



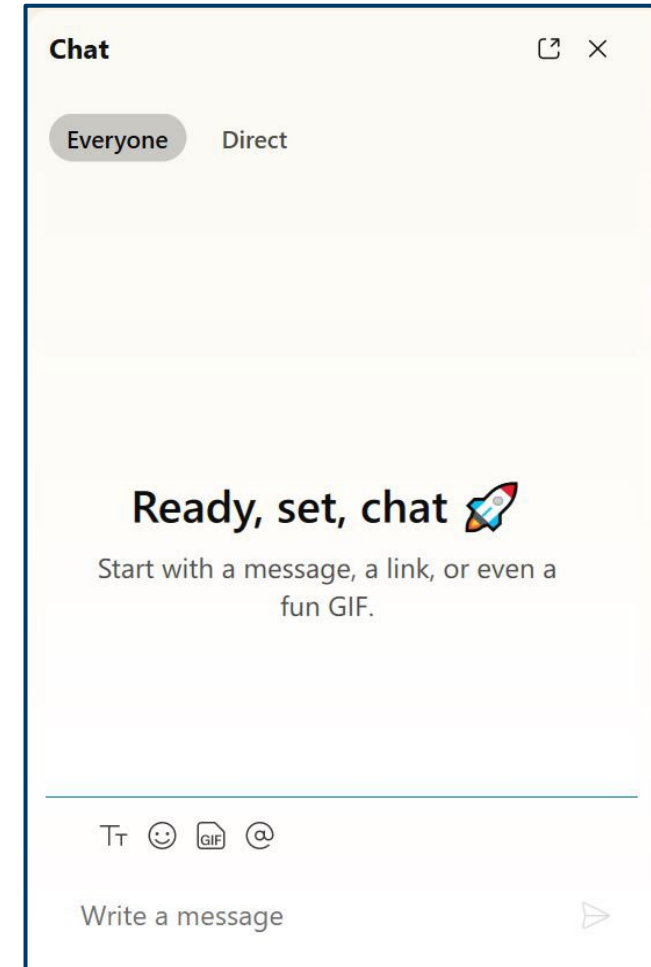
Opioid Overdose in Healthcare Facilities

October 2, 2024

MDH Health Regulation Division & Overdose Prevention Unit

Webex Participant Instructions

- WebEx Participants will be muted.
- Questions may be asked via the WebEx chat.
- Use the “Everyone” tab to send in questions or comments. “Direct” questions or comments can be missed.
- We will attempt to answer as many questions as we can.
- This meeting will be recorded, and slides will be posted.



Learning Objectives

Know

Know basic facts about the opioid epidemic in Minnesota

Describe

Describe tools and resources available to assist providers to prevent opioid overdose.

Understand

Understand factors that led to or mitigated opioid overdose incidents in MDH federal and state licensed facilities.



The Opioid Epidemic in Minnesota

Myth vs. Fact

Cody Bassett, MPH | Naloxone Coordinator, Overdose Prevention Unit

Building Healthy Communities

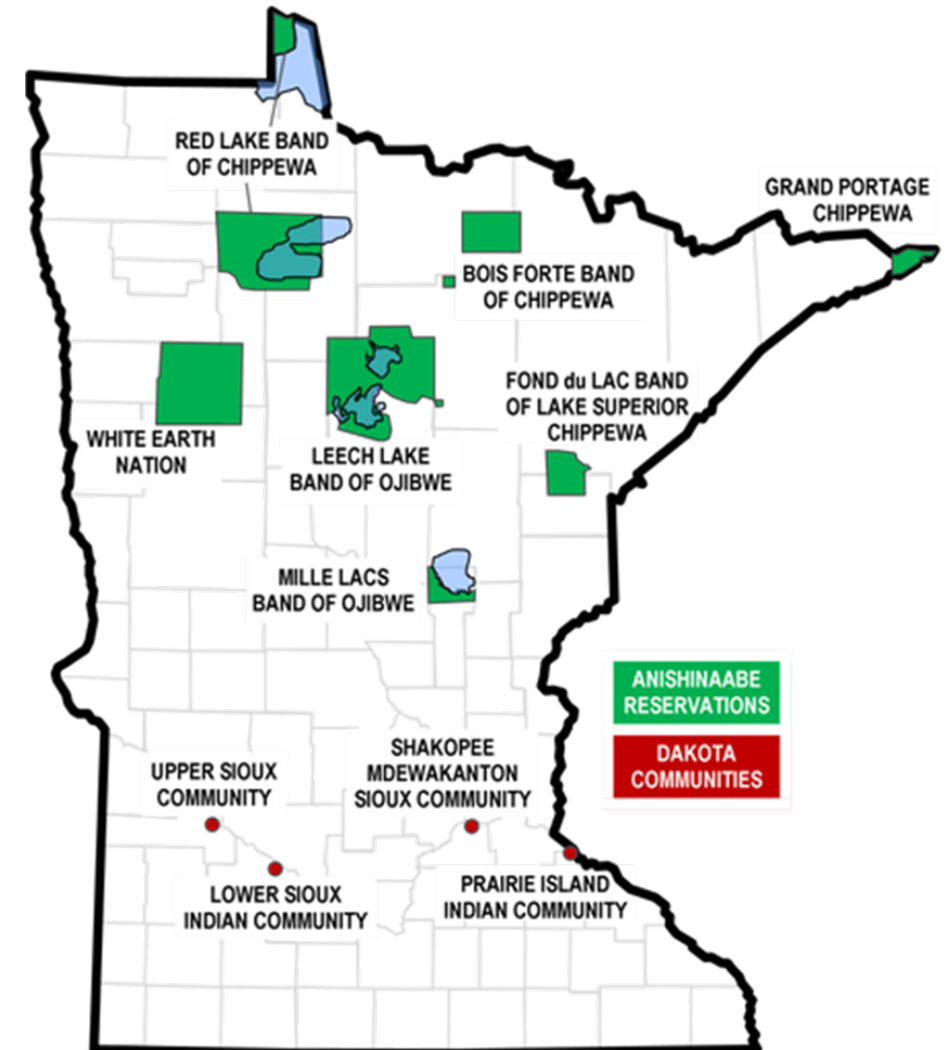
“Public health is what we, as a society, do collectively to assure the conditions for people to be healthy.” - Institute of Medicine (1988) *Future of Public Health*

MDH Mission:

Protecting, maintaining and improving the health of all Minnesotans

Vision:

The MDH vision is for health equity in Minnesota, where all communities are thriving, and all people have what they need to be healthy.

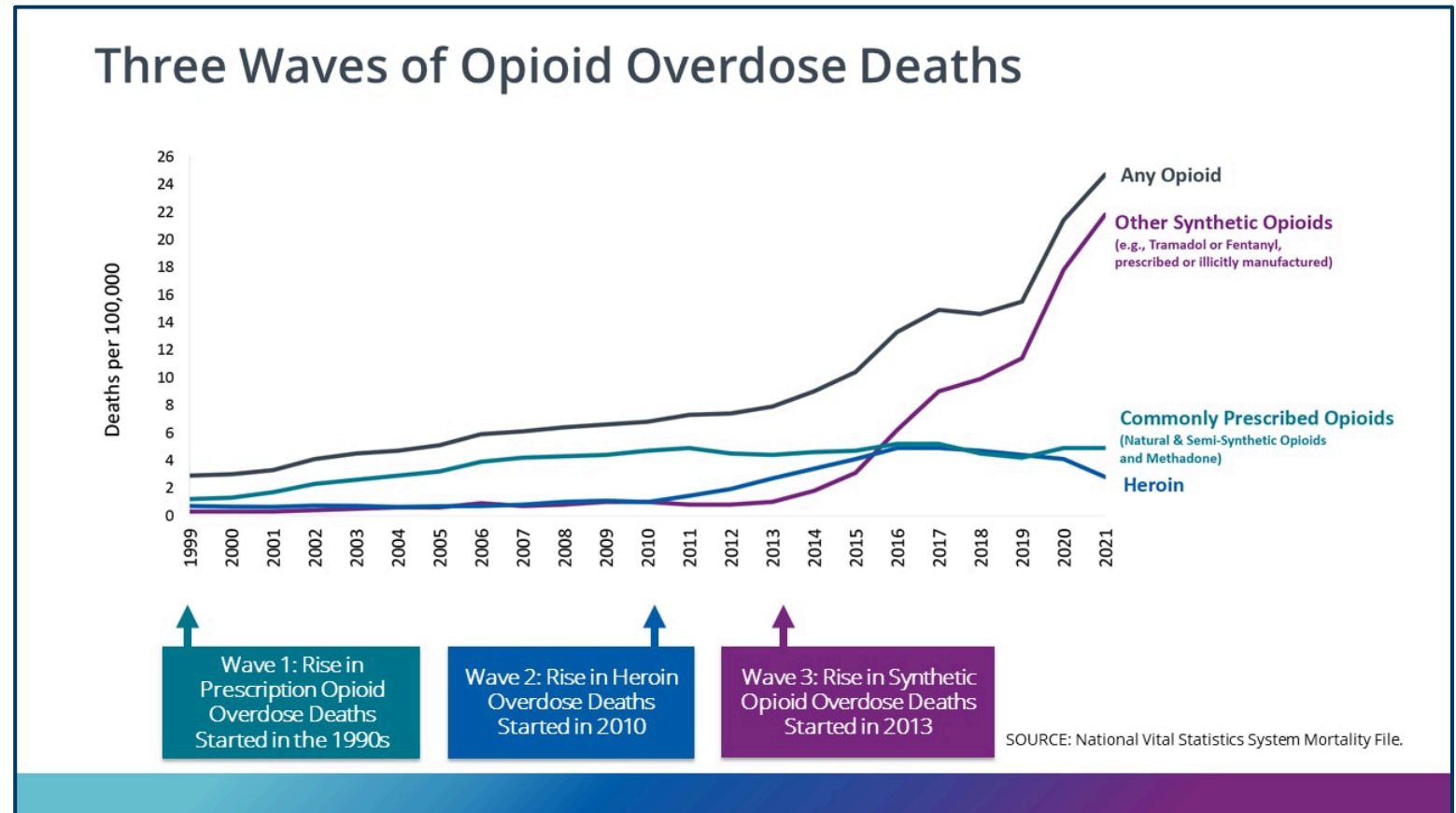




Drug Landscape Overview

Changing Drug Landscape

- Drug landscape changes over time
- Waves in the opioid epidemic
- Increasing overdoses
- Illicit/counterfeit pills
- Availability to purchase pills via social media



[Understanding the Opioid Overdose Epidemic](#) | [Overdose Prevention](#) | [CDC](#)

Counterfeit Pills

- Dangerous because they often appear identical to legitimate prescription pills and may contain fentanyl or methamphetamine.
- Students may buy pills for pain, Xanax for anxiety, and stimulants such as Adderall because they think it'll help them in school.
- Easy to purchase fake pills on the internet or social media sites.



- 6 out of 10 fake pills contain a potentially lethal dose of fentanyl (DEA, 2022).
- Unless a pill is prescribed by a licensed provider and provided by a pharmacist, it is safe to assume it is a fake pill and laced with a potentially fatal dose of fentanyl.

Authentic or Counterfeit?



Authentic Oxycodone

VS



Counterfeit Oxycodone



Authentic Xanax®

VS



Counterfeit Xanax®



Authentic Adderall®

VS



Counterfeit Adderall®

About Fentanyl

- Fentanyl is a potent synthetic opioid drug approved by the FDA for pain relief and anesthetic.
- Approximately 100 times more potent than morphine and 50 times more potent than heroin.
- Only a small amount of fentanyl is needed to be lethal.
- *“But what does all of the above actually mean?”*



Myths and Misinformation About Fentanyl

- ✓ Cannot overdose by skin contact.
- ✓ Cannot overdose by accidentally breathing it in.
- ✓ Cannot overdose by giving mouth-to-mouth.
- ✓ It is rarely with illicit cannabis and in those instances, it seems to be an accidental cross-contamination.
- ✓ It is odorless and tasteless.

Takeaway:

When rescuing someone from an overdose the only one in danger is the person experiencing the overdose.



Naloxone

What is Naloxone?




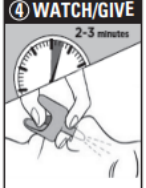

Naloxone, also known as Narcan[®], is a potentially lifesaving drug that can reverse an opioid overdose. It can be administered as an injection or nasal spray.

When a person administers naloxone during an opioid overdose, naloxone disables an opioid's harmful effects to the brain, temporarily reversing an opioid overdose. It is only effective for an opioid overdose and is otherwise harmless.

Available as an intramuscular and intranasal formulation. Starting in September 2023, Narcan Nasal Spray available over the counter.



Important Information when Administering Naloxone

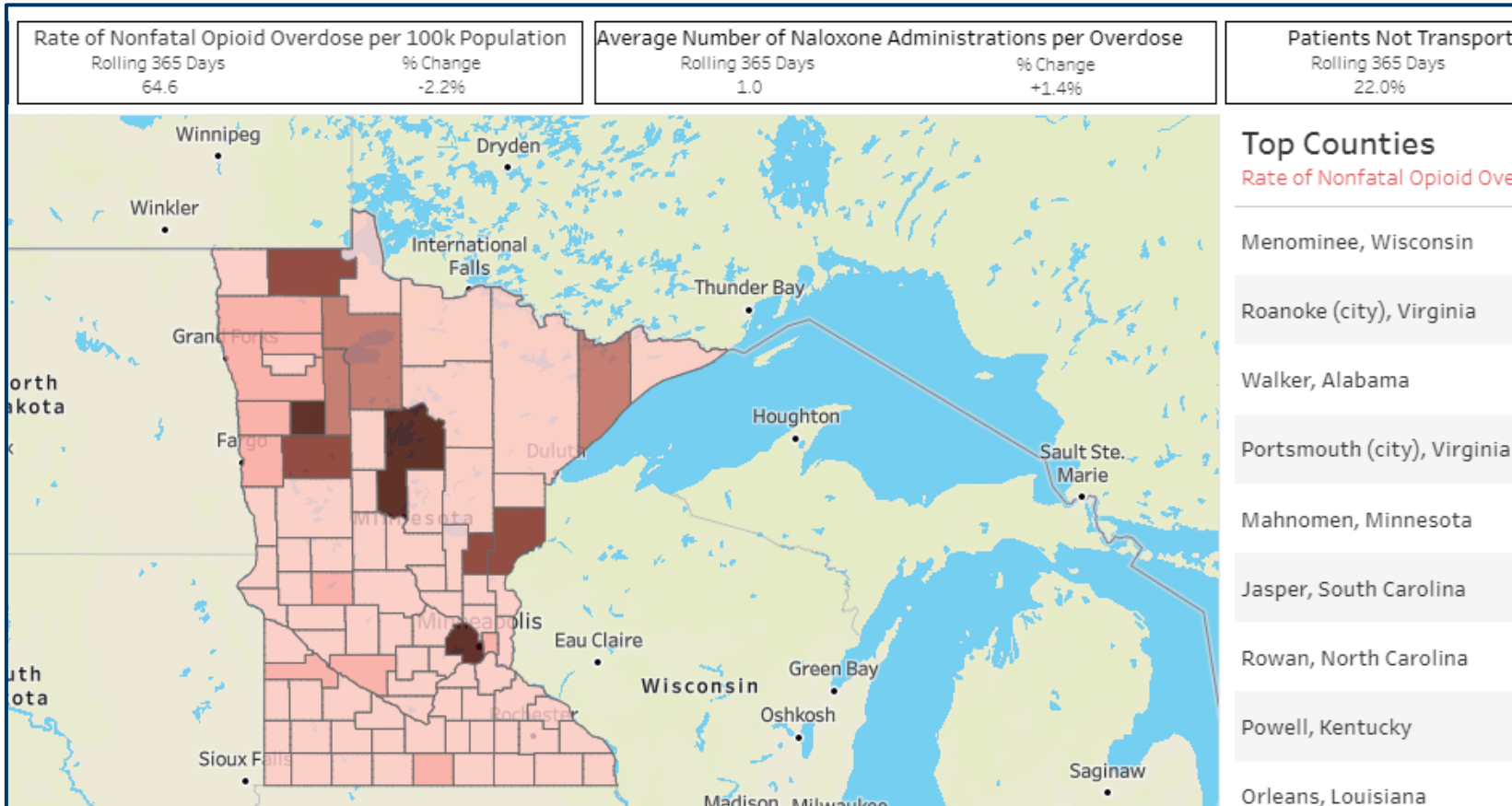
	① CHECK ▶ Step 1: CHECK if you suspect an overdose: <ul style="list-style-type: none">• CHECK for a <u>suspected overdose</u>; the person will not wake up or is very sleepy or not breathing well<ul style="list-style-type: none">• yell "Wake up!"• shake the person gently• if the person is not awake, go to Step 2
	② GIVE ▶ Step 2: Give 1st dose in the nose <ul style="list-style-type: none">• HOLD the nasal spray device with your thumb on the bottom of the plunger• INSERT the nozzle into either NOSTRIL• PRESS the plunger firmly to give the 1st dose• 1 nasal spray device contains 1 dose
	③ CALL ▶ Step 3: Call 911 <ul style="list-style-type: none">• CALL 911 immediately after giving the 1st dose
	④ WATCH/GIVE ▶ Step 4: WATCH & GIVE <ul style="list-style-type: none">• WAIT 2-3 minutes after the 1st dose to give the medicine time to work• if the person <u>wakes up</u>: Go to Step 5• if the person does <u>not wake up</u>:<ul style="list-style-type: none">• CONTINUE TO GIVE doses every 2-3 minutes until the person wakes up• it is safe to keep giving doses
	⑤ STAY ▶ Step 5: STAY <ul style="list-style-type: none">• STAY until ambulance arrives: even if the person wakes up• GIVE another dose if the person becomes very sleepy again• You may need to give all the doses in the pack

- Rescue breaths are crucial.
- Breathing, not consciousness, is the goal.
- Whether intramuscular or nasal, waiting 2-3 minutes between doses is important.
- Each device only sprays 1 time.
- [Resources for Using NARCAN® \(naloxone HCl\) Nasal Spray](#)

Myths and Misinformation About Naloxone

- Erratic/violent behavior.
 - Decades of naloxone use in medical settings discounts these more recent reports.
- Dosing limits & fentanyl-phobia.
 - The goal is to get them breathing, not conscious.
 - We don't emphasize rescue breathes as much as we should- Oxygen is needed for the brain.
 - Too much naloxone being administered, resulting in precipitated withdrawal. Withdrawal symptoms are very unpleasant and can lead to the victim trying to use more.
- Intramuscular vs nasal.
 - Both are efficacious, that's why they exist. One is just more user friendly.
- You cannot administer naloxone on yourself.
- Certain types of naloxone are better at targeting fentanyl.

How Much Naloxone is Enough?



- NEMSIS nonfatal drug overdose dashboard.
- Shows statistics about naloxone administrations and nonfatal overdoses in the state.
- Goal is to get people breathing, not awake, while you wait for 9-1-1/first responders.

NONFATAL DRUG OVERDOSE DASHBOARD - NEMSIS

4mg vs 8mg – no benefits for higher dose

- Study conducted in New York for administrations among law enforcement.
- No differences found in survival.
- 8mg recipients had higher prevalence of opioid withdrawal signs and symptoms.

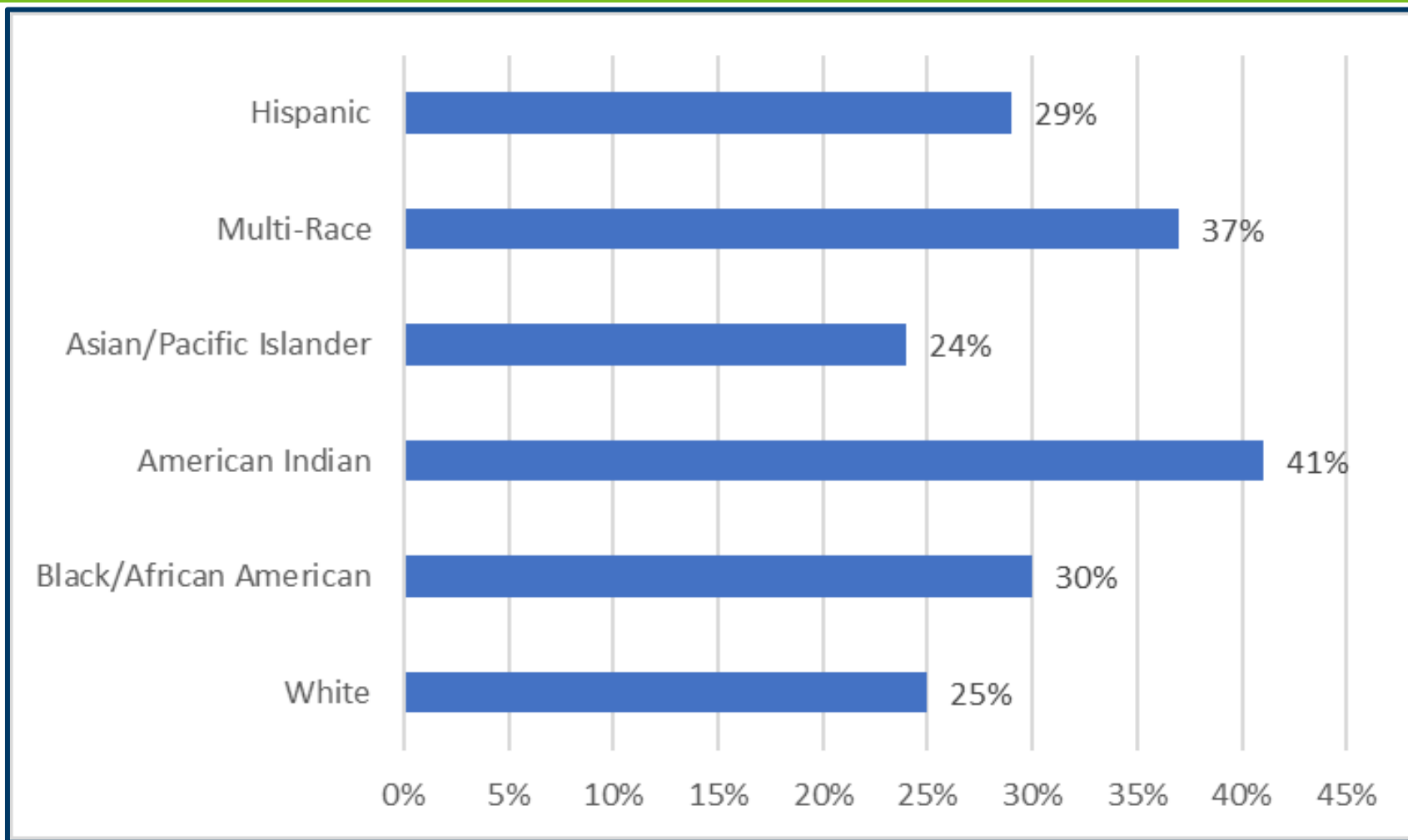
Morbidity and Mortality Weekly Report
(*MMWR*)

Payne ER, Stancliff S, Rowe K, Christie JA, Dailey MW. Comparison of Administration of 8-Milligram and 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose — New York, March 2022–August 2023. *MMWR Morb Mortal Wkly Rep* 2024;73:110–113.
DOI: <http://dx.doi.org/10.15585/mmwr.mm7305a4>.

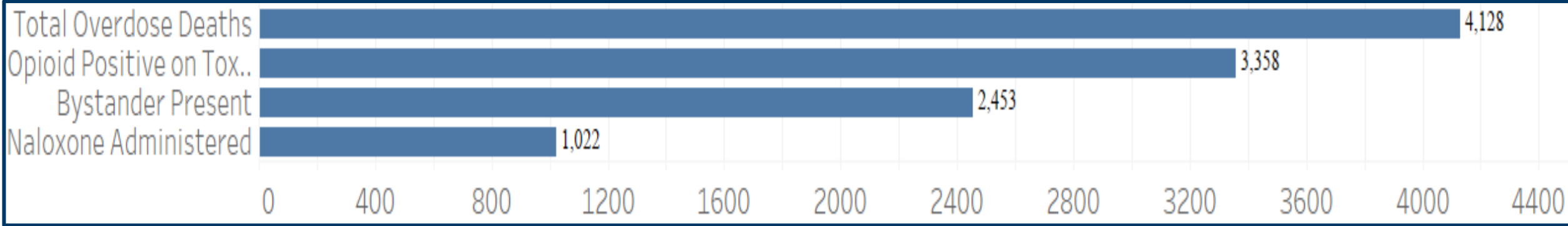
About the SUDORS System

- Purpose – provide circumstantial and granular overdose mortality data to assist data-driven case reviews, prevention efforts, policy proposals and grant writing
- State Unintentional Drug Overdose Reporting System (SUDORS) has been active in Minnesota since July 2017
- SUDORS includes de-identified case level data on all unintentional & undetermined occurrent overdose deaths in Minnesota starting in 2019. Narrower in scope than death certificate data which includes all manners of death
- Please contact your SUDORS state administrator, Mary DeLaquil, (mary.delaquil@state.mn.us) with questions and data requests
- The MDH SUDORS web site is the portal for dissemination of SUDORS information. <https://www.health.state.mn.us/communities/opioids/data/sudors.html>

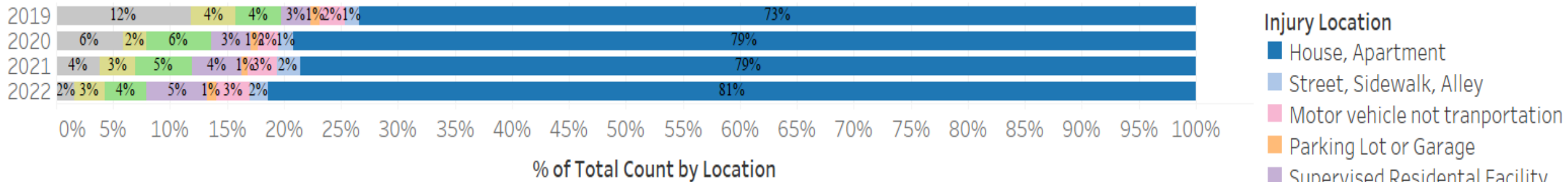
Naloxone administration in fatal overdose cases by race and ethnicity in Minnesota, 2019-2022



Less than a third of the opioid-involved overdose deaths in Minnesota had naloxone administered, 2019-2022



The largest percentage of fatal overdoses occurred in a private residence in Minnesota



SOURCE: SUDORS, MDH, 2019-2022
 Mary.delaquil@state.mn.us



Naloxone Distribution in Minnesota

Naloxone Distribution in Minnesota as a Hybrid Model

- State-funded partners that include Harm Reduction and EMS Regional partners.
- Hub and spoke model where they distribute to other partners and communities and provide training and education.
- These partners specialize in working with PWUD.
- Online Ordering Portal operated by MDH in collaboration with DHS.
- Distributes nasal naloxone to mandated and strategic groups in the state.

Existing Distribution Partners

- **8 regional EMS** (statewide)
- **Rural Aids Action Network**
(Greater Mn)
- **Steve Rummler HOPE Network**
(Statewide)
- **Southside Harm Reduction Services**
(Metro)
- **Red Door Clinic** (Metro)
- **Northpoint**
(Metro)
- **Lutheran Social Services/Streetworks**
(Metro)
- **Ka Joog**
(Metro)
- **City of Minneapolis**
(sub-contract with HueMan and NACC)

Hub and Spoke Model: SSPs and Community Orgs

Syringe Service Programs

- Working directly with People Who Use Drugs (PWUD).
- Intramuscular (IM) Naloxone more accepted.
- Often supporting other community orgs and Syringe Services Programs (SSPs).

Other Community Partners

- Some work directly with PWUD, unhoused populations, encampments, shelters, etc.
- Others are suppliers for non-profits, businesses, community groups, religious groups, families of PWUD, etc.

Naloxone Portal Basics

NARCAN DIRECT™

1-844-4-NARCAN (844) 462-7226

[CONTACT US](#)

NARCAN
Naloxone HCl Nasal Spray 1mg
Emergency Treatment of Opioid Overdose

Designed to Rapidly Reverse the Effects of a Life-Threatening Opioid Overdose

2 Single Dose Nasal Spray Devices
0.502 fl oz (15 mL each)

Purchase NARCAN® Nasal Spray directly from Emergent Devices

[ORDER](#)

[LOGIN](#)

[SIGN UP](#)

- The portal further reduces barriers and increases access for groups and organizations that need it.
- Standing order and protocol from Minnesota Department of Health Medical Director.
 - Template available at: [Naloxone Standing Order \(https://www.health.mn.gov/communities/opioids/mnresponse/nalstandorder.html\)](https://www.health.mn.gov/communities/opioids/mnresponse/nalstandorder.html)

Eligible Groups

Mandated groups from the 2023 legislative session:

- Schools (K-12)
- Law Enforcement
- DHS Licensed Programs
- Sober Homes
- Corrections

Other eligible groups:

- Tribal Nations & Tribal Entities
- Syringe Services Programs
- Organizations serving the Unhoused

*More info at program website [Naloxone Standing Order and Portal - MN Dept. of Health](#)

What can groups use the portal for?

- We encourage harm reduction inspired activities.
 - Distribution to at-risk groups.
 - Outreach to PWUD.
 - Community response teams (community paramedics, overdose follow-up, in-home visits, etc.).
 - Leave behind programs.
 - Multiple points of access.
- Every time a new category gets access we work to host a webinar for that discipline, work with experts in those areas to maximize messaging, and provide basic information.
- Supplements nasal demand- it does no replace intramuscular and other types of naloxone. All formulations are important to preventing overdose deaths.



“What’s wrong with you?”

VS.

“Why do you hurt?”



Naloxone Resources

MDH Toolkit: Naloxone Administration in Schools

MDH School Toolkit

(<https://www.health.mn.gov/people/childrenyouth/schoolhealth/med/toolkit.html>)

NALOXONE ADMINISTRATION IN SCHOOL SETTINGS

School Toolkit

The School Toolkit includes information and recommendations for school policy and emergency procedure development, role of medical provider for standing orders/protocols and prescription, resources for obtaining naloxone medication, resources for education and training and recovery / referral resources to meet the needs of those at risk or who have experienced an overdose.

Additional Resources

- [Naloxone Toolkit | Overdose Prevention | CDC \(https://www.cdc.gov/overdose-prevention/hcp/toolkits/naloxone.html#cdc_toolkit_main_res_fact_sheets\)](https://www.cdc.gov/overdose-prevention/hcp/toolkits/naloxone.html#cdc_toolkit_main_res_fact_sheets)
- [Naloxone Standing Order \(https://www.health.mn.gov/communities/opioids/mnresponse/nalstandorder.html\)](https://www.health.mn.gov/communities/opioids/mnresponse/nalstandorder.html)
 - Standing Order & Protocol and Naloxone Portal Registration along with program information and frequently asked questions.
- [Naloxone Partners in Minnesota \(https://www.health.state.mn.us/communities/opioids/naloxpart.html\)](https://www.health.state.mn.us/communities/opioids/naloxpart.html)
 - Lists Partners funded to distribute naloxone and connects the syringe exchange calendar which lists the SSPs in the state, their hours of operation and services offered.
- [Find Naloxone in Minnesota \(https://www.health.state.mn.us/communities/opioids/naloxpart.html\)](https://www.health.state.mn.us/communities/opioids/naloxpart.html)
 - A tool for the public to find naloxone in the State of Minnesota.

Thank You!

Cody Bassett
Cody.Bassett@state.mn.us



Opioids in Nursing Homes

Sarah Grebenc | Federal Executive Operations Manager, Health Regulation Division

Long Term Care

- Regulated by Federal Regulations from the Centers for Medicare and Medicaid Services (CMS).
- Appendix PP of the State Operations Manual. See [Nursing Homes | CMS](#)
- No specific regulation related to the use of Narcan.



The United States Surgeon General has recommended that naloxone (Narcan) be kept on hand where there is a risk for an opioid overdose.

Facilities should have a written policy to address opioid overdoses.

- F689 § 483.25(d) Accidents
- F697 §483.25(k) Pain Management

Staff Training

- How are the staff trained in identify substance abuse?
- How are they trained to recognize substance abuse?
- What are they supposed to do if a resident is under the influence?
- What is the facility policy?
- Facilities not allowed to search resident's personal space for substances with out resident consent.

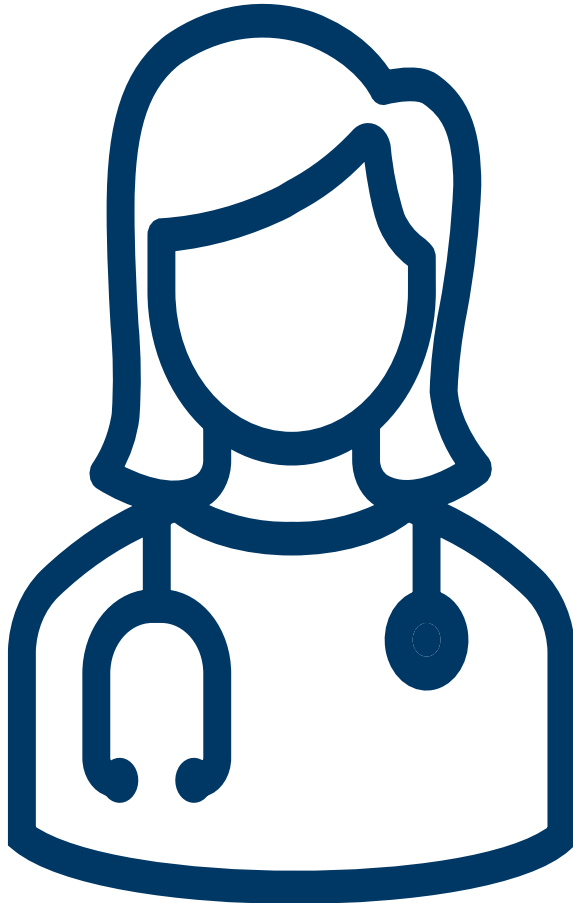


Complaints

- Staff member administering Narcan instead of ordered nasal spray (saline spray).
- Residents returning to the facility under the influence.
- Family members bringing in illegal substances.
- Resident who leaves without facility knowledge to obtain illegal substances.
- Staff unable to care for a resident under the influence of substances.
- Resident behaviors/actions towards other residents while under the influences of unknown substances.
- Police involvement to remove illegal substances from the facility.

- F645 - Medically Related Social Services
- F689 - Accidents
- F740 - Behavioral Health
- F741 - Sufficient and Competent Staff- Behavioral Health Needs
- F757 - Drug Regimen Free from Unnecessary Drugs
- F758 - Free From Unnecessary Psychotropics Medications
- F697 - Pain Management
- F760 - Significant Medication Errors
- F 838 - Facility Assessment

Physician Involvement



- Medical director: determine if Narcan will be included in the facility standing orders and how/when it is to be administered.
- Primary physician: order Narcan if necessary for a specific resident.



Opioid Overdose in Assisted Living Settings

Matt Heffron | State Rapid Response Regional Operations Manager
Health Regulation Division

Overdoses in Assisted Living

Overview

Examples

Lessons Learned

Assisted Living in Minnesota

- Assisted Living in Minnesota includes a broad array of services being provided to diverse resident populations, with great variation in needs.
- The assisted living law requires person-centered care which can meet the reasonably foreseeable needs of the resident.
- A resident with an active substance use disorder has foreseeable safety needs which must be included in assessment and care planning.

- In fall 2023, MDH received several reports of fatal overdoses in assisted living facilities.
- Over the subsequent year, we have continued to receive complaints and reports of overdoses resulting in death or which required hospitalizations.
- As we investigate these instances, some are substantiated as neglect and others are not.

Example #1

- An assisted living facility admitted multiple residents with histories of use of nonprescribed controlled substances.
- At least three overdoses which requires emergency medical services and hospitalizations occurred, and the facility did not adequately document these incidents in assessments and did not update service plans based on these needs.

Example #2

- An assisted living facility admitted a resident with substance use disorder and mental health diagnoses.
- The resident experienced three overdoses while at the facility, with each one reversed by EMS use of Narcan.
- The resident's assessments and service plans were not updated after these incidents.
- The resident experienced a fourth overdose and died.

Example #3

- An assisted living facility admitted a resident with a known history of use of nonprescribed controlled substances.
- One month prior to the incident, the resident experienced an overdose, and the facility added additional safety checks to the resident's service plan.
- On the day of the incident, facility staff failed to check on the resident for multiple shifts, before finding the resident deceased in her room.

Example #4

- A resident experienced an overdose.
- The facility placed new safety checks in place and obtained Narcan for the resident.
- The resident went to another part of the facility and overdosed in another resident's room; the facility attempted use of Narcan when the resident was found but it was not successful.

Example #5

- A resident was found unconscious in another resident's room.
- Staff members administered Narcan and called 911.
- The resident was able to return to the baseline condition after a brief hospitalization.

- Overdoses leading to loss of consciousness are occurring in residential care facilities, including assisted living facilities.
- When repeated overdoses occur without interventions, the outcome for residents can be fatal.
- Additional monitoring and safety checks can benefit the resident.
- Narcan administration, by the facility or EMS, is often successful.

- Everything starts with observation and assessment.
 - When signs and symptoms of a substance use disorder are identified by direct care staff, these must be brought to the attention of the nurse.
 - Timely completion of an assessment is critical.
- Developing, documenting, and implementing new interventions can save a life.

Lessons Learned cont.

- Effective care starts with the pre-admission assessment and determining if the individual is appropriate for the setting.
- To provide person-centered care, strategies around this issue should move from reactive towards a preventative and holistic approach.



Questions?

Health.assistedliving@state.mn.us