



TITLE	POLICY NUMBER	
Naloxone Administration	DCS 15-41	
RESPONSIBLE AREA	EFFECTIVE DATE	REVISION
Office of Licensing and Regulation	May 13, 2022	4

I. POLICY STATEMENT

Prescription and illicit opioids are addictive and responsible for an increasing number of deaths in Arizona, necessitating the issuance of a statewide public health emergency to combat this ongoing epidemic. The purpose of this policy is to ensure all caregivers licensed by the Office of Licensing and Regulation (OLR) are educated about and prepared to utilize naloxone to mitigate the effects of an opioid overdose event involving a child or adolescent. According to the American Society of Addiction Medicine, naloxone is an extremely effective and safe medication. Moreover, overdose reversal is one of the pillars of a full response to addiction championed by the federal Comprehensive Addiction and Recovery Act.

II. APPLICABILITY

This policy applies to all foster homes, group foster homes, and child welfare agencies operating residential group care/shelter care facilities that serve youth ages twelve and older, or youth at risk of opioid overdose, licensed under Arizona Administrative Code (A.A.C.) Title 21, Chapter 7 and Title 21, Chapter 6 and Chapter 8. This policy does not apply to unlicensed caregivers, but they are encouraged to obtain naloxone from the community providers referenced in this policy if they so choose.

III. AUTHORITY

[A.A.C. R21-8-108 A.1.b. and 2](#)

Storage of Medication

[A.A.C. Title 21 Chapter 6](#)

Foster Home Licensing

[A.A.C. Title 21 Chapter 7](#)

Department of Child Safety-Child Welfare
Agency Licensing

[A.R.S. § 36-2267](#)

Administration of opioid antagonist; exemption
from civil liability; definition

[H.H.S. Publication 18 4742](#)

SAMHSA Opioid Overdose Prevention Toolkit

IV. DEFINITIONS

Caregiver: An adult who is licensed by OLR to provide for the physical, emotional, and social needs of a child who is under the care, custody and control of the Department or other Child Placing Agency. This includes foster parent(s), adoptive parent(s), kin or relative(s), and group home staff.

Child Placing Agency: Any child welfare agency that places children in foster homes for temporary care or in prospective adoptive homes for adoption.

Child Welfare Agency: Any agency or institution maintained by a person, firm, corporation, association, or organization to receive children for care and maintenance or for 24-hour social, emotional, or educational supervised care or have been adjudicated as a delinquent or dependent child.

Department or DCS: The Arizona Department of Child Safety.

Foster home: A home that is maintained by any individual or individuals having the care or control of minor children, other than those related to each other by blood or marriage, or related to such individuals, or who are legal wards of such individuals.

Group foster home: A licensed regular or special foster home in which the licensed foster parent is certified to provide care to more than five but not more than ten minor children at a time (“special foster home” is further defined under [A.R.S. § 8-501](#)).

Immediately accessible: Within such close proximity and in such a manner that it can be retrieved and used as easily and quickly as if carried on the person.

Naloxone: An FDA-approved medication that rapidly reverses an opioid overdose by attaching to opioid receptors and reversing the effects temporarily. It has no effect on someone who does not have opioids in their system. Naloxone comes in three FDA-approved forms: injectable, auto injectable, and prepackaged nasal spray.

Narcan®: The brand name for a nasal spray formulation of naloxone, it is sometimes used as a blanket term to apply to all brands and formulations of opioid antagonists, but the proper generic term is “naloxone”. Other brands include KLOXXADO™ and ZIMHI™.

Opioids: Manufactured compounds (e.g., hydrocodone, methadone, oxycodone, propoxyphene, fentanyl, tramadol) that produce the same effects as the compounds extracted or refined from the natural plant matter opium poppy (e.g., opium, codeine, morphine, heroin), which are collectively referred to as opiates.

Opioid overdose: An acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opiate, or the combination of the opiate with another substance, or that a layperson could reasonably believe to be an opiate-related drug overdose that requires medical assistance.

Provider: A licensed foster parent or child welfare agency residential group care facility, and applicants for these licenses.

Safeguard: For the purpose of this policy “safeguard” means to take reasonable and developmentally appropriate measures to minimize the risk of harm to a child in care and to ensure a child in care will not be harmed by a particular object, substance, or activity. Where a specific method is not otherwise prescribed in this policy, safeguarding may include:

- a. putting a substance or item beyond the reach of a child in care;
- b. providing staff supervision; or
- c. providing a child in care age 14 and older with safety information and generalized instruction necessary to promote the safe and appropriate use of potentially dangerous objects.

Shelter care facility: An agency facility that receives children for temporary out-of-home care, 24 hours per day, when children request care, or are placed in care by a placing agency, a law enforcement agency, a parent, a guardian, or a court.

V. POLICY

A. Caregiver Expectations

As caregivers are commonly in a position to initiate early response to evidence of opioid overdose, the Department requires caregivers licensed to provide care for children ages twelve (12) and older, or children at risk of opioid overdose, to have naloxone on-site in the event of an opioid overdose to prevent or reverse respiratory arrest. Additionally, this requirement shall also apply when there are children under age of twelve (12) in the home and any individual residing in the home has a prescription for opioids.

1. Foster home caregivers shall have at a minimum one (1) naloxone dose available in the home prior to any applicable children placed in the home. Child welfare agency caregivers shall have at a minimum four (4) naloxone doses available in each facility prior to any applicable children placed.
2. Naloxone shall be available to ensure quick access for use during emergencies. Caregivers shall possess one dose of intranasal naloxone and/or injectable naloxone for each child age twelve (12) and older in their care.
 - a. Caregivers shall ensure that the dose of naloxone is included with the placement packet when there is a change in the child's living arrangement. If the child does not have a dose upon arrival, the new caregivers shall obtain naloxone for each applicable child within 24 hours of the child being placed.
3. Caregivers shall administer naloxone to a person they believe is suffering from an opioid-related drug overdose. Naloxone shall be deployed for any child who needs it, regardless of whether that child's name is on the prescription.
4. Any caregiver who deploys naloxone in accordance with this policy is

protected against civil liability or criminal prosecution under [A.R.S. § 32-1471](#) and [A.R.S. § 36-2267](#) as long as their actions do not amount to willful misconduct or gross negligence.

5. Naloxone shall not be stored in a locked container with other medications, as it must be immediately accessible to be deployed, but it shall be safeguarded and supervised to prevent improper use. It shall not be left in a car for extended periods of time nor subjected to extreme heat or cold as that may impair its effectiveness.
6. Naloxone supplies should be restocked within three (3) days of expiration or deployment.

B. Training

All caregivers with naloxone supplies shall participate in training and education regarding the detection of, and appropriate responses to, an overdose and familiarize themselves with the [SAMHSA Opioid Overdose Prevention Toolkit](#). This includes the recognition of opioid overdose symptoms, proper techniques for administration of naloxone, and essential follow-up procedures.

When a caregiver is licensed for ages twelve (12) or over, they shall participate in a training that will address:

1. how to identify the signs and symptoms of opioid overdose;
2. the need to call emergency medical services immediately;
3. how to administer the naloxone medication;
4. the need to remain with the overdose victim;
5. how to apply cardiopulmonary resuscitation (CPR) and/or rescue breathing until help arrives (as needed);
6. when to provide additional doses of naloxone.

C. Obtaining Naloxone

DCS caregivers may request and obtain naloxone, at no cost, in any retail

pharmacy that is contracted with DCS CHP Mercy Care's Pharmacy Benefit Manager. The Arizona Health Care Cost Containment System (AHCCCS) maintains a list of naloxone providers at naloxoneaz.com to help find a distribution site. Additionally, there are substance abuse treatment organizations that distribute free naloxone, including [Sonoran Prevention Works](#).

Alternatively, a child's healthcare provider or any licensed Arizona pharmacist can prescribe naloxone for them. The naloxone prescription is covered by insurance and follows the child if they change placements.

1. Arizona's Department of Health Services maintains a standing order that allows pharmacists to dispense naloxone to any individual in Arizona. <http://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/naloxone-standing-order.pdf>

D. Use and Reporting

When information related to resuscitation and naloxone administration for the individual has been transferred to first responders, caregivers at the scene shall immediately:

1. determine from the first responders what follow-up care (e.g., hospitalization or rehabilitation) should be provided to the victim;
2. assess the safety of others residents/occupants at the scene and respond to the situation accordingly;
3. submit an *Incident Report for Children in the Custody and Care of DCS* form to olrincidentreports@azdcs.gov (for contacted caregivers) or olrnoncontractedincidentreports@azdcs.gov (for non-contracted caregivers) subsequent to any deployment of naloxone. This report shall describe the incident, medication deployment details (name, dose, and route), victim's response, steps taken to monitor the victim, and actions taken to seek EMS intervention.

VI. PROCEDURES

A. Initial and Ongoing Caregiver Training

Caregivers may receive free training at GetNaloxoneNow.org (there is a nominal fee for a certificate of completion, but there is no obligation to purchase one). This site also provides information about where to acquire naloxone. [Sonoran Prevention Works](#) also offers free training called “Overdose Prevention, Recognition, and Response”. The American Red Cross offers online training entitled “[First Aid for Opioid Overdoses](#)”. The training shall cover the specific topics listed above in V.B.

Caregivers shall forward to their licensing agency any documentation that they have completed training in the administration of naloxone. This policy does not constitute training per se.

Congregate care settings shall maintain documentation of staff completion of initial training, and subsequent mandatory annual training, in personnel files readily available for OLR to review.

B. Caregiver Actions

Caregivers shall:

1. familiarize themselves with the [SAMHSA Opioid Overdose Prevention Toolkit](#), which describes the five steps (evaluating for signs of opioid overdose, calling 911, administering naloxone, supporting the person’s breathing, and monitoring the person’s response) essential to alleviate the effects of an overdose. They shall follow the most up to date information as medical information and recommendations can change with newer updates;
2. fully cooperate with emergency medical service (EMS) personnel responding to the scene. They shall not interfere with or impede the administration of emergency medical services to the victim of the overdose. Because EMS, law enforcement, and the fire department are responsible for reporting bystander/layperson administration of naloxone, caregivers shall provide them with the information they require;
3. assess the safety of other occupants and mitigate the effects; assessment

of the overdose situation should include, but may not be limited to, considerations that threaten immediate health and safety of other children within the environment, safety and risk to other occupants, and required next steps. This may include moving occupants to a safe area while law enforcement and others identify and remove any additional sources of opioids, which may also include adequate cleaning of surfaces, carpets, etc.;

4. complete the appropriate forms for notification;
5. restock naloxone supplies as needed within three days of deployment or expiration.

VII. FORMS INDEX

[*Incident Report for Children in the Custody and Care of DCS \(CSO-1151A\)*](#)

[*Incident Report for Children in the Custody and Care of DCS \(Spanish CSO-1151A\)*](#)

VIII. RESOURCES

To find a nearby naloxone site: naloxoneaz.com or OpioidServiceLocator@azahcccs.gov.

For more information about opioids:

- www.azdhs.gov/opioid/
- Arizona Department of Health Opioid Assistance and Referral Line:
1- 888-688-4222
- [How to Respond to an Opioid Overdose](#)
- [Opioid Overdose | SAMHSA](#)
- [Opioids/Substance Use | Mercy Care \(mercycaresaz.org\)](#)
- [SAMHSA Opioid Overdose Prevention Toolkit](#)

- U.S. Food and Drug Administration Orange Book: [Approved Drug Products with Therapeutic Equivalence Evaluations](#)