

Indian Health Service  
First Responder  
Naloxone  
Training Manual

# **Naloxone Training Manual Outline**

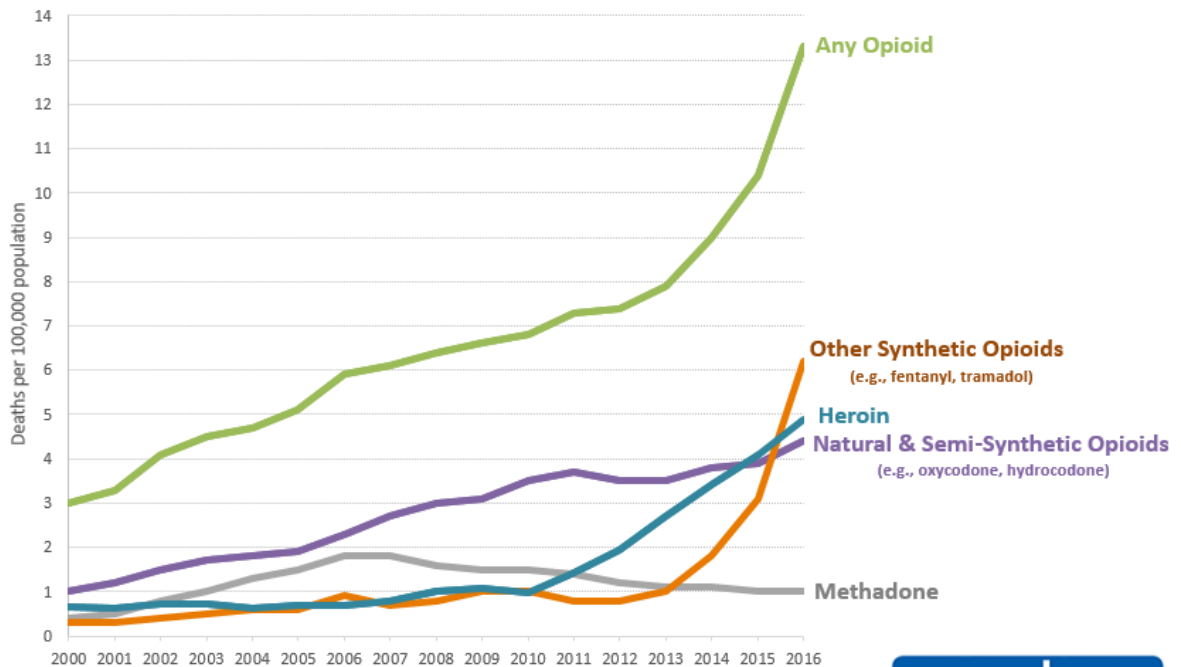
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# I. Introduction

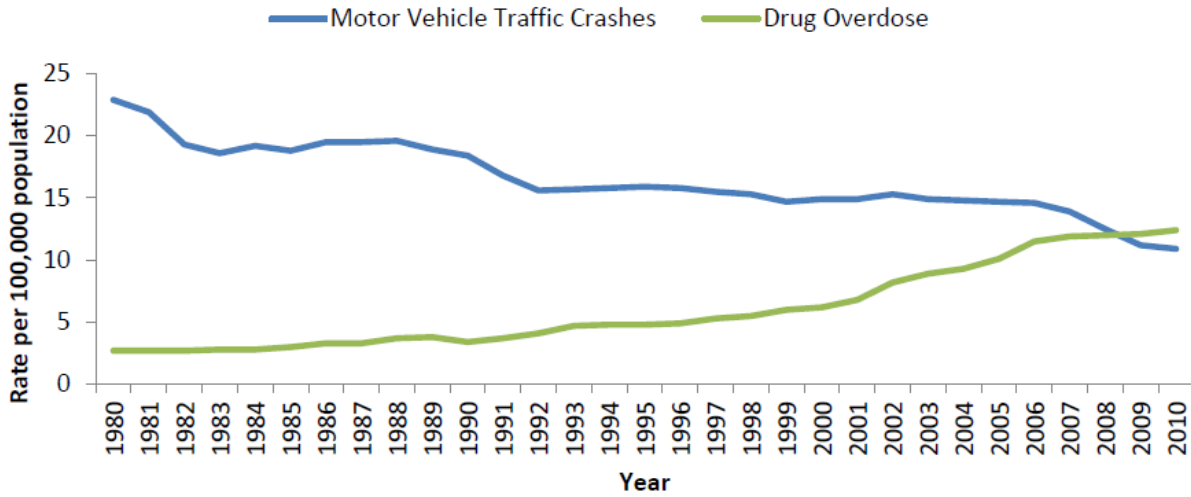
## A. National Opioid Crisis

The United States is experiencing an epidemic of opioid overdose deaths from both prescription and illicit opioids such as fentanyl and heroin. In 2016, the number of opioid overdose deaths was five times higher than in 1999. There were more than 63,600 deaths attributed to opioids resulting in an average of 115 Americans dying every day. The first wave began with increased prescribing of opioids in the 1990s. The second wave began in 2010, with a rapid increase in overdose deaths involving heroin. Most recently, the third wave began in 2013 with significant increases in deaths caused by illicitly-manufactured fentanyl. This fentanyl can be found in combination with heroin, counterfeit pills, and cocaine.

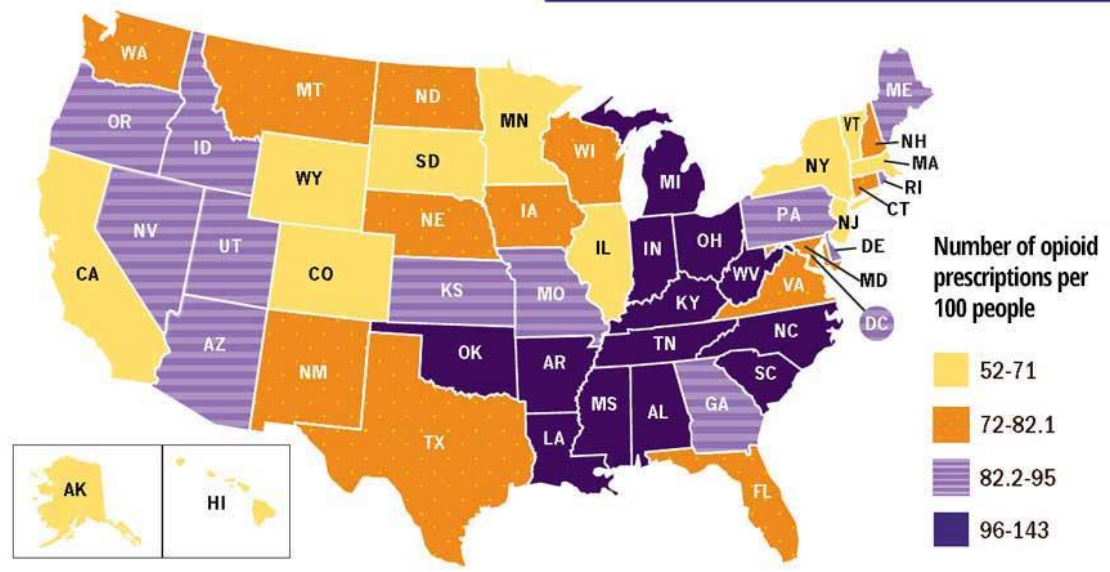
**Overdose Deaths Involving Opioids, by Type of Opioid, United States, 2000-2016**



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.

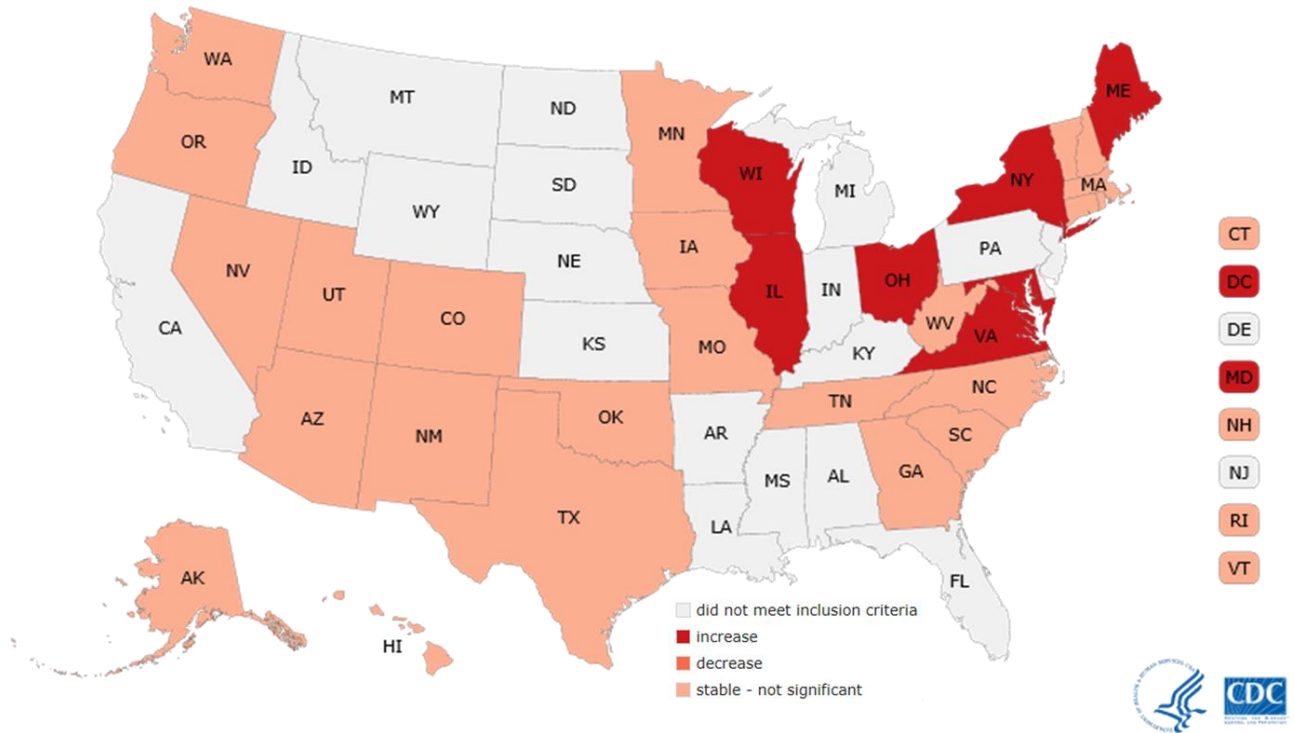


Some states have more opioid prescriptions per person than others.



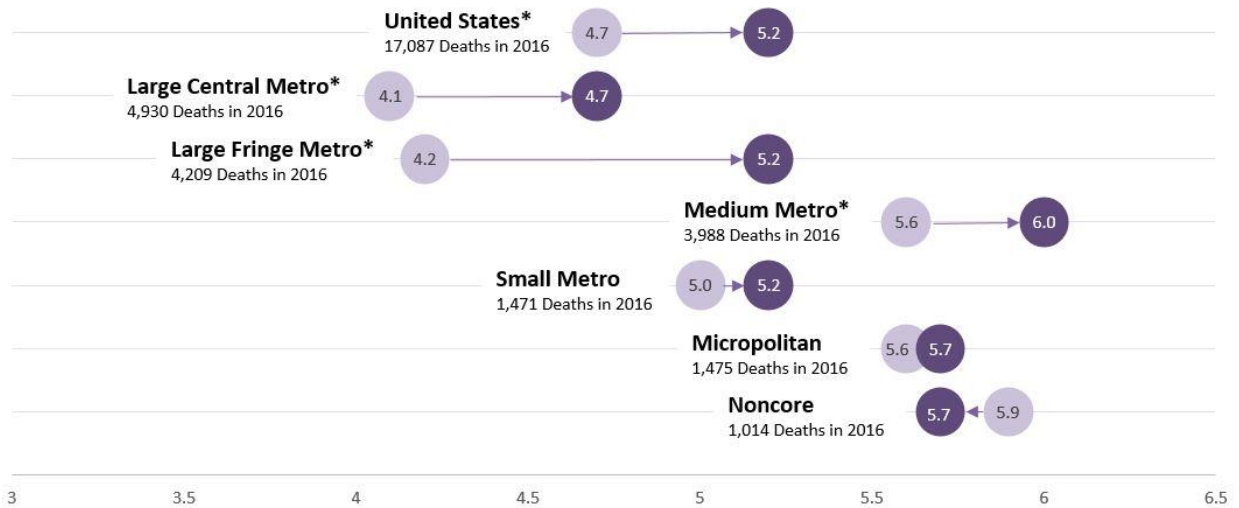
SOURCE: IMS, National Prescription Audit (NPA™), 2012.

# Prescription Opioid Overdose Deaths: 2015-2016



## Prescription Opioid\*\* Overdose Death Rate

Age-adjusted deaths per 100,000 population from 2015 to 2016, by county urbanization level

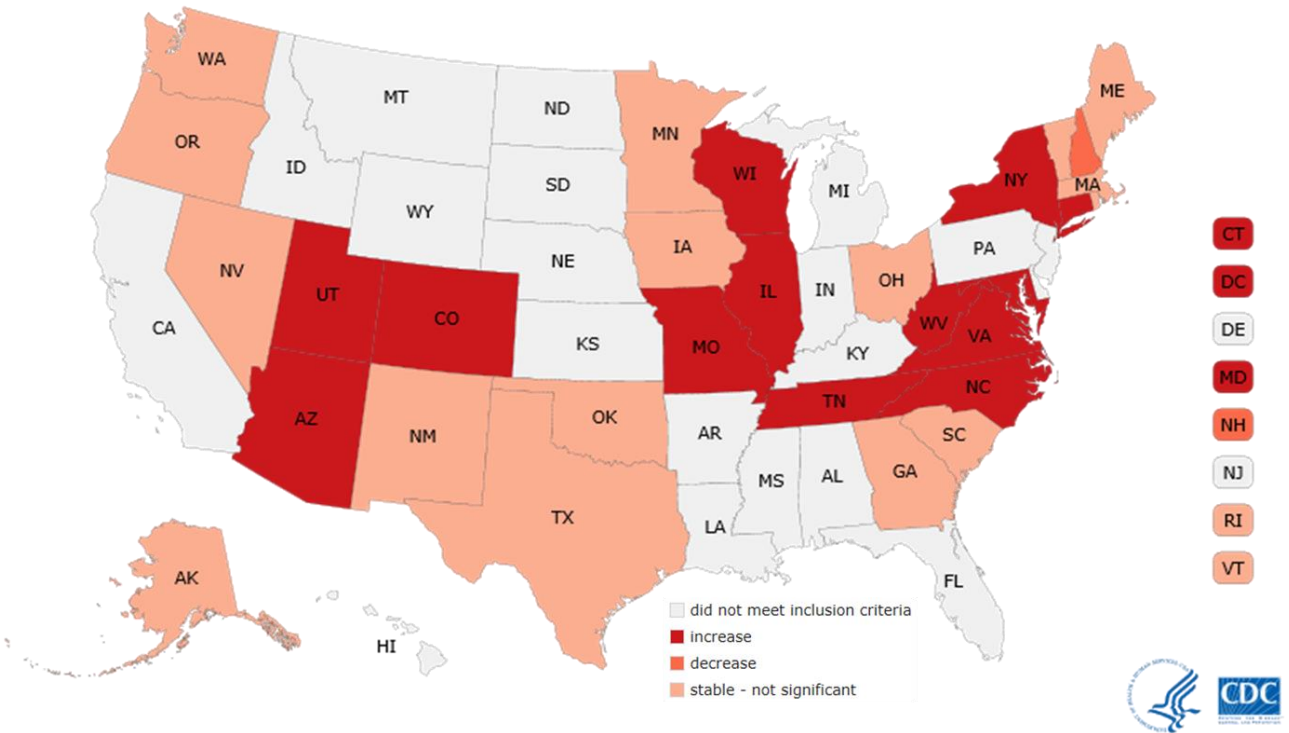


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.

\* Statistically significant at p<0.05 level.

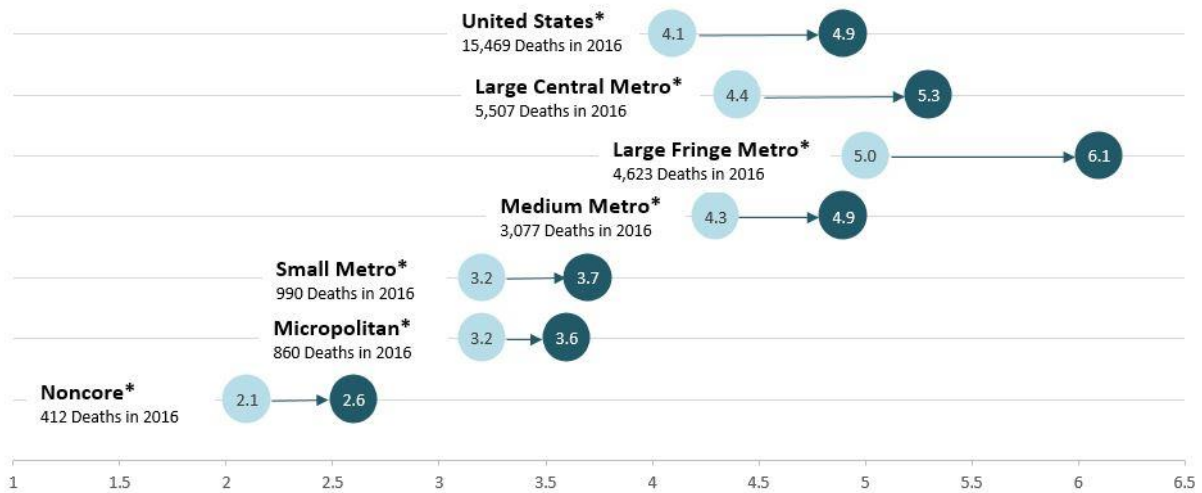
\*\*Prescription opioid is defined as natural and semi-synthetic opioids and methadone.

# Heroin Overdose Deaths: 2015-2016



## Heroin Overdose Death Rate

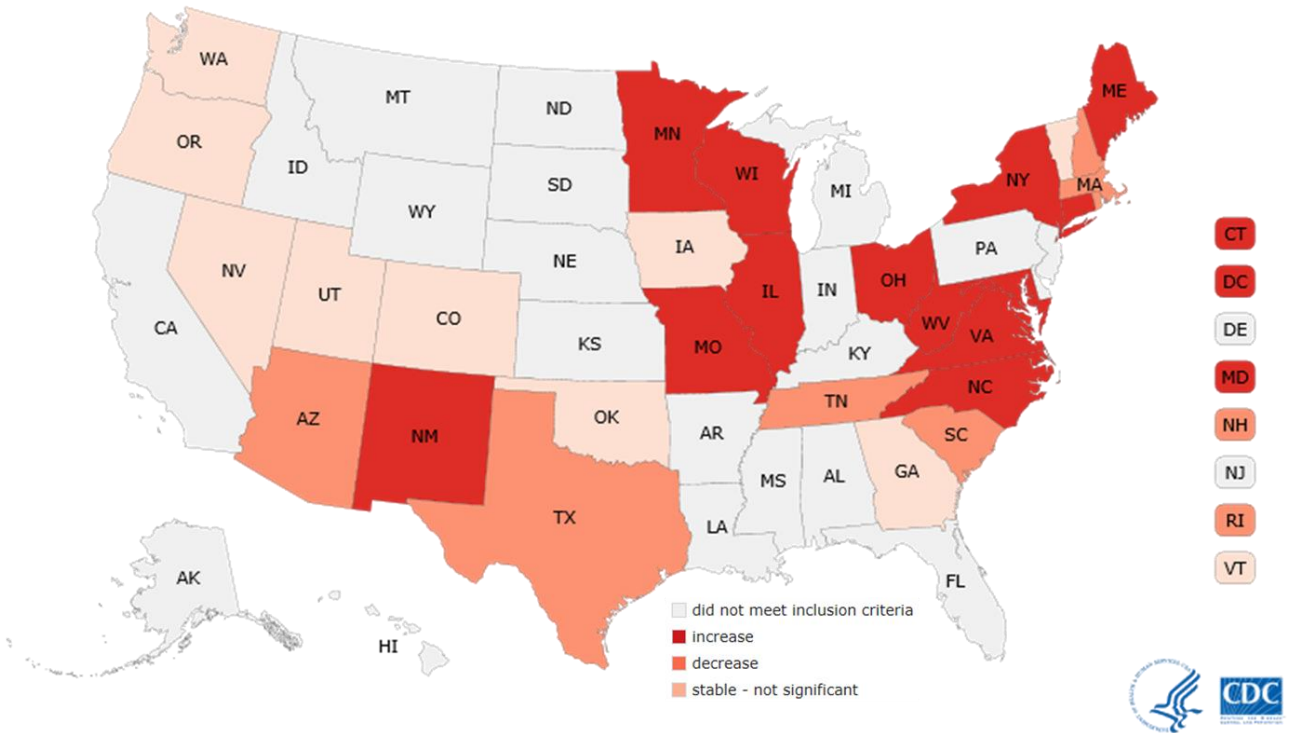
Age-adjusted deaths per 100,000 population from 2015 to 2016, by county urbanization level



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC, 2017. <https://wonder.cdc.gov/>.  
\* Statistically significant at p<0.05 level.

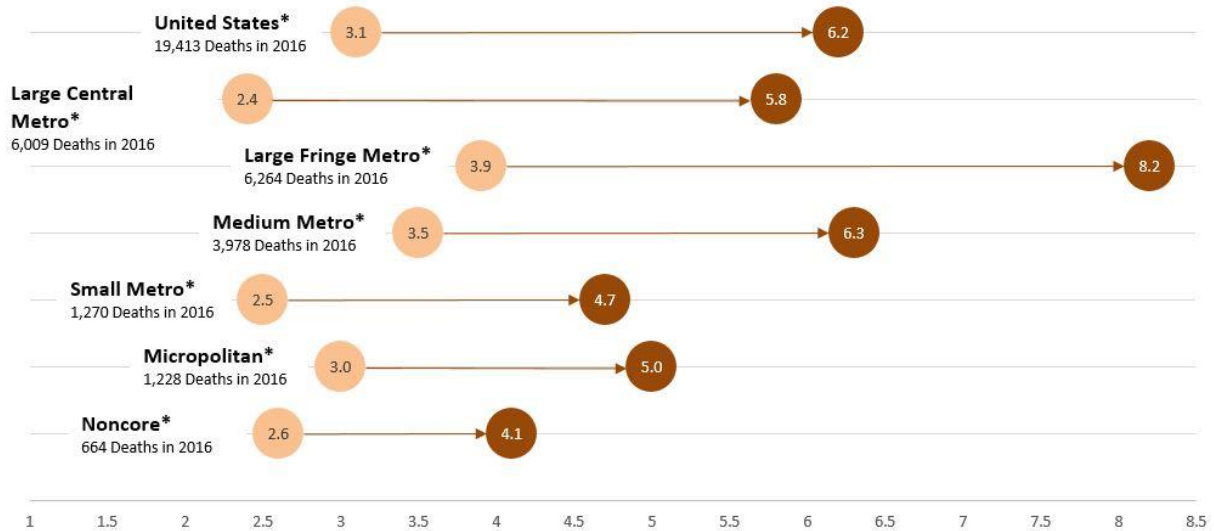
[www.cdc.gov](http://www.cdc.gov)

# Synthetic Opioid Overdose Deaths: 2015-2016



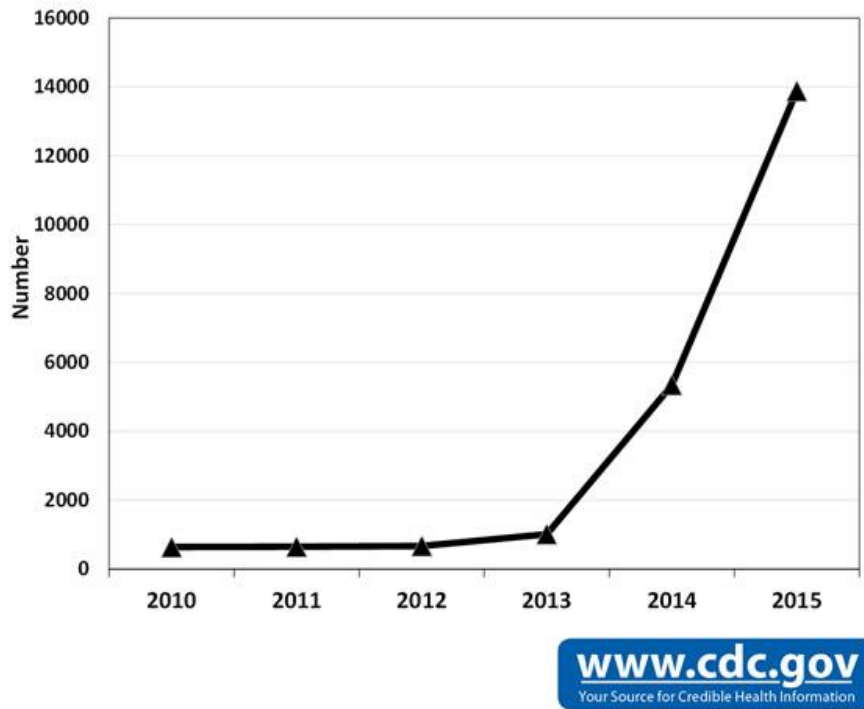
## Synthetic Opioid\*\* Overdose Death Rate

Age-adjusted deaths per 100,000 population from 2015 to 2016, by county urbanization level

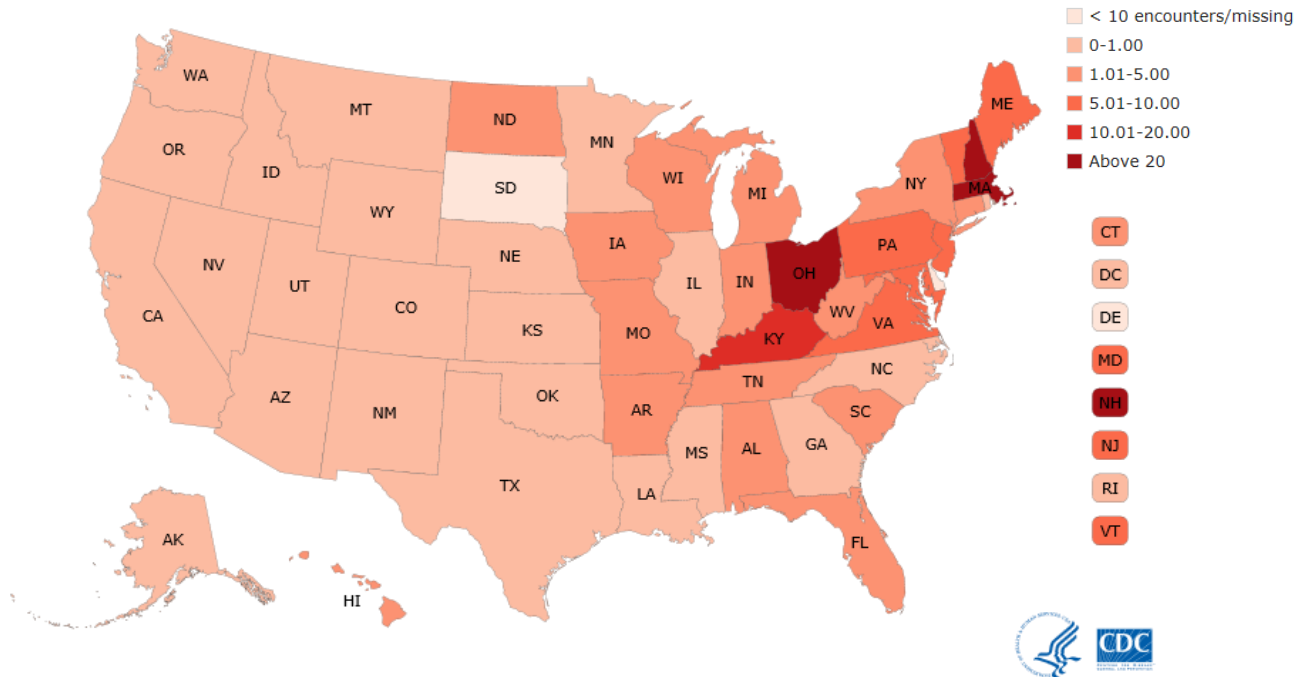


SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.  
 \* Statistically significant at p<0.05 level.  
 \*\* Excluding methadone

**Number of Reported Law Enforcement Encounters Testing Positive for Fentanyl in the US: 2010 - 2015**

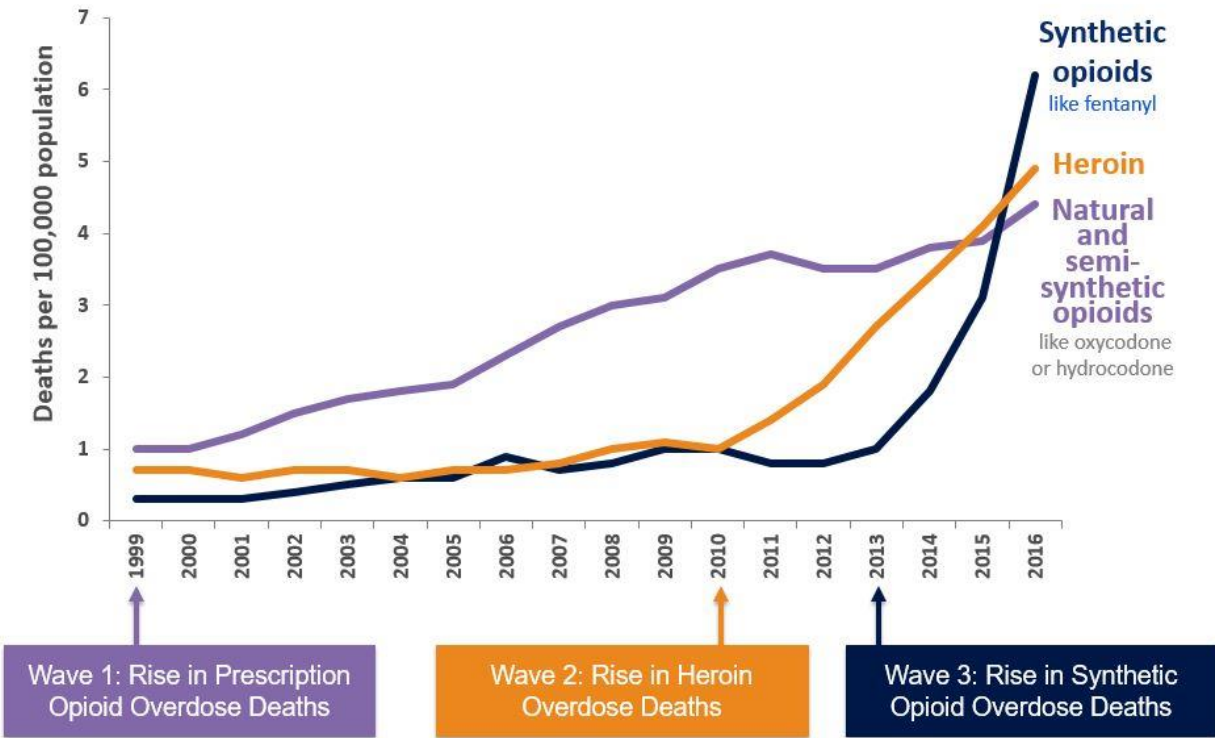


**Fentanyl Law Enforcement Encounters per 100,000: 2015**





### 3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

## 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

An 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

C. 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 Reporting Form** 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.

D. 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. For up-to-date information regarding state Good Samaritan and naloxone laws please consult state licensure boards or these websites:

<http://lawatlas.org/query?dataset=laws-regulating-administration-of-naloxone>

<http://www.ncsl.org/research/civil-and-criminal-justice/drug-overdose-immunity-good-samaritan-laws.aspx>

## II. 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** 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 Reporting Form** for the reissuance of naloxone.

### C. Naloxone Products

#### i. Intranasal Naloxone (Narcan®)



ii. Auto-Injector Naloxone (Evzio®)



iii. Naloxone Syringe by Intranasal Administration



#### D. Storage Best Practices

- i. Intranasal Naloxone (Narcan<sup>®</sup>)
  - Store in the blister and cartons provided
- ii. Auto-Injector Naloxone (Evzio<sup>®</sup>)
  - 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.

### **III. 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

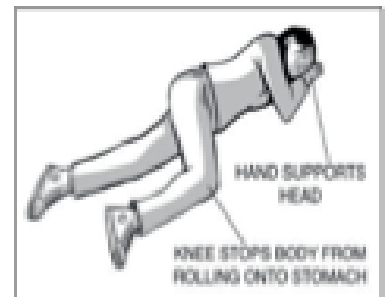


#### **B. Scene Safety**

- 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®)

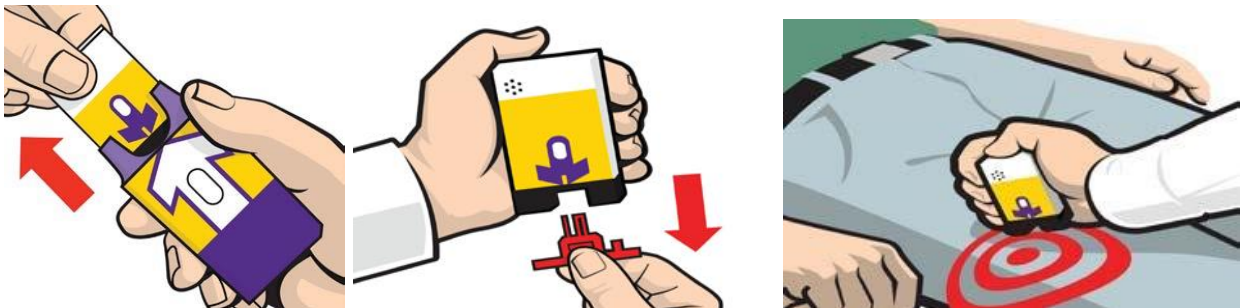
- 1) Remove naloxone from the box
- 2) Peel back the tab with the circle at the top right corner to open
- 3) Hold the naloxone with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
- 4) Tilt the person's head back and provide support under the neck 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





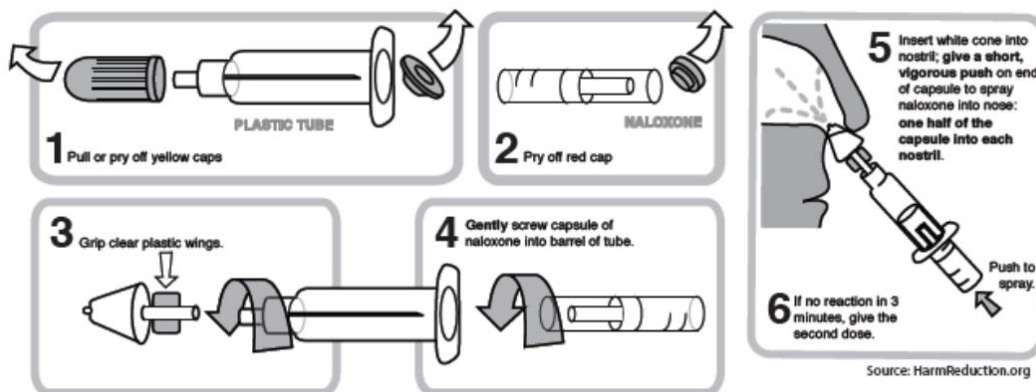
## Auto-Injector Naloxone (Evzio®) for Intramuscular or Subcutaneous Administration

- 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 Syringe 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 Overdose Reversal

- 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. Frequently Asked Questions
- B. Narcan® Quick Start Guide: Opioid Overdose Response Instructions
- C. Evzio® Instructions for Use
- D. Naloxone Syringe for Intranasal Administration Instructions

**For Required IHS Forms Please Visit:**

<https://www.ihs.gov/odm/first-responders/toolkit/>

## 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

**9) 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)

**10) 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

**11) 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

**12) 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

**13) 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

**14) Where can naloxone be replaced?**

Only Federal Indian Health Service Pharmacies

**15) 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.

**16) 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**<sup>®</sup> (naloxone HCl) **NASAL SPRAY**

## **QUICK START GUIDE** **Opioid Overdose Response Instructions**

Use **NARCAN**<sup>®</sup> (naloxone hydrochloride) Nasal Spray 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 an 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.



**ADAPT**  
PHARMA

For more information about **NARCAN** Nasal Spray, go to [www.narcannasalspray.com](http://www.narcannasalspray.com), or call 1-844-4NARCAN (1-844-462-7226). You are encouraged to report negative side effects of prescription drugs to the FDA. Visit [www.fda.gov/medwatch](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

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## Instructions for Use EVZIO® Auto-Injector

### Automated Voice Instructions

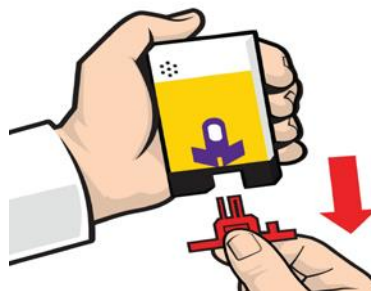
It has a speaker that provides voice instructions to help guide you through each step of the injection. If the voice instructions do not work for any reason, it will still work. If this happens, use it as instructed below and follow the written instructions on the auto-injector label.

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

Signs of an overdose:

- Slow or shallow breathing
- Gasp 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 → Rescue breathing

Make sure nothing is inside the person's mouth.

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

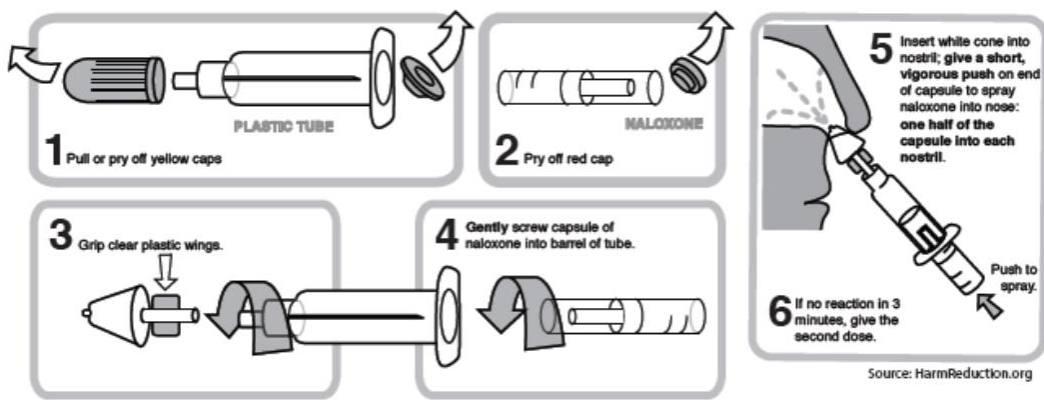




### Prepare Naloxone


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](http://PrescribeToPrevent.org)




- 1** Pull or pry off yellow caps
- 2** Pry off red cap
- 3** Grip clear plastic wings.
- 4** Gently screw capsule of naloxone into barrel of tube.
- 5** Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril.
- 6** If no reaction in 3 minutes, give the second dose.

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.