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

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

United States*
17,087 Deaths in 2016
4.7
5.2

Large Central Metro*
4,930 Deaths in 2016
4.1
4.7

Large Fringe Metro*
4,209 Deaths in 2016
4.2
5.2

Medium Metro*
3,988 Deaths in 2016
5.6
6.0

Small Metro
1,471 Deaths in 2016
5.0
5.2

Micropolitan
1,475 Deaths in 2016
5.6
5.7
5.9

Noncore
1,014 Deaths in 2016
5.7
5.9

* 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

United States*
15,469 Deaths in 2016
4.1
4.0

Large Central Metro*
5,507 Deaths in 2016
4.4
3.3

Large Fringe Metro*
4,623 Deaths in 2016
6.1

Medium Metro*
3,077 Deaths in 2016
4.3
4.9

Small Metro*
990 Deaths in 2016
3.2
5.7

Micropolitan*
850 Deaths in 2016
3.2
3.6

Noncore*
412 Deaths in 2016
2.1
2.6

* Statistically significant at p<0.05 level.
Fentanyl Law Enforcement Encounters per 100,000: 2015

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

www.cdc.gov
Your Source for Credible Health Information
3 Waves of the Rise in Opioid Overdose Deaths

Wave 1: Rise in Prescription Opioid Overdose Deaths
Wave 2: Rise in Heroin Overdose Deaths
Wave 3: Rise in Synthetic Opioid Overdose Deaths

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

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®)**
   - 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.
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 ½ of the naloxone, then repeat other ½ 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 accidently 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® (naloxone HCl) NASAL SPRAY

QUICK START GUIDE
Opioid Overdose Response Instructions

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

Important: 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.

For more information about NARCAN Nasal Spray, go to www.narcan.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, 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.

![Image of injection with timer](image)

**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.
How to Avoid Overdose

- Only take medicine prescribed to you
- Don’t take more than instructed
- Call a doctor if your pain gets worse
- Never mix pain meds with alcohol
- Avoid sleeping pills when taking pain meds
- Dispose of unused medications
- Store your medicine in a secure place
- Learn how to use naloxone
- Teach your family and friends how to respond to an overdose

Are they breathing? → Call 911 for help

Signs of an overdose:
- Slow or shallow breathing
- Gasping 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)

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

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?

Prepare Naloxone

1. Put 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.

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 30-60 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

Reference