



STATE OF CONNECTICUT
Department of Mental Health & Addiction Services
Commissioner's Policy Statement and Implementing Procedures



SUBJECT:	Reversing Opioid Overdoses in the Community
P & P NUMBER:	Chapter 6.42
APPROVED:	<i>Miriam Delphin-Rittmon</i> 1/3/18 Miriam Delphin-Rittmon, Commissioner Date: 1/3/2018
EFFECTIVE DATE:	November 20, 2017
REVISED:	January 2018
REFERENCES:	C.G.S. § 17a-714a Commissioner’s Policy Chapter 6.41 Prevention and Treatment of Opioid Addiction and Overdose, Commissioner’s Policy Chapter 6.26 Critical Incidents
FORMS AND ATTACHMENTS:	Refill Questionnaire Form Overdose Reversal Form

STATEMENT OF PURPOSE: The Department of Mental Health and Addiction Services (DMHAS) endeavors to reduce mortality from opioid overdoses. In the course of providing services, DMHAS employees face unexpected circumstances, including the possibility of discovering an individual on-site at the facility or off-site in the community who has intentionally or unintentionally overdosed. Most overdoses are known to occur in community settings and persons with behavioral health conditions are considered to be at elevated risk for overdoses, however, no setting, including on-site at DMHAS facilities, is immune from the possibility of an opioid overdose.

This policy outlines how DMHAS employees whose duties include engaging, assisting, and treating persons in the community will be educated to identify and respond appropriately to an opioid overdose, including administering naloxone (Narcan), document and report the event for tracking purposes, and provide assistance/referrals to those involved.

Policy: It is the policy of DMHAS that all staff assigned to work in the community be capable of identifying an opioid overdose, contacting 911, performing cardiopulmonary resuscitation (CPR) as indicated, and administering naloxone (Narcan) with reasonable care.

A. **Staff Education:** All DMHAS staff whose duties include working with clients in the community will be educated on when and how to administer naloxone (Narcan). This education must be approved by the DMHAS Commissioner and will include the following elements:

- Overdose risk factors
- Identifying an opioid overdose
- Calling 911
- Performing cardiopulmonary resuscitation (CPR), as indicated
- Administering one or more doses of naloxone (Narcan)
- Use of the Recovery Position
- Appropriate storage of naloxone

- Required data collection and reporting for tracking purposes
- Related clinical responsibilities in an overdose situation may include attention to:
 - Needs of others in the household who may have witnessed the overdose
 - Needs of minors in the household

Employees who demonstrate sufficient understanding of the training material will receive a certificate of completion valid for a period not to exceed two (2) years from the date of the training. Training may be required prior to the two (2) year period as necessitated by the availability of new naloxone formulations or a substantive change in protocol.

B. **Carrying naloxone (Narcan):** DMHAS programs that provide services in the community including, but not limited to, Homeless Outreach, ACT teams, and Mobile Crisis, will store “Narcan kits” at their home base at the facility program site. Staff from these programs should obtain a Narcan kit when going out into the community. It is the responsibility of the staff member to:

- Store the Narcan kit under appropriate conditions as indicated by the manufacturer.
- Ensure Narcan kits are not left in vehicles
- Complete the *Refill Questionnaire Form* whenever the Narcan kit has been used or lost and submit it to designated DMHAS/DPH staff
- Return the Narcan kit to the program for replacement when it nears its expiration date, per facility policy

C. **In An Overdose Situation Off-Site in the Community:** Once the situation has stabilized (e.g., the overdose victim has revived and/or EMS/Police have arrived), the staff member should notify their supervisor of the incident and Critical Incident Reporting procedures should be followed. The staff member will be required to complete the *Overdose Reversal Form* and submit it immediately for review to designated DMHAS/DPH staff. When the overdose victim is also a DMHAS client, follow up consultation with the clinical team should include the following considerations:

- Medication review – did it contribute to the client’s overdose?
- Assessing the overdose victim for a substance use disorder
- Revising the client’s treatment plan with consideration of their post-overdose needs
- The staff member should work with their supervisor for de-briefing of the incident and consider use of EAP services for themselves.

D. In An Overdose Situation On-Site at the Facility: If an employee discovers a person on the grounds of a DMHAS facility who is unresponsive or minimally responsive due to a presumed overdose or any other reason, s/he should follow the medical emergency protocol established at that facility.

E. Resource Materials: Employees working in the community should refer to the *DMHAS Guidelines for Opioid Overdose Education and Naloxone Distribution* available at: <http://www.ct.gov/dmhas/lib/dmhas/prevention/opioid-odguidelines.pdf>