Naloxone Training Resource
Key Learning Takeaways

This train-the-trainer tool provides **guidance for trainers** to ensure that key learning takeaways (learning objectives) are covered in naloxone training sessions. This resource can also be used to reinforce learning of trainers-in-training before, during, or after education sessions. **Training supplies such as VanishPoint® syringes and water ampoules with plastic breakers are available to order by registered naloxone sites.**

KEY LEARNING TAKEAWAYS		
Drug Poisoning Recognition		

☐	Describe types of psychoactive substances	Stimulants (Uppers)
		• Speed up body systems; increase heart rate, body temperature, and blood pressure; and can make people feel more alert. Examples of stimulants include:
		  ○ Methamphetamine (crystal meth), Cocaine (powder, crack), Amphetamine (Adderall, Concerta), Methylphenidate (Ritalin), Caffeine, Nicotine
		
		Depressants (Downers)
		• Slow down body systems; slows breathing; and can make people feel relaxed, sleepy, or euphoric. Examples of depressants include:
		  ○ Benzos: Diazepam (Valium), Alprazolam (Xanax), Lorazepam (Ativan), Etizolam.
		  ○ Alcohol: Beverage (beer, wine, spirits) and non-beverage (rubbing alcohol, hand sanitizer).
		  ○ Sedative hypnotics: Sodium oxybate or gamma hydroxybutyrate (GHB), Zopiclone (Imovane).
		  ○ Opioids*:* Codeine, Hydromorphone (Dilaudid), Diacetylmorphine (Heroin), Morphine (Kadian), Fentanyl, Oxycodone (OxyCONTIN)

☐	Define Drug Poisoning (Overdose)	Drug poisoning (overdose) occurs when a toxic amount of a substance in the body, interferes with the body's ability to maintain normal functions. Different substances cause different types of drug poisonings. Opioid poisoning is caused by opioids, whereas stimulant toxicity (overamping) is caused by stimulants.

☐	Signs & Symptoms of Stimulant Toxicity (Overamping)	• Chest pains, dizziness, rapid heartbeat, extreme agitation • Hot skin – could have lots of sweat or no sweat • Seizures/convulsions, foaming at the mouth • Paranoia, delusions, psychosis **STIMULANT TOXICITY IS A MEDICAL EMERGENCY – CALL 911 – <u>NALOXONE Will not work on stimulants</u>**
☐	Identify signs & Symptoms of Opioid Poisoning *(Naloxone only works for <u>opioid</u> drug poisoning – NOT for non-opioid depressants like alcohol or benzos BUT if you do not know, <u>naloxone</u> will not cause harm)*	Key features of opioid poisoning: Slow or no breathing and the person is sleepy, difficult to wake up, or less responsive. • Count for slow or no breathing: less than 1 breath every 5 seconds (less than 12 breaths per minute) The following **key signs** may also be observed: • Lips/ fingernails appear grey or ashen in darker skin tones, and blue or purple in lighter skin tones, • Breath sounds that are unusual or snoring/gurgling/choking sounds, • Tiny pupils
☐	Good Samaritan Drug Overdose Act	The law **<u>does</u>** provide protection from charges for: simple possession (personal use) and violation of pre-trial release, probation order, conditional sentence, or parole related to simple possession. It **<u>does not</u>** provide protection from charges for: selling illegal drugs (trafficking), offences other than drug possession, outstanding arrest warrants and violation of pre- trial release, probation order, conditional sentence, or parole for an offence *other than* simple possession.
Naloxone Basics		
☐	Understand effects of naloxone on the body Indicate naloxone dosing schedule and storage recommendations of in BC (British Columbia)	Naloxone temporarily restores breathing that has been slowed or stopped by opioids (antidote). If you are unsure what someone took, or if in doubt, call 911 and give naloxone. • Naloxone does NOT work for non-opioid depressants like alcohol or benzos and does not reverse effect of stimulants. • Naloxone is not harmful and has no effect if opioids are not involved. Between naloxone doses, keep giving rescue breaths (1 breath every 5 seconds). The effects of naloxone can last in the body for 30-120 minutes. • The effects of opioids can last in the body longer than naloxone. This means an opioid poisoning can return when naloxone starts to wear off. Naloxone should be stored out of the light at room temperature & has expiry date.

Early Identification and Stages of Opioid Poisoning		

☐	Slow or stop the progression of opioid poisoning with early identification and response.	Early identification and response to an opioid poisoning can prevent longer-term brain injury or death.
		
		The three (3) Stages are:
		• Mild
		  ○ Breathing is shallow (can be less than 1 breath every 5 seconds), and
		  ○ Appears drowsy but becomes alert when you talk to them or touch their shoulder.
		• Moderate
		  ○ Breathing is less than 1 breath every 5 seconds, and
		  ○ Appears to be nodding off but responds when you talk to them or touch their shoulder.
		• Severe
		  ○ Making unusual breath sounds like snoring, not breathing, and
		  ○ Unresponsive or may only respond to painful stimuli (e.g., shoulder pinch)

Why Give Breaths?		
☐	Rescue breaths can save a life	Without oxygen the brain injury can occur within minutes; the heart can stop beating and death can occur. Rescue breaths: • Give the body life-saving oxygen, • Can slow the progression of an opioid poisoning, • Can keep someone alive until naloxone has a chance to work, or until help arrives.
Responding to an Opioid Poisoning Event Using SAVE ME Steps		
☐	Manage Drug Poisoning Emergency	**A DRUG POISONING IS A MEDICAL EMERGENCY - CALL 9-1-1** Call 9-1-1 if you suspect someone is experiencing an opioid poisoning: 1. Slow or no breathing (less than 1 breath every 5 seconds/12 breaths per minute), and 2. Unresponsive Give the address and your exact location (e.g., 2nd floor, 4th door on the right) and if possible, send someone to the front entrance or street. There can be other medical issues that look like drug poisoning and need treatment, such as brain or spinal injury, low blood sugar, seizure, etc.

☐	Recovery Position *(demonstrate skill)*	Always put person on their site in the recovery position (on their side) if you must leave them alone (e.g., to call for help, to get a naloxone kit or an automatic external defibrillator). Put the person in recovery position whether they are breathing normally or not. Being on their side can prevent choking if they vomit.
☐	Follow the SAVE ME steps to respond	SAVE ME is a way to remember the steps to respond to an opioid poisoning.
☐	**S – Stimulate**	Check that the area is safe for you to respond. Identify hazards and take precautions to reduce harms. Check if they are responsive and try to wake them. Responsive means awake and alert, OR responds to questions, OR easy to wake up, OR minimal to no sedation. • Can the person hear you? • Can the person feel you? Remember, tell person what you are doing before you start and do not hurt them when you are trying to wake them up.
☐	**A – Airway**	Check if the person is breathing normally and make sure their airway is clear. Breathing normally means: taking 12 or more breaths per minute, AND breathing on their own, AND no unusual breathing sounds (e.g., snoring) • Look to see if the chest is rising and falling, listen for any unusual breath sounds. • Put your hand near their mouth or nose to feel for their breath, and • Check in the person's mouth to see if there is anything blocking the airway. ○ If the person has something in their mouth: Clear the airway and with gloves remove any solid material obstructing the person's airway using a finger sweep. Check for a pulse (heartbeat) if you are trained and comfortable to assess.
☐	**V – Ventilate**	Give rescue breaths with a CPR Face Shield. • Position the CPR Face Shield so you can read the directions. Put the oval in the person's mouth between their teeth and the face shield over their face, • Open the airway: head-tilt, chin-lift, and • Pinch nose and give rescue breaths, **1 breath every 5 seconds** until person is breathing normally. Make sure the person's chest rises and falls. If not, re-position the airway and check the seal of face shield around their mouth.

☐	**E – Evaluate**	Check if the person is breathing, responsive, and has a pulse. • Check again if they have started breathing, • Check again if they are responsive or waking up, and • Check if they have a pulse (heartbeat) if trained and comfortable to assess. Still not breathing normally? Continue giving rescue breaths and give naloxone.
☐	**M- Medication** Give Naloxone *(demonstrate with training supplies)*	Give 1 dose (0.4mg ampoule) of **injectable naloxone** **Fill the syringe when you are ready to use it.** **Prepare a dose of naloxone for injection:** 1. Move fluid to bottom of the ampoule (swirl or tap method): The ampoule is ready to open when there is no fluid above the neck of the ampoule, to give full dose of naloxone. 2. Check for plastic ampoule breaker: Position or keep the plastic ampoule breaker over the head of the ampoule to protect yourself if the glass breaks. 3. Open glass ampoule: Apply firm and steady pressure away from you to snap the neck of the ampoule. 4. Draw up naloxone into the VanishPoint® syringe: Hold the ampoule at a 45-degree angle and insert the needle tip into the bottom corner of the ampoule. Pull the plunger to draw fluid up into the syringe. 5. Remove large air bubbles: Turn the syringe until the needle is pointing up. Tap the syringe to move bubbles up. Push the plunger to push the air out and stop pushing when you see a drop of fluid at the tip of the needle. **Administer naloxone:** 1. Locate injection site: Inject into large muscle – outer thigh (vastus lateralis) or upper arm (deltoid). 2. Administer injectable naloxone: With the bevel up, insert the needle at a 90° angle with a steady and smooth dart-like motion. Push plunger until you hear or feel a click (needle will retract). 3. Safely dispose of the syringe and ampoule(s) into a sharps container (or other container if sharps not available). **OR** Give 1 dose (4mg) of **intranasal spray** • Spray into one nostril. Insert device into one nostril and press plunger firmly. Give time for the naloxone to work in the body before giving subsequent doses.

☐	**E – Evaluate & Support**	Evaluate breathing and responsiveness. Provide support. • Keep giving 1 breath every 5 seconds until the person is breathing normally. • Every 3 minutes (35-40 breaths) of rescue breathing, re-check breathing and responsiveness, If the person is still not breathing normally after giving naloxone, repeat medication (give another dose of naloxone) • Every 3 minutes (35-40 breaths) after last dose of injectable naloxone OR • Every 3 minutes after the last dose of intranasal (nasal) naloxone. Evaluate and Support steps until the person is breathing normally.
☐	Care for someone immediately after giving naloxone.	Tell first responders about the first aid you provided (including number of doses of naloxone given and the time of the last dose) and what substance(s) the person thought they took (if known) If the person regains consciousness, they may be confused. Tell them who you are, explain what happened and encourage them to go to the hospital for further monitoring. Tell the person that: • Naloxone wears off in 30-120 minutes and that an opioid poisoning can return. • Taking opioids will have no effect until naloxone has worn off and can cause the poisoning to return as the naloxone starts to wear off. ○ Taking more opioids will not ease any precipitated withdrawal symptoms and will not have a euphoric effect. If person does not go to hospital monitor them at least 2 hours and encourage them to avoid using more opioids until the naloxone wears off. If the person does not wake up but is breathing normally, put the person in the recovery position and stay with them until help arrives. Re-position the person every 30 minutes and re-start SAVE ME Steps if their breathing slows, stops, or becomes irregular.

Drug Poisoning Prevention		
☐	Name factors that can increase or reduce harms from drug poisoning.	**Factors that Increase Risk for Drug Poisoning** **MIXING SUBSTANCES:** it is not always possible to know about missing substances when using unregulated substances. • Using more than one type of depressant (e.g., opioids with alcohol or benzos) can slow breathing and other parts of the central nervous system faster than using one alone. • Using opioids with stimulants DO NOT reduce or reverse opioid toxicity. • Using opioids with stimulants increases harms from stimulant toxicity (over-amping) because early signs are not detected. **LOWER OPIOID TOLERANCE:** New use of opioids and anything that lowers the body's tolerance to opioids, such as time away from using opioids can make the body more sensitive to the effects of opioids. **UNREGULATED TOXIC DRUG SUPPLY:** the unregulated supply unpredictable and often contains toxic levels of opioids and other substances. Access to harm reduction (e.g., pharmaceutical alternatives, compassion clubs, drug checking) can reduce harms from unregulated substances. **ISOLATION AND USING ALONE:** No one can check in or respond to a drug poisoning event when using alone or if in isolation from others. **CHANGES IN HEALTH:** Chronic health conditions, illness, and infection can make the body more sensitive to the effects of opioids. **Drug Poisoning Prevention Tips**: • Eat and drink fluids at regular intervals. • Get enough sleep when possible. • See a trusted medical professional for any changes in health. • Use one substance at a time, where possible. • Use less of a substance when feeling unwell or with recent changes in health. • Get your drugs tested, do testers (start low and go slow) if using substances from a new source. • Use with a buddy or tell someone you trust, leave your door unlocked so they can get to you. • Use an in-person or virtual Overdose Prevention Service.