

# OVERDOSE

NARCAN IS SAVING LIVES IN THE WORKPLACE



Wellness Works

Michelle Mortimer is the founder and president of Wellness Works.

At Wellness Works she leads the company's strategic growth, partnership development, and oversees its expert and passionate nursing staff.

A seasoned nurse with over twenty years of experience, Michelle spent much of her early career leading award-winning teams in critical care settings. It was the experience of caring for people after they had become afflicted with preventable diseases, that inspired her to create a company dedicated to advancing the health of individuals.



Michelle Mortimer, MS, BSN, RN, HWNC-BC

# AGENDA



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What is  
Naloxone and  
How Does It  
Work?

Impact on the  
Workplace

Considerations  
Associated with  
a Naloxone-Use  
Program

# AULINDA



Opioids are a class of addictive drugs that include:

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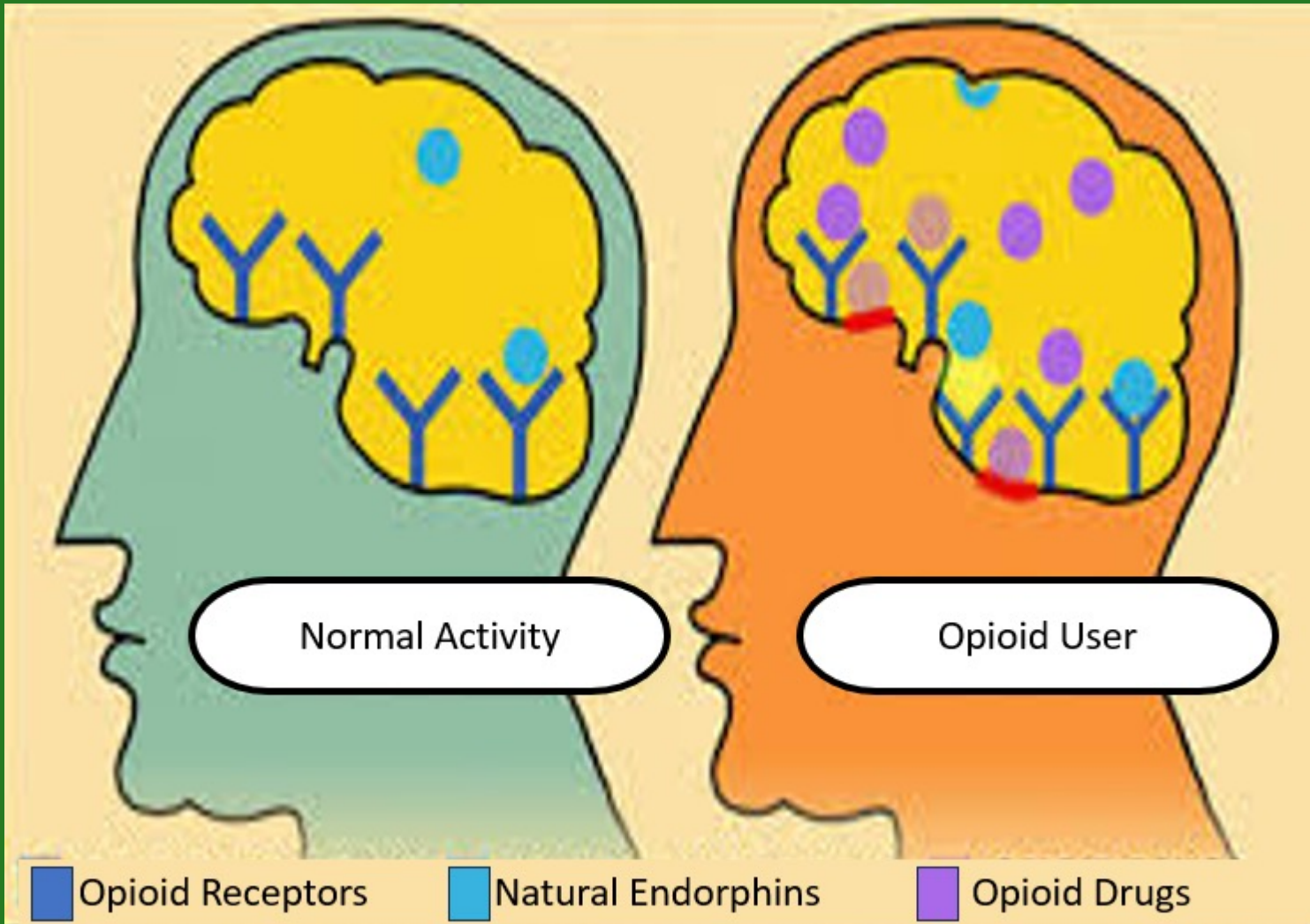
- Heroin
- Fentanyl
- Morphine
- Pain pills such as oxycodone, Vicodin, codeine, and many others



# How Opioids Work in the Brain

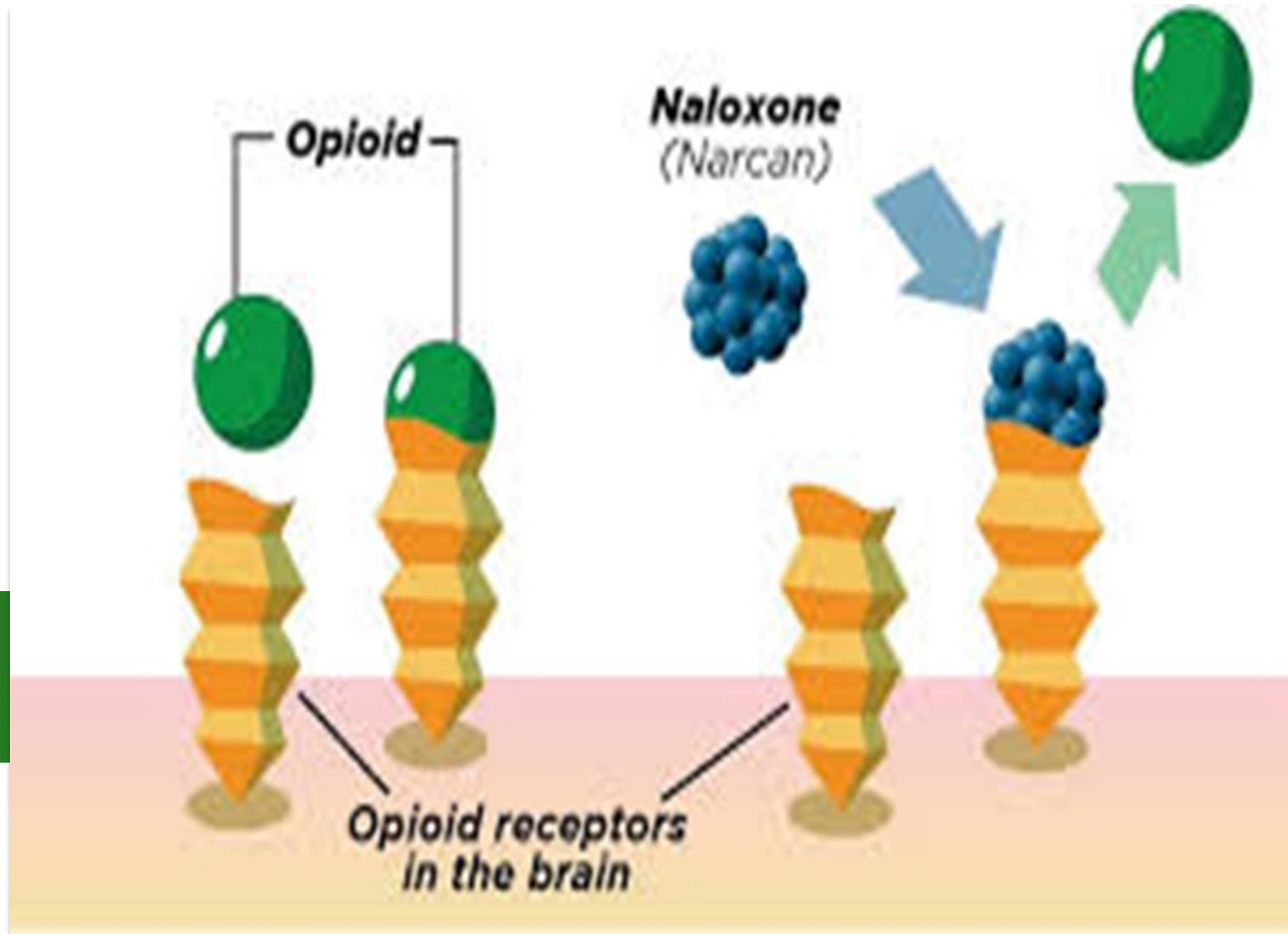


# How Opioids Work in the Brain



If receptor sites are full but there are still more opioids in the system, the drugs can cause respiratory depression and potential overdose death.

# How Naloxone (Narcan) Works in the Brain





Narcan is a safe drug and has no risk of dependency.





# How Does This Lead to Overdose?

# Signs of Overdose



Slow, shallow breathing

Small or pinpoint pupils

Loss of consciousness

Pale or blue skin that is cold to the touch





# How to Use Narcan

1

PEEL back the package to remove the device.





Do not press plunger until you are ready to administer the dose

**2** PLACE the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.



3

**PRESS** the plunger firmly to release the dose into the patient's nose.



# Why Narcan in the Workplace?



Narcan is an effective drug for reversing opioid overdoses.



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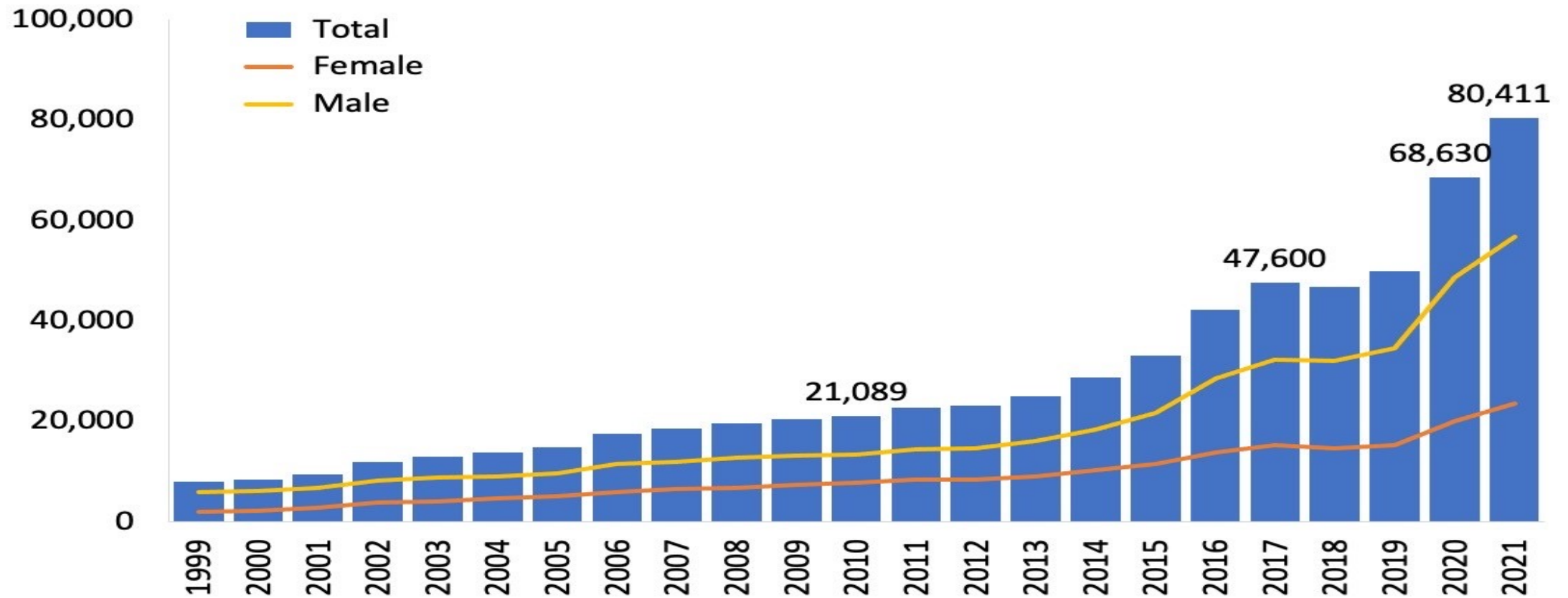
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No harm will be done if it is used on someone who isn't overdosing.

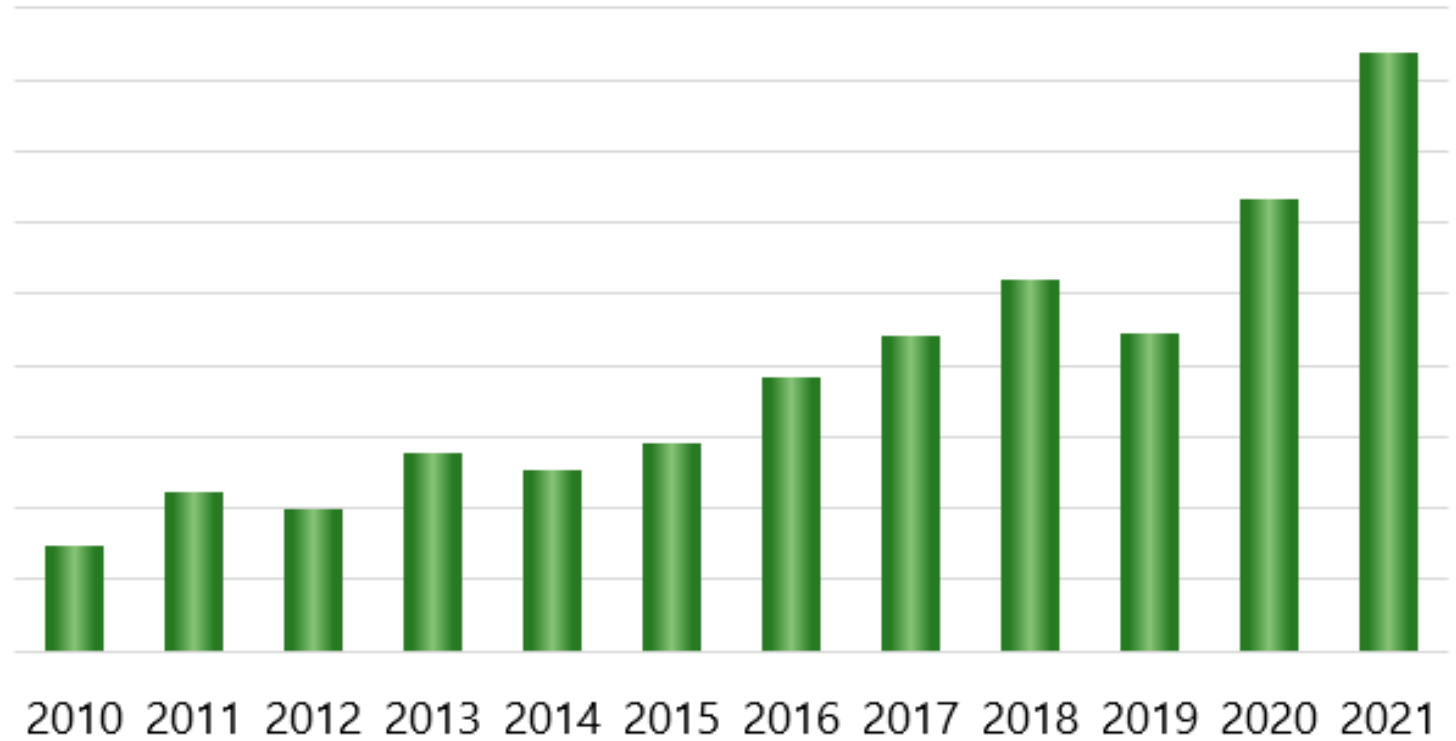
## Narcan saves lives!

# National Overdose Deaths Involving Any Opioid,\* Number Among All Ages, by Gender (1999-2021)



\*Among deaths with drug overdose as the underlying cause, the “any opioid” subcategory was determined by the following ICD-10 multiple cause-of-death codes: natural and semi-synthetic opioids (T40.2), methadone (T40.3), other synthetic opioids (other than methadone) (T40.4), or heroin (T40.1). Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2021 on CDC WONDER Online Database, release 01/2023.

# What Does This Have to Do With Me or My Workplace?



Number of Accidental and Underdetermined Opioid-Related Fatal Overdoses Among Vermont Residents



# Vermont/Windham County Facts

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January 2021 to August 2021

129

Drug overdose deaths in Vermont compared to a three-year average of 88 deaths per year.

For the first time in a 12-month period, the country surpassed 100,000 opioid-related deaths. Vermont saw the biggest rise with a

70% increase.

Highest amount of substance use has been in

**Windham County**

over the past few years. "That's the 91 corridor where the drugs are coming in from the south on that side of the state, so we have seen higher overdose rates there."

[Vermont Helplink for Alcohol and Drug Support Center](http://vthelplink.org)  
([vthelplink.org](http://vthelplink.org))



Wellness Works

# 2022 New Hampshire Overdose Deaths

Drug	Number
Fentanyl	293
Methamphetamine	10
Fentanyl and Methamphetamine	75
Other Opioids	8
Non-opioids	35
Unknown Drugs	3
<b>Total Confirmed Deaths</b>	<b>434</b>
Pending Toxicology	39
<b>Total Confirmed and Pending Deaths</b>	<b>473</b>

# Workplace Deaths

## Workplace Unintentional Overdose Deaths 2011-2021

2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
73	65	82	114	165	217	272	305	313	388	464

### Occupations:

- Transportation and material moving
- Construction and extraction
- Installation, maintenance, and repair
- Production
- Food preparation and serving-related
- Healthcare practitioners and technical
- Healthcare support
- Management
- Farming, fishing, and forestry
- Community and social services

# Naloxone Use Program

- Naloxone is available in every New England state without a prescription.
- It may be given by anyone without fear of legal repercussion.



# Good Samaritan Law

- This law protects those aiding anyone in grave danger from civil liability.
- Many states have an additional clause that allows for protection from prosecution of drug charges when 911 is called in the event of an overdose emergency.





# Things to Consider



Do you have an  
Emergency  
Response Team  
in place?



How quickly can  
EMS respond?



Do you have  
staff willing to  
be trained to  
administer it?



Do you have  
frequent visitors  
who might be at  
risk of overdoses



Do you offer other first  
aid services (first aid  
kits, AED, etc.) and  
could naloxone be  
added?



# You've Decided to Implement a Naloxone Program, Now What?

Conduct a risk assessment to determine the need and feasibility of a naloxone program

- Identify employees, clients, or visitors at risk of overdose.
- Identify staff willing to take training and provide naloxone.
- Meet with local emergency responders and medical professionals who treat opioid use disorders.



# Who Will be Trained?

Components should include:

- Symptoms of overdose,
- CPR/AED/bloodborne pathogen training,
- How to activate emergency response,
- Use of PPE,
- Dangers of exposure to drug powders or residue, and
- Use of naloxone.



# Develop Procedures

- How will incidents be documented?
- What measures will be put into place to protect employee privacy?
- How will naloxone be acquired?
- Who will ensure that it is replaced before expiring?
- Where will it be stored, who will have access, and who will ensure equipment is restocked and returned to storage?
- If not already established, how is the response team activated in emergency?
- What will be the process for debrief and review?



# Debrief and After Actions

What was supposed to happen?

What actually happened?

What can we learn?

Why were there differences?

Who does what as a result?



# HR Considerations

- Develop a plan for immediate care by professional healthcare providers, referral for follow-up care, and ongoing support for any worker who has overdosed.
- Determine if your workplace supports a rehab-centered approach or, if corrective action is needed, ensure alignment with policies.



# Establishing a Program



Develop Policies and Procedures (in consultation with safety and health professionals)



Plan for where to purchase and store the medication



Determine staff roles and responsibilities



Train staff including

- Proper use of PPE
- First aid/CPR
- Incident scene safety



