
Opioid Overdose Reversal Program

- 1.0 Purpose:** This procedure governs the use of naloxone within the NC State Crime Laboratory (NCSCL) System. The objective of administering naloxone is to treat persons within the Laboratory who have been accidentally exposed to opioids and are exhibiting signs and symptoms of an overdose.
- 2.0 Scope:** The Opioid Overdose Reversal Program is a response to the increasing occurrence of very potent illicit opioids (e.g., fentanyl, carfentanil) found within evidence submitted to the NCSCL. Due to the extreme potency of these drugs, certain employees at the NCSCL are facing increased risks of accidental exposure to opioids while handling and/or analyzing evidence. The Opioid Overdose Reversal Program is NOT a substitute for following authorized procedures, using proper administrative and engineering controls, and using personal protective equipment (PPE) while handling and processing evidence. Each employee shall follow Section and Laboratory procedures for handling and processing evidence.
- 3.0 Definitions:**
- **Naloxone-** Drug (e.g., Narcan Nasal Spray) manufactured for the emergency treatment of a known or suspected opioid overdose as manifested by respiratory and/or central nervous system depression. Naloxone is intended for immediate administration as an emergency therapy in conjunction with emergency medical care.
 - **Medical Director-** The physician who approves the use of, and writes the prescription for, naloxone as well as oversees and outlines medical requirements for the NCSCL Opioid Overdose Reversal Program.
 - **Overdose-** The excessive and dangerous dose of a drug whether intentional or accidental.
- 4.0 Procedure**
- 4.1** The Laboratory Safety Officer shall serve as the Opioid Overdose Reversal Program Coordinator (OORPC).
- 4.2** The OORPC shall:
- 4.2.1** Oversee the Laboratory's stock and replacement of naloxone and peripheral program supplies, which includes maintaining inventory of all naloxone kits. Missing, lost, or damaged kits shall be reported to the OORPC. Naloxone kits that are damaged, unusable, expired, or used shall be replaced as soon as possible. Any naloxone kit that is removed from service shall be returned to the OORPC.

- 4.2.2 Maintain procedures and training records.
- 4.2.3 Maintain Naloxone usage records.
- 4.2.4 Coordinate training related to the Opioid Overdose Reversal Program.
- 4.2.5 Report naloxone use to the Laboratory Director, the DOJ Safety Director, and the NCSCL Medical Directors within 24 hours of deployment.

4.3 Signs of Opioid Overdose: Authorized employees shall utilize naloxone on subjects believed to be suffering from an opioid overdose. Life threatening signs and symptoms of an opioid overdose include, but are not limited to:

- Difficulty breathing (labored breathing, shallow breaths)
- Blue skin, lips, or fingernails
- Unresponsiveness
- Failure to respond to a sternum rub
- Depressed or slow respiratory rate

Other signs and symptoms of exposure include, but are not limited to:

- Blood-shot eyes
- Pinpoint pupils, even in a darkened room/area
- Decreased pulse rate
- Low blood pressure
- Decreased alertness (drowsiness)
- Seizures
- Evidence of ingestion, inhalation, injection
- Past history of opioid use/abuse

4.4 Naloxone Deployment: The NCSCL will deploy its naloxone kits, at minimum, within the following primary locations: Evidence Control, Latent Evidence, and Drug Chemistry.

4.5 Naloxone Administration: When administering the naloxone, trained employees shall:

- 4.5.1 Maintain universal precautions.
- 4.5.2 Perform a patient assessment.
- 4.5.3 Consider the patient's history and potential for exposure to narcotics.
- 4.5.4 Look for signs and symptoms of an overdose (see above). If there is an absence of breathing and/or pulse, start CPR.

4.5.5 Contact 911 Emergency Communications and request Emergency Medical Services.

4.5.6 Obtain an AED.

4.5.7 Those administering naloxone shall follow the protocol as outlined in the naloxone training until EMS arrives.

4.5.8 Credentialed medical providers (e.g., Laboratory EMT) must follow their approved medical protocols.

4.6 Maintenance and Replacement

4.6.1 The naloxone kit shall be stored at room temperature in a readily accessible and visible location.

4.6.2 All naloxone kits shall be inspected by the Section Safety Officer each month.

4.6.3 Missing or damaged naloxone kit(s) shall be reported directly to the OORPC. Damaged kits will immediately be submitted to the OORPC for replacement.

4.6.4 Once naloxone from a kit has been administered, the used kit must be submitted for replacement to the OORPC.

4.7 Documentation Requirements

4.7.1 After any administration of naloxone, a Naloxone Use Reporting Form must be completed by the employee who administered naloxone detailing the nature of the incident, the care the patient received, and the facts surrounding the naloxone administration.

4.7.2 A copy of the Naloxone Use Reporting Form shall be forwarded to the OORPC for review/approval. This reporting requirement is in addition to any other reporting requirements.

4.7.3 Credentialed medical providers shall follow their approved treatment protocols and patient care reporting requirements.

4.8 Precautionary Use of Naloxone

Employees shall not self-administer naloxone or have naloxone administered to them as a precautionary or inoculation method prior to a potential exposure to opioids or suspected opioids. The therapeutic effect of naloxone lasts approximately

30 minutes. If a potential exposure to opioids occurred after the naloxone became ineffective, the employee may no longer have this option available to him or her as a life saving measure.

4.9 Training

4.9.1 The OORPC is responsible for coordinating/providing training for the Opioid Overdose Reversal Program.

4.9.2 Initial Training

All participating employees shall receive initial training that will include, at a minimum: an overview of NCGS 90-106.2 that permits law enforcement use of naloxone, an overview of NCGS 90-96.2 that establishes limited immunity for Samaritans' patient assessment (i.e., signs and symptoms of an overdose), universal precautions, rescue breathing, seeking medical attention, and the use of intranasal naloxone and/or injectable naloxone. The training shall be documented.

4.9.3 Continuing Education

Employees participating in the Opioid Overdose Reversal Program shall receive annual refresher training.

5.0 Records

Naloxone Use Reporting Form
Training Records

Revision History		
Effective Date	Version Number	Reason
08/17/2018	1	Original Document