



Overdose Rescue/ Naloxone Training

Timing: 60 minutes

Materials Required:

- Flip Chart/Presentations
- Demonstration face-mask
- Saline Naloxone Demo
- IM stimulation pad
- Injection Supplies: latex-gloves, alcohol pads, simulation injection
- Sharps container

Introductions

Facilitator: Introduction, where you come from, why you are here doing the OD training. Project Renew is a program that was created to provide education to each county about Naloxone (also called Narcan) and to give information about recognizing overdose and what to do when present during an overdose. Note that we are not experts, however will gladly find information to questions throughout the training and afterward when necessary.

Q: Have everyone state their name and one reason why they might want to carry Naloxone.

Recognizing an Overdose

~30 min.

What is an overdose?

Q: What is an overdose?

An overdose happens when a toxic amount of a drug, or a combination of drugs, overwhelms the body and causes it to shut down. With “downers” such heroin or alcohol and other pills; breathing slows and eventually stops which then causes the heart to stop. No matter what, if someone dies of a heroin overdose, it’s because they stopped breathing.

With opioids such as heroin and prescription opioids (Oxycontin, Fentanyl, Morphine, Vicodin, Percocet, etc.) and other “downers” (like Xanax, Klonopin, Valium, Ativan, etc.) are especially dangerous when combined, since they all affect the body’s central nervous system, which slows breathing, blood pressure, and heart rate, and then reduces body temperature.

Today, you will learn to save someone’s life. If you have seen someone overdose, your job is to breathe for him or her either while paramedics are on their way, or until the Naloxone kicks in.

Signs and Symptoms

Q: What are the signs and symptoms of an opioid overdose?

Opioid overdose typically happens 1-3 hours after extensive opioid use and symptoms can vary by person. Signs may include: blue tinged skin, slow erratic pulse, vomiting, passing out, choking and gurgling sounds, they may be awake but unable to respond.

Refer to slide 17 to discuss differences between “really high” and “overdose.”

Refer to slides 7-13 to explain brain neurons.

Why does an overdose happen?

Mixing Drugs:

Q: What are some of the drugs that people use?

- Drugs taken together can interact in ways that increase their overall effect.
- Many overdoses occur when people mix heroin or prescription opioids and/or alcohol with benzodiazepines such as Klonopin, Valium and Xanax.
- **Most fatal overdoses are the result of poly-drug use.**
- All sedating medications carry overdose risks on their own, however when drugs are combined the risk is substantially increased for example, the more alcohol and/or downers in someone’s system, the less heroin is needed to cause an overdose.

Tolerance: Tolerance develops over time, so the amount of a drug a long-time user needs to feel the drugs effects is a lot greater than a newer user. Tolerance is your body’s ability to process a drug. Tolerance changes over time and can depend on various factors.

Q: What are some examples of times that someone’s tolerance would change?

If they have lost weight, size, illness, stress, compromised immune system, and age. People’s tolerance goes down after getting out of jail or prison or perhaps out of the hospital or out of treatment. People coming out of jail are 7 times more likely to overdose in the first two weeks after getting out of jail.

Quality: Quality refers to how pure, or strong, a drug is. Content and purity of street drugs are always unpredictable. They are often “cut” with other drugs or materials and can be dangerous. Knowing the strength and understanding dosage when taking pills is as important as knowing the strength and purity of street drugs like heroin.

Section 2: Overdose Rescue and Naloxone Use

~30 min.

5 minute break: During break, put up response stages. Assemble dummies and prepare practice stations and practice kits for each participant.

Rescue Breathing

Discuss rescue breathing, use dummy if you have one. Let people pick partners, do each step as a group.

Assessment

Scenario: Depends on group – e.g. someone comes home to find someone who is passed out or police get called to a scene where someone is non-responsive and get there before ambulance. – To tell if the person is overdosing, the first thing that I need to do is try and get a response.

1. Stimulation: Check for responsiveness. Start by shaking foot and yelling “Are you okay?”
2. They don’t respond: Step closer and yell, “I am going to give you naloxone” or “I’m calling the cops!” (If this works, get them up and keep them moving, talking and awake. Keep an eye on them for the next several hours).
3. When noise does not work, try pain. (Make a fist and use it to rake hard across the person’s sternum, or breastbone. Sometimes this is enough to wake a person up. Now try the sternum rub…)
4. Check for breathing. “After trying noise, and pain, our friend here is not waking up. Something is definitely wrong. Assess if the person is breathing. Have everyone tuck his or her chin down and try to breathe, now lift the chin and try to breathe (demonstrate). Sometimes opening the airway is enough to get them to start breathing.
5. Airway: To open the airway, use the head tilt chin-lift. Press with one hand on their forehead, and the other lifting under their chin, tilt the head back to open the airway. The next thing we do is look, listen and feel to see whether they are breathing. Put your ear by their mouth and LOOK with your eyes towards the chest to see if it is rising and falling, LISTEN with your ear to hear, and FEEL with your cheek if any breath is coming out. Do this for 10 seconds.
6. Airway is open, person is not breathing. Tilt the head back again, pinch their nose shut, use PROTECTIVE MASK, give the person two breaths, watching the chest rise as the breaths go in.
7. Check for a pulse (practice on dummy and each other). Slide first two fingers from the Adams Apple two inches over into the carotid groove. Count for 10 seconds. A person needs 10-12 heartbeats minimum at this time, or 72 beats per minute to stay alive. Less than 6 beats in this time is a warning sign. In an emergency situation, people are often wrong when they check for a pulse. If they are panicked, or unsure, err on the side of caution. Do not pump on someone’s chest unless you know CPR and are sure that they need it.
8. Recovery position: Here you call 911 and/or go get the Naloxone. Act quickly. Before leaving put the person on their side in the recovery position so that if they vomit they will not choke.

Recovery position, first lift left arm above his head, and then lift his right leg up at the knee. Last put right hand on his left shoulder. This way if he is really big, I can roll him over by pushing at the hip and shoulder without have to muscle it. In this position his airway is open, he’s balanced on his side, and if he vomits he will not choke.

9. Call for help. Even if you have Naloxone, you do not know if they are also overdosing on alcohol, pills or other drugs. If they don't come back after giving the naloxone or rescue breathing, the paramedics will be there to take over. If the person does come back, you must stay with them because the Naloxone will wear off in 30-90 minutes. If the person has suffered a heart attack or stroke from a drug other than a downer, all you can do is make sure they get medical attention as soon as possible.

-When the paramedics arrive, tell them that the person OD'd. The sooner they know that it is an OD, the sooner they will receive naloxone (if you did not administer it).

Oxygen & Understanding Naloxone

A: 5-6 minutes

Q: How long do you think it takes for an ambulance to arrive?

A: 10+ minutes

When someone stops breathing, to prevent brain damage before the ambulance arrives something needs to happen, like naloxone administration and rescue breathing. The only thing that will help the person is naloxone and rescue breathing.

10. If you have Naloxone get it, if not skip straight to rescue breathing. These are practice vials of saline. After the training you will get kits that have everything you need to carry on the job.
- Pick an injection site on the upper arm (deltoid), or the quadriceps (upper thigh).
 - Clean it with an alcohol wipe.
 - Take a deep breath for a second to calm down and focus.
 - Pull the cap off the back of the syringe, practice drawing.
 - (Practice injection with injection pad).
 - Draw the skin tight with thumb and forefinger, pull the yellow cap off the point of the syringe, then use a dart-motion at a 90-degree angle to insert the syringe, and depress the plunger fully. This is half the standard dose that paramedics use so that the withdrawal will be less severe.
 - Check for breathing. We've tried to wake the person up with noise/pain, called 911 and administered Naloxone. Now we breathe for them until the Naloxone kicks in. As long as they have a pulse they should start breathing on

Rescue Breathing

the overdose and get them breathing.

11. Rescue Breathing:

One breath every five seconds (count out loud, one-one-thousand...two-one-thousand...three-one-thousand...four-one-thousand...BREATHE." (For one minute).

12. Please use a rescue breathing barrier device if you have it. The truth is you cannot get HIV or tuberculosis this way and you can save a life. The choice is yours, but just know that

even if you are afraid to touch someone's mouth, you have options to protect you. (Open and demonstrate sample of barrier device).

13. Re-check for breathing.
14. Re-check for pulse. Pulse present, no breathing, continue rescue breathing until paramedics arrive or the Naloxone kicks in.
15. If you don't think that Naloxone is working give them a second dose.
16. When you're done, dispose of your syringe in the red biohazard bucket here or when you use the slot of your bag for syringe disposal.

After Naloxone

1. The person who receives Naloxone will wake up and not remember overdosing or receiving the naloxone.
2. You will need to stay with anyone you give naloxone to and explain that they were overdosing and received naloxone to save their life. If they feel withdrawal symptoms, they will feel better soon. The naloxone can start to wear off within 20-90 minutes and they will start feeling better. Within an hour the effects will be gone. HOWEVER once the naloxone wears off, they may overdose again. Especially if they do more drugs to try and fix the withdrawal. If they do another shot it will be wasted. They cannot out-shoot Naloxone. They just have to wait.
3. It is very important to stay with the person to make sure they do not use or overdose again when the naloxone wears off, a minimum of 2 hours, if 911 is not called.

Ask for Questions – Do Q & A