Indian Health Service First Responder Naloxone Training Program

Naloxone Training Outline

- Introduction
- Naloxone Procurement and Storage
- Naloxone Administration
- Naloxone Competency

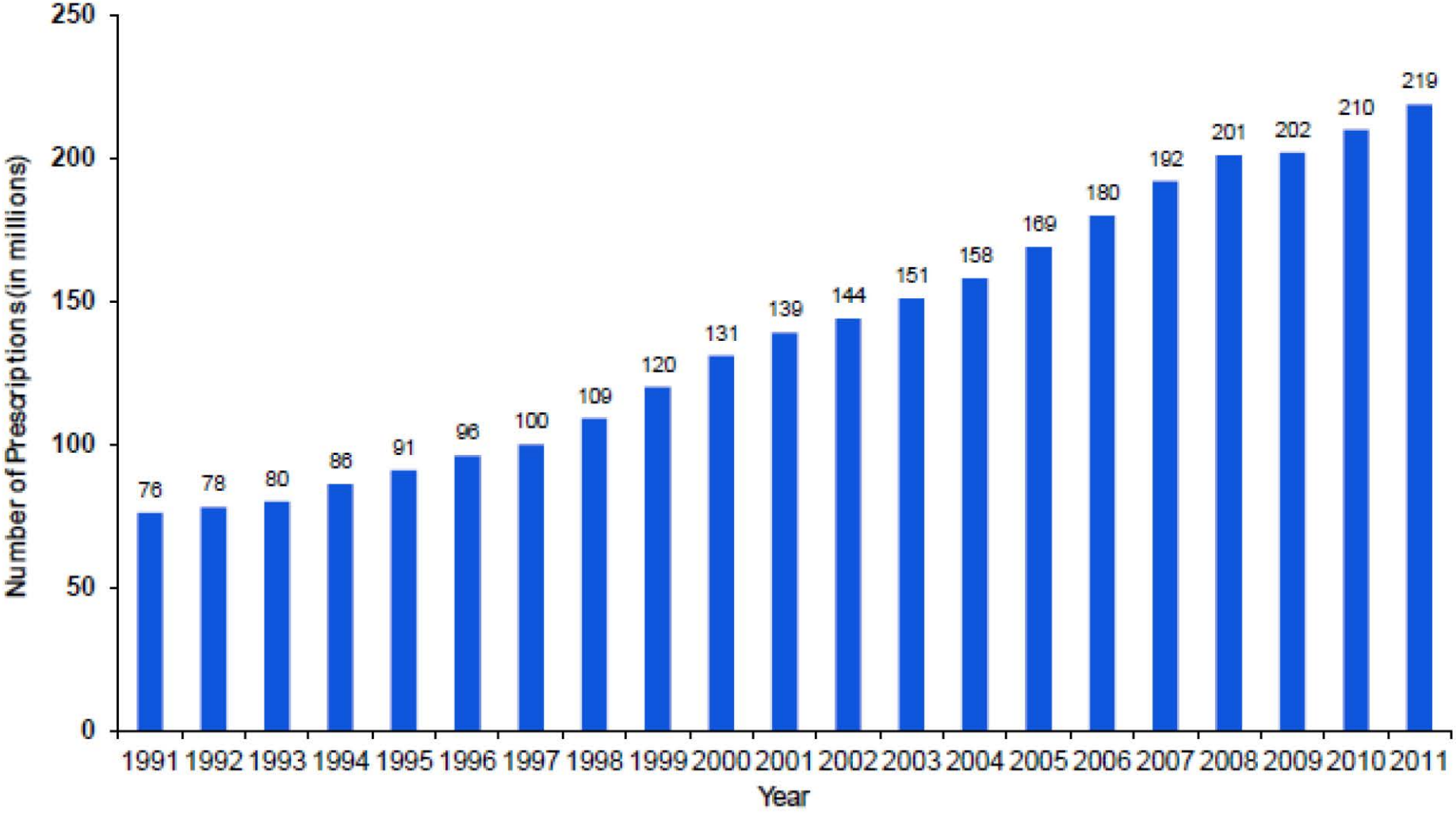
Complete Pre-training Questionnaire

INTRODUCTION

National Opioid Crisis

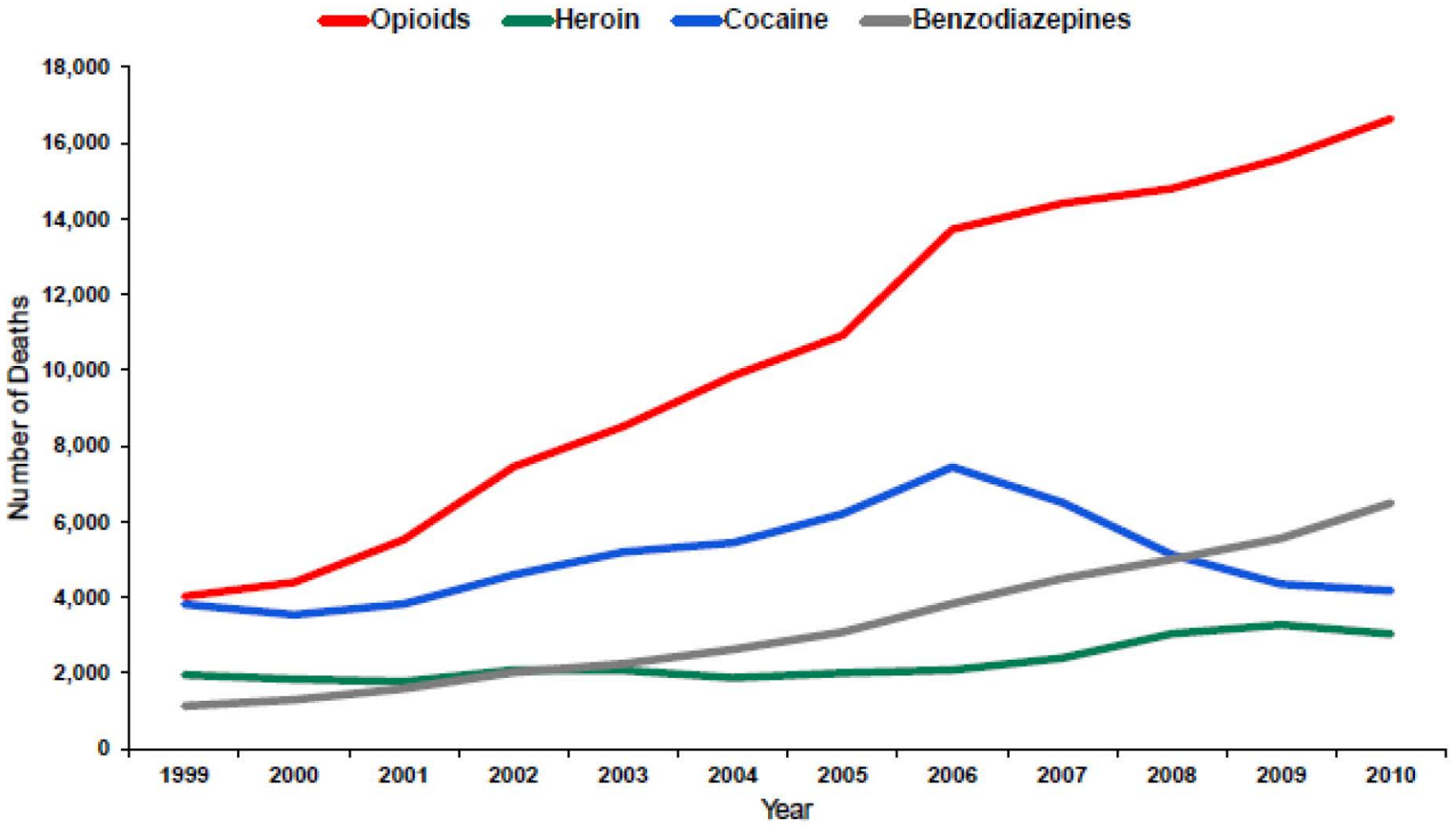
- The United States is experiencing an epidemic of opioid overdose deaths
- Since 2000, overdoses related to prescription pain relievers and heroin has doubled to 28,647 deaths in 2014
- Between 2013 and 2014, the rates of death caused by methadone has not increased, but deaths involving heroin increased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

Opioid Prescriptions Dispensed by Retail Pharmacies—United States, 1991–2011



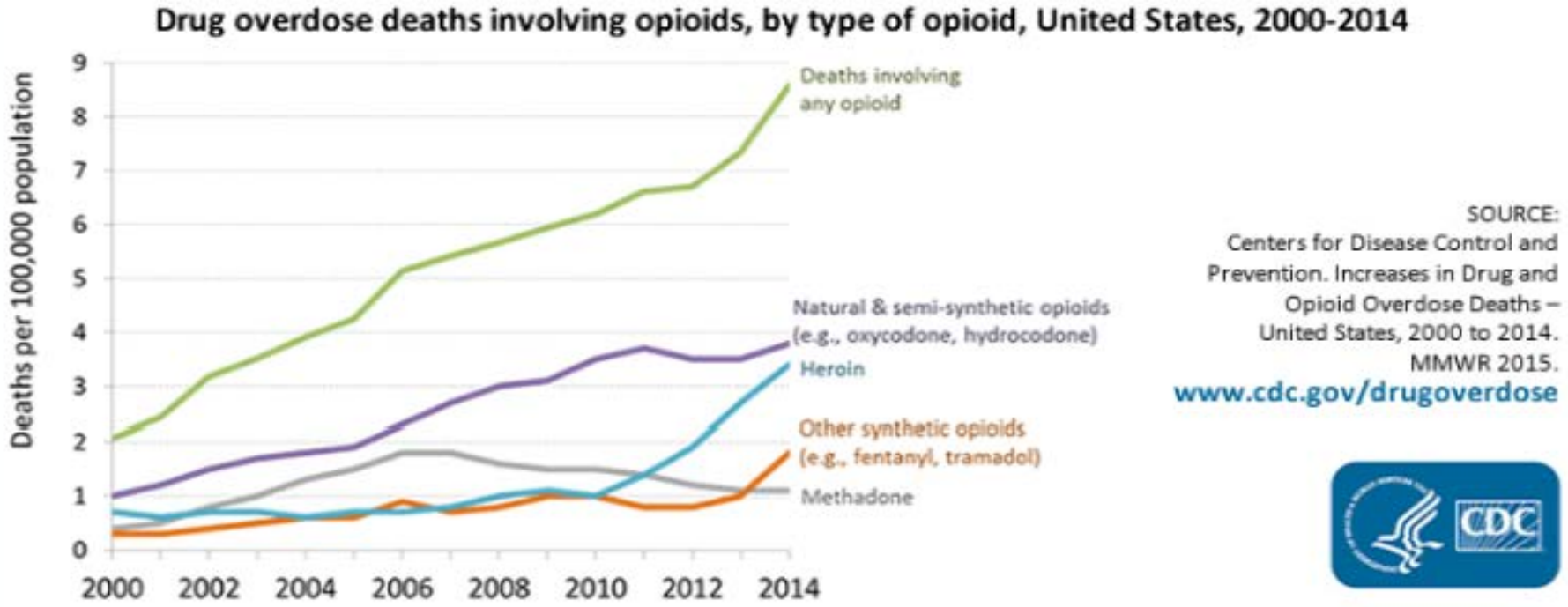
IMS Vector One. From "Prescription Drug Abuse: It's Not what the doctor ordered." Nora Volkow National Prescription Drug Abuse Summit, April 2012. Available at http://www.slideshare.net/OPUNITE/nora-volkow-final-edits.

Drug Overdose Deaths by Major Drug Type, United States, 1999–2010



CDC, National Center for Health Statistics, National Vital Statistics System, CDC Wonder. Updated with 2010 mortality data.

Opioid overdoses driving increase in drug overdoses overall



References

1. CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at http://wonder.cdc.gov.
2. Centers for Disease Control and Prevention. CDC Health Advisory: Increases in Fentanyl Drug Confiscations and Fentanyl-related Overdose Fatalities. HAN Health Advisory. October 26, 2015. http://emergency.cdc.gov/han/han00384.asp
3. Centers for Disease Control and Prevention. Increases in Drug and Opioid Overdose Deaths — United States, 2000–2014. MMWR 2015; 64;1-5.

Definitions

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

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

Definitions

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)

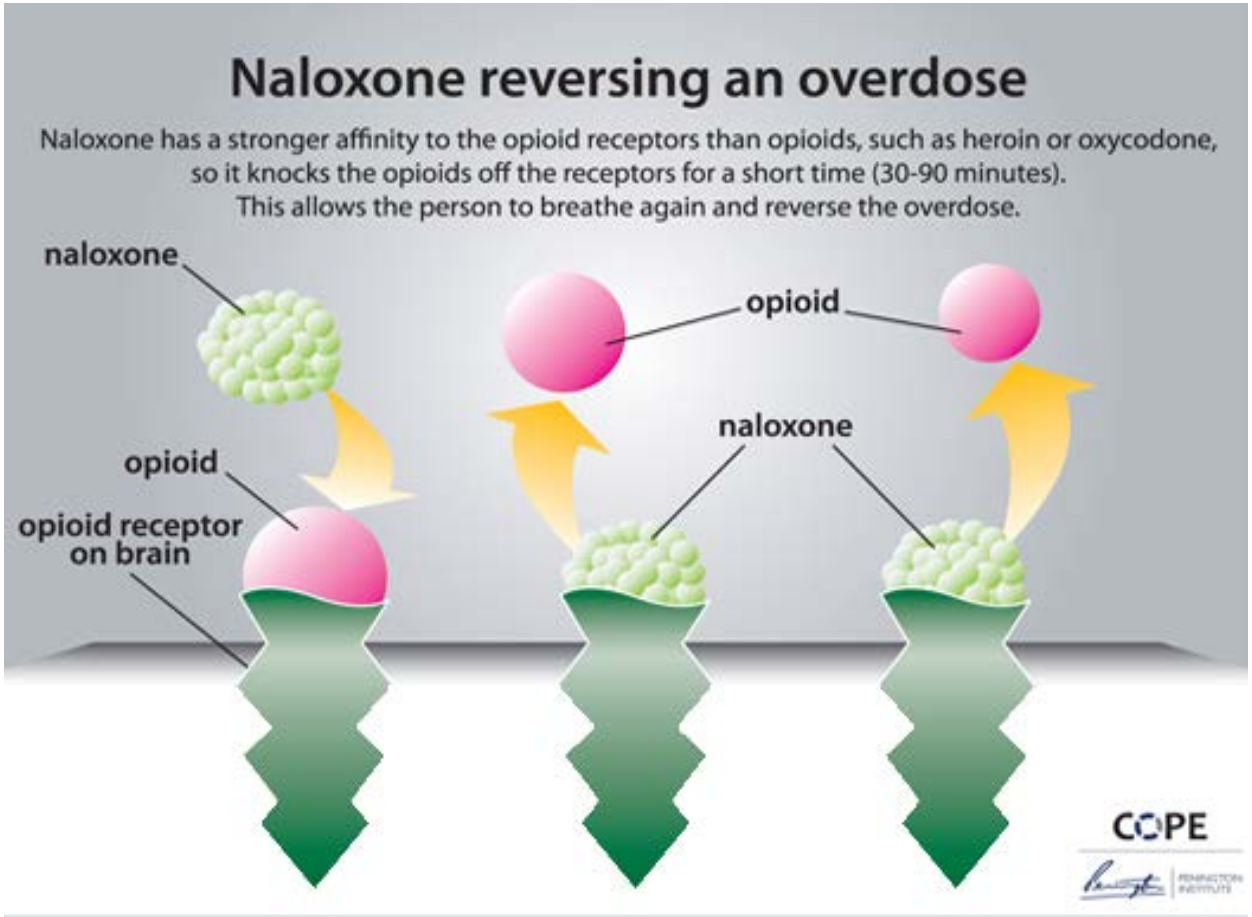
First Responders

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

Naloxone

- "Knocks" the opioid off the opiate receptor
- No opioids = no effect
  - **Not harmful if no opioids in bloodstream**
- Effective usually in 1 to 3 minutes
  - Effects last between 30 to 90 minutes
- Can **NOT** be abused to get high

Naloxone In Action



What Does Naloxone Reverse?

Does Reverse:

Opioids

Heroin

Does NOT Reverse:

Cocaine

Methamphetamines

Valium

Xanax

Alcohol

Definitions

Medical Control Provider (MCP)

- The assigned local licensed medical provider, permitted within the federal scope of practice, to monitor the prescribing of naloxone to the first responders at each IHS Facility
  - This may be the IHS Chief Medical Officer or the Clinical Director

Standing Order

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

Who is at Risk for Overdose?

The **MOST** likely person to overdose is an opioid dependent person:

- Recently underwent detoxification or incarceration
- IV drug use
- High dose prescription drug use
- Concurrent use with other sedating medications
- History of substance abuse
- Health issues: asthma, COPD, sleep apnea, dementia, kidney disease, elderly

Overdoses on the Reservation

- Four-fold increase in opioid overdoses from 1999 to 2013 among American Indians and Alaska Natives (AI/AN)
- Four-fold increase in all drug-related deaths among AI/AN as well
- Twice the rate of the general U.S. population

IHS-BIA Memorandum of Understanding

- The MOU is 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 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

IHS-BIA Memorandum of Understanding

- 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 C) 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 as a template

Naloxone State Laws

- New Mexico became the first state to enact legislation to increase naloxone access in 2001
- As of June 2016
  - 47 jurisdictions had laws that addressed access to naloxone (aka Good Faith Laws)
    - Excluding MT, KS, and WY
  - 38 jurisdictions provided criminal immunity laws for prescribers who prescribe, dispense, or distribute naloxone (aka Good Samaritan Laws)
    - Excluding AZ, IA, ID, KS, ME, MO, MT, NE, OK, SC, SD, TX, and WY

- The Policy Surveillance Program Naloxone Laws
- National Conference of State Legislatures Good Samaritan Laws

Naloxone State Laws

- 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

Why Should You Carry Naloxone?

- The life-saving benefits of naloxone in reversing opioid overdose is clear
- Law enforcement officers are frequently the first to arrive at the scene of an overdose
- Delay in administering naloxone can lead to avoidable death and injury

Why Should You Carry Naloxone?

- EMS who can administer naloxone do not always arrive on the scene quickly enough
- Administration of naloxone by a First Responder has become standard across the country
- No negative health outcomes have been reported after over 40 years of utilization

Bureau of Indian Affairs Testimony Video

PROCUREMENT AND STORAGE

Naloxone Procurement

Acquisition

- Initial issuance of naloxone 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

Naloxone Procurement

Replacement

- It is the responsibility of the first responder to replace expired or damaged naloxone at the IHS pharmacy
  - Unused, expired or damaged kits MUST be returned to exchange for a new kit at the pharmacy
- If the naloxone 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

Naloxone Products

Naloxone Storage 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
- Store Narcan® Nasal Spray in the blister and cartons provided
- Store Evzio® Auto-Injector in outer case provided

Naloxone Inspection

- Daily inspection is recommended
- At the beginning of each shift and prior to using, check the device to ensure that it is intact and ready for use
- Evzio® and naloxone syringe can be visually inspected for precipitate in the solution

NALOXONE ADMINISTRATION

How Overdose Occurs

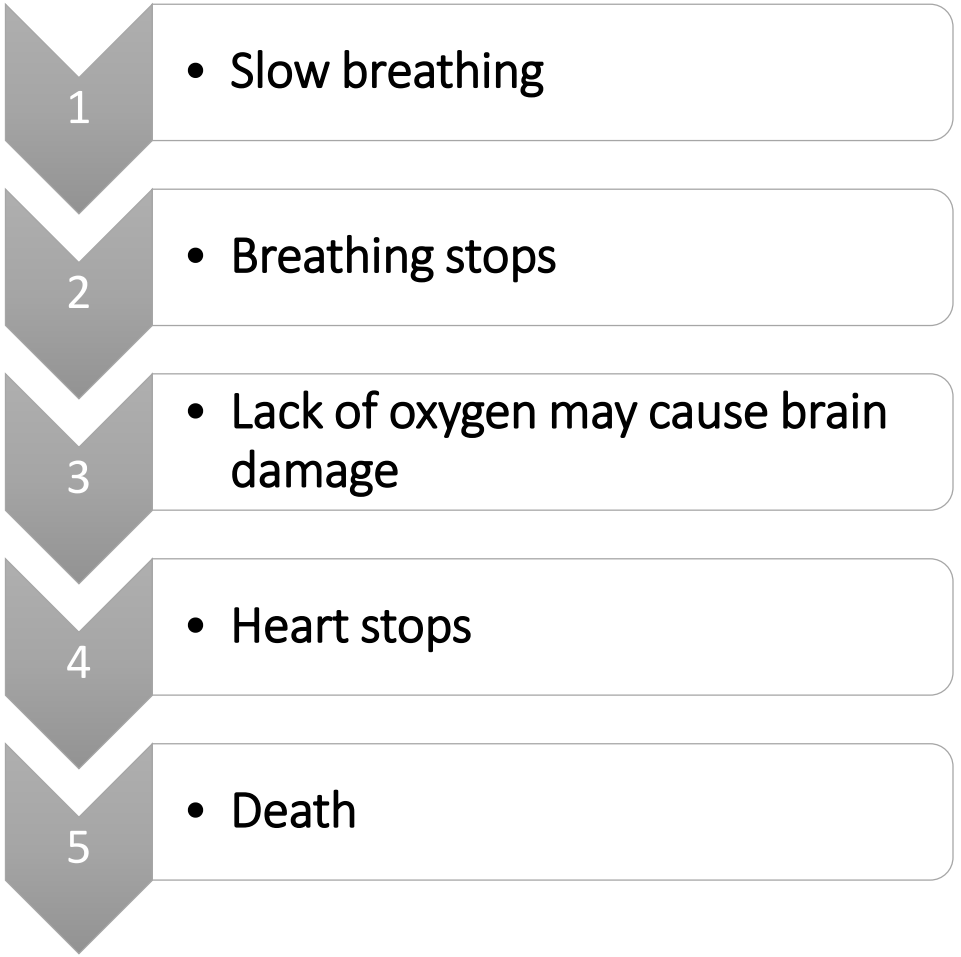
*Opioids suppress the urge
to breath

*Carbon dioxide levels increase

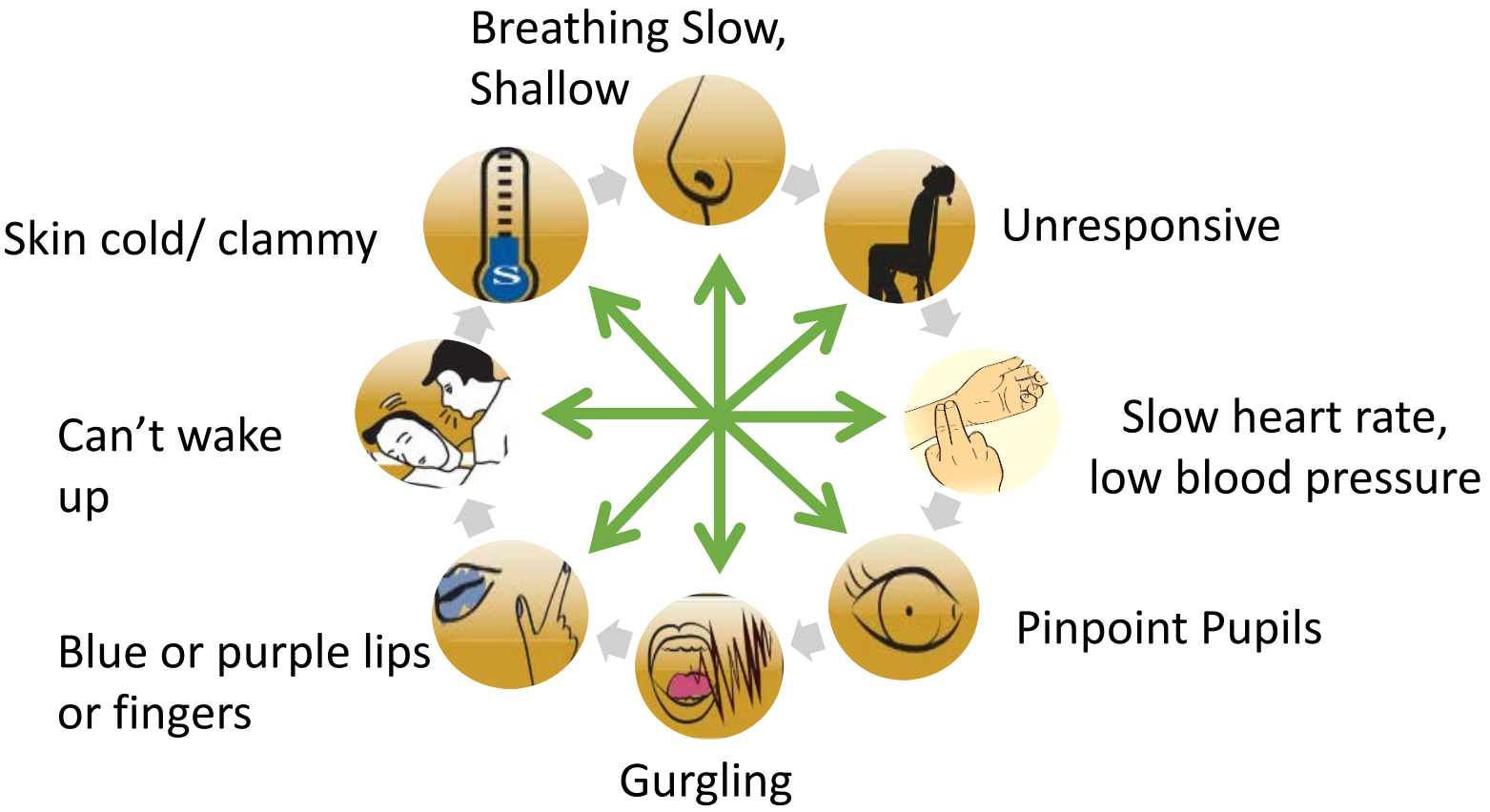
*Oxygen levels decrease

*Process takes times

*There is time to respond, but no time to waste



Signs of Opioid Overdose



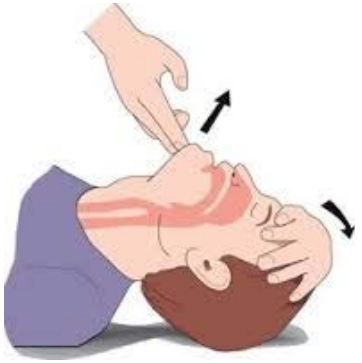
Scene Safety

- First responders shall use universal precautions including being aware of potential harmful weapons and drug paraphernalia such as needles
- First responders should conduct assessment of the patient including taking into consideration statements from witnesses regarding drug use

- If the first responder suspects an opioid overdose, naloxone should be administered to the patient

First Responder Instructions

i. Activate 911 and report someone is unresponsive or not breathing



ii. Check for Signs of Opioid Overdose

iii. Support Breathing

- Verify airway is clear
- Perform head-tilt chin-lift and pinch nose closed
- Perform 2 rescue breaths and repeat 1 breath every 5 seconds for 1 minute

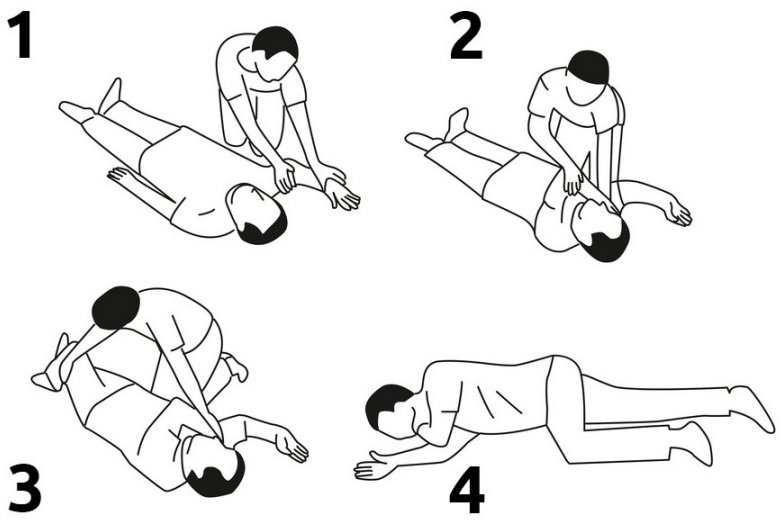
First Responder Instructions

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



Narcan® Nasal Spray

- Remove naloxone from the box
- Peel back the tab with the circle at the top right corner to open
- Hold the naloxone 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

Narcan® Nasal Spray

- Press the plunger firmly to give the dose of the naloxone
- If the person does not respond by breathing normally continue rescue breathing
- A dose can be given every 2 to 3 minutes until independent breathing begins
- Repeat naloxone administration in the opposite nostril if necessary
- If no response, continue to repeat naloxone administration if available until EMS has arrived

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.

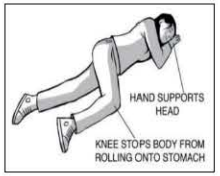
Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- 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.

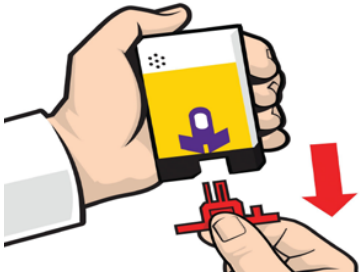
For more information about NARCAN Nasal Spray, go to www.narcannasalspray.com, or call 1-844-4NARCAN (1-844-462-7226).

ADAPT PHARMA

Evzio® Auto-Injector

- Pull the auto-injector from the outer case
- Pull of the red safety guard (do not remove until you are ready to use it)

- Do not touch the black base of the auto-injector where the needle comes out
- 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)
- Press firmly and hold in place for 5 seconds (you will hear a click and hiss sound)



Evzio® Auto-Injector

- The needle will retract back up after use
- If the person does not respond by breathing normally continue rescue breathing
- A dose can be given every 2 to 3 minutes using another auto-injector until independent breathing begins
- 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)
- If no response, continue to repeat naloxone administration if available until EMS has arrived

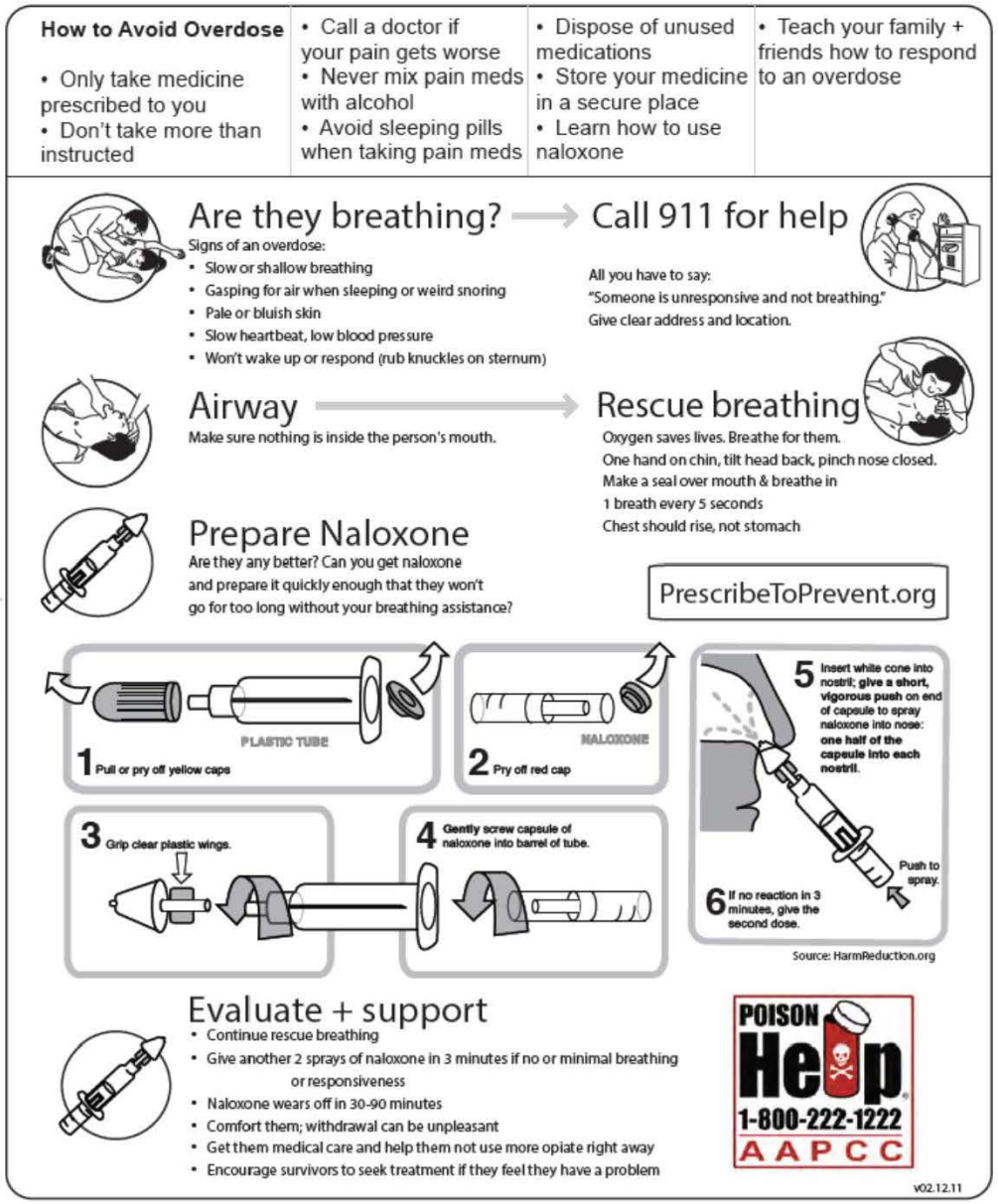
Naloxone Syringe by Intranasal

- Open a naloxone syringe box and take out the plastic tube and naloxone capsule, and then remove the atomizer from the plastic package
- Pull yellow cap off of plastic tube and red cap off of naloxone capsule
- Gently screw capsule of naloxone into barrel of plastic tube until resistance is felt
- Screw on atomizer to end of plastic tube by gripping the plastic wedge

Naloxone Syringe by Intranasal

- Insert cone into one nostril and give a short vigorous push on end of capsule to spray ½ of the naloxone, then repeat other ½ of the capsule into the other nostril
- If the person does not respond by breathing normally continue rescue breathing
- A dose can be given every 2 to 3 minutes until independent breathing begins
- If no response, continue to repeat naloxone administration if available until EMS has arrived

Naloxone Syringe by Intranasal



Maintaining Overdose Reversal

Naloxone's effect lasts **30 to 90 minutes** depending on the route of administration

Naloxone may need to be **repeated every 20 to 60 minutes** to maintain opioid reversal

Naloxone Side Effects

- Agitation
- Nausea and vomiting
- Excessive sweating
- Runny or bloody nose
- Fast heartbeat
- High blood pressure

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

Do's and Don'ts

- Do support breathing by performing rescue breathing
- **Do** put in recovery position
- **Do** stay with the person and keep them warm
- **Don't** forcefully stimulate the person, only shout, do sternal rub, or light pinching to
- **Don't** put the person in a cold bath or shower
- **Don't** inject the person with any substance (saltwater, milk, "speed", heroin, etc.)
- **Don't** try to make the person vomit

Indian Health Service First Responder Training Video

Frequently Asked Questions

Is there an age cutoff for naloxone administration?

- No, it can be given to any age

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

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

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 unconscious
- Naloxone will not harm someone if they have not overdosed from opioids and can only help them if that is the problem

Frequently Asked Questions

What happens if I accidently expose myself to naloxone?

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

How quickly does the naloxone work?

- Onset depends on the route of administration:
    - Intravenous can take 2 – 3 minutes
    - Intramuscular/Subcutaneous can take up to 15 minutes
    - Intranasal has not be determined, but likely between these two time periods

Frequently Asked Questions

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

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

Frequently Asked Questions

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)

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

Frequently Asked Questions

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

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

When should the naloxone be replaced?

- 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

Frequently Asked Questions

Where can naloxone be replaced?

- Under BIA MOU, only Federal Indian Health Service Pharmacies

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.

Will the patient “wake up” agitated and aggressive?

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

Manual Appendixes

- Standing Order
- Acquisition Form
- Deployment Report Form

Manual Appendixes

- Narcan® Quick Start Guide: Opioid Overdose Response Instructions
- Evzio® Instructions for Use
- Naloxone Syringe for Intranasal Administration Instructions

Supplemental Materials

- Pre and Post Training Questionnaires
- Competencies:
  - Checklists:
    - Narcan® nasal only
    - Narcan® + Injection/Atomizer
    - Evzio® only
  - Quiz

Questions?

Naloxone Competency

Naloxone Competency

1. Physically demonstrate naloxone administration using products demos

2. Complete Competency Checklist with Trainer

3. Complete Competency Quiz

Complete
Post-training Questionnaire
and
Training Evaluation