



NALOXONE TRAINING MANUAL

Secondary Schools in
Hastings and Prince Edward
District School Board



HARM REDUCTION

Understanding Harm Reduction is the first step to minimizing the harms related to opioid use.

A frequent misconception is that Harm Reduction supports / encourages illicit substance use and does not consider the role of abstinence in addictions treatment. Harm reduction approaches do not presume a specific outcome. This means abstinence-based interventions can also fall within the spectrum of harm reduction goals.

Essentially, a harm reduction framework supports the idea that those who use substances should have a wide selection of treatment options to meet their individual needs. This document is based on the framework of harm reduction and is intended to support community service providers to minimize the harms related to opioid use.¹

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NALOXONE TRAINING

Introduction

The Naloxone Program was developed to provide Naloxone Training for any non-medically prepared individual who might be in a position to respond to an opioid overdose. Training addresses prevention, recognition, and response to an opioid overdose, including administration of the opioid antidote, naloxone. The Naloxone Program strives to prioritize and reach out to opioid users and individuals with a history of opioid use; however, Naloxone Kits are also available to friends and loved ones of people at risk of opioid overdose.

This Naloxone Manual was designed to train designated staff working in schools how to respond in a potential opioid overdose emergency situation; additionally, those staff members will learn how to teach Naloxone Training to other staff members. On-site group refresher training sessions with a nurse from Hastings Prince Edward Public Health can be arranged.

We suggest that administrators, front office staff, First Aiders, and other interested staff members review the Health Canada [Naloxone: Save a Life](#) fact sheet and this manual in print or online at hpepublichealth.ca. Key topics include the current opioid crisis; the antidote, Naloxone; the myths and facts about opioid risks in the workplace; the benefits of the Good Samaritan Drug Overdose Act; the three pillars of the program: Prevent Recognize and Respond to opioid overdose (along with what *not* to do if an opioid overdose is suspected); and the contents and appropriate storage of Naloxone Kits.

The recommended method for treating an opioid overdose is encapsulated in the [Five-Steps Response](#). This is an essential component of the training. It is endorsed by the Ministry's Ontario Naloxone Program and the College of Physicians and Surgeons of Ontario (CPSO). The Five-Steps handout enclosed in each Naloxone Kit is a straightforward reminder of what to do in an emergency. These steps are suggested, but staff members are advised to follow their own First Aid policies and procedures.

The documents attached to the manual in the Appendices are examples in MS Word for ease of adaptation: Appendix A - Opioid Overdose: Prevent, Recognize and Response Fact Sheet and Appendix B - Example of a Naloxone Training Procedure. After completing their training, staff will be qualified to respond to a potential opioid overdose situation using the Naloxone Kit. They will also be qualified to deliver Naloxone Training to other staff members.

Background

During the first two years of the pandemic, there was a 91% increase in apparent opioid toxicity deaths (April 2020 – March 2022, 15,134 deaths) in Canada, compared to the two years prior to COVID-19 (April 2018 – March 2020, 7,906 deaths). From Jan 2022 – March 2022, there were 1,883 apparent opioid toxicity deaths. Of these deaths, 99% were accidental, 85% involved the opioid fentanyl, and 81% involved illicit pharmaceuticals. The majority of deaths were among individuals aged 20-59. ² Males aged 25-44 have the highest rate of opioid related deaths.³ One life is now being lost

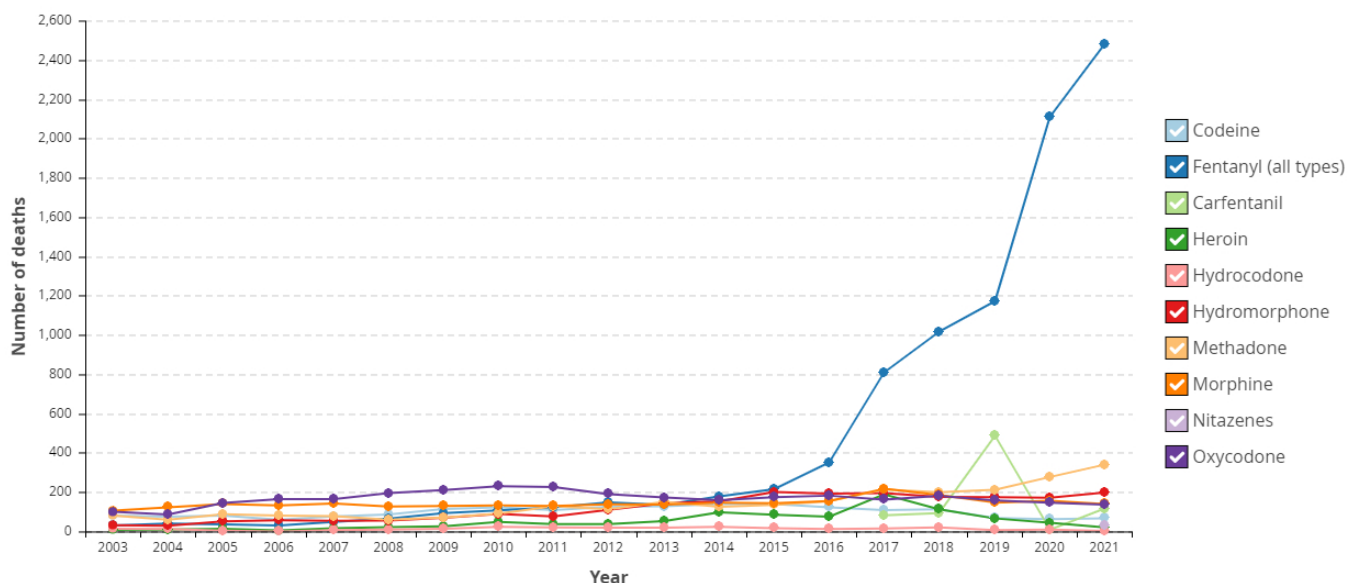
to opioid poisoning in our country almost every hour (21 deaths per day at the end of March); this is over twice the number of deaths from the same time period in 2018. ²

The opioid crisis was declared a public health emergency in Ontario in December 2017.⁴ In 2021, Ontario had 2,880 opioid related deaths,³ more than nine times the number of Ontarians who passed away in motor vehicle accidents on roads patrolled by the OPP that year (315 people).⁵ This crisis is alarming enough already; if we continue to do what we are doing, it will continue to escalate.

A significant proportion of these deaths has been attributed to the toxic illicit supply of opioids.³ Examples of opioids include Heroin (smak, junk, dope, H), Fentanyl (Duragesic®), Morphine (Kadian®, MSContin®), Oxycodone (OxyNEO®, Percocet®, Endocet®, Percodan®), Meperidine (Demerol®), Tramadol (Ultram®, Ralivia®), Petazocine (Talwin®), Methadone, Buprenorphine (Suboxone®, Subtex®). The list of Drug Categories (pages 7 & 8) is more comprehensive.

Illicit Fentanyl is the opioid most responsible for the dramatic increase in fatalities as evidenced in the Public Health Ontario graph, below. Fentanyl is up to 100 times more powerful than morphine. A dose of 2 mg of powdered illicit fentanyl (approximately equivalent to 2 grains of salt) can be fatal. It is tasteless, odourless, invisible to the naked eye, and can be deadly, even the first time.⁶

Type of opioid present at death, Ontario, 2003 - 2021



The [Impact of Opioids and Other Drugs in HPEC](#) 2019 may be viewed at hpePublicHealth.ca.

Naloxone

Naloxone is a synthetic opioid antagonist and a safe antidote for the emergency treatment of a known or suspected opioid overdose/poisoning, which results in respiratory and / or central nervous system depression (see Appendix C, Naloxone Fact Sheet). Overdose occurs when too much of an opioid fits

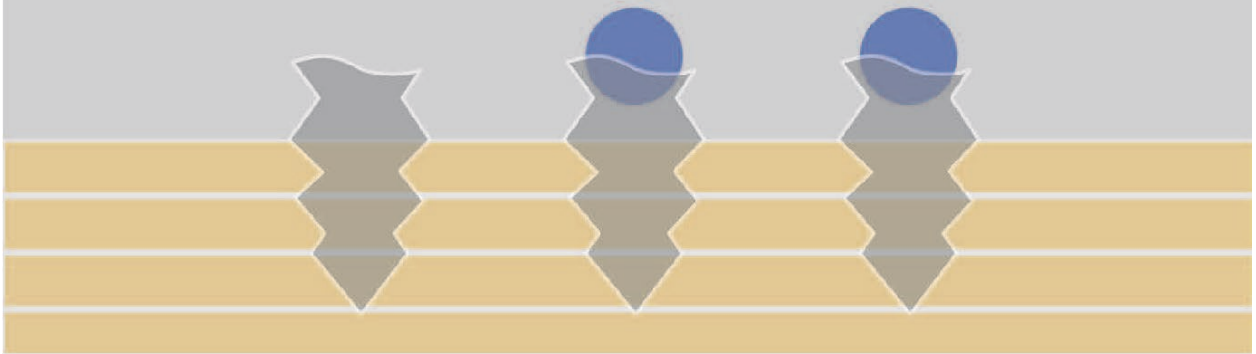
into too many receptors in the brain, which can slow or stop breathing, slow heart rate, reduce body temperature and make victims unresponsive to stimulation.

Naloxone and opioids bind to the same receptors in the brain that control breathing. Naloxone works as an antidote by displacing the opioids from their receptor sites and temporarily taking their place, restoring normal breathing and reversing the respiratory depression that can lead to a fatal overdose. Naloxone is the lifesaving “EpiPen” for opioid overdose. The depiction on page 5 from the Harm Reduction Coalition is an excellent illustration of the process: a picture is worth 1000 words!

What is an opioid overdose?

The brain has many receptors for opioids. An overdose occurs when too much of any opioid, like heroin or Oxycontin®, fits in too many receptors slowing and then stopping the breathing.

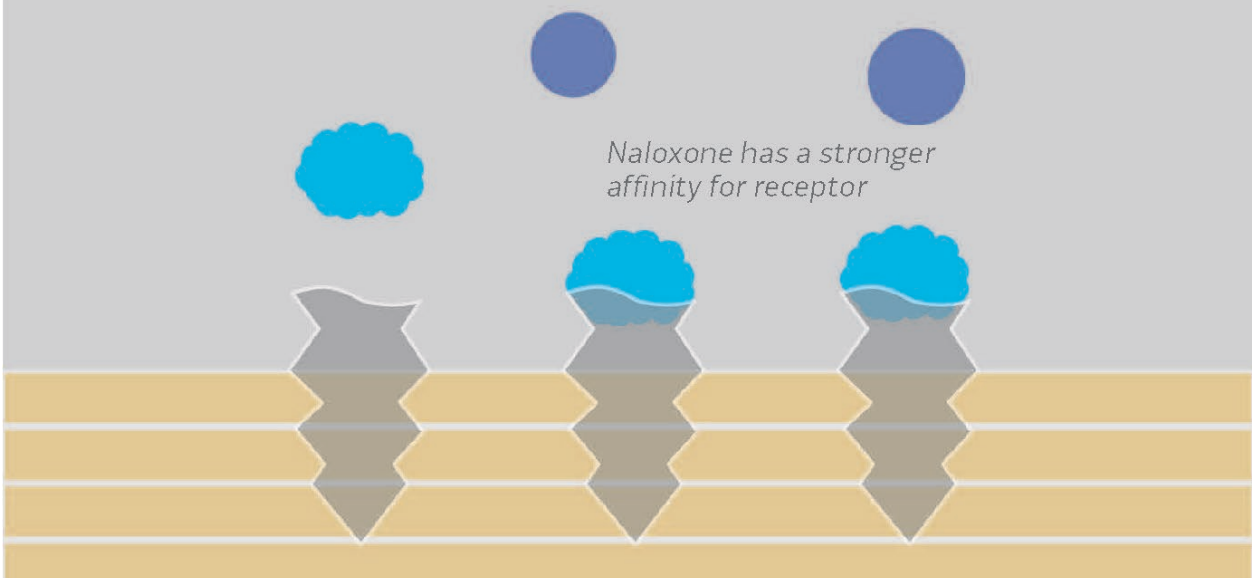
Opioids fit exactly on receptor



Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids like heroin or Percocet®, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.

Naloxone has a stronger affinity for receptor



Drug Categories

Know
your Drugs...
Know the Effects



Central Nervous System Depressants

4 Sub-Categories

Opioids (*narcotic pain relievers*)

Heroin (Smack, Junk, etc.)

Morphine (Statex®, Kadian®, MS Contin®)

Oxycodone (Oxycontin®, OxyNeo®)

Percocet®, Oxycocet® and Endocet®

(oxycodone + acetaminophen)

Percodan® (oxycodone + acetylsalicylic acid)

Pethadine / Meperidine (Demerol®)

Pentazocine (Talwin®)

Tramadol (Ultram®, Ralivia®, Zytram XL Durella®)

Tapentadol (Nucynta®, Palexia®)

Hydromorphone (Dilaudid®, Palladone®)

Vicodin® (hydrocodone + acetaminophen)

Lortab® (hydrocodone bitartrate + acetaminophen)

Fentanyl (Duragesic®, etc.)

Codeine (Tylenol 1®, 2®, 3®)

Methadone

Buprenorphine (Subutex®)

Buprenorphine + Naloxone (Suboxone®)

Butorphanol (formerly Stadol®)

Opium

Alcohol

Beer, Wine, Spirits

Benzodiazepines (*anxiety relievers, sleep-inducers and anti-convulsants*)

Diazepam (Valium®)

Lorazepam (Ativan®)

Clonazepam (Rivotril®, Klonopin®)

Oxazepam (Serax®)

Alprazolam (Xanax®)

Bromazepam (Lectopam®)

Temazepam (Restoril®)

Midazolam

Triazolam (Halcion®)

Flunitrazepam (Rohypnol®, Roofies)

Clorazepate (Tranxene®)

Chlordiazepoxide (Librium®)

Nitrazepam (Mogodon®)

Clobazam

Flurazepam (Dalmane®)

Sedative Hypnotics

(*sleep-inducers and anti-convulsants*)

Gamma-hydroxybutyrate [GHB]

-prescribed as Xyrem®- (G, Soap, grievous bodily harm, cherry meth, etc.)

Barbiturates (anti—convulsants: Butalbital,

Pentobarbital, Phenobarbital, Primidone)

Ambien® (zoplicem tartrate)

Doral® (quazepam)

Lunesta® (eszopiclone)

Imovane® (zopiclone)

...+ various other sleep aids

Stimulants



Cocaine (coke, blow, nose candy, etc.)
Crack cocaine (rock, base, chalk, etc.)
Amphetamines (various)
Dexedrine® (dextroamphetamine- "dexies", etc.)
Ritalin® (methylphenidate)
Adderall® (amphetamine + dextroamphetamine)
Vyvanse®
Benzedrine (bennies, trucker speed, etc.)
Methamphetamine (meth, crystal, ice, crank, etc.)
Khat (*Catha edulis*) derivatives (cathinone)
Pseudoephedrine (found in cough syrups, etc.)
Tobacco & Nicotine
Caffeine

Methylenedioxymethamphetamine [MDMA]

(Ecstasy, E, XTC, Scooby Snacks, Adam, etc.)



Hallucinogens



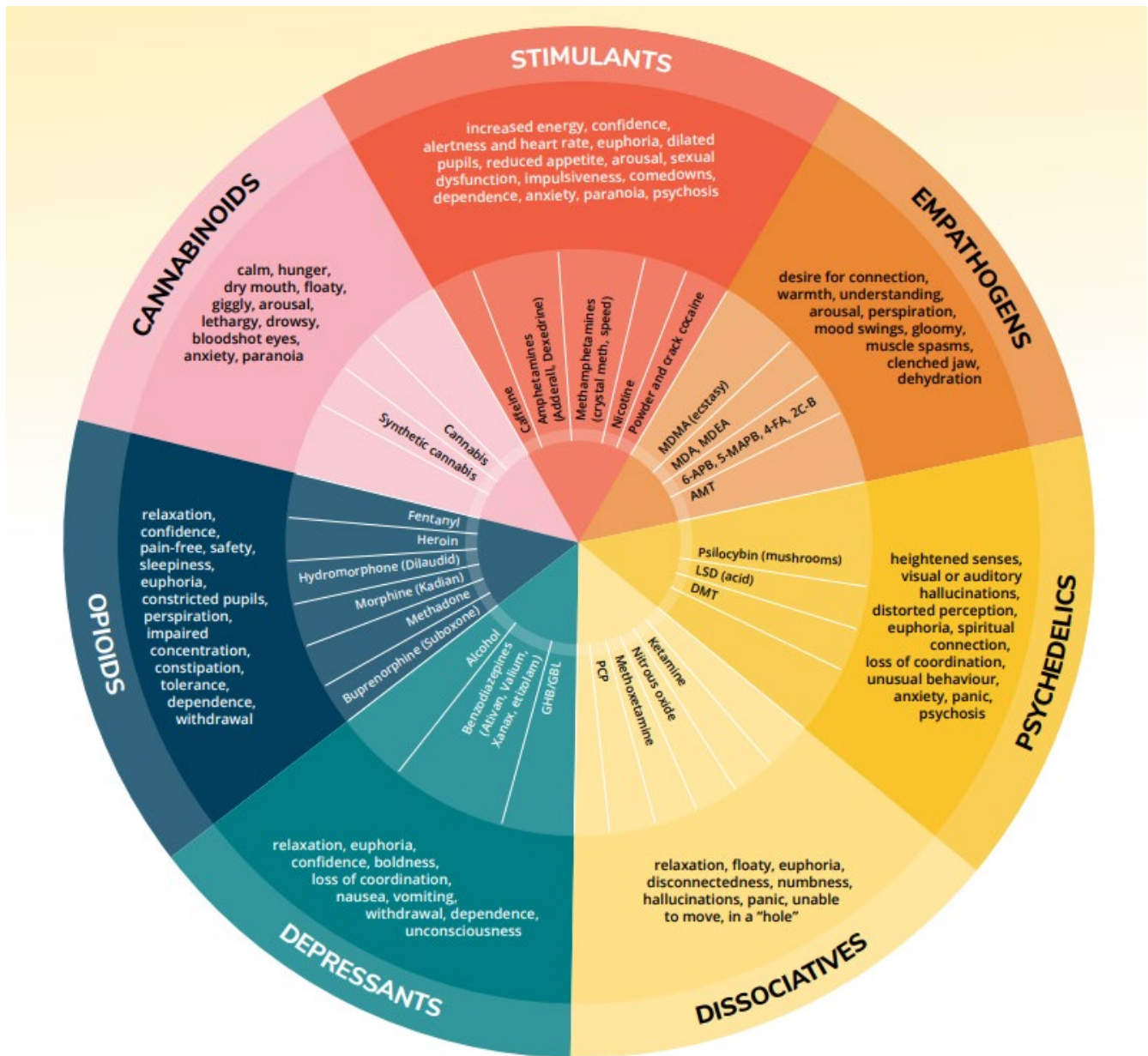
Cannabis sativa/ Marijuana (weed, kush, dope, THC, kronic, etc.)
Phencyclidine [PCP] (microdot, purple acid, angel dust, etc.)
Ketamine - a phencyclidine hydrochloride [PCP] derivative (K, Special K, horse/cat tranquilizer, etc.)
Peyote (White mule, devil's root, divine cactus, etc.) **Mescaline** is extracted from peyote
Ayahuasca "Vine of the Soul" **Dimethyltryptamine [DMT]** is the primary psychoactive compound in Ayahuasca
Lysergic Acid Diethylamide [LSD] (acid, blotter, sugar cubes, trips, etc.)
Salvia Divinorum (salvia, sally d, divine sage, magic mint, etc.)
Psilocin and Psilocybin/Magic Mushrooms (shrooms, liberties, etc.)

Synthetic "Designer" Drugs



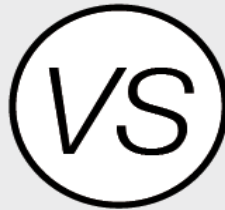
Synthetic cannabinoids (spice, K2, etc.)
Synthetic cathinones (bath salts, mephedrone, methylene, MDPV, etc.)
Kratom (has opioid-like effects)
Synthetic ketamine (methoxetamine)
Synthetic amphetamines [piperazines] (BZP, TMFP, etc.)
Gamma butyrolactone [GBL] (pine needle oil, thunder nectar, etc.)

Drugs in this category constantly emerge. They can mimic the effects of drugs from other categories such as cannabis, amphetamines, opioids and hallucinogens.



OPIOID RISKS IN THE WORKPLACE

Opioid
Myth



Fact



Ontario Poison Centre [®]

Fentanyl powder and its analogues can poison you if touched.



Fentanyl powder and/or its analogues will not poison if touched. Inadvertent dermal exposure to the powder will not cause toxicity. If, however, powdered drug remains on the skin, (e.g. on your hand) and subsequent oral contact is made (e.g. hand goes in mouth), absorption might occur through mucous membranes.

Rescuers may succumb to opioid overdose when helping victims.



Although very small doses of fentanyl and its analogues can be dangerous, there are no reports of rescuers succumbing to opioid overdoses when helping victims. There are no reports of peers, emergency medical workers or hospital staff getting ill by providing basic lifesaving care to these victims.

According to the Canadian Mental Health Association Ontario (Nov 2017), occupational exposure [while administering Naloxone] is a concern for many staff, especially given recent media reports of police officers being impacted while on duty. While there is anecdotal information about contamination and harms to first responders, there is currently **no evidence** to indicate that workers in a community-based setting, physicians or nurses attending to an overdose have ever become intoxicated by treating an individual or administering naloxone. (Additionally, see End Note ^{1,7})

The Ontario Poison Centre states that some media have “sensationalized the issue to state that fentanyl powder and/or its analogues can poison you if touched.” This is **not** the case, and **accidental exposure to the skin will not cause toxicity**there are **no reports** of peers, emergency service workers or hospital staff overdosing by providing basic lifesaving care to these victims.¹

PREVENT OPIOID OVERDOSE

Risk factors for an overdose

Mixing

- Avoid mixing drugs or mixing drugs with alcohol or benzodiazepines.
- Most overdose deaths occur when multiple drugs have been taken.

Prevention:

- **Use one drug at a time or use less of each drug, if you are mixing.**

Tolerance

- Tolerance is the body's ability to increasingly withstand the effects of the substance being used.
- Tolerance to a drug develops over time. This means that a long-time user needs to use more of a drug than a new user needs to use to feel a drug's effects.
- Tolerance will also be affected by changes in weight, size, health status (e.g. compromised immune system due to Hepatitis), stress or age.
- Drug tolerance can decrease a lot when somebody has taken a break from using, whether intentionally (while in treatment) or unintentionally (while in jail or hospital).
- A person may react differently if they take more of a drug, use it more frequently, use it in an unfamiliar place, change the way they take it, or if it's laced with an unknown substance, e.g. fentanyl, which is 100 times stronger than morphine.

Prevention:

- **Use a smaller dose of drugs when tolerance is lower.**

Inconsistent Drug Quality & Potency

- Illegal drugs are unregulated, so their quality and strength is unpredictable.

Prevention:

- **Inject a very small amount or snort the first hit to test the strength of the drug.**
- **Carefully check out a new product. Does it look, taste and smell normal?**

Using Alone

- If you overdose alone, there will be nobody there to help you.

Prevention:

- **Always have your Naloxone Kit with you when you are using.**
- **Never use alone: "Fix with a friend", leave the door unlocked, call somebody.**

RECOGNIZE OPIOID OVERDOSE

An overdose occurs when a person uses more of a drug, or combination of drugs, than the body can handle. As a result, the brain is not able to control basic life functions. The person may pass out, stop breathing, have a heart attack, or experience seizures.

- Anyone can overdose: first time users, long-time users, old people, young people, people being released from jail or treatment, etc.
- There is no exact formula for determining how much of a certain drug, or combination of drugs, will lead to an overdose.
- An individual's physical characteristics play a role: weight, health, tolerance for a drug at that particular time, drug potency, route of administration, or frequency/amount of use.

Signs of an Overdose

- Breathing is very slow, erratic, or it stops altogether
- Lips and / or fingernails turn blue
- Person is not moving; body is limp
- Person may be choking; may vomit
- You can hear deep gurgling sounds or snoring
- Can't be woken up; loss of consciousness; unresponsive to stimuli
- Tiny pinpoint pupils



Skin feels cold and clammy



Fingernails or lips are blue or purple



Body is very limp



Can't wake the person up



Deep snoring or gurgling sounds



Breathing is very slow, erratic or has stopped



Pupils are very small

OVERDOSE RESPONSE MYTHS

What does not help a possible overdose victim?

- Do **not** put them in cold water or a bath—they could drown or go into shock.
- Do **not** make them vomit—they could choke.
- Do **not** inject them with anything other than Naloxone, for example, saltwater, cocaine or milk – it will not help and it could cause more harm.
- Do **not** slap them or burn the bottoms of their feet—it could cause serious harm.
- Do **not** let them sleep it off because they could stop breathing and die.

OVERDOSE RESPONSE FACT

**Giving Naloxone is the only way to counteract a drug overdose if opioids are involved.
Call 911 and Give Naloxone**

GOOD SAMARITAN DRUG OVERDOSE ACT

No one who is experiencing an overdose or helping at the scene can be charged with simple possession. The Good Samaritan Drug Overdose Act provides an exemption from charges of simple possession of a controlled substance as well as from charges concerning a pre-trial release, probation order, conditional sentence or parole violations related to simple possession for people who call 911 for themselves or another person suffering an overdose, as well as anyone who is at the scene when emergency help arrives.⁸

**Suspect an
Overdose?
Stay and**

CALL 911

**Canada's new
Good Samaritan law
can protect you.**

Learn more at Canada.ca/Opioids
Together we can **#StopOverdoses**

 **Canada**

RESPOND TO OPIOID OVERDOSE

Administration of Naloxone

Naloxone is intended for immediate administration as emergency therapy in settings where opioids may be present. It is delivered as a nasal spray [or injectable] when a person becomes unconscious from a suspected or known opioid overdose. It is not a substitute for emergency medical care. Naloxone is currently on the World Health Organization's List of Essential Medicines⁹ as the "safest, most efficacious and cost-effective medicine for priority conditions [e.g. opioid overdoses]."

Once administered, Naloxone will start to work in approximately 1-5 minutes. It stays active in the body for approximately 30-90 minutes. Since Naloxone only *temporarily* removes the opioids and their harmful effects from the receptor sites in the brain, the opioids can return to those receptors and the overdose symptoms can return.

The use of a Naloxone Kit is treated as a serious medical event: **ALWAYS CALL 911**
Any drug may be laced with an opioid, so if in doubt, Just Give It: Naloxone is harmless.

Naloxone Kits – Care and Storage

Naloxone kits should be located centrally in a secure, controlled access location that is readily accessible in case of an emergency.

Kits should be stored at room temperature and out of direct light – they should not be stored in a hot or cold vehicle

Naloxone Kits should be checked routinely for contents and monitored for expiry dates.

Naloxone Kit – Contents

1 case

2 Narcan nasal spray devices (non-reusable) each containing a single 4 mg dose

Rescue Breathing Barrier

Naloxone Identifier Card

Five Step Response Instruction Pamphlet


1 pair (non-latex) rubber gloves



5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP 1		SHOUT & SHAKE their name & their shoulders
STEP 2		CALL 9-1-1 If unresponsive.
STEP 3		GIVE NALOXONE: 1 spray into nostril or inject 1 vial or ampoule into arm or leg.
STEP 4		PERFORM RESCUE BREATHING AND/OR CHEST COMPRESSIONS.
STEP 5		IS IT WORKING? If no improvement after 2-3 minutes, repeat steps 3 & 4. Stay with them.

RECOVERY POSITION If the person begins breathing on their own, or if you have to leave them alone, put them in the recovery position.



SIGNS OF OPIOID OVERDOSE

- Person can't be woken up
- Breathing is slow or has stopped
- Snoring or gurgling sounds
- Fingernails and lips turn blue or purple
- Pupils are tiny or eyes are rolled back
- Body is limp

ontario.ca/OpioidOverdose



FIVE-STEP RESPONSE TO AN OPIOID OVERDOSE

Respond to an opioid overdose:

STEP 1: Shake & Shout: If you can't wake them up, it is likely an overdose.

STEP 2: Call 911: Tell someone to **Call 911 and then find the Naloxone Kit** while you start Rescue Breathing (Step 4), or if you are alone, **Call 911**, yourself, give 2 rescue breaths and then get the Naloxone Kit.

- **Remember:** If you ever need to leave the victim alone, place them in the Recovery Position.
- Tell 911 specific details about victim, e.g. not responding, not breathing or lips turning blue, so they will know it is a life-threatening emergency. You do not have to tell them your name.
- Describe **exactly** where you are—the address / room number / specific room. Make sure the door is unlocked. If you are outside, give them the nearest street intersection and a landmark.
- **Remember:** Naloxone only lasts for 30 to 90 minutes, so Call 911 **before** you give it.

STEP 3: Give Naloxone, even if you are not sure it's an opioid overdose:

- Place victim on their back and support neck to allow the head to tilt back.
- Peel back the package to remove the nasal spray device. Hold it with your thumb on the bottom of the plunger and 2 fingers on the nozzle.
- Place the tip of the nozzle in one nostril until your fingers touch the bottom of the victim's nose.
- Press the plunger firmly to release the dose into the victim's nose, and discard the device.

STEP 4: Rescue Breathing and / or Chest Compressions, if possible, should be started.

- Look, listen and feel—ear to mouth and eyes to chest. If the victim has stopped breathing, or even if their breathing is shallow or slow—e.g. every 5 to 10 seconds, start Rescue Breathing.
- Check to see if there is anything in the victim's mouth blocking their airway (use gloves, if you prefer), e.g. gum, pills, syringe cap, patch; remove it; and open the rescue breathing barrier.
- Place them on their back, tilt their head back to open their airway, pinch their nose and start rescue breathing into their mouth.
- Give 1 big breath every 5 seconds and continue until they start breathing on their own, or paramedics arrive. Make sure their chest rises with each breath; if not, reposition and recheck.
- If a helper is present, they should start Chest Compressions right after Shake and Shout, if the victim is unresponsive.
- Push hard and fast in the middle of the chest (armpit level), with straight arms / locked hands, about 100 compressions per minute.

STEP 5: Repeat Naloxone: If the victim does not wake up or resume normal breathing after 2 to 3 minutes, open the other package of nasal spray Naloxone and give it in the other nostril. Continue with chest compressions until paramedics arrive (and rescue breathing if you have a helper familiar with CPR).

- **Remember:** After they wake up, the victim may go right into withdrawal. Do **not** allow them to use drugs again. Say, **"It's a waste of drugs and money and like putting gas on a fire."**

RECOVERY POSITION

If at *any* point you need to leave the person alone, place them in the Recovery Position. Placing a person in the recovery position helps to prevent the tongue from blocking the airway and allows fluid to drain from the mouth to prevent choking.



FOLLOW UP / DEBRIEFING

- After an overdose situation, staff and students should have follow-up discussions with administration since debriefing is an integral component of distress prevention and quality improvement.
- Being part of an overdose situation can be a traumatic experience, whether you're the person overdosing or the person administering Naloxone:
 - Staff members and student(s) involved should be offered counselling and support.
 - Encourage staff and students to talk with friends and / or family.
 - They may find it helpful to contact a Naloxone trained nurse at Public Health.
 - Refill or replace the Naloxone Kit as soon as possible.

STIGMA REDUCTION

Stigma is best understood as a deeply held set of false beliefs about a group of people with at least one attribute in common. This allows the judgement, oppression and discrimination of those people to take place. This is done by either overt actions or silent complicity with those actions according to the [Community Addictions Peer Support Association \(CAPSA\) 2022](#).

Stigma is defined as the experience of being “deeply discredited” or marked due to one’s “undesired differentness.” To be stigmatized is to be held in contempt, shunned or rendered socially invisible because of a socially disapproved status. No physical or psychiatric condition is more associated with social disapproval and discrimination than substance dependence.

Stigma around substance use can prevent people from getting the help that they need.¹⁰

- Listen with compassion and without judgment, so a person who uses drugs feels heard and understood
- Be kind with the words you use. Use “substance use” / “drug use” / “substance use not “substance or drug abuse / misuse,” and “person who uses drugs” or a “person with a substance use disorder.”
- Speak up when someone is being treated disrespectfully because of their substance use

If you have any questions, contact the Naloxone Program Nurse at 613-966-5500

APPENDICES

Appendix A – Opioid Overdose: Prevent Recognize & Respond Fact Sheet

Appendix B – Example of Naloxone Training Procedure

SUGGESTED RESOURCES

Posters, Fact Sheets and Videos

Good Samaritan Drug Overdose Act: Download poster. (2021). Available from:

<https://www.canada.ca/en/health-canada/services/publications/healthy-living/good-samaritan-drug-overdose-act-poster.html>

Public Health Agency of Canada. (2019) Awareness resources for opioids including posters and

videos. Available from: <https://www.canada.ca/en/health-canada/services/substance-use/problematic-prescription-drug-use/opioids/toolkit/awareness-resources.html#t3>

Pamphlets, Fact Sheets & Handouts available at Hastings Prince Edward Public Health

Five-Steps Response

Health Canada Naloxone Fact Sheet

Naloxone Training Guide

Opioid Overdose: Prevent Recognize & Respond Fact Sheet

END NOTES

¹ CMHA Ontario. Canadian Mental Health Association Ontario. (Nov 2017 pgs. 7, 21 & 45). Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization. Retrieved from:

<http://ontario.cmha.ca/wp-content/uploads/2017/11/CMHA-Ontario-Reducing-Harms-Nov-20-2017.pdf>

² Government of Canada. Health Infobase – Opioid- and Stimulant-related Harms in Canada. (Sept 2022). Retrieved from:

<https://www.canada.ca/en/health-canada/services/opioids/awareness-resources.html#t3>

³ Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2022). Interactive opioid tool. Retrieved from: <https://www.publichealthontario.ca/en/data-and-analysis/substance-use/interactive-opioid-tool>.

⁴ Ottawa Citizen. (Dec.7, 2017) Health minister declares opioid emergency after overdose rates spike over summer. Retrieved from: <http://ottawacitizen.com/news/local-news/health-minister-declares-opioid-emergency-after-overdose-rates-spike-over-summer>

⁵ Global news. (Mar 23, 2022). Deaths for drivers speeding in Ontario hits 10-year high. Retrieved from: <https://globalnews.ca/news/8703769/ontario-speeding-opp-deaths-10-year-record-2022/> and Toronto Sun.(Mar 23, 2022). Road fatalities highest in a decade: OPP. Retrieved from: <https://torontosun.com/news/provincial/road-fatalities-from-2021-highest-in-a-decade-opp>

⁶ Government of Canada. (Jan 2022) Opioids: Fentanyl. Retrieved from: <https://www.canada.ca/en/services/health/campaigns/drug-prevention.html>

⁷ Government of Canada. (Jan 2019) Opioids: What you need to know about fentanyl exposure. Retrieved from: <https://www.canada.ca/en/health-canada/services/substance-use/controlled-illegal-drugs/fentanyl/exposure.html>

Protect yourself from exposure: If you have come into contact with fentanyl or other synthetic opioids, know that skin exposure to fentanyl is extremely unlikely to immediately harm you.

For first responders: Treating someone who has overdosed from an opioid does not pose a significant threat to your health. It is still important to follow standard protocols. Wear personal protective equipment when appropriate, especially in unusual situations in which there may be high concentrations of airborne fentanyl powder.

⁸ Government of Canada. (2021). About the Good Samaritan Drug Overdose Act. Retrieved from: <https://www.canada.ca/en/health-canada/services/substance-abuse/prescription-drug-abuse/opioids/about-good-samaritan-drug-overdose-act.html>

⁹ World Health Organization. (Mar 2017). Essential Medicines Selection. Available from: http://www.who.int/selection_medicines/en/

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For additional references, please see End Notes

Appendix A

Opioid Overdose: Prevent, Recognize & Respond Fact Sheet

Prevent an opioid overdose:

Do not use alone - If you overdose there will be nobody there to help you

- Fix with a friend (do not share equipment); leave the door unlocked

Be careful mixing - most overdose deaths occur when multiple drugs have been taken

- Anyone can overdose; there is no way to determine how much of a certain drug, or combination of drugs, will lead to an overdose.
- Use one drug at a time or use less of each drug if you are mixing.
- Avoid using depressants like alcohol or benzodiazepines while using drugs.

Be aware of changes in tolerance – reduce your use when your tolerance is down

- When you use opioids regularly, your body develops tolerance to a drug, and you need to use more for the same effect. Your tolerance can go down for several reasons and using the same amount as before can kill you, for example,
 - if you have a physical change e.g. loss of weight, illness such as hepatitis, stress, age
 - if you have taken a break from using—even for just 2 or 3 days—either on purpose (in treatment) or unintentionally (in hospital or jail)—there's a higher risk of overdose during the first 2 weeks after a break.
- You may react differently to a drug if you use more of it, use it more often, use it in an unfamiliar place, change the way you use it (snorting / chewing / swallowing / patch / IV), or if it's laced with an unknown substance, for example, fentanyl: 100 times stronger than morphine.

Inconsistent Drug Quality & Potency

- Illegal drugs are unregulated, so their quality and strength is unpredictable.
- Inject a very small amount or snort the first hit to test the strength of the drug. Carefully check out a new product. Does it look, taste and smell normal? **You can always take more.**

RECOGNIZE an opioid overdose:

- Opioid overdose can slow or stop breathing and make the victim pass out.
- They might make deep snoring or gurgling sounds, vomit or have a seizure. Their lips and / or fingernails may turn blue from lack of oxygen, pupils may be pinpoint and skin cold / clammy.
- See if you can wake up the victim by shaking their shoulders, shouting their name and pressing your knuckles into their chest bone or upper lip. If they do not respond, and their body is limp, they have likely taken an overdose.

What does NOT help a possible overdose victim?

- Do **not** put them in cold water or a bath—they could drown or go into shock.
- Do **not** make them vomit—they could choke.
- Do **not** inject them with anything other than Naloxone, for example, saltwater, cocaine, milk.
- Do **not** slap them or burn the bottoms of their feet—it could hurt them.
- Do **not** let them sleep it off because they could stop breathing and die.

Respond to an opioid overdose:

STEP 1: Shake & Shout: If you can't wake them up, it is likely an overdose.

STEP 2: Call 911: Tell someone to **Call 911 and then find the Naloxone Kit** while you start Rescue Breathing (Step 4), or if you are alone, **Call 911**, yourself, give 2 rescue breaths and then get the Naloxone Kit.

- **Remember:** If you ever need to leave the victim alone, place them in the Recovery Position.
- Tell 911 specific details about victim, e.g. not responding, not breathing or lips turning blue, so they will know it is a life-threatening emergency. You do not have to tell them your name.
- Describe **exactly** where you are—the address / room number / specific room. Make sure the door is unlocked. If you are outside, give them the nearest street intersection and a landmark.
- **Remember:** Naloxone only lasts for 30 to 90 minutes, so Call 911 **before** you give it.

STEP 3: Give Naloxone, even if you are not sure it's an opioid overdose:

- Place victim on their back and support neck to allow the head to tilt back.
- Peel back the package to remove the nasal spray device. Hold it with your thumb on the bottom of the plunger and 2 fingers on the nozzle.
- Place the tip of the nozzle in one nostril until your fingers touch the bottom of the victim's nose.
- Press the plunger firmly to release the dose into the victim's nose, and discard the device.

STEP 4: Rescue Breathing and / or Chest Compressions, if possible, should be started.

- Look, listen and feel—ear to mouth and eyes to chest. If the victim has stopped breathing, or even if their breathing is shallow or slow—e.g. every 5 to 10 seconds, start Rescue Breathing.
- Check to see if there is anything in the victim's mouth blocking their airway (use gloves, if you prefer), e.g. gum, pills, syringe cap, patch; remove it; and open the rescue breathing barrier.
- Place them on their back, tilt their head back to open their airway, pinch their nose and start rescue breathing into their mouth.
- Give 1 big breath every 5 seconds and continue until they start breathing on their own, or paramedics arrive. Make sure their chest rises with each breath; if not, reposition and recheck.
- If a helper is present, they should start Chest Compressions right after Shake and Shout, if the victim is unresponsive.
- Push hard and fast in the middle of the chest (armpit level), with straight arms / locked hands, about 100 compressions per minute.

STEP 5: Repeat Naloxone: If the victim does not wake up or resume normal breathing after 2 to 3 minutes, open the other package of nasal spray Naloxone and give it in the other nostril. Continue with chest compressions until paramedics arrive (and rescue breathing if you have a helper familiar with CPR).

Remember: After they wake up, the victim may go right into withdrawal. Do **not** allow them to use drugs again. Say, **"It's a waste of drugs and money and like putting gas on a fire."**

Adapted from Leeds, Grenville & Lanark Naloxone; OHRP; harm reduction coalition; Kingston Street Health

Appendix B

Example of Naloxone Training Procedure

PURPOSE:

To provide staff with Naloxone Training for opioid overdose prevention, recognition and treatment so they can treat individuals for possible opioid overdose and, in turn, provide other staff members with Naloxone Training.

SCOPE:

Staff members are eligible to use Naloxone Kits, as per Table 1, if they have completed the Naloxone Training and understand the essential components of responding to a potential opioid overdose—prevent, recognize and respond.

Precautions / Contraindications - Benefits of Naloxone for opioid overdose outweigh any risks

Narcan® nasal spray: benzalkonium chloride (preservative), disodium ethylenediaminetetraacetate (stabilizer), sodium chloride, hydrochloric acid to adjust pH and sterile water; no latex is present in Naloxone Kits.

Table 1

Contents of Naloxone Kit

- 2 Narcan® nasal spray devices (non-reusable), each containing a single 4 mg dose
- 1 pair of non-latex gloves, if requested
- Client Card
- Five-Steps handout
- Rescue breathing barrier (not recommended during COVID-19 pandemic)
- Naloxone kits will be stored in a secure location at room temperature, between 15-30°C, and protected from sunlight.
- Always check expiry date.

PROCEDURE:

Staff Training

Staff will become authorized to use Naloxone Kits by meeting the following requirements:

- Review:
 - Naloxone Training Manual, including Five-Steps Handout
 - Opioid Overdose: Prevent, Recognize & Respond Fact Sheet
- Participate in Naloxone Training with either a Naloxone nurse or a trained staff member and meet criteria on Naloxone Program Training Checklist, Table 2
- Store Naloxone Kits in a secure location that is readily accessible to staff trained in opioid overdose prevention / use of Naloxone

Table 2

Naloxone Program Training Checklist

- Reviewed and understands the Naloxone Training Manual and Procedure
- Understands the causes of opioid overdose and key components of the Naloxone Program:
 - Prevent
 - Recognize
 - Respond
- Reviewed and understands the importance of calling 911 and basic life support measures, including maintaining an open airway, Rescue Breathing and / or Chest Compressions, and the use of the Recovery Position.
- Reviewed Naloxone Kit contents and understands how to administer Naloxone nasal spray.
- Knows the Naloxone Kit must be kept at room temperature, away from light, and should be routinely checked to make sure all supplies are inside.
- Knows the importance of keeping track of expiry dates so naloxone due to expire within the next 4 months can be replaced.
- Understands the importance of documenting the use of Naloxone.

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