TAKE HOME NALOXONE TRAINING

March, 2017
OUTLINE

This presentation will provide the educator (staff) with the core knowledge that must be provided to the client receiving the Take Home Naloxone (THN) Kit.

The presentation will cover:

- Harm reduction
- Opioids
- Risk factors for and preventing overdose
- Recognizing and responding to an overdose
- THN training requirements
- Distributing, recording and replacing THN Kits
OUTLINE

The key concepts that must be understood by the individual before receiving the kit include:

- Basic overdose prevention
- Recognizing an overdose
- Responding to an overdose
WE SHOULD BAN LIFE JACKETS & OTHER FLOTATION DEVICES

THEY ONLY ENCOURAGE RISKY BEHAVIOR. THE ONLY 100% EFFECTIVE WAY TO PREVENT DROWNING IS TOTAL ABSTINENCE FROM GOING IN THE WATER.

and if you do, by chance, find yourself struggling with drowning, then no life-saving or otherwise procedure or act should be allowed to be administered. you get yourself into this mess, you have to live with the consequences.

YOU SHOULD SEE DROWNING AS A GIFT.

ALSO, IF YOU WERE FORCIBLY PUSHED INTO THE WATER, DON’T WORRY. IF IT WAS A LEGITIMATE PUSHING, YOUR BODY WILL FIND A WAY TO SHUT OUT ALL THE WATER AND SURVIVE THE DROWNING.
HARM REDUCTION

“Harm reduction refers to policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs.”
AHS Policy on Harm Reduction

• “AHS recognizes the value of harm reduction as an important component in the continuum of care...”

• “Harm reduction means those 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 PROGRAMS

• Harm reduction supply distribution/recovery (aka needle exchange programs)
• Take Home Naloxone Kits
• Supervised consumption services
• Opioid agonist treatment
• Outreach and Education Services
### HARM REDUCTION OUTCOMES

#### Individual Benefits
- HIV/Hepatitis C Prevention
- Decreased Emergency Visits
- Connection and care to services
- Empowerment and Capacity Building

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

- Synthetic or natural chemical that binds to opioid receptors
- Central nervous system depressants that result in euphoria, decreased heart rate, decreased respiratory rate, drowsiness, slow/slurred speech and constricted pupils
- Some examples:
  - Heroin
  - Oxycodone
  - Hydrocodone
  - Morphine
  - Methadone
  - Fentanyl
FENTANYL

• Prescription fentanyl is a powerful opioid pain medication
• Illicit fentanyl is up to 100x more potent than morphine and causes higher rates of respiratory distress and overdose

Common street names:
- Beans
- Greenies
- Green beans
- Oxy
- Shady Eighties
FENTANYL

• In prescription form, fentanyl is usually administered in a lozenge form, injection, or transdermal patch.

• However, when used for recreational purposes, illicitly produced fentanyl is typically found mimicking OxyContin 80mg pills.

• Fentanyl is mixed with binding agents and dyes to mimic heroin. It is also being added to other illicit drugs such as cocaine among others to increase the high.
CARFENTANIL

• Carfentanil is a fentanyl analogue and is not intended for use in humans. It is licensed for use in large animals under strict safety conditions.

• It is 10,000 times more potent than morphine and 100 times more potent than fentanyl.

• An amount the size of a grain of sand can be lethal.

• This substance could also represent a threat to someone handling it without taking appropriate precautions.
# RISK FACTORS FOR AN OPIOID OVERDOSE

<table>
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<tr>
<th>Category</th>
<th>Description</th>
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| **Mixing drugs**              | • If using illicit substances or even prescribed opioids or benzodiazepines, use only one drug at a time  
• Mixing CNS depressants such as alcohol, benzodiazepines, and opioids can increase risk of overdose  
• Mixing stimulants with depressants (speedball) actually increases risk of overdose because the body has more drug to process |
| **Quantity/Potency**          | • Opiates are not all created equal, some are more potent than others  
• Be careful when substituting one opioid for another or switching to another prescription opioid  
• If using illicit opioids do a test hit first  
• Taking high doses of opioids (illicit and prescription) can increase risk of overdose |
| **Tolerance**                 | • Tolerance drops rapidly within a few days of not using or of using less  
• High risk situations for decreased tolerance include recent incarcerations, detox or hospitalizations  
• If using illicit opioids, use a smaller amount or dose to start with |
| **Individual’s health status**| • General physical health can play a role in overdose risk  
• Impaired liver or kidney function can affect how the drug is metabolized in the body  
• If using illicit opioids, go slow, take breaks and use less if sick |
| **Routes of administration**  | • The route determines how quickly the drug takes effect  
• Be careful when switching routes, you may not be able to handle the same amount  
• Use the safest route you can (swallowed ➔ snorted ➔ injected) |
| **Previous history**          | • Previous overdose can be a risk factor or predictor for a future overdose |
GENERAL OVERDOSE PREVENTION

How can we support clients who are actively using opioids?

Educate about overdose prevention!

Key messages:

• Do not use alone
• Use safer routes
• Do a test hit first
• Know the signs and symptoms of an OD
• Do not mix drugs
• Carry naloxone & Call 911 for overdoses
• Know where to find resources
RECOGNIZING AN OVERDOSE

Symptoms of an overdose

- **Unresponsive to stimulus** such as someone yelling their name, a light shake or rubbing your knuckles along the breast bone
- Breathing is slow, erratic or not breathing at all
- Body is very limp
- Fingernails and lips are blue
- Skin is cold and/or clammy
- Pulse is slow, erratic, or not there at all
- Choking sounds or a snore-like gurgling noise
- Vomiting and/or seizures
- Loss of consciousness
- Pupils are tiny
WHAT IS NOT HELPFUL?

If someone is overdosing from an opioid

it is not helpful to:

• Let them sleep it off
• Give them amphetamines to wake them up
• Put them in a cold bath or shower
• Slap, hit or punch them to try and wake them up
• Try to get them to vomit
RESPONDING TO AN OVERDOSE:

SAVE ME

Stimulate – call 911

Airway – ensure no restrictions, open airway and begin rescue breathing or initiate CPR with compressions if directed by 911 dispatcher

Ventilation – Give 1 breath every 5 seconds, chest should rise with each breath

Evaluate the situation

AdMinister naloxone: Naloxone will take 2 – 5 minutes to kick in

Evaluate again – Administer another dose of naloxone if required and continue with rescue breathing/CPR until medical help 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 the person is unconscious and not breathing
- When EMS arrives, tell them as much as you know  
  - What they took, how much and when  
  - How long you have been giving rescue breaths or CPR  
  - If you gave naloxone - how many doses and when
If they are unresponsive and not breathing, start rescue breathing or initiate CPR with compressions if directed by 911 dispatcher

- Place them on their back and tilt the chin up to open the airway
- Check to see if there is anything in their mouth blocking their airway
- Use your barrier mask from the kit to cover their mouth
- Plug the nose with one hand, and give 2 even, regular-sized breaths – this should make their chest rise
- If you don’t see their chest rise, tilt the head back more and make sure that you’re plugging the nose and covering the mouth with the mask

Give one breath every 5 seconds (rescue breaths)
HEART AND STROKE GUIDELINES

Opioid overdose response and naloxone administration is not a substitute for Basic Life Support or 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, therefore the 911 dispatcher may instruct to start chest compressions.

CPR technique is based on rescuer level of training.
EVALUATE THE SITUATION

Your first priorities are to CALL 911 and provide rescue breaths and CPR, if needed.

If no response then administer naloxone.
NALOXONE

• Safe and effective medication that prevents or reverses the effects of opioids by blocking the opioid receptor sites in the brain
• The only contraindication is hypersensitivity to naloxone
• No potential for misuse - it does not get a person intoxicated/stoned/high
• It only works on opioids
TAKE HOME NALOXONE KIT

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
- THN brochure - how to respond to opioid overdose

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NALOXONE

INJECTABLE AND INTRANASAL

• Starts to work in approximately 2 to 5 minutes
• When naloxone kicks in, the person may be disoriented, agitated, angry and want to use drugs again. Try to explain to them what happened, tell them EMS are on their way and urge them not to use
• Effects wear off within 30–60 minutes so critical to call 911
• Should be stored between 15-30°C and protected from light

ADMINISTRATION OF NALOXONE IS NOT A SUBSTITUTE FOR EMERGENCY MEDICAL CARE
ADMINISTERNALOXONE: INTRAMUSCULAR (IM) INJECTION

- Apply your gloves and expose the thigh as much as possible, divide into thirds, plan to inject into the middle section (vastus lateralis)
- Clean injection area with an alcohol swab
- Take cap off vial, clean vial with alcohol swab
- Insert the needle through the rubber stopper of the vial and inject 1 mL air into the vial
- Draw up entire contents of the vial (1 mL of liquid) and remove air bubbles if needed from the syringe
- Hold needle like a dart and insert into middle of the thigh at 90°
- Push down on the plunger slowly and steadily and give the full dose.
- Remove needle at 90° and engage safety mechanism and dispose safely (back into kit container)
- Keep vial(s) for EMS to see what was given
ANATOMY AND PHYSIOLOGY

INTRAMUSCULAR (IM) INJECTIONS
INJECTION SITE

Vastus Lateralis is the preferred site for IM injections
The deltoid (shoulder) site should **ONLY** be used if the vastus lateralis is unavailable

The vastus lateralis muscle is located in the thigh. It is an ideal site because it is well-developed in most individuals and contains few major blood vessels or nerves, thus reducing the potential for injury.
Adult and Infant Injection Sites
NARCAN® NASAL SPRAY

Narcan® Nasal Spray 4mg is distributed in single dose applicators
ADMINISTER: NARCAN® NASAL SPRAY

- Remove NARCAN® Nasal Spray from the box and peel back the tab with the circle to open the NARCAN® Nasal Spray.
- Hold the NARCAN® Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Tilt the person’s head back and provide support under the neck with your hand.
- Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person’s nose.
- Press the plunger firmly to give the full dose of NARCAN® Nasal Spray.
- Remove the NARCAN® Nasal Spray from the nostril after giving the dose.
- Continue with rescue breathing/CPR.
- If breathing does not return to normal or if breathing difficulty resumes, after 2 minutes, give an additional dose of NARCAN® Nasal Spray using a new applicator in the alternate nostril.
- Note time of administration and keep applicator(s) for EMS to see what was given.
EVALUATE AGAIN

• **Naloxone takes effect within 2-5 minutes**

• After giving the first dose, unless the person is awake and breathing NORMALLY on their own, continue rescue breathing or CPR with compressions for another 2 minutes

• If they are still not responsive and breathing adequately on their own, give another dose of naloxone

• **Continue rescue breathing or CPR with compressions** until they are breathing on their own or until help arrives

• **Stay with the person until EMS arrives**
If the person starts breathing on their own OR will be left alone – **PUT THEM IN RECOVERY POSITION** – this will help keep their airway open and prevent them from vomiting and choking

**WAIT FOR EMS TO ARRIVE**
AFTER THE EVENT

Information provided to Health Link or via the THN Kit Use Questionnaire is instrumental in understanding the impact of the THN Program.

• Encourage clients to call Health Link at 811
  • Anonymously report kit usage and complete a THN Kit User Questionnaire
  • Find out where and how to get a replacement kit
  • Access support and resources including debriefing
• Complete the THN Kit User Questionnaire with clients after a kit is used in order to share their experience.
• The THN kit survey can be found online at https://survey.albertahealthservices.ca/naloxone
• Email the completed form to naloxone.kit@ahs.ca
De-scheduling of Naloxone

• Naloxone is now an unscheduled medication and a prescription is no longer required in community settings.
• Kits or nasal spray may be distributed to users, friends/families, first responders or others by health care providers with appropriate education and training to be able to educate those receiving the medication.
• Naloxone can only be administered IM by professionals authorized to give an IM injection. Police and firefighters have received authorization from government to administer the drug IM with appropriate training. The public may administer Naloxone IM following training.
DISTRIBUTION OF THN KITS

• Use the Client Handout and the Knowledge Checklist to review the key concepts related to opioid overdose prevention, recognition and response.

• Review the contents of the kit with the client.

• Complete the Distribution Record.

• The Site reporting survey must be completed monthly by one member of the team.

• Nurses must document all interventions related to client care as per the professional expectations of their respective Colleges.
Role of Nurses Outside of a Hospital Setting

• De-scheduling of Naloxone does not apply to acute care hospitals. Naloxone continues as a Schedule 2 drug in hospitals.

• RNs or RPNs may continue to use the tools previously developed to advise the assessment of the client and to make a decision to administer naloxone and/or distribute a Take Home Naloxone kit (e.g. Checklist, Flow Sheets). The College web sites provide expectations for RNs and RPNs.

• An LPN may distribute the Naloxone kits for emergency use in the community outside hospital settings if they have the appropriate training and employer and regulatory College support. Employers of LPNs may determine whether the LPNs may distribute the kits based on the requirements and the roles and responsibilities of the LPNs in the specific community practice setting.
What is your role?

- Engage
- Assess
- Educate
- Distribute
- Empower
Alberta Health Services *Harm Reduction for Psychoactive Substance Use* policy, (2013).


REFERENCES


QUESTIONS