



Administering Naloxone During COVID-19: A Guide for Law Enforcement, First Responders and the Public

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- Naloxone is a medicine used to reverse the respiratory effects of opioid overdoses. First responders, law enforcement officers and others have saved thousands of lives by administering naloxone.
- You may worry that a person overdosing may have COVID-19. However, naloxone can save the life of someone who is overdosing, so it must be administered.

The Oregon Health Authority (OHA) recognizes concerns about COVID-19 exposure. Recommendations for safely administering naloxone include:

- **Administering naloxone:** You can safely administer naloxone if you avoid unnecessary exposure. The Centers for Disease Control and Prevention defines exposure as spending 15 minutes within 6 feet of someone. Administering naloxone takes seconds.
- **Intranasal naloxone:** Intranasal naloxone is administered through the nose. To help decrease the risk of COVID-19 transmission, if you use intranasal naloxone on someone suspected of having an opioid overdose you should use:
 - Gloves, and
 - Facial protection (such as a surgical mask).
- **Intramuscular naloxone:** Intramuscular naloxone poses a lower risk of COVID-19 exposure than the intranasal form. Intramuscular naloxone comes in two types:
 - An easy-to-use injectable, or
 - An auto-injector that prompts you with verbal instructions.

You should inject intramuscular of naloxone into the thigh muscle. The thigh is far away from the nose and mouth, so your risk of contracting COVID-19 is lower than with intranasal naloxone. OHA recommends using gloves during the injection.

Intramuscular naloxone starts to take effect two to five minutes after injection. You may need to repeat the dose if the person does not respond after several minutes.

Other considerations

- OHA encourages using personal protective equipment (PPE) in all close person-to-person contacts. Nevertheless, an untreated opioid overdose often results in death. If you are the first person to respond to the scene, you are often the last line of defense against a fatal outcome.
- Rescue breathing is highly encouraged if the person being rescued is a household or close family member.
- The rescuer or other bystanders should call 911 immediately. Emergency medical attention is essential because the general public may not have enough naloxone on hand to administer multiple doses, or the overdose may involve drugs other than opioids.
- When someone is revived from an overdose, the rescuer should move away from the person to avoid potential infection by sudden coughing or speech, which is common in an overdose rescue.
- OHA recognizes that all naloxone products may not be available in some places. Good local resources to learn where naloxone is available include:
 - County health departments
 - Harm reduction sites (such as needle exchanges), and
 - Other social service agencies.

Naloxone is also available at pharmacy counters across the state without a prescription.

- We encourage using PPE regardless of the form of naloxone used. However, if you are a household member or close contact of a person overdosing, you do not have to use PPE; you are not likely to increase your COVID-19 risk when administering naloxone.
- The COVID-19 pandemic brings important health considerations, but people with substance use disorder still need help. Substance use disorder and drug overdose can be deadly if not addressed.
- OHA's goal is to help you decide how to safely intervene in opioid overdoses. Substance use disorder affects many Oregonians. We must continue to administer naloxone as the need arises while we reduce the risk of COVID-19 transmission.

For more information about overdose prevention, please see [OHA's Opioid Overdose and Misuse page](#).

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