcement officers and emergency responders are likely to be the first on the scene with the potential to play a role in reversing an opioid overdose.

Equipping law enforcement officers in Maine with intranasal naloxone is highly desirable for the following reasons:

1. The life-saving benefits of naloxone in reversing opioid overdose are clearly documented;
2. These individuals are frequently the first to arrive at the scene of an overdose placing them in the best position to administer this time-sensitive, life-saving intervention;
3. Delay in administering naloxone can lead to avoidable death and injury;
4. EMTs who can administer naloxone do not always arrive on the scene quickly enough to reverse an overdose;
5. Administration of naloxone via nasal atomizer by emergency response staff has become standard in other states and cities;
6. Use of a nasal atomizer reduces the potential for occupational exposure to HIV and viral hepatitis via needle stick;
7. Intranasal naloxone has comparable efficacy to injected naloxone;
8. No negative health outcomes have been reported after years of experience in several states and cities.

Training Objectives:

By the end of this training, the student will be able to:

1. Identify the reasons that law enforcement should be aware of community naloxone programs;
 2. Explain the Law enacted to prevent accidental deaths from Drug Overdose;
 3. Identify the characteristics of an opioid overdose;
 4. Identify the steps in care of a person who has overdosed on an opioid; and
 5. Demonstrate how to use intranasal naloxone to treat an opioid overdose.
- *Thanks to the New York State Division of Criminal Justice Services for the development of the material on this page, and allowing its' use.*

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**Intranasal Naloxone
Administration Training Module
for Law Enforcement Officers and
Firefighters**

Approved by the Maine EMS Medical
Direction and Practices Board.


6/24/2014

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Objectives

- By the end of this course the participants will learn about intranasal naloxone and will be able to:
 - Recognize the signs and symptoms of an overdose
 - Be able to prepare and administer intranasal Naloxone
 - Identify the possible responses to intranasal Naloxone
 - Describe how continued support should be provided to the overdose victim


6/24/2014

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**5 MRSA § 2353.3
(effective 4/29/14)**

Law enforcement officers and municipal firefighters, *in accordance with their agency/municipality policies*, may administer *intranasal* naloxone as clinically indicated if the officer or firefighter has received medical training as adopted by the Medical Direction and Practices Board. (paraphrased)


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Agency/Municipal Responsibilities

- Establish a policy regarding administration of intranasal naloxone by law enforcement officers / firefighters, including:
 - Documentation of completion of MDPB approved training
 - Agency specific supplemental training
 - Agency specific policies/procedures/general orders

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When is intranasal Naloxone used?

- Bystanders should have contacted EMS (Dial 911) or sent for help and provided respiratory support (rescue breathing) to the best of ability.
- Use of intranasal Naloxone is for when the person is not responsive to reverse narcotic effects (opiates and opioids).
- Narcotics cause respiratory depression (slowed breathing), which causes low oxygen to the brain and may cause brain injury or death.
- An unresponsive person whose gag reflex is not fully functioning may vomit, which can then get into the lungs causing aspiration, which can lead to illness and possible death.
- Quickly reversing the overdose may save lives.

6/24/2014



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Opiates and Opioids

- Chemicals that act in the brain to:
 - Decrease feeling of pain
 - Decrease the reaction to pain
 - Provide comfort
- May be used for pain from injury or after having procedures done (surgery) or as part of long term care for cancer or other terminal diseases.
- Both opiates and opioids are often misused.

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Narcotics (opiates and opioids)

- Heroin
- Buprenorphine (Suboxone)
- Butorphanol (Stadol)
- Codeine
- Fentanyl (duragesic patch)
- Hydrocodone (Vicodin*)
- Hydromorphone (Dilaudid)
- Meperidine (Demerol)
- Morphine
- Nalbuphine (Nubain)
- Oxycodone (Percocet*/Percodan+)
- Oxymorphone
- Pentazocine (Talwin)
- Paregoric
- Propoxyphene (Darvon)

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Use / Misuse / Abuse

- After prolonged use of these substances increasing amounts are needed for the same effects.
- Common side effects include:
 - Nausea and vomiting
 - Drowsiness
 - Itching
 - Dry mouth
 - Small pupils



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Naloxone is only effective with opiates and opioids

Naloxone will not reverse the effects of other medications/drugs, such as: benzodiazepines (Valium/Versed), cocaine, LSD, ecstasy, bath salts, tranquilizers, methamphetamines, and marijuana.

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Intranasal Naloxone

- Naloxone (Narcan) is an antidote that can reverse overdose of opioids/opiates.
- Naloxone is **NOT** effective against respiratory depression due to non-opioid drugs (or other causes).



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Why Intranasal Naloxone?

- Very low risk of exposure to blood (no needle)
- Can be administered quickly and with little training
- Onset of action is quick
- Very effective when used



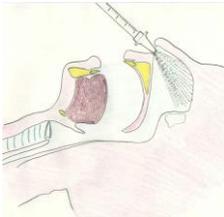
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Intranasal Naloxone

Works quickly since the nose has a large area for absorbing drugs directly into the blood stream.



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Why is it used with an Atomizer?

Squirting the liquid drug as a fine mist covering more of the surface, like spray paint or hair spray increases entry into the bloodstream.



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What does an overdose look like?

- The person is:
 - Not responsive when shaken
 - Possibly not breathing well or not breathing at all
 - Possibly breathing less than 6 breaths per minute
 - Snoring deeply/gurgling sounds
 - Possibly having a bluish color of the skin, nails or lips
 - Small pupils

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When to use intranasal Naloxone?

- If a person is not responding to you.
- If bystanders report drug use and the person is not responding to you.
- If there are drug bottles, or signs of injection of drugs on the skin (“track marks”) and the person is not responding to you.

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- **Call 911 to activate Emergency Services**

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One Luer Attached Atomizer



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Administration (non-EMS)

- Assemble kit
- Gently, but firmly, place the atomizer in one side of the nose and spray half the medication
- **Wait one minute.** If the patient is still not breathing adequately, spray the other half in the other side.
- If only one side of the nose is available, put all of the medication on that side

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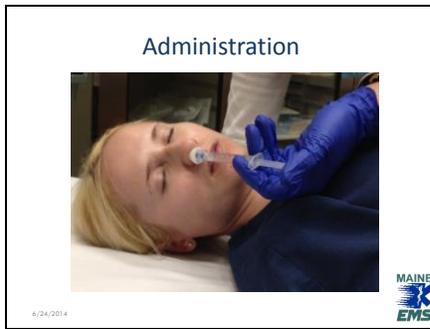
EMS providers

- Follow Maine EMS Prehospital Treatment Protocols

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What happens next?

- Naloxone works by temporarily withdrawing the affect of the opiate.
- The goal is to have the patient able to breath on their own.
- The withdrawal of the opiate effect may cause sweating, sneezing, confusion.

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Safety Considerations

- The adverse effects following naloxone administration, particularly in chronic opioid users and abusers, may place the patient and bystanders at risk.
- Consider moving sharp/heavy objects and physically restraining patient in anticipation of combative behavior.
- Keep bystanders at a safe distance.

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Safety Considerations

- Naloxone's duration of action is relatively brief (as short as 30 minutes)
- The duration of action for narcotics can be very long (as long as a day)
- All patients who receive naloxone must be monitored closely for recurrent symptoms, including altered mental status, respiratory depression, and circulatory compromise
- Patients may need another dose of naloxone

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Adverse Reactions

- In some cases intranasal naloxone may cause:
 - Withdrawal symptoms
 - Agitation / violent behavior
 - Fast heart rate
 - "Goose bumps"
 - Yawning
 - Nausea / Vomiting / Seizures
 - High blood pressure or Low blood pressure
 - **Fear of causing withdrawal should not prevent use when the person is unresponsive**

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Children can also overdose:

- When an opioid overdose is suspected in a child use less of the liquid and repeat if needed:
 - Very small child: use one quarter in each side of the nose and consider using the other half in five minutes if the ambulance has not arrived and the child is still unresponsive

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Credits and Acknowledgements

- Northern New England Poison Center
- MaineGeneral Medical Center
- VT EMS/VDH/DPS
- Ohio DPS/EMS
- Central MA EMS Corp.
- Northwestern Medical Center

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References

- Federal Drug Administration www.fda.gov
- US Centers for Disease Control www.cdc.gov
- Northern New England Poison Center www.nnepc.org
- www.drugs.com

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Appendix A: Contents of Naloxone Kit

Each naloxone kit consists of a crush-proof container sealed with a break-away tab by the MGMC Pharmacy containing:

- Two vials of naloxone
- Two mucosal atomization devices for nasal administration
- Guide on the use of naloxone.

Appendix B: State Law

STATE OF MAINE

IN THE YEAR OF OUR LORD
TWO THOUSAND AND FOURTEEN

H.P. 1209 - L.D. 1686

An Act to Address Preventable Deaths from Drug Overdose

Emergency preamble. Whereas, acts and resolves of the Legislature do not become effective until 90 days after adjournment unless enacted as emergencies; and

Whereas, this legislation needs to take effect before the expiration of the 90-day period because the number of drug overdoses and ensuing deaths is on the rise; and

Whereas, in the judgment of the Legislature, these facts create an emergency within the meaning of the Constitution of Maine and require the following legislation as immediately necessary for the preservation of the public peace, health and safety; now, therefore,

Be it enacted by the People of the State of Maine as follows:

Sec. 1. 22 MRSA c. 556-A is enacted to read:

CHAPTER 556-A

OPIOIDS

§2353. Naloxone hydrochloride

1. **Definitions.** As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Health care professional" means a person licensed under Title 32 who is authorized to prescribe naloxone hydrochloride.

B. "Immediate family" has the same meaning as set forth in Title 21-A, section 1, subsection 20.

C. "Opioid-related drug overdose" means a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or a condition that a reasonable

person would believe to be an opioid-related drug overdose that requires medical assistance.

2. **Prescription; possession; administration.** The prescription, possession and administration of naloxone hydrochloride is governed by this subsection.

A. A health care professional may prescribe naloxone hydrochloride to an individual at risk of experiencing an opioid-related drug overdose.

B. An individual to whom naloxone hydrochloride is prescribed in accordance with paragraph A may provide the naloxone hydrochloride so prescribed to a member of that individual's immediate family to possess and administer to the individual if the family member believes in good faith that the individual is experiencing an opioid-related drug overdose.

C. A health care professional may prescribe naloxone hydrochloride to a member of an individual's immediate family for administration to the individual in the event of an opioid-related drug overdose if:

(1) The health care professional has an established health care professional-patient relationship with the individual; and

(2) The individual is at risk of experiencing an opioid-related drug overdose.

A health care professional who prescribes naloxone hydrochloride to a member of an individual's immediate family in accordance with this paragraph shall document in the individual's patient medical record the name of each family member who receives such a prescription and the health care professional's intention that the naloxone hydrochloride be administered to the individual.

D. If a member of an individual's immediate family is prescribed naloxone hydrochloride in accordance with paragraph C, that family member may administer the naloxone hydrochloride to the individual if the family member believes in good faith that the individual is experiencing an opioid-related drug overdose.

Nothing in this subsection affects the provisions of law relating to maintaining the confidentiality of medical records.

3. **Authorized administration of naloxone hydrochloride by law enforcement officers and municipal firefighters.** A law enforcement officer as defined in Title 17-A, section 2, subsection 17, in accordance with policies adopted by the law enforcement agency, and a municipal firefighter as defined in Title 30-A, section 3151, subsection 2, in accordance with policies adopted by the municipality, may administer intranasal naloxone hydrochloride as clinically indicated if the officer or firefighter has received medical training in accordance with protocols adopted by the Medical Direction and Practices Board established in Title 32, section 83, subsection 16-B. The Medical Direction and Practices Board shall establish medical training protocols for law enforcement officers and municipal firefighters pursuant to this subsection.

Emergency clause. In view of the emergency cited in the preamble, this legislation takes effect when approved.

Appendix B: KSO Policy

EMS Naloxone Nasal Spray Use Policy

Date of Issue: TBD

Review Date: TBD

Revised: TBD

Certification Standards: TBD

Accreditation Standards: TBD

Issuing Authority

Sheriff Randall Liberty

Purpose:

To reduce the number of fatalities which occur as a result of opiate overdose by the proper administration of nasal naloxone.

Policy:

It is the policy of the Kennebec County Sheriff's Office to require its deputies to be trained in the use of nasal naloxone by Atlantic Partners EMS in accordance with the educational program approved by the Maine EMS Medical Direction and Practices Board.

Definitions:

As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

- A. "Opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride.
- B. "Opioid-related drug overdose" means a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or a condition that a reasonable person would believe to be an opioid-related drug overdose that requires medical assistance.

Legal premise for Implementation

Pursuant to Sec. 1. 22 MRSA c. 556-A

- 3. **Authorized administration of naloxone hydrochloride by law enforcement officers and municipal firefighters.** A law enforcement officer as defined in Title 17-A, section 2, subsection 17, in accordance with policies adopted by the law enforcement agency, and a municipal firefighter as defined in Title 30-A, section 3151, subsection 2, in accordance with policies adopted by the municipality, may administer intranasal naloxone hydrochloride as clinically indicated if the officer or firefighter has received medical training in accordance with protocols adopted by the Medical Direction and Practices Board established in Title 32, section 83, subsection 16-B. The Medical

Direction and Practices Board shall establish medical training protocols for law enforcement officers and municipal firefighters pursuant to this subsection.

Equipment and Maintenance:

It shall be the responsibility of each individual deputy assigned the Naloxone EMS kits to inspect this assigned equipment prior to the start of each shift. An inspection of the Naloxone kits will be performed to ensure that the tamper resistant seal remains intact and check the expiration date on the label. Damaged equipment shall be reported to the shift supervisor immediately.

Naloxone kits should not be left in a department vehicle while the deputy is off-duty, and will be stored in a secure, locked storage area (i.e. with firearm) when not being carried by assigned deputy.

Response to Opiate Overdose:

Prior to the assessment of the patient, personal protective equipment shall be donned by responding deputies. Members of the Kennebec County Sheriff's Office who have been issued Naloxone EMS kits for the purpose of responding to medical emergencies shall appropriately assess the patient.

Prior to leaving the scene of a suspected overdose, family members of the involved will be provided with information and resources for assistance and support.

Administration of Naloxone during Opiate Overdose Emergencies:

Members of the Kennebec County Sheriff's Office shall appropriately assist members of area EMS and Fire Departments arriving at the scene of a medical emergency when dispatched to such calls for service as determined by dispatch services and/or the shift supervisor.

When responding members of the Kennebec County Sheriff's Office have arrived at the scene of a medical emergency prior to the arrival of EMS/Fire Department and have made a determination that the patient is encountering an opiate overdose based upon an initial assessment or witness accounts of the consumption of an opiate by patient prior to the emergency, responding members of the Kennebec County Sheriff's Office may administer Naloxone to the patient as trained.

The following steps should be taken:

Personal protective equipment will be used

A medical assessment of the patient as outlined in Maine EMS MDPB training program should be conducted.

Secondary responding Deputies should take information from witnesses and/or family members.

If conditions indicate a suspected opiate overdose and the patient is showing signs and symptoms of respiratory depression, intranasal (IN) naloxone should be administered

A nasal mist adapter should be attached to the naloxone syringe. The Deputy should deliver a one milligram dose of naloxone into one nostril and wait one minute for a response. If indicated, another one milligram dose of naloxone may be delivered into the other nostril for a complete dosage that shall not exceed two milligrams.

The patient should be observed for improvements, and assist respirations as necessary until patient begins breathing/recovery on their own. If the patient has not begun breathing within three minutes of administration of the first 1 mg dose, administer the second dose of naloxone using the same process of administering 1 mg at a time with a minute wait to observe patient response.

Caution should be taken for the rapid reversal of opiate overdose. Conditions of rapid reversal of opiate overdose include projectile vomiting by the patient and violent behavior.

In the case where EMS response is delayed and the patient's condition begins to deteriorate, the deputy may administer a repeat dose of 2mg Naloxone (1ml per nostril) as outlined in the training program

Signs of improvement of the patient's condition should be noted.

It is imperative that arriving EMS/Fire Department personnel be updated as to the treatment and condition of the patient.

Reporting:

A complete offense or incident report of the event shall be completed by the primary responding Deputy prior to the end of his or her shift. This report will be forwarded to the Shift Supervisor and the Law Enforcement Captain will be notified immediately.

100% of the incidents involving Opiate Overdose patients to which Deputies from the Kennebec County Sheriff's office responded will be referred to the Medical Director or their designee for review, regardless of whether IN Naloxone was administered by a Deputy. The completed offense or incident report will serve as the Naloxone Administration Report for the Medical Director or designee and must include: patient involved; type and amount of drug and supplies used that were furnished by MaineGeneral Medical Center; perceived patient outcome as a result of drug usage.

A written inventory documenting the quantities and expirations of the naloxone replacements will be kept by the Deputy for which the EMS naloxone kit is issued. A separate log documenting the issuance of replacement units shall also be kept. When a kit is used, it will be documented on the Naloxone Kit Utilization List. All logs will be stored with the replacement supplies.

A Naloxone Kit Utilization List should be copied and submitted with the incident report and sent to MGMC Thayer Pharmacy, 149 North Street, Waterville, ME 04901.

Replacement:

Shift Supervisors shall have up to 5 Naloxone kits securely stored onsite to replace naloxone units that are used during the course of a response to an opiate overdose.

As replacement kits need to be replenished or when the supply is within 6 months of the expiration date, contact MGMC Thayer Pharmacy for additional kits.

Duration:

This policy shall be subject to changes or amendments that shall be consistent with the most current statutory, legislative or executive requirements.

Appendix “C”

Additional Resources: Training Resources

1. Give Naloxone

Free computer-based training module and additional training materials

<http://givenaloxone.org/>

2. Naloxone Law Enforcement Toolkit from Bureau of Justice Assistance, US Department of Justice

Training materials that are specific for law enforcement

www.bja.gov/naloxone

3. Prescribe to Prevent

Training videos

<http://prescribetoprevent.org/video/>

4. Nasal Narcan PSA

Prepared by: Stoughton Police

<http://www.youtube.com/watch?v=JviPUbYPISc>

5. Harm Reduction Coalition

Resources and information on harm reduction techniques including Naloxone

<http://harmreduction.org/our-resources/multimedia-resources/videos/>

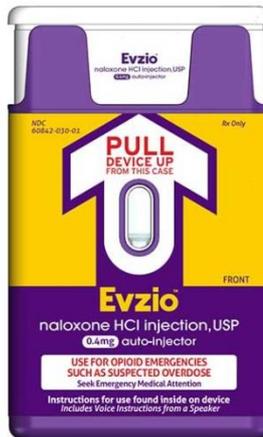
- *Additional resources information taken from the MASS TAPP (Technical Assistance Partnership for Prevention) page: <http://mastapp.edc.org/first-responder-naloxone-narcan-technical-assistance>*

Storage and Handling

- Store Naloxone at controlled temperatures between 59° F to 77° F
- Do not freeze and protect from light
- When compromised due to freezing temperatures, excessive heat, or damaged, please contact MaineGeneral Harm Reduction Program at **621-3770** for reporting purposes.

Outpatient Naloxone Options

- Narcan[®] Nasal Spray
- Evzio[®] Auto Injector
- Naloxone Syringe with nasal atomizer



Excellence at Work

**SAGADAHOC COUNTY SHERIFF'S OFFICE
POLICY & PROCEDURE**

SUBJECT: Naloxone Nasal Spray Use Policy

Number: 60

EFFECTIVE DATE: 03/18/2016

REVIEW DATE: 03/18/2018

AMENDS/SUPERSEDES: 00/00/0000

APPROVED: _____
Joel A. Merry, Sheriff

I. PURPOSE

To reduce the number of fatalities which occur as a result of opiate overdoses by establishing guidelines and regulations governing the utilization of intranasal Naloxone.

II. POLICY

It is the policy of the Sagadahoc County Sheriff's Office to require its deputies to be trained in the use of nasal Naloxone in accordance with the educational program approved by the Maine EMS Medical Direction and Practices Board. Deputies will carry nasal Naloxone while on duty and in a manner approved by the Sheriff and in compliance with the manufacturer's recommendations.

III. DEFINITIONS

- A. Opiate: An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Law enforcement officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®), Percocet® and Percodan®) and hydrocodone (Vicodin®)
- B. Opioid antagonist: Means a drug that binds to opioid receptors and blocks or inhibits the effects of opioids acting on those receptors, including, but not limited to naloxone hydrochloride.
- C. Opioid-related drug overdose: Means a condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or a condition that a reasonable person would believe to be an opioid-related drug overdose that requires medical assistance.

IV. PROCEDURES – General

Members of the Sagadahoc County Sheriff's Office shall appropriate assist members of area EMS and Fire Departments arriving at the scene of a medical emergency when dispatched to such calls for service as determined by Sagadahoc County Regional Communications Center and/or the shift supervisor.¹

A. Response to Opiate Overdose

Prior to the assessment of the patient, personal protective equipment shall be donned by responding deputies. Members of the Sagadahoc County Sheriff's Office who have been issued Naloxone EMS kits for the purpose of responding to medical emergencies shall appropriately assess the patient.

Prior to leaving the scene of a suspected overdoes, family members of the involved will be provided with information and resources for assistance and support.

B. The following steps should be taken:

1. Deputies shall use universal precautions.
2. Deputies should conduct a medical assessment of the patient as outlined in Maine EMS MDPB training.
3. Secondary responding Deputies should take information from witnesses and/or family members.
4. If conditions indicate a suspected opiate overdose and the patient is showing signs and symptoms of respiratory depression, intranasal (IN) Naloxone should be administered.
5. A nasal mist adapter should be attached to the Naloxone syringe. The Deputy should deliver a one milligram dose of Naloxone into one nostril and wait one minutes for a response. If indicated, another one milligram dose of Naloxone may be delivered into the other nostril for a complete dosage that shall not exceed two milligrams.
6. The patient should be observed for improvements, and assist respirations as necessary until patient begins breathing/recovery on their own. If the patient has not begun breathing within three (3) minutes of administration of the first 1 mg dose, administer the second dose of Naloxone using the same process of administering 1 mg at a time with a minute wait to observe patient response.

¹ 22 M.R.S.A. § 2353 (3)

7. Caution should be taken for the rapid reversal of opiate overdose. Conditions of rapid reversal of opiate overdoses include projectile vomiting by the patient and violent behavior.
8. In the case where EMS response is delayed and the patient's condition begins to deteriorate, the Deputy may administer a repeat dose of 2mg naloxone (1 mg per nostril) as outlined in the training program.
9. Signs of improvement of the patient's condition should be noted.
10. It is imperative that arriving EMS/Fire Department personnel be updated as to the treatment and condition of the patient.

C. Equipment and Maintenance:

It shall be the responsibility of each individual deputy assigned the Naloxone EMS kits to inspect the assigned equipment prior to the start of each shift. An inspection of the Naloxone kits will be performed to ensure that the tamper resistant seal remains intact and check the expiration date on the label. Damaged equipment shall be reported to the shift supervisor immediately.

Naloxone kits should not be left in an agency vehicle while the deputy is off-duty, and will be stored in a secure, locked storage area (i.e. with firearm) when not being carried by assigned deputy.

V. PROCEDURES – Reporting

- A. A complete offense or incident report of the event shall be completed by the primary responding deputy prior to the end of his or her shift. This report will be forwarded to the shift supervisor and Lieutenant will be notified immediately.
- B. 100% of the incidents involving Opiate Overdoes patients to which deputies from the Sagadahoc County Sheriff's Office respond will be referred to the Medical Director or their designee for review, regardless of whether IN Naloxone was administered by a deputy. The completed offense or incident report will serve as the Naloxone Administration Report for the Medical Director or designee and must include: patient involved; type and amount of drug and supplies used that were furnished by Maine General Medical Center; perceived patient outcome as a result of drug usage. (This provision will remain in effect for the duration of the Narcan Program Agreement with Maine General Medical Center.)

- C. A written inventory documenting the quantities and expirations of the Naloxone replacement will be kept by the Administration of the Sagadahoc County Sheriff's Office for which the EMS Naloxone kit is issued. A separate log documenting the issuance of replacement units shall also be kept. When a kit is used, it will be documented on the Naloxone Kit Utilization List. All logs will be stored with the replacement supplies.
- D. A Naloxone Kit Utilization List should be copied and submitted with the incident report and sent to MGMC Harm Reduction Program, 9 Green St. 2nd Floor Augusta, ME. 04330

VI. PROCEDURES – Replacement

- A. Shift supervisors shall have up to five (5) Naloxone kits securely stored onsite to replace Naloxone units that are used during the course of a response to an opiate overdose.
- B. As replacement kits need to be replenished or when the supply is within six (6) months of the expiration date, contact MGMC Thayer Pharmacy for additional kits.

VII. Duration

This policy shall be subject to changes or amendments that shall be consistent with the most current statutory, legislative or executive requirements, notwithstanding the duration of the agreement with Maine General Medical Center.