Naloxone Training Guide

Leeds, Grenville & Lanark District Health Unit

April 2018

Adapted with permission from:
- Toronto Public Health’s POINT Program
- Ottawa Public Health’s POPP Program
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Naloxone

Naloxone is an antidote to opioid overdose.

Naloxone binds to the same receptors in the brain that opioids do. However, naloxone binds more effectively to these receptors and temporarily removes the opioid(s) and their harmful effects. This in turn reverses the respiratory depression that can lead to a fatal overdose.

Participants of this program will be given naloxone following training and assessment of their knowledge.

Naloxone is only effective with opioids.

Once administered, naloxone will start to work in approximately 2-3 minutes.

Naloxone stays active in the body for about 60-90 minutes. Since naloxone only temporarily removes the opioids from the receptor sites in the brain, the opioids will return back to those receptors and the overdose symptoms can return.

It is important to call 9-1-1 before giving naloxone outside of a medical or hospital setting.
CONTENTS OF THE Naloxone KIT

- (2) 4mg/0.1mL Naloxone Nasal Spray
- Pair of non-latex gloves
- Naloxone Identifier Card
- 5 Step Instruction Pamphlet
OVERDOSE

An overdose occurs when a person uses more of a drug, or combination of drugs, than the body can handle. As a result, the brain is not able to control basic life functions. The person may pass out, stop breathing, have a heart attack, or experience seizures.

- Anyone can overdose: first time users, long-time users, old people, young people, people being released from jail or treatment, etc…

- There is no exact formula for determining how much of a certain drug or combination of drugs, will lead to an overdose.

- An individual’s physical characteristics play a role: weight, health, tolerance for a drug at that particular time, drug potency, route of administration, or frequency/amount of use.

- Statistically, there is an increased risk of overdose during the first 2 weeks after release from prison.
OVERDOSE PREVENTION

- **Mixing**
  - Avoid mixing drugs or mixing drugs with alcohol or benzodiazepines.
  - Most overdose deaths occur when multiple drugs have been taken.

**Prevention:** Use one drug at a time or use less of each drug if you are mixing.

- **Tolerance**
  - Tolerance is the body’s ability to withstand the effects of the substance being used.
  - Tolerance to a drug develops over time. This means the amount of a drug a long-time user needs to feel a drug’s effects is greater than a new user.
  - If you don’t use opioids for 3 or more days your tolerance to opioids decreases and you are more risk for an overdose.
  - Tolerance will also change depending on: weight, size, illness, stress, lower immune system (from Hepatitis for example) and age.

**Prevention:** Use less drugs when tolerance is lower.
Inconsistent Drug Quality & Potency

- Drug quality is unpredictable. Illegal drugs are unregulated making their strengths unpredictable.

Prevention: Inject a very small amount or snort the first hit to test the strength. Carefully check out a new product. Does it look, taste and smell normal?

Don’t Use Alone

- If you overdose alone there will be nobody there to help you.

Prevention: Fix with a friend*, leave the door unlocked, call somebody.

* Do not share needles with friends/acquaintances you use with.

Opioid Comparison Graph

.times stronger than 30 mg of Codeine (Tylenol 3)

- Demerol: x 3.6
- Hydrocodone (Vicodin): x 6
- Morphine: x 10
- Oxycodone (Oxy Contin, Percocet): x 20
- Morphine (IM/IV): x 40
- Hydromorphone (Dilaudid): x 50
- Oxymorphone: x 70
- Fentanyl: x 750

Adapted from: London Pain Clinic – Opiate Conversion Table – 2008
SIGNS OF AN OVERDOSE

**Opioids:**
- Breathing is very slow, erratic, or not at all
- Fingernails and/or lips are blue
- Body is limp
- Deep snoring or gurgling sounds
- Vomiting
- Loss of consciousness
- Unresponsive to stimuli
- Pinpoint pupils

**Stimulants:**
- Seizures
- Pressure/tightness in chest
- Foaming at the mouth
- Racing pulse
- Profuse sweating
- Vomiting
- Headache, dizziness, ringing in the ears
- Difficulty breathing
- Sudden collapse
- Loss of consciousness

**Hallucinogens:**
- Psychosis
- Catatonic syndrome (person will be in a trance-like state)
- Seizures
- Nausea, vomiting
HOW NOT TO RESPOND TO AN OVERDOSE

Do NOT:
put the person in a bath/cold water
Why not?
could drown or put person into shock

Do NOT:
make the person vomit
Why not?
could choke

Do NOT:
inject them with anything (saltwater, cocaine, milk, etc). Only give Naloxone!
Why not?
could cause serious harm

Do NOT:
slap too hard, kick them in the testicles, burn the bottom of their feet
Why not?
could cause serious harm

Do NOT:
let them sleep it off
Why not?
could stop breathing and die
RESPONDING TO AN OPIOID OVERDOSE

5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP 1
SHOUT & SHAKE their name & their shoulders

STEP 2
CALL 9-1-1
If unresponsive.

STEP 3
GIVE NALOXONE:
1 spray into nostril or inject 1 vial or ampoule into arm or leg.

STEP 4
PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.

STEP 5
IS IT WORKING?
If no improvement after 2-3 minutes, repeat steps 3 & 4. Stay with them.

RECOVERY POSITION
If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.

head should be tilted back slightly to open airway
hand supports head
knee stops body from rolling onto stomach

SIGNS OF OPIOID OVERDOSE
- Person can’t be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

ontario.ca/OpioidOverdose

www.healthunit.org • 1-800-660-5853 • Leeds, Grenville and Lanark District Health Unit
RESPONDING TO AN OVERDOSE

1 Shout & Shake
Can you wake them up?
• Shout their Name
• Shake their Shoulders

2 Call 9-1-1
Talking with Police Service/Paramedic Service
When calling 9-1-1:
• Quiet the scene down, speak clearly and calmly, tell the dispatcher that the victim is not responding to shake and shout. You do not have to tell them your name, but let them know that you think an overdose has happened or that drugs are involved.
• Tell the dispatcher exactly where you are: the address and room number. If you are outside, give them the nearest street intersection and a landmark. If you can, get someone else to watch for the ambulance while you stay with the person who has overdosed.
• Once the paramedics arrive, tell them as much as you know about what drugs the person was using and what you did, including how much naloxone you gave. This will ensure that they can provide the best care and response.
RESPONDING TO AN OVERDOSE

3 Give Naloxone
How to:

- Peel back the tab of naloxone nasal spray
- Place fingers like image below DO NOT PRESS PLUNGER (do not prime)
- Insert tip of nozzle into one nostril
- Tilt person’s head back
- Press plunger into nostril

Adapted with permission from Adapt Pharma
RESPONDING TO AN OVERDOSE

4  Perform Rescue Breathing and/or Chest Compressions

- Push hard and fast with both hands on the center of the chest.
- Position arms in locked position.
- Push down at least 2 inches with each compression.
- Continue chest compressions until Paramedic Service arrives or you are too tired to continue.
- If able, switch persons doing compressions every 2 minutes to avoid fatigue.
RESPONDING TO AN OVERDOSE

Is it Working?

If person does not start breathing on their own within 2-3 minutes, give a second dose of naloxone into the OTHER NOSTRIL and continue with chest compressions until ambulance arrives.

When the naloxone starts working the individual may:

- Wake up suddenly
- Wake up slowly
- Be confused
- Be agitated or aggressive (try to hit you)
- Want to use more drugs

Naloxone may cause mild to severe withdrawal symptoms: agitation, anxiety, muscle aches, sweating, nausea, vomiting. Once the naloxone wears off, these withdrawal symptoms tend to go away.

How can you help?

- Stay with the person until paramedics arrive.
- When they wake up, explain to the person that they overdosed.
- Urge them to not use drugs right after they wake up. Using more will not make them feel any better, and will increase their chance of overdose once the naloxone wears off.
- Watch for signs and symptoms of the overdose returning.
OVERDOSE RESPONSE – SAFETY

The dose of the nasal spray naloxone is higher than before (injectable) and when it starts to work, your partner or friend may become agitated or aggressive:

- Trying to hit you
- Yelling
- Throwing things
- Making threats

* If your partner or friend wants to use more drugs to take away the withdrawal symptoms, tell them it’s not a good idea to use more drugs due to the return of the overdose, but DON’T physically try to prevent them from using.

If the above happens and you feel your safety is at risk it is okay to leave

- Calling 911 is the safest plan for everyone and somebody will be coming to help your partner or friend!
### HOW LONG DOES IT LAST?

Duration of action is the length of time that a particular drug is active in the body. The duration of action of Naloxone is shorter than most opioids, so the effects of the original opioid taken may return after the Naloxone is given.

<table>
<thead>
<tr>
<th>DRUG</th>
<th>DURATION OF ACTION (Hours)</th>
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<tbody>
<tr>
<td>Codeine</td>
<td>4 - 6</td>
</tr>
<tr>
<td>Fentanyl IV</td>
<td>0.5 - 1</td>
</tr>
<tr>
<td>Hydrocodone</td>
<td>4 - 6</td>
</tr>
<tr>
<td>Meperidine</td>
<td>2 - 4</td>
</tr>
<tr>
<td>Methadone</td>
<td>24 - 48</td>
</tr>
<tr>
<td>Morphine</td>
<td>4 - 5</td>
</tr>
<tr>
<td>Oxycodone</td>
<td>3 - 6</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>24</td>
</tr>
<tr>
<td>Naloxone</td>
<td>&lt;1 hour</td>
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*Adapted from e-CPS:Drug Monographs December 2010- Opioids*
RECOVERY POSITION

If at any point you need to leave the person alone, place them in the recovery position.

Placing a person in the recovery position helps clear the airway blockage from the tongue and also gives a clear passage for fluid to drain from the airway and prevent choking.

Bend knee forward to keep body from rolling onto stomach.

Head should be tilted back a little to open airway. Place hand under head for support.
FOLLOW UP

Debriefing

Being part of an overdose can be a very traumatic experience, whether you’re the person overdosing or the witness:

- Talk with your friends and or family.
- Contact a nurse at the Health Unit.
- If you are connected with a health professional, seek support.

Create an overdose response plan with your peers/family.

- Talk with your friends or partners about overdose and create a plan that you can realistically use in the event of an overdose.
- Make sure that your peers and family know where you keep your naloxone kit.

Naloxone KIT: Care & Storage

- Store in a cool dark place and make sure it is with you at all times when you are using.
- Watch expiry date on the naloxone nasal spray package. If it’s getting close to the expiry date come in to the Health Unit or site location.
- Routinely check that all supplies are in your naloxone kit.
- Naloxone should stay at room temperature, if it freezes get another FREE kit from the Health Unit.
REFILLS

Visit the Health Unit for a refill. A nurse will be able to help you.

Brockville Office
458 Laurier Blvd.
Mon – Fri: 8:30 - 4:30
(closed 12-1)

Smiths Falls Office
25 Johnston St.
Mon – Fri: 8:30 - 4:30
(closed 12-1)

Gananoque Service Site
375 William St. S.
Tues & Wed: 8:00 - 4:00
(closed 12-1)

Kemptville Service Site
2675 Concession Rd.
Mon - Fri: 8:30 - 4:30
(closed 12-1)

Perth Service Site
1 Sherbrooke St. W.
Mon: 10:30 - 4:00
(closed 12-1)

Almonte Service Site
79 Spring St.
Tues & Thurs: 9:00 - 4:00
(closed 12-1)