

Naloxone Administration by Medical First Responders

Frequently Asked Questions (FAQs)

The Alberta Medical First Response (MFR) Program supports the use of naloxone by our partner MFR Agencies. This includes the Medical Oversight, Quality Assurance and training supports that are part of the MFR framework as well as facilitating access to naloxone, clarifying funding options and capturing information on the use of naloxone by MFRs.

Alberta MFR Program
mfr@ahs.ca

MFR Portal for partner agencies and their responders: www.AlbertaMFR.ca

Alberta MFR Naloxone Resources webpage:
<https://www.albertamfr.ca/theme/common/page.cfm?i=11725>

Alberta Government information release:
<https://www.alberta.ca/release.cfm?xID=4623401E1FFAF-C647-0DE1-3DC0E9D72AA4CB74>

FAQs

[GENERAL](#)

[CLINICAL](#)

[SAFETY](#)

[TRAINING](#)

[SUPPLY & FUNDING](#)

GENERAL

Q: “Is my agency required to carry naloxone?”

A: No. MFR Agencies can decide whether or not to begin carrying naloxone for administration to patients.

Q: “Who is allowed to administer naloxone?”

A: The Ministerial Order permits Firefighters that are members of agencies enrolled with the Alberta MFR Program to administer naloxone once the training has been completed. The Ministerial Order also includes Police & Peace Officers.

Q: “Are Standard First Aid and Advanced First Aid responders allowed to administer naloxone?”

A: Yes. If the MFR Agency chooses to carry it, all Firefighters are permitted to administer naloxone by Intramuscular (IM) injection or Intranasal (IN) spray if they are appropriately trained and equipped.

Q: “Is a prescription required to carry or administer naloxone?”

A: No. A prescription is no longer required to purchase, carry or administer naloxone.

Q: “If I am a regulated health care practitioner (i.e. EMR, PCP) what steps do I need to take in order to administer naloxone?”

A: You must complete the naloxone online training module and in-person skills session. After completion of both components, the Alberta College of Paramedics must be notified so your practice permit can be updated.

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Q: “Why is naloxone being made available to MFR Agencies?”

A: There has been a substantial increase in deaths throughout Canada related to the misuse of opioids such as Fentanyl. In response to this current health crisis, Alberta Health Services and Alberta Health have worked with stakeholders to make naloxone available to medical first responders. In suspected opioid overdose situations, when combined with other basic supportive care such as maintaining an open airway and supporting ventilations, naloxone administered prior to EMS arrival can positively impact patient outcomes. In a survey conducted among Alberta MFR Agencies, 91% of respondents were in favour of carrying naloxone for administration to patients.

Q: “How does our MFR Agency decide if we want to carry naloxone or not?”

A: Each MFR Agency must determine if they wish to carry naloxone. If their responders are routinely involved with first response to overdose events in their community they may wish to consider carrying naloxone. A discussion with your local community leaders, health/EMS leaders and the MFR Program is encouraged in order to help provide you with information to make this decision.

Q: “Do we have to change our MFR response plan or level of service?”

A: No. AHS is not asking MFR Agencies to change their level of service, response plans or increase their call volume.

Q: “What methods of administration are available for naloxone?”

A: The Community Based Naloxone (CBN) kit for IM injection and the **NARCAN**® IN spray options are both available to MFRs.

Q: “Can my MFR Agency carry both the IN and IM forms of naloxone?”

A: Yes. MFR Agencies may decide to carry one or both forms of naloxone if they wish.

CLINICAL

Q: “Is naloxone the primary treatment for suspected opioid overdose patients?”

A: No. The first-line treatment for opioid overdose is supportive care such as maintaining a clear airway, supporting ventilation and administering oxygen. Naloxone administration takes place after these priorities have been started.

Q: “Where can I learn more about opioids and naloxone?”

A: The naloxone training module provides a detailed overview of Fentanyl and the current health crisis in Canada. There are many other sources of information available through [Alberta Health](#) and [Alberta Health Services](#).

Q: “What if I administer naloxone to a patient and it turns out they have not overdosed on opioids?”

A: Naloxone by itself is not a hazardous medication so there is minimal risk. However; if the patient is overdosing on multiple types of drugs, naloxone may reverse the effects of opioids but the other drugs may then cause different symptoms. Patients must be monitored closely following naloxone and responders need to be observant for changes in the patient’s condition.

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SAFETY

Q: “Is naloxone dangerous to responders?”

A: No. The naloxone medication itself poses no danger to responders. Scene safety and changes to the patient’s condition are the most significant considerations for responder safety.

Q: “What is the recommended Personal Protective Equipment (PPE) when providing care to a suspected opioid overdose patient?”

A: Standard precautions during patient care include hand hygiene, examination gloves and eye protection. Depending on findings at the scene, a front line risk assessment may indicate the need for additional PPE such as N95 respirator, disposable isolation gown and face protection. More information about recommendations for first responders can be found on the MFR Portal Naloxone webpage.

Q: “What safety mechanisms are in place for using needles?”

A: The CBN kit for IM injection comes stocked with VanishPoint® preassembled needles and syringes. These items are engineered with a safety mechanism that automatically retracts the needle into the syringe immediately after the injection is completed. When used properly, this greatly reduces the likelihood of biohazard exposure to the used needle. Used needles/syringes can be disposed of in the EMS sharps container in the ambulance.

TRAINING

Q: “What training do I need to take in order to administer naloxone?”

A: A provincial naloxone training module has been jointly developed with Edmonton Fire Rescue Services. It is applicable to all levels of responders (Standard First Aid and higher) and includes both the IN and IM methods of administration. This training is available to MFR Agencies at no charge.

Q: “What resources are available for training?”

A: An online module is available including educational material, images, videos and a twenty-question evaluation. An instructor lesson plan and skills checklist are available for MFR Agencies for hosting in-person hands-on practice.

Q: “Where can I access the training?”

A: MFRs can log in to the Alberta MFR portal www.AlbertaMFR.ca and access the online training area. If you do not have login credentials please speak to your dept. officers so credentials can be created for you.

Q: “Can I administer naloxone if I have not taken the training?”

A: No. The Ministerial Order specifies MFRs must complete the training required by their agency prior to administering naloxone to a patient.

Q: “What is the time commitment for naloxone training?”

A: The naloxone training module includes approximately 1-2 hours of online self-study and review. The in-person skills training for IM administration also takes approximately 1 hour to complete.

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STOCK & FUNDING

Q: “Who pays for naloxone Intramuscular (IM) Injection Kits?”

A: Alberta Health funds the Community Based Naloxone Kit program and has made these kits available to MFR Agencies free of charge.

Q: “Who pays for NARCAN® Nasal Spray units?”

A: Purchase of naloxone IN units is the responsibility of the MFR Agency. If the nasal spray unit is administered to a patient, the MFR Agency can receive reimbursement for the cost of the medication from the Alberta MFR Program following submission of the Patient Care Report.

Q: “Why aren’t naloxone nasal spray units being provided free of charge?”

A: The primary naloxone strategy funded and supported by Alberta Health is the Community Based Naloxone Kit, which includes the injectable form of naloxone. MFRs have been added to the list of groups that can receive a kit free of charge. The Community Based Naloxone Program funding does not include nasal spray units.

Q: “How do I order initial naloxone IM kits or replacements?”

A: MFR Agency Coordinators can order IM kits from the Alberta MFR Portal. You must be logged in to access the order form on the MFR Naloxone Resources web page. It is not necessary to stockpile a large number of extra naloxone kits.

Q: “What are the contents of the naloxone IM kit?”

A: Each CBN kit contains medication and equipment for three IM doses. Three vials of naloxone (0.4mg in 1mL), three preassembled syringes (3mL) and needles (25G x 1”) packages and antiseptic wipes.

Q: “How many naloxone IM kits should I order?”

A: A reasonable guideline is to order two CBN kits for each medical response unit. Each kit contains three doses of naloxone for IM injection.

Q: “How do I restock a used CBN IM kit?”

A: Used CBN kits are not restocked or returned following their use. All contents of the kit are disposable and the kit itself may be discarded or repurposed as you see fit. MFR Agency Coordinators can order new IM kits from the Alberta MFR Portal.

Q: “How do I order NARCAN® Nasal Spray units?”

A: **NARCAN® Nasal Spray** is ordered directly from AdaptPharma. Each package contains two doses. The approximate cost for one package (two doses) is \$125. AdaptPharma customer support can be reached at 1-877-870-2726 or adaptcanada@customer-support.ca

Q: “How does my MFR Agency get reimbursed following the use of NARCAN® Nasal Spray?”

A: Replacement naloxone nasal spray units are purchased directly from AdaptPharma. If the nasal spray unit was used on a patient, reimbursement for the cost of the medication is accomplished by contacting the MFR Program at mfr@ahs.ca.