

Administering Naloxone During the COVID-19 Pandemic

BACKGROUND

People who use drugs, and their peers, who are often first responders in overdose events, need up-to-date and accurate information on the safe administration of naloxone and rescue breathing methods in the context of COVID-19. This document is designed to address questions and concerns frequently raised by harm reduction providers and participants.

THE BASICS

In the event of an overdose, it is important to administer naloxone as quickly as possible to prevent respiratory failure and death. People who use drugs and their friends and families should receive priority for naloxone distribution, as they are most likely to be in a position to save a person's life. This is especially true now, with health care systems and first responders overburdened by the pandemic. In some areas, it has been reported that EMS agencies have declined to respond to overdose emergencies altogether, and that law enforcement has ceased carrying and administering naloxone due to perceived risks of infection.^{1,2}

People who use drugs and harm reduction providers have always been uniquely attuned to—and skilled at—navigating risk. We understand that there is never a way to eliminate all risk; however, when we name and understand the various types of risk, we can make grounded choices for ourselves on how to respond. COVID-19 has presented a new risk, challenging us to change and deepen our understanding and practice of harm reduction for overdose response.

RESPONDING TO AN OVERDOSE IN THE TIME OF COVID-19

- If you have naloxone, use it according to the normal protocol. While the risk of contracting COVID-19 or any other viral infection is present when responding to an overdose, the risk of death for not responding to an overdose is greater.
- Wash your hands and face immediately after administering naloxone—as you would after touching anyone during a medical emergency. This is the most accessible way to reduce (though not eliminate) risk of COVID-19 transmission.
 - Wash your hands with soap and water for at least 20 seconds; if using hand sanitizer, make sure it contains at least 60% alcohol.
 - Wear a mask while administering nasal naloxone.
- Rescue breathing is critical to a person's survival during an overdose. Without oxygen, the person may not

survive, or they may wake up with significant brain damage. It is important to acknowledge that performing rescue breathing does put people at a higher risk of COVID-19 transmission. The following measures can help reduce the risk of COVID-19 transmission during rescue breathing; however, we acknowledge that not everyone will have access to these resources.

- Use gloves, if possible.
- Use breathing shields/barriers for rescue breathing, if possible.
 - » Breathing shields, like most of the tools and strategies we use, aren't 100 percent effective—air can still escape them—but they can still help to reduce risk. Breathing shields should be disposed of immediately after use and should not be reused.
- Ambu-bags are helpful for preventing mouth-to-mouth contact, especially when equipped with a HEPA filter. But there is a risk of aerosolization, meaning that droplets carrying the virus could be dispersed into the air and inhaled.
- If you don't have access to the above resources, washing your hands and face after rescue breathing is the next best thing

• Nasal Device

- If using the nasal device, it is advisable to avoid touching the person's face, but this might not be realistic considering the circumstances. As a precaution, wash your hands with soap and water after administering the naloxone, and avoid touching your face until you have properly sanitized. Dispose of breathing shields, naloxone dispensers and gloves and sanitize the Ambu-bag.

• Intramuscular

- Using intramuscular naloxone still requires touching the person experiencing an overdose. Wash your hands with soap and water after administering the naloxone, and avoid touching your face until you have properly sanitized. Dispose of breathing shields, naloxone dispensers and gloves and sanitize the Ambu-bag.
- After administering naloxone, monitor yourself for symptoms of COVID-19 and report to the clinic if you start to experience them. [More information from the World Health Organization is available here.](#)
- As always, you can set boundaries for yourself around the level of risk you are comfortable with taking on during an overdose response.

FREQUENTLY ASKED QUESTIONS

Is it safe to administer naloxone?

If proper precautions are taken, such as wearing a mask while administering a dose and distancing following the administration of a dose, naloxone can be administered safely. If you suspect an individual is experiencing an overdose, naloxone should be administered without delay. While there is some risk of transmitting or contracting COVID-19 or any other viral infection, the priority should be to prevent a fatal overdose.

Is there any COVID risk related to intranasal naloxone administration?

People recovering from an overdose rarely cough or sneeze following the administration of naloxone which means that there is minimal COVID risk.

Should I put a mask over someone while they are overdosing?

Putting a mask over an overdosing person's face may inhibit oxygen flow, which may reduce the likelihood of surviving an overdose. Ideally, we want oxygen to be able to flow freely. They can put on a mask once they're fully responsive.

Can intranasal naloxone spray be administered orally?

The intranasal naloxone was designed for the nasal cavity. Use the naloxone as directed, following normal protocol. Don't take liberties with naloxone administration and use the device as directed.

What about rescue breathing?

Rescue breathing comes with inherent risk, but it can save a person's life if done correctly. Take precautions and use a mouth shield if one is available. Ultimately, the decision to administer rescue breathing is up to the individual; if you are unable to do so, quickly contact EMS.

Should I contact EMS following an overdose event?

Health care providers recommend that a person be evaluated by a medical professional following an overdose. Many individuals are reluctant to contact EMS out of fear of arrest and harmful treatment from EMS workers. If the person does not wish to seek medical attention following an overdose, it is important to monitor the person to make sure they do not suffer a repeat overdose once the naloxone wears off. Naloxone only lasts between 30-90 minutes, but the effects of the opioids may last much longer. It is possible that after the naloxone wears off, the overdose could recur. Someone must stay with the person and wait out the risk period in case another dose of naloxone is necessary.

Where can I get naloxone?

Most syringe access programs (SAPs) and harm reduction centers are still operating and equipping people with the resources needed. If you do not live near a harm reduction center or SAP, check to see if your state has a standing order which allows pharmacists to dispense naloxone without a prescription. If you can't access naloxone by any other means, visit <https://www.naloxoneforall.org/>.

What about Good Samaritan laws?

Good Samaritan laws were designed to protect individuals from arrest or prosecution in the event of an overdose, but the implementation is not always universal (for example, drug sellers are not protected). Use your judgment when contacting emergency services and be specific with what you tell them: explain only that someone is not breathing, and non-responsive. There is no need to mention a potential overdose since this will not expedite the arrival of emergency services, and instead will likely bring the police.

1 "Filter." Filter, 9 Apr. 2020, filtermag.org/cops-naloxone-coronavirus/. Accessed 25 Aug. 2020.

2 Guidance for Law Enforcement and First Responders Administering Naloxone, SAMHSA, May. 2020