

Indian Health Service
First Responder
Naloxone
Training Manual

Naloxone Training Manual Outline

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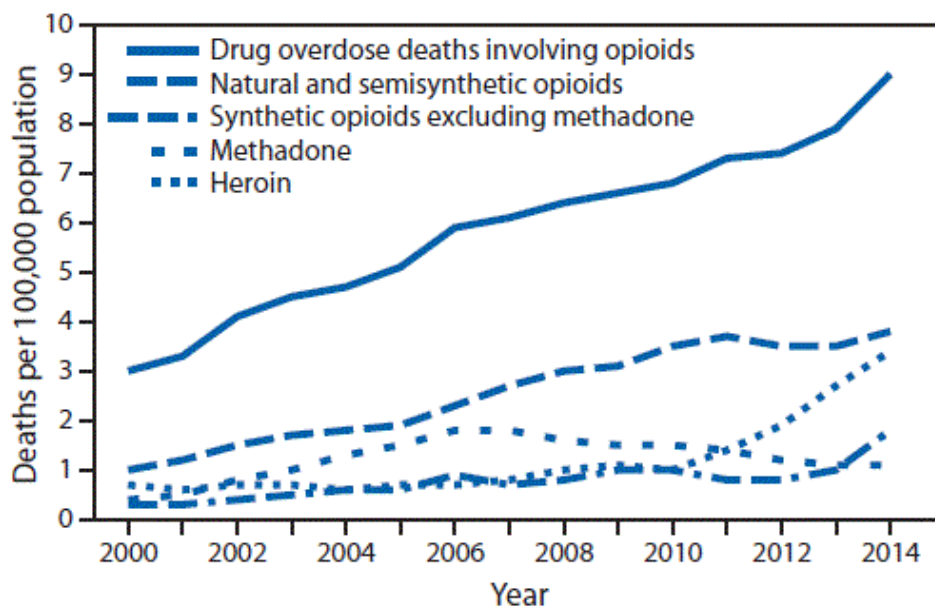
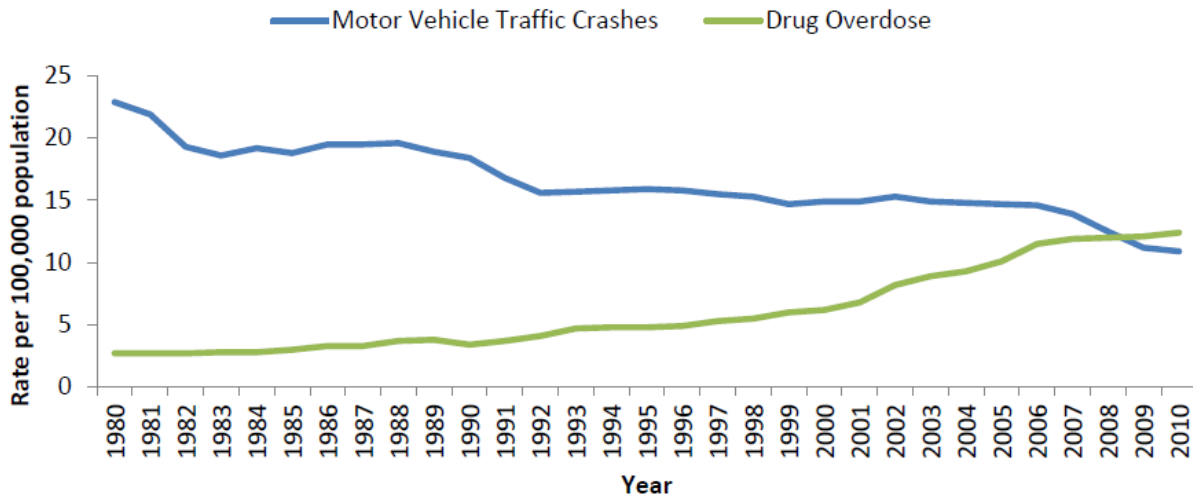
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D. Introduction

A. National Opioid Crisis

The United States is experiencing an epidemic of opioid overdose deaths. Since 2000, overdoses related to prescription pain relievers and heroin has doubled to 28,647 deaths in 2014. Between 2013 and 2014, the rates of death caused by methadone has not increased, but deaths involving heroin increased 26%, and deaths due to synthetic opioids (i.e., fentanyl) has increased a staggering 80%.



B. Definitions

i. Opioid

A controlled substance derived from opium or a synthetically manufactured medication, that includes but is not limited to, heroin, morphine, codeine, oxycodone (Oxycontin®), hydrocodone (Vicodin®, Norco®), fentanyl (Duragesic®), hydromorphone (Dilaudid®), oxymorphone (Opana®), and methadone

ii. Opioid Overdose

An acute condition when an excessive amount of opioid is swallowed, inhaled, injected or absorbed through the skin, intentionally or unintentionally, leading to respiratory depression and possibly death

iii. Naloxone

A prescription opioid antagonist that can temporarily reverse the effects of an opioid overdose and prevent death. More than one dose may be necessary to maintain opioid reversal

iv. First Responders

A person who is designated to immediately respond to an emergency and may include the law enforcement officers, fire department, or other trained non-health care providers

v. Medical Control Provider (MCP)

The assigned local licensed medical provider, permitted within the federal scope of practice, to monitor the prescribing of naloxone to first responders at each IHS Facility

vi. Standing Order

A policy signed by the MCP describing the parameters under which pharmacists may dispense naloxone to the first responders for the treatment of suspected opioid overdoses to prevent death (Appendix A)

IHS-BIA Memorandum of Understanding (MOU)

The MOU between the Department of the Interior Bureau of Indian Affairs (BIA), Office of Justice Services, and the Department of Health and Human Services Indian Health Service (IHS) was signed on December 2, 2015. IHS agrees to provide naloxone in addition to training for the usage in opioid overdoses individuals. The BIA will store and maintain inventory of the naloxone, and will return damaged or expired medication to IHS for replacement doses. BIA will maintain a count of missing or lost doses and report need for replacement doses. BIA officers will complete the **IHS First Responder Naloxone Deployment Report Form** (Appendix B) following the administration of naloxone intervention for data collection purposes. Tribal law enforcement agencies may utilize this MOU to pursue local MOUs with tribal facilities.

C. State Laws

Naloxone was limited as a prescription medication given to those only within a doctor-patient relationship. New Mexico became the first state to enact legislation to increase access in 2001. As of June 2016, forty-seven jurisdictions had laws that addressed access to naloxone (excluding MT, KS, and WY). Thirty-eight jurisdictions provided criminal immunity or Good Samaritan laws for prescribers who prescribe, dispense, or distribute naloxone (excluding AZ, IA, ID, KS, ME, MO, MT, NE, OK, SC, SD, TX, and WY). As of 2014, it was reported that more than 150,000 people had received naloxone training, and naloxone was used in more than 26,000 overdose reversals. Pharmacists acting within the scope of their federal practice are not subject to state laws, but the IHS will not require pharmacists to dispense naloxone against his/her wishes if they hold licensure in a state that prohibits dispensing naloxone to a third party. For up to date information regarding state Good Samaritan and naloxone laws please consult state licensure boards or these websites:

- [The Policy Surveillance Program Naloxone Laws](#)
- [National Conference of State Legislatures Good Samaritan Laws](#)

Opioid Overdose Toolkit Procurement and Storage

A. Acquisition

Initial issuance of an Opioid Overdose Toolkit will be dispensed by the IHS pharmacist after documentation is provided that the first responder has completed the required training. The first responder and pharmacist will sign the **IHS First Responder Naloxone Acquisition Form** (Appendix B) acknowledging the pharmacist is dispensing naloxone under the standing order and is now the responsibility of the first responder. The form will be collected and stored by the issuing IHS pharmacy.

B. Replacement

It is the responsibility of the first responder to replace expired or damaged naloxone at the IHS pharmacy. If the Opioid Overdose Toolkit is used in an incident, the first responder must provide an **IHS First Responder Naloxone Deployment Report Form** (Appendix C) for the reissuance of naloxone.

C. Naloxone Products

i. Intranasal Naloxone (Narcan®)



ii. Auto-Injector Naloxone (Evzio®)



iii. Naloxone Injection by Intranasal Administration



D. Storage Best Practices

- i. Intranasal Naloxone (Narcan[®])
 - Store in the blister and cartons provided
- ii. Auto-Injector Naloxone (Evzio[®])
 - Store in the outer case provided
- iii. General Best Practices
 - Store at controlled room temperature **59°F to 77°F**
 - Excursions permitted between 39°F to 104°F
 - Do not freeze
 - Protect from light

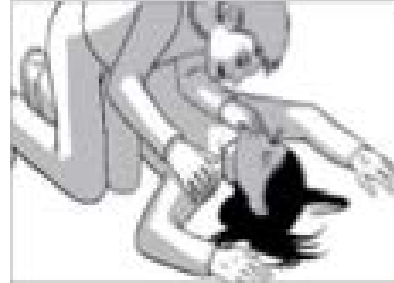
E. Daily Inspection

At the beginning of each shift and prior to using, check the device to ensure that it is intact and ready for use.

Naloxone Administration

A. Opioid Overdose Signs and Symptoms

- i. Unresponsive or intoxicated
- ii. Blue or pale lips or fingertips
- iii. Pinpoint pupils
- iv. Slowly or not breathing
- v. Slow heartbeat
- vi. Low blood pressure
- vii. Vomiting



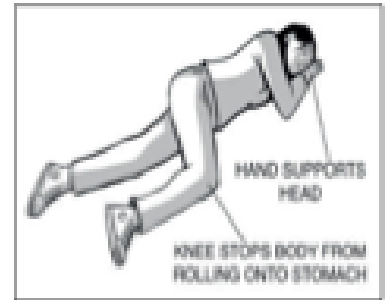
B. Scene Safety

- i. First responders shall use universal precautions including being aware of potential harmful drug paraphernalia such as needles
- ii. First responders should conduct assessment of the patient including taking into consideration statements from witnesses regarding drug use.
- iii. If the first responder suspects an opioid overdose, naloxone should be administered to the patient.

C. First Responder Instructions

- i. **Activate 911** and report someone is unresponsive or not breathing
- ii. Check for **Signs** of Opioid Overdose
- iii. Support **Breathing**
 - a. Verify airway is clear
 - b. Perform head-tilt chin-lift and pinch nose closed
 - c. Perform 2 rescue breaths and repeat 1 breath every 5 seconds for 1 minute

- iv. **Administer Naloxone** and continue rescue breathing
(see specific instructions in section D)
- v. Place in **Recovery Position** when independent breathing begins
- vi. Get to **Emergency Care**



D. Naloxone Administration Instructions

Intranasal Naloxone (Narcan®)

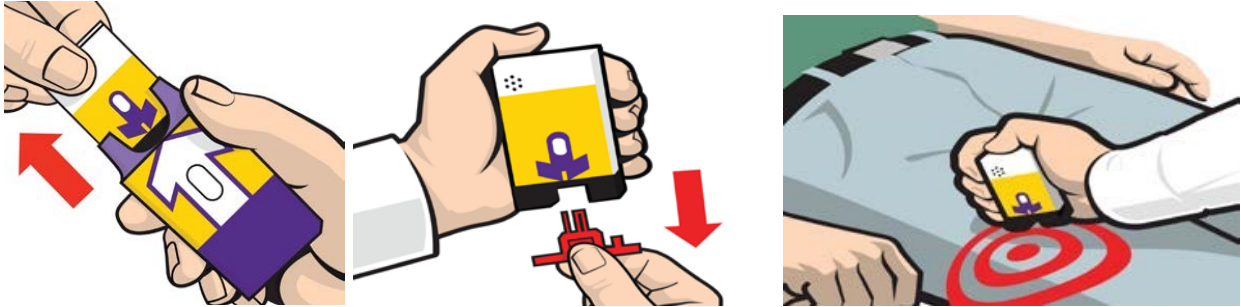
- 1) Remove naloxone from the box
- 2) Peel back the tab with the circle at the top right corner to open
- 3) Hold the naloxone with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
- 4) Tilt the person's head back and provide support under the neck with your hand
- 5) 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
- 6) Press the plunger firmly to give the dose of the naloxone
- 7) If the person does not respond by breathing normally continue rescue breathing
- 8) A dose can be given every 2 to 3 minutes until independent breathing begins
- 9) Repeat naloxone administration in the opposite nostril if necessary
- 10) If no response, continue to repeat naloxone administration if available until EMS has arrived



Auto-Injector Naloxone (Evzio®) for Intramuscular or Subcutaneous Administration

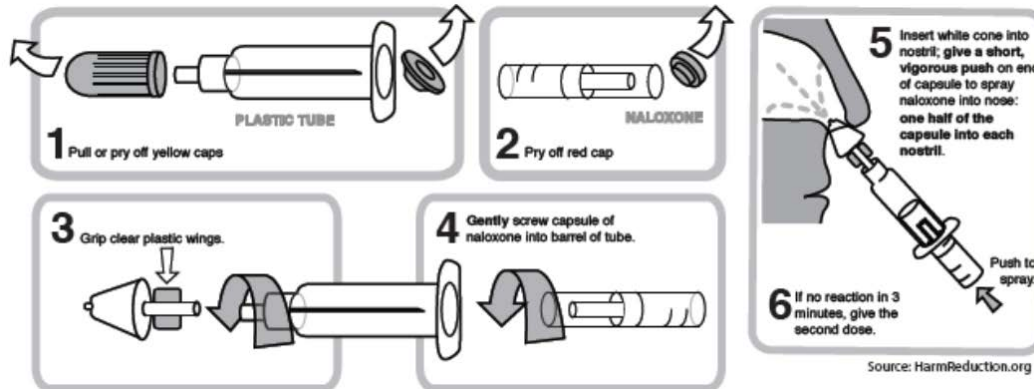
- 1) Pull the auto-injector from the outer case
- 2) Pull of the red safety guard (do not remove until you are ready to use it)
- 3) Do not touch the black base of the auto-injector where the needle comes out
- 4) Place the black end of the auto-injector against the outer thigh, through clothing if needed (if less than 1 year old, pinch the middle of the outer thigh before and while giving the injection)
- 5) Press firmly and hold in place for 5 seconds (you will hear a click and hiss sound)
- 6) The needle will retract back up after use
- 7) If the person does not respond by breathing normally continue rescue breathing
- 8) A dose can be given every 2 to 3 minutes using another auto-injector until independent breathing begins
- 9) Do not replace the red safety guard after using (a red indicator light in the viewing window and the black bottom will be locked after its been used)

- 10) If no response, continue to repeat naloxone administration if available until EMS has arrived



Naloxone Injection by Intranasal Administration with an Atomizer

- 1) Open a naloxone syringe box and take out the plastic tube and naloxone capsule, and then remove the atomizer from the plastic package
- 2) Pull yellow cap off of plastic tube and red cap off of naloxone capsule
- 3) Gently screw capsule of naloxone into barrel of plastic tube until resistance is felt
- 4) Screw on atomizer to end of plastic tube by gripping the plastic wedge
- 5) Insert cone into one nostril and give a short vigorous push on end of capsule to spray $\frac{1}{2}$ of the naloxone, then repeat other $\frac{1}{2}$ of the capsule into the other nostril
- 6) If the person does not respond by breathing normally continue rescue breathing
- 7) A dose can be given every 2 to 3 minutes until independent breathing begins
- 8) If no response, continue to repeat naloxone administration if available until EMS has arrived



E. Maintaining Naloxone Reversal of Opioid Overdose

- i. Naloxone's effect lasts 30 to 90 minutes depending on the route of administration
- ii. Naloxone may need to be repeated every 20 to 60 minutes to maintain opioid reversal

F. Expected Side Effects of Naloxone

- i. Agitation
- ii. Nausea and vomiting
- iii. Excessive sweating
- iv. Runny or bloody nose
- v. Fast heartbeat
- vi. High blood pressure

G. Ensuring Higher Level of Care

After naloxone administration, the patient should be continued to be observed until EMS arrives or transport to a medical facility occurs.

H. Do's and Don'ts in Opioid Overdose

- i. **Do** support breathing by performing rescue breathing
- ii. **Do** put in recovery position
- iii. **Do** stay with the person and keep them warm

- iv. **Don't** forcefully stimulate the person, only shout, do sternal rub, or light pinching to
- v. **Don't** put the person in a cold bath or shower
- vi. **Don't** inject the person with any substance (saltwater, milk, "speed", heroin, etc.)
- vii. **Don't** try to make the person vomit

Appendixes

- A. IHS First Responder Naloxone Standing Order
- B. IHS First Responder Naloxone Acquisition Form
- C. IHS First Responder Naloxone Deployment Report Form
- D. Frequently Asked Questions
- E. Narcan[®] Quick Start Guide: Opioid Overdose Response Instructions
- F. Evzio[®] Instructions for Use
- G. Naloxone Injection for Intranasal Administration Instructions

Department of Health and Human Services Indian Health Service Naloxone Standing Order

This serves as the Standing Order authorizing the dispensing and administration of Naloxone as indicated below:

1. The Indian Health Service facility, _____, is authorized to dispense Opioid Overdose Toolkits to trained first responders for emergency use in the field.
2. The toolkit contains:
 - a. _____ doses of naloxone for to be given by _____ route of administration
 - b. The toolkit additionally includes: _____
3. Trained first responders are authorized to administer Naloxone to individuals whom they believe in good faith are suffering from opioid overdose.
4. Address where Naloxone training records will be located:
 - Indian Health Service Facility
 - Address
 - City, State Zip Code

List any restrictions to this Medical Authorization, if applicable: _____

Medical Control Provider (MCP)

Name
Indian Health Service Facility
Address
City, State Zip Code

Phone Number: xxx-xxx-xxxx

Fax Number: xxx-xxx-xxxx

Medical Control Provider (MCP) Signature: _____ Date: _____

Return form to:

Name
Indian Health Service Facility
Address
City, State Zip Code

Phone Number: xxx-xxx-xxxx

Fax Number: xxx-xxx-xxxx

**Department of Health and Human Services
Indian Health Service First Responder
Naloxone Acquisition Form**

Date of Issuance _____

- 1) The Indian Health Service (IHS) facility, _____, under the direction of, _____, the local Medical Control Provider (MCP) will dispense Opioid Overdose Kits containing naloxone to the _____.
- 2) The pharmacist (or designee), _____, has confirmed that the First Responder _____, has completed the MCP approved naloxone and opioid overdose training and competency.
- 3) The Opioid Overdose Kit contains at least one of the following: (select all that apply)
 - a. Intranasal Naloxone (Narcan® Nasal Spray)
 - b. Auto-Injector Naloxone (Evzio®) for intramuscular or subcutaneous administration
 - c. Naloxone injection syringe and mucosal atomizer device for intranasal administration
- 4) The Opioid Overdose Kit may also contain the following: (select all that apply)
 - a. Naloxone administration instructions
 - b. Gloves
 - c. Face shield to provide rescue breathing
 - d. Other _____
- 5) Reason for Replacement Kit (circle one):
 - a. Used for an emergency (must also complete the Naloxone Administration Reporting Form)
 - b. Expired
 - c. Damaged (describe) _____
 - d. Lost (describe) _____

6) Lot Number: _____ Expiration Date: _____

(Print)

(Print)

(Sign)
Pharmacist (or designee) First Responder

(Sign)

**Department of Health and Human Services
Indian Health Service First Responder
Naloxone Deployment Report Form**

Date of Report _____ Date and Approximate Time of Incident _____

- 1) Location of Incident (select one)
 - a. Private residence
 - b. Hotel or motel
 - c. Substance abuse treatment center
 - d. Shelter
 - e. Sidewalk or street
 - f. Nursing home or assisted living
 - g. In BIA custody
 - h. Other _____

- 2) Did someone administer naloxone before you arrived? (select one) Yes No

- 3) What physical clues indicated need for naloxone? (select all that apply)
 - a. Person looked blue
 - b. Person was not breathing or had very shallow breathing
 - c. Person did not respond to sternal rub or other attempts to be awakened
 - d. Drugs or drug paraphernalia at the scene
 - e. Known history of drug use
 - f. Report of drug use by a bystander
 - g. Other _____

- 4) What type of naloxone was administered? (select one)
 - a. Intranasal Naloxone (Narcan®)
 - b. Auto-Injector Naloxone (Evzio®) by intramuscular administration
 - c. Auto-Injector Naloxone (Evzio®) by subcutaneous administration
 - d. Naloxone injection with mucosal atomizer by intranasal administration

- 5) How many doses were administered? _____

- 6) What happened after you gave the person naloxone? (select all that apply)
 - a. Person woke up from overdose
 - b. Person vomited
 - c. Person was agitated or had violent behavior
 - d. Person went to hospital
 - e. Person did not wake up from the overdose and died
 - f. Other _____

First Responder Name _____ Signature _____

Frequently Asked Questions

1) Is there an age cutoff for naloxone administration?

No, it can be given to any age

2) What do you do if someone is suspected to be pregnant?

Naloxone is safe in pregnancy, ensure they get to emergency care following administration

3) If it is unknown why someone is down and unresponsive, should I give naloxone? Or what will happen if naloxone is given to someone who did not have an opioid overdose?

Yes naloxone should be given to someone found down. Naloxone will not harm someone if they have not overdosed from opioids and can only help them if that is the problem.

4) What happens if I accidentally expose myself to naloxone?

Nothing, if it gets on the skin or in mouth it will have no effect

5) How quickly does the naloxone work?

Onset depends on the route of administration:

- Intravenously can take 2 – 3 minutes
- Intramuscular/Subcutaneously can take up to 15 minutes
- Intranasal has not be determined, but likely between these two time periods

6) Can naloxone still be used if recently expired or stored outside of the recommended temperatures if haven't been replaced yet?

Yes, if this is the only naloxone available it won't hurt the patient, but may not be as effective

7) Can I store the naloxone in my vehicle during the day during extreme temperature changes?

No, naloxone can withstand being out of recommended temperature changes only for short periods of time. Recommended temperatures are 59°F to 77°F with excursions permitted between 39°F to 104°F.

8) How much naloxone is too much? How many doses can you give?

There is not a maximum dose, it can be given every 2 – 3 minutes until there is a response or emergency medical services assumes care

If someone starts to breath after one dose but is not fully conscious, should a second dose be given?

Yes, naloxone should be given every 2 – 3 minutes until a full response of regaining consciousness and breathing 12 – 20 breaths per minute (18 – 40 breaths if under 6 years old)

9) When do you do rescue breathing versus full cardiopulmonary resuscitation (CPR)?

If response is early enough only rescue breathing is needed, however if there is no pulse proceed with full CPR efforts

10) If someone has a facial defect such as from a previous burn, can naloxone be given orally?

No, naloxone will not work if given orally

11) Can I give my naloxone to another officer on the scene that has used their supply already?

Yes, but all doses given in an incident should be reported using appropriate paperwork

12) When should the naloxone be replaced?

- Is expired
- Has crystallized or has visible particles upon inspection
- Has been kept out of temperature range for more than a short period of time or has ever been stored at less 39°F or more than 104°F
- After use in an incident

13) Where can naloxone be replaced?

Only Federal Indian Health Service Pharmacies

14) Is naloxone just a “safety net” that allows users to use even more opioids?

Increasing availability of naloxone to reduce deaths does not provide incentive to use or abuse opioids, the behavior will exist with or without naloxone. Naloxone can cause intense withdrawal symptoms that are extremely unpleasant, which no user desires to experience. Providing naloxone is one approach to dealing with this national epidemic. Other strategies include safe opioid prescribing practices and increasing access to Medication Assisted Treatment (MAT) such as buprenorphine (Suboxone®) and methadone.

15) Will the patient “wake up” agitated and aggressive?

It is possible, but some can wake up slowly as well. Using needles administration of naloxone was designed for quick and safe administration to prevent injury for emergency responders.

NARCAN[®] (naloxone HCl) **NASAL SPRAY**

QUICK START GUIDE **Opioid Overdose Response Instructions**

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called “pinpoint pupils”

Lay the person on their back to receive a dose of NARCAN Nasal Spray.



2 Give NARCAN Nasal Spray

Remove NARCAN Nasal Spray from the box.

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.



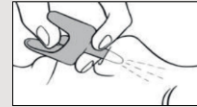
Gently insert the tip of the nozzle into either nostril.

- 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 dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



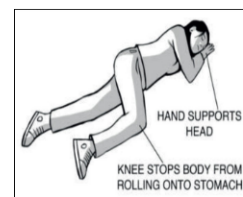
3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.



Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

For more information about NARCAN Nasal Spray, go to www.narcannasalspray.com, or call 1-844-4NARCAN (1-844-462-7226).

ADAPT
PHARMA

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Instructions for Use EV Z IO[®] Auto-Injector

Automated Voice Instructions

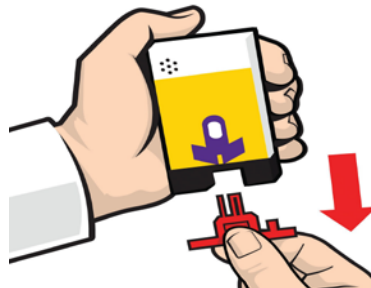
It has a speaker that provides voice instructions to help guide you through each step of the injection. If the voice instructions do not work for any reason, it will still work. If this happens, use it as instructed below and follow the written instructions on the auto-injector label.

Step 1. Pull it from the outer case.



Do not go to Step 2 (Do not remove the **Red** safety guard) until you are ready to use it. **If you are not ready to use it, put it back in the outer case for later use.**

Step 2. Pull off the **Red** safety guard. To reduce the chance of an accidental injection, do not touch the **Black** base of the auto-injector, which is where the needle comes out.



If an accidental injection happens, get medical help right away. **Note:** The **Red** safety guard is made to fit tightly. **Pull firmly to remove.**

Do not replace the **Red** safety guard after it is removed.

Step 3. Place the **Black** end of it against the outer thigh, through clothing, if needed. **Press firmly** and hold in place for 5 seconds.

If you give it to an infant less than 1 year old, pinch the middle of the outer thigh before you give it and continue to pinch while you give it.



Note: It makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and means that it is working correctly. Keep it firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound. The needle will inject and then retract back up into it auto-injector and is not visible after use.

Step 4. After using Evzio®, get emergency medical help right away. If symptoms return after an injection, an additional injection using another may be needed. Give additional injections using a new auto-injector every 2 to 3 minutes and continue to closely watch the person until emergency help is received.

Evzio® cannot be reused. After use, place the auto-injector back into its outer case. Do not replace the **Red** safety guard.

How to know that EVZIO® has been used:

- The **Black** base will lock into place.
- The voice instruction system will state that EVZIO® has been used and the LED will blink red.
- The **Red** safety guard cannot be replaced.
- The viewing window will no longer be clear. You will see a red indicator.



<p>How to Avoid Overdose</p> <ul style="list-style-type: none"> • Only take medicine prescribed to you • Don't take more than instructed 	<ul style="list-style-type: none"> • Call a doctor if your pain gets worse • Never mix pain meds with alcohol • Avoid sleeping pills when taking pain meds 	<ul style="list-style-type: none"> • Dispose of unused medications • Store your medicine in a secure place • Learn how to use naloxone 	<ul style="list-style-type: none"> • Teach your family + friends how to respond to an overdose
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Are they breathing? → Call 911 for help

Signs of an overdose:

- Slow or shallow breathing
- Gaspings for air when sleeping or weird snoring
- Pale or bluish skin
- Slow heartbeat, low blood pressure
- Won't wake up or respond (rub knuckles on sternum)

All you have to say:
"Someone is unresponsive and not breathing."
Give clear address and location.

Airway →

Make sure nothing is inside the person's mouth.

Rescue breathing

Oxygen saves lives. Breathe for them.
One hand on chin, tilt head back, pinch nose closed.
Make a seal over mouth & breathe in
1 breath every 5 seconds
Chest should rise, not stomach

Prepare Naloxone

Are they any better? Can you get naloxone and prepare it quickly enough that they won't go for too long without your breathing assistance?

PrescribeToPrevent.org

Source: HarmReduction.org

Evaluate + support

- Continue rescue breathing
- Give another 2 sprays of naloxone in 3 minutes if no or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes
- Comfort them; withdrawal can be unpleasant
- Get them medical care and help them not use more opiate right away
- Encourage survivors to seek treatment if they feel they have a problem

v02.12.11

Reference

Substance Abuse and Mental Health Services Administration. SAMHSA Opioid Overdose Prevention Toolkit. HHS Publication No. (SMA) 16-4742. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2016.