



# **FIRE RESCUE SERVICE**

## **OPERATIONAL GUIDELINE**

**OPERATIONAL GUIDELINE NUMBER: 317**



**SECTION:** Emergency Responses

**SUBJECT:** OG #317 Intranasal Naloxone (Narcan) for Emergency Administration

**Effective Date:** XXXX, 2018

**By:** Tyler Moffitt, Fire Chief/CEMC

**Revised Date:**

**By:**

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### **PURPOSE:**

To establish a guideline for Fort Frances Fire Rescue trained personnel for the administration of Naloxone. Effective January 1<sup>st</sup> 2018, Ontario fire departments are able to possess and administer an overdose prevention drug to an individual suffering from an opioid overdose.

### **SCOPE:**

All Fort Frances Fire Rescue Service personnel.

### **GUIDELINE:**

All Fort Frances Fire Rescue personnel responding to medical calls will be required to be trained in the administration and use of nasal Naloxone. Responding fire rescue apparatus be equipped with Naloxone kits for use in an opioid-related emergency, as well as for emergency responders exposed to an opioid-related substance.

### **Note:**

- Naloxone is only used for opiate exposure.
- Naloxone is NOT effective against respiratory depression due to non-opiate drugs.
- Naloxone is an opioid/opiate (narcotic) antagonist that can reverse Central Nervous System and respiratory depression secondary to an exposure of opioids/opiates.

- **A patient given naloxone cannot sign a refusal of treatment. They must be transferred to the hospital.**

### **Indicators for the use of Naloxone:**

- Respiratory arrest or hypoventilation with evidence of opioid/opiate exposure.
  1. Bystander report.
  2. Drug paraphernalia.
  3. Opioid prescription bottles.
  4. Track marks.



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- Recognition of the opioid/opiate toxidrome ... Signs and Symptoms:
    1. Unresponsive or minimally responsive with a pulse.
    2. Respiratory arrest.
    3. Depressed respiratory rate (< 6 per minute).
    4. Agonal respirations.
    5. Cyanosis.
    6. Miosis (constricted pupils).
    7. Decreased mental status or confusion.
    8. Slurred speech and/or difficulty ambulating.
    9. Nausea/vomiting.

**On Scene:**

- **Scene safety is a top priority.**
- Contact Police and request attendance.
- Remain non-judgmental and non-confrontational.
- Ask bystander(s) what and when the patient injected, ingested, inhaled, or transdermal patch.
- Was more than one substance used?

**Contraindications (Inadvisable):**

- Known hypersensitivity (rare).
- Recent seizure (by report or signs).
- Head/facial trauma.
- Nasal trauma (obstruction and/or nosebleed).
- Cardiopulmonary arrest.

**Adverse reactions:**

- Use caution when administering naloxone to narcotic dependent patients.
- Rapid opiate withdrawal may cause nausea and vomiting and extreme combativeness.
- Keep the airway clear and be prepared to suction.

Documentation: patient presentation, signs and symptoms before and after treatment, vital signs before and after treatment, clinical response, record time drug was administered, amount route.



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### **Adult nasal atomizer use:**

1. Ensure scene safety.
2. Maintain appropriate Body Substance Isolation.
3. Assess level of consciousness and vital signs.
4. Call for Ambulance if not already responding.
5. Initiate transfer as soon as possible.
6. Maintain open airway and assist ventilations (use a BMV and oral airway if unresponsive with a pulse).
7. Suction as needed.
8. Assess the patient to ensure their nasal cavity is free of blood or mucous.
9. Control the patient's head with one hand.
10. Gently, but firmly, place the atomizer 1.5 cm within one nostril with other hand, carefully occluding (closing) the opposite nostril.
11. Briskly compress the syringe to administer 1 ml of atomized spray. (have towel to catch any secretions).
12. Remove and repeat in other nostril, so all 2 ml of solution are administered (will be total of 2 mg).
13. Continue ventilating the patient as needed.

### **Pediatrics**

- An opioid overdose is suspected in a pediatric patient (<15 years old).
1. Infants: 0.5mg per nostril (total 1mg).
  2. Child: 1mg per nostril (total of 2mg).