

Naloxone Training Guide Nasal Spray/Injectable



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Adapted with permission from:

- Leeds, Grenville & Lanark District Health:
 Revive Program
- Toronto Public Health POINT Program
- Ottawa Public Health: POPP Program



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NALOXONE

Naloxone is a safe medication to reverse an opioid overdose. Naloxone and opioids bind to the same receptors in the brain that control breathing. An overdose is when opioids slow or stop someone from breathing. Naloxone temporarily removes the opioids to help a person breath again, avoiding a fatality.

Participants will be given a Naloxone Kit following this training and assessment of their knowledge.

Naloxone is only effective with opioids.

Examples: Fentanyl, Carfentanil, Heroin, Morphine, Hydromorphone (Dilaudid), Hydrocodone (Vicoden, OxyCotin), Oxycodone, Codeine, Methadone, Buprenorphine (Suboxone).

Many other substances such as Methamphetamines or Cocaine may be mixed with opioids and cause overdose.

Once administered, Naloxone will start to work in approximately 1-5 minutes.

Naloxone works in the body for about 30-90 minutes. Since Naloxone only temporarily removes the opioids from the receptor sites in the brain, the opioids can return to those receptors and the overdose symptoms can return.

It is important to call 9-1-1 **before** administering Naloxone outside of a medical or hospital setting.

CONTENTS OF THE NALOXONE KIT

- 2 Narcan nasal spray devices 4 mg dose or 2 injectable ampules (0.4mg per ampoule) with 2 x 3ml syringes
- Naloxone Identifier Card
- 5 Step Instruction Pamphlet
- Gloves
- Breather barrier
- Safety guidelines





NALOXONE KIT: Care & Storage

- Store in a cool dark place and always make sure it's with you when you are using.
- Naloxone kits can **not** be stored in a vehicle. Naloxone is temperature sensitive and being too hot or too cold may cause it to be less effective.
- Watch expiry date on the Naloxone product. If it's getting close to the expiry date call the Public Health office or visit a pharmacy.
- Routinely check that all supplies are in your Naloxone Kit and replace as soon as product used.

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, detox/rehab.

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 you peers and family know where you keep your Naloxone Kit.

STIGMA

Stigma is defined as the experience of being "deeply discredited" or marked due to one's "undesired differentness." To be stigmatized is to be held in contempt, shunned or rendered socially invisible because of a socially disapproved status. No physical or psychiatric condition is more associated with social disapproval and discrimination than substance dependence.

For people who use drugs, or are recovering from problematic drug use, stigma can be a barrier to a wide range of opportunities and rights. People who are stigmatized for their drug involvement can endure social rejection, labeling, stereotyping and discrimination, even in the absence of any negative consequences associated with their drug use. This manifests in a variety of ways, including denial of employment or housing. People with substance misuse issues are less likely to be offered help than are people with a mental illness or physical disability.

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 increasingly withstand the effect of the substance being used.
- Tolerance to a drug develops over time. This means the amount of a drug that a long-time user needs to feel a drug's effects is greater than the amount a new user needs.
- Tolerance will also change depending on weight, size, illness, stress, lower immune system (from Hepatitis for example) and age.
- Drug tolerance can decrease a lot when somebody has taken a break from using whether intentionally (while in treatment) or unintentionally (while in jail or hospital).

Prevention: Use less drugs when tolerance is lower.

Inconsistent Drug Quality & Potency

Illegal drugs are unregulated, so their quality and strength are unpredictable.

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

Using Alone

• If you overdose alone, there will be nobody there to help you.

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

The **The National Overdose Response Service (NORS)** is available 24 hours a day, 365 days a year. **Please call 1-888-688-6677 if you are alone, about to use drugs, and located in Ontario.** Someone will stay on the phone with you and call 911 should there be concern of overdose.

^{*}Do not share needles or equipment with friends/acquaintances you use with.

SIGNS OF AN OVERDOSE

Opioids

- Breathing is very slow, erratic, or it stops altogether
- Fingernails and/or lips are blue
- Body is limp
- Deep snoring or gurgling sounds
- Vomiting
- Loss of consciousness
- Unresponsive to stimuli
- Pinpoint pupils

RESPONDING TO AN OPIOID OVERDOSE WITH NALOXONE

The Good Samaritan Law means no one who is experiencing an overdose or helping at the scene can be charged with simple possession.





This training guide shows you how to give Naloxone in the event of an opioid overdose.



NOTE: Rescue breathing is NOT recommended during COVID-19

RESPONDING TO AN OVERDOSE

1 Stimulation

Can you wake them up?

- Shout their name
- Shake at Shoulders

2 Call 9-1-1

Talking with Police Service/Paramedic Service when calling 9-1-1:

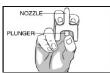
- Quiet the scene down, speak clearly and calmly, tell the dispatcher that the person is not responding to Shake and Shout. You do not have to tell them your name. Let then know that you think an overdose has happened or that drugs are involved, and you have Naloxone available.
- Tell the dispatcher exactly where you are. Stay with the person who has overdosed if possible.
- Once the paramedics arrive, tell them what you know about the drugs the person was using and how you helped, including how much Naloxone you gave. This will ensure that they can provide the best care and response.

3 Give Naloxone

How to administer Naloxone Nasal Spray:







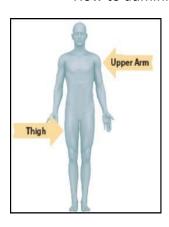




- Remove nasal spray package from the kit. Peel back the tab to open the package and access the medication.
- Hold the spray with you thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- Tilt the person's head back and provide support under the neck with your hand.
- Gently insert the nozzle into one nostril, until your finger is on either side of the nozzle are against the bottom of the person's nose.
- Press the plunger firmly to release the dose of spray.
- Remove the spray from the nostril after giving the dose.

OR

How to administer injectable Naloxone:



- Break open the naloxone ampoule
- Insert the new syringe into the ampoule and draw up all of the naloxone (0.4mg/1ml) into the syringe.
- Inject all of the naloxone (1cc) into upper arm muscle or thigh muscle. If you cannot remove the clothing, the needle is long enough to reach through light clothing.

Rescue Breathing



- If possible, put the person on their back
- Check their mouth to make sure the airway is clear
- Put barrier over mouth
- Tilt head back, pinch nose, breath
- 1 breath every 5 seconds
- Watch for the chest to rise with each breath. If not, recheck their mount and reposition them.

AND/OR

Start Chest Compressions



- Push hard and fast with both hands on the centre of the chest
- Position arms in locked position
- Push down at least 2 inches with each compression
- Continue chest compressions with no interruptions except to administer Naloxone
- If able, switch persons doing compressions every 2 minutes to avoid fatigue.

NOTE: Rescue breathing is NOT recommended during COVID-19

5 ASSESSMENT

A. Is it working?

If the person does not start breathing on their own within 2-3 minutes, administer a second dose of Naloxone following the same procedure as before, and continue 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.

B. How can you help?

- Stay with the person until ambulance arrives.
- 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.

RECOVERY POSITION

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

Placing the person in the recovery position help to prevent the tongue from blocking the airway and allows fluid to drain from the mouth to 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 person administering Naloxone:

- Talk with your friends and/or family.
- If you are connected with a health professional, seek support.
- Contact a nurse at the Public Health office.
- Get your Naloxone Kit refilled.

NEW KITS and REFILLS

Call or visit for a kit or refill:

Hasting Prince Edward Public Health Main Office - Belleville

179 North Park Street, Belleville, ON K8P 4P1 T: 613-966-5500; 1-800-267-2803 ext. 310 or 0

F: 613-966-9418

TTY: 771 or 1-800-267-6511

hpePublicHealth.ca

or

Go to the website below to see where to get free Naloxone kits – just enter your postal code to find local pharmacies and community organizations that provide the kits and training on how to use them. You do not need a prescription or an Ontario health card to get a kit.

Not all pharmacies carry naloxone kits. Call ahead to check if your pharmacy has naloxone kits in stock. You can also ask the pharmacist any questions you might have.

https://www.ontario.ca/page/get-naloxone-kits-free#section-2

There are harm reduction supports and treatment options available to people who use opiates. For more information contact:

The Ontario Drug and Alcohol Helpline

1-800-565-8603

Addictions and Mental Health Services

Belleville	613-967-4734
Bancroft	613-332-3826
Madoc	613-473-9914
Trenton	613-394-1655
Picton	613-476-2990

Narcotics Anonymous

1-800-811-3887

Opioid Management Program

613-968-9106 or 613-310-6736





