OVERDOSE RESPONSE & NALOXONE TRAINING

COMMUNITY BASED NALOXONE PROGRAM

January 2019
This presentation will provide health care providers (health care professionals, staff, students, volunteers and anyone acting on behalf or in conjunction with Alberta Health Services) with the information necessary to provide Naloxone Kits—formerly called Take Home Naloxone (THN) Kits—to the public.

Key concepts to understand include

- Overdose prevention
- Overdose recognition
- Overdose response
OUTLINE

- Harm reduction
- Opioids
- Risk factors for overdose and preventative measures
- Recognizing and responding to an opioid overdose
- Community Based Naloxone training requirements
- Distributing Naloxone Kits
HARM REDUCTION

“The policies, programs and practices that aim primarily to reduce the adverse health, social or economic consequences of the use of legal and illegal psychoactive substances without necessarily reducing consumption.”

Harm Reduction for Psychoactive Substance Use Policy
Alberta Health Services
HARM REDUCTION AT AHS

• Alberta Health Services (AHS) has adopted a harm reduction approach to substance use that accepts that abstinence may or may not be a realistic or desirable goal for some people and does not make it a prerequisite for accessing health or social services.

• Harm reduction interventions benefit the individual, family, community or society.
HARM REDUCTION PROGRAMS

- Harm reduction supply distribution and recovery (formerly needle exchange programs)
- Supervised Consumption Services (SCS)
- Community Based Naloxone Programs
- Opioid Agonist Therapy (OAT)
- Outreach and Education Services
### Individual Benefits
- HIV/Hepatitis C prevention
- Decreased Emergency visits
- Connection to care and services
- Empowerment and capacity building

### Community Benefits
- Decreased crime
- Safer environment
- Lower healthcare costs
- Improved population health outcomes
- Decreased stigma and discrimination
OPIOIDS

• Drugs that bind to opioid receptors to relieve pain and depress the central nervous system (aka “painkillers”)
• Cause feelings of intense pleasure/excitement (euphoria), decreased heart rate, decreased breathing rate, drowsiness, slow/slurred speech and constricted pupils
• When misused, can lead to overdose, dependence, and opioid use disorder (addiction)
• Examples:
  o Heroin
  o Oxycodone
  o Hydromorphone
  o Morphine
  o Methadone
  o Fentanyl
FENTANYL

• A powerful opioid medication that is typically prescribed for severe pain in its legal form, but is now also being made illegally in illicit labs for recreational (“street”) use

• Illicit fentanyl is up to 100 times more potent than morphine and causes higher rates of overdose

• Common street names:
  o Beans
  o Greenies
  o Green beans
  o Oxy
  o Shady eighties
  o Fent(y)
  o “Heroin”
FENTANYL

- Prescription fentanyl is made in lozenge, liquid injection, or transdermal (skin) patch form
- Illicit fentanyl is being made to mimic OxyContin 80mg pills (“shady eighties”) and heroin by mixing it with other chemicals and dyes
- It has also been found in non-opioid illicit drugs such as cocaine and crystal meth
CARFENTANIL

• Carfentanil is an opioid similar to fentanyl that has recently been found in illicit drugs.
• It is licensed for use in large animals under strict safety conditions and not intended for human use.
• An amount the size of a grain of sand can be lethal.

Photo Credit: Bruce A. Taylor/NH State Police Forensic Lab
OVERDOSE RISKS

• Mixing different drugs
  o Speedballs
  o Mixing different depressants
  o Alcohol, cannabis, and prescription medication interactions

• Using a new drug, trying a new route, or general decreased tolerance
  o Anytime a person has decreased use or stopped using a drug, their body will become more sensitive to it and they will be less tolerant to its effects (e.g. hospitalization, detox, treatment, jail time, abstinence)

• Recent and frequent overdoses
• Illness
OVERDOSE PREVENTION

We can support people by providing education about prevention.

- Do not use alone
- Use safer routes
- Do not mix drugs
- Do a small test dose first
- Know the signs and symptoms of an overdose
- Carry an Overdose Response Kit & call 911 for help
- Know where to find resources
# Recognizing an Overdose

## Opioid Overdose Signs and Symptoms

Call 911 if one or more signs are present.

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<table>
<thead>
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<tbody>
<tr>
<td>SLOW OR NO BREATHING</td>
<td>BLUE LIPS AND NAILS</td>
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<tr>
<td>NO MOVEMENT (CANNOT WAKE THEM)</td>
<td>CHOKING OR THROWING UP</td>
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<tr>
<td>GURGLING OR SNORING SOUNDS</td>
<td>PUPILS ARE TINY</td>
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<tr>
<td>COLD AND CLAMMY SKIN</td>
<td>SEIZURE</td>
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If you’re going to use, don’t use when alone. And, get Naloxone.

Naloxone kits are free. For information on where to get a kit, visit www.drugsfool.ca or call Health Link at 811.

For more information and to find an addiction services office near you, please call Health Link at 811.

Adapted from OHIRD (Ontario Harm Reduction Distribution Program) 2015 © AHS 2015
WHAT NOT TO DO

If someone is overdosing from an opioid, do not...

• Let them sleep it off
• Give them uppers to wake them up
• Put them in a cold bath or shower
• Slap, hit or punch them to try to wake them up
• Try to get them to vomit
WHAT TO DO

Carry an Overdose Response Kit!

Follow the SAVE ME steps below to respond.
If the person must be left unattended at any time, put them in the recovery position.

Stimulate
Unresponsive? CALL 911

Airway
1 breath every 5 seconds

Ventilate

Evaluate

Muscular Injection
1 mL of naloxone

Evaluate
2nd dose?

Know someone at risk of a drug overdose? Are you likely to witness a drug overdose (e.g., someone you know, or known drug use in your area)?

Free Overdose Response Kits and training are available to anyone

Find a site near you at
http://www.albertahealthservices.ca/info/page15586.aspx
NALOXONE KIT CONTENTS

Each kit contains:

- 3 vials naloxone (0.4mg/mL)
- 3 safety syringes with needles
- 3 alcohol swabs
- 1 pair gloves
- One-way rescue breathing barrier mask
- Kit information pamphlet

Always make sure that kit contents are complete before handing it out.
NALOXONE

- Naloxone is a safe and effective medication that reverses the effects of opioids by blocking opioid receptors that bind to them.
- It cannot be misused and has no effect on any other types of drugs but opioids.
- Hypersensitivity (allergy), is the only reason a person shouldn’t be given naloxone; however, in an overdose situation, the risk of death may be more important to consider.
- It is available in injectable and intranasal form, but only available for free in Naloxone Kits in injectable form.
NALOXONE EFFECTS

- Takes **2 to 5 minutes** for effects to set in (onset)
- Effects wear off within **30–60 minutes** (duration) so it is critical to **call 911 for Emergency Medical Services (EMS)** to ensure continued monitoring and care for the person at risk
- Naloxone vials should be stored between 15-30 degrees Celsius and protected from light to ensure effectiveness

**ADMINISTRATION OF NALOXONE IS NOT A SUBSTITUTE FOR EMERGENCY MEDICAL CARE**
OVERDOSE RESPONSE: SAVE ME

Always perform a safety check of your surroundings for sharps, blood, or traces of drug that could pose a risk to you before responding to an overdose.

**STIMULATE** – Sternal rub. If unresponsive, call 911 for EMS.

**AIRWAY** – Are they breathing? Ensure airway is open and begin rescue breathing or CPR with compressions if directed by 911 dispatcher.

**VENTILATION** – Give 1 breath every 5 seconds for 2 minutes. Chest should rise with each breath.

**EVALUATE** the situation for changes. If no change, inject naloxone.

**MUSCULAR INJECTION** – Inject 1 dose naloxone to middle outer thigh. Onset of effects is 2-5 minutes. Continue to ventilate.

**EVALUATE** again – Administer another dose of naloxone as needed and continue with ventilation until EMS arrives.
**STIMULATE**

Can you wake the person?
Do they respond to stimulus?

*If not – CALL 911*

- Answer the dispatcher’s questions briefly and clearly
- Tell the dispatcher that you need EMS for a person who is unresponsive/unconscious and not breathing
- Describe the situation and follow the dispatcher’s directions
AIRWAY

If they are unresponsive and not breathing, start rescue breathing or initiate CPR as directed by 911 dispatcher

• Place them on their back and tilt their head back and their chin up to open the airway and check to see if there is anything in their mouth blocking their airway

• Use your barrier mask from the kit to cover their mouth and provide rescue breaths.
VENTILATION

Give one rescue breath every 5 seconds for 2 minutes

Note:
- Head tilt
- Jaw support
- Nose pinch
- Mouth seal

Note:
- Check for rise and fall of chest with each breath.
CPR

Opioid overdose response and naloxone administration is not a substitute for Basic Life Support or Cardiopulmonary Resuscitation (CPR) training and does not include instruction on chest compressions.

The Heart and Stroke Foundation of Canada Guidelines (2015) recommend chest compressions in addition to ventilation. The 911 operator may instruct to start chest compressions; follow their instructions to the best of your ability.
EVALUATE THE SITUATION

Is the person breathing independently now?
Is the person alert or moving?
If no response after 2 minutes of rescue breathing, inject naloxone
NALOXONE MUSCULAR INJECTION

- Expose thigh, divide into thirds; plan to inject into the muscle of the middle third of the outer thigh
- Clean planned injection site with an alcohol swab
- Take cap off vial and clean the top of vial with alcohol swab
- Insert the needle through the rubber stopper of the vial and invert so vial is upside down while needle is inside
- Draw up entire contents of the vial (1 mL of naloxone) by pulling back on plunger and remove excess air by pushing plunger gently
- Hold needle like a dart and insert into muscle of the thigh at a 90 degree angle
- Push down on the plunger slowly until a click is heard and felt, and safety mechanism engages to retract needle into barrel (needle will disappear)
- If safety mechanism fails or using a regular syringe, remove needle at the same angle it went in and dispose safely back into ODR Kit or biohazard bin
IM INJECTION

- The **middle outer thigh muscle** is the preferred site for intramuscular (IM) injections because it is large and contains few major blood vessels or nerves that could be damaged by injection.
- The shoulder muscle (deltoid) site should **only** be used if the thigh muscle is unavailable.
EVALUATE AGAIN

- After giving the first dose of naloxone, unless the person is awake and breathing normally on their own, continue rescue breathing or CPR with compressions for another 2 minutes.
- Recall, naloxone has an onset of 2-5 minutes; if after this time there is no change or response, give 2nd dose of naloxone.
- Stay with the person and continue rescue breathing or CPR until they are breathing on their own or until help arrives.
The Recovery Position

**Keep the Airway Clear**

- Hand supports head
- Knee stops body from rolling onto stomach

Stay with person. If you must leave them alone at any point, or if they are unconscious, put them in this position to keep airway clear and prevent choking.
AFTER THE EVENT

• Seek support, debrief, and self-care.

• Access support and resources including debriefing with people you trust, Health Link at 811 or the Addiction Helpline at 1-866-332-2322 (available 24 hours a day, 7 days a week)

• Report kit use through the online Naloxone Usage Form at https://survey.albertahealthservices.ca/naloxone

• Report kit use by completing the PDF Form (https://www.albertahealthservices.ca/assets/healthinfo/mh/h-i-amh-thn-usage-form.pdf) and emailing it to naloxone.kit@ahs.ca or dropping it off at a harm reduction service provider site

• Find out where and how to get a replacement kit at www.drugsafe.ca
DISTRIBUTION KITS

In Community Settings

Kits may now be handed out by any persons representing or working in conjunction with AHS (including non-health care providers) if they have successfully completed the eLearning Module

• Use the Client Handout and the Knowledge Checklist to review the key concepts related to opioid overdose prevention, recognition and response
  o Note that the recipient has the right to decline training; do your best to emphasize key points

• Review the contents of the kit with the client and ensure the kit is complete

• Complete the Distribution Record

• The Monthly Reporting Tool must be completed monthly by one member of the team
DISTRIBUTION OF ODR KITS

In Emergency Departments/Urgent Care Clinics

• Kits may now be handed out by any persons representing or working in conjunction with AHS (including non-health care providers) if they have successfully completed the eLearning Module

• Use the Client Handout and the Knowledge Checklist to review the key concepts related to opioid overdose prevention, recognition and response
  
  o Note that the recipient has the right to decline training; do your best to emphasize key points

• Review the contents of the kit with the client and ensure the kit is complete

• Monthly reporting is completed by AHS Pharmacy Services
DISTRIBUTION OF ODR KITS

In Acute Care

• RNs and RPNs are authorized to dispense kits in a hospital setting (includes clinics, etc. on hospital grounds) with a physician or NP order
  o Naloxone is a Schedule 2 medication and requires a prescription
  o Dispensing a kit is a restricted activity under regulations in acute care
  o LPNs are not authorized to dispense as this activity was not included in their professional regulations
• Use the Client Handout and the Knowledge Checklist to review the key concepts related to opioid overdose prevention, recognition and response
  o Note that the recipient has the right to decline training; do your best to emphasize key points
• Review the contents of the kit with the client and ensure the kit is complete
• Monthly reporting is completed by AHS Pharmacy Services
QUESTIONS
REFERENCES

Alberta Health Services *Harm Reduction for Psychoactive Substance Use* policy, (2013).


Heart and Stroke Foundation of Canada (2015). *Heart and Stroke 2015 Handbook of Emergency Cardiovascular Care for Healthcare Providers*. Retrieved from [http://www.heartandstroke.com/atf/cf/%7B99452d8b-e7f1-4bd6-a57db136ce6c95bf%7D/ECC%20HIGHLIGHTS%20OF%202015%20GUIDELINES%20UPDATE%20FOR%20CPR%20ECC_LR.PDF](http://www.heartandstroke.com/atf/cf/%7B99452d8b-e7f1-4bd6-a57db136ce6c95bf%7D/ECC%20HIGHLIGHTS%20OF%202015%20GUIDELINES%20UPDATE%20FOR%20CPR%20ECC_LR.PDF)


