HASTINGS PRINCE EDWARD
Public Health

Naloxone Training Manual

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NALOXONE TRAINING
Purpose of Naloxone Program

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. Naloxone 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.

An overdose can be defined an "an excessive and dangerous dose of a drug." However, people who are using unregulated drugs are not necessarily taking more of a substance. Instead, due to the volatility of the unregulated drugs, the concentration / potency could have increased. Sometimes people overdose by taking more a substance than a safe amount, but they can also be poisoned when taking the same amount as usual due to the potency of the drug. Whenever the term opioid *poisoning* is mentioned in this manual, it also includes opioid *overdose*, so the terms will hereafter be used interchangeably.

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

We suggest that interested staff members, including First Aiders, 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 poisoning (along with what *not* to do if an opioid poisoning is suspected); the Naloxone Training Checklist; and the contents and appropriate storage of naloxone kits.

The recommended method for treating an opioid poisoning is summarized in the Five Steps to Respond to an Opioid Poisoning as per Appendix A. 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 (see page 12) 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 - Five Steps to Respond to an Opioid Poisoning; Appendix B – Drug Wheel from CATIE; Appendix C - Example of a Naloxone Training Policy; and Appendix D – Example of a Certificate of Completion for Naloxone Training . After completing their training, staff will be qualified to respond to a potential opioid poisoning situation using the naloxone kit. They will also be qualified to deliver naloxone training to other staff members.

Stigma Reduction [1]

Most of us are aware that there is stigma associated with people who use drugs. 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 of, oppression of, and discrimination against those people to take

[1] Government of Canada, Stigma around drug use, 2023

place. In a 2023 Centre for Addiction and Mental Health (CAMH) video, Scott Neufeld defined stigma as "a tool used by powerful people to mark others as different and worse in order to maintain social power and control marginalized communities." [2] People need to look internally to ensure that they aren't stigmatizing others without even realizing it since stigma can be as simple as an overt unintentionally discriminatory action that we are subconsciously engaging in. Self reflection may be needed to identify this.

Stigma is defined as the experience of being "deeply discredited" or marked because of 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: [3]

- 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" 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.

For a better understanding of how society stigmatizes people who use drugs, review the

- National Harm Reduction Coalition poster Respect to Connect: Undoing Stigma
- Government of Canada poster Changing how we talk about substance use
- Ted Talk Everything you know about addiction is wrong Johann Hari, 15 minutes

Background

During the first two years of the pandemic, there was a 91 per cent increase in accidental apparent opioid toxicity deaths in Canada (April 2020 – March 2022, 15,134 deaths), compared to the two years prior to COVID-19 (April 2018 – March 2020, 7,906 deaths). From Jan 2023 – June 2023, there were 3,970 apparent opioid toxicity deaths. Of these deaths, 84 per cent involved the opioid fentanyl, and 80 per cent involved non-pharmaceuticals. Just over half (54%) also involved a stimulant. Most deaths were among individuals aged 20-59. Males had the highest rate of opioid-related deaths (72%). One life is now being lost to opioid poisoning in our country almost every hour—22 deaths per day at the end of June 2023 and this is 5% higher than the same time period in 2022. [4]

The opioid crisis was declared a public health emergency in Ontario in December 2017.[5] In 2021, Ontario had 2,880 opioid-related deaths, 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). [6]. A significant proportion of these deaths has been attributed to the toxic illicit supply of opioids.[4] This crisis is alarming enough already; if we continue to do what we are doing, it will continue to escalate.

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®). See Appendix B – Drug Wheel from Canadian AIDS Treatment Information Exchange (CATIE). Illicit fentanyl is the opioid most responsible for the dramatic increase in fatalities. Fentanyl is up to 100 times more powerful than morphine. A dose of 2 mg of powdered illicit fentanyl (approximately

[2] CAMH, 2023
[3] Government of Canada, 2018
[4] Government of Canada, 2023
[5] Ottawa Citizen, 2017
[6] Global News, Mar 2022

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. [7]

The Government of Canada web page "What you need to know about fentanyl exposure" offers this advice about how to protect oneself from fentanyl exposure if responding to an opioid poisoning:

> 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.

Harm Reduction

Understanding harm reduction is the first step to minimizing the harms related to opioid use. Many people forget that harm reduction techniques are embedded in daily life, and we go through our days without even noticing them, for example, the use of seat belts, traffic lights, bike helmets, birth control, and sunscreen.

A frequent misconception is that harm reduction supports / encourages unregulated 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 varying options to help 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.[8]

Harm reduction does not try to impose one way of life on a person. It takes a person's own values and helps reduce the risk of negative outcomes. Harm reduction, in terms of drug use, can decrease the risk of sexually transmitted and blood borne infections (STBBIs). A primary risk factor for blood borne infections is the sharing of used syringes. Making clean equipment available for injection drug use or inhalation drug use can reduce the risk of transmission of human immunodeficiency virus (HIV) and Hepatitis C virus (HCV).

According to a study published by the Canadian Journal of Infectious Diseases and Medical Microbiology, the cost of treating someone with HIV was $24,000 a year, and if multiplied by 30 years, it could cost the health care system a total of $720,000 over one person's lifetime. [9]

Using and ensuring access to safer drug use supplies (SDUS) can help limit the amount of transmission between infectious persons and also directly decrease the amount of economic burden on the already burdened health care system. Having access to SDUS also opens a relationship with people who use drugs (PWUD) to establish trust and caring that can lead to positive future change.

[7] Government of Canada, 2019
[8] CMHA, 2017, Reducing Harms
[9] Canadian AIDS Society, 2019

Why do people use drugs?

People use drugs for many reasons: they want to feel good or stop feeling bad, perform better in school or at work, they are curious because others are doing it, and/or they want to fit in.

Drugs excite the parts of the brain that make you feel good. After you take a drug for awhile, the feel-good parts of your brain get used to it. Then you need to take more of the drug to get the same good feeling. Soon, your brain and your body must have the drug just to feel normal. You feel sick, awful, anxious, and irritable without the drug. You no longer have the good feelings that you had when you first used the drug. This is true if you use unregulated drugs or if you misuse prescription drugs. Misuse includes taking a drug differently than how your doctor intended, e.g. taking more than what has been prescribed, crushing pills to inject or inhale, taking someone else's prescription, or taking the drug for non-medicinal reasons.

Drug Addiction

Drug addiction occurs when you cannot stop taking a drug even if you want to. The urge is too strong to control, even if you know the drug is causing you harm. The addiction can become more important than the need to eat or sleep. The urge to obtain and use the drug can fill every moment of your life. CAMH states that addiction can be defined as the presence of the 4 Cs: **Craving**; loss of **Control** of the amount or frequency of use; **Compulsion** to use; and use despite negative **Consequences**

The addiction replaces all the things you used to enjoy. A person who is addicted might do almost anything – lie, steal, or hurt people – to keep taking the drug. This can lead to problems with family and friends and can even lead to arrest and jail. Addiction can occur from using unregulated drugs or from prescription drug use.

Risk Factors for Addiction

Each of us has a set of traits and experiences that make us more or less likely to become addicted to drugs. These are called risk and protective factors. Risk factors are linked to a greater likelihood of developing an addiction while protective factors lower the risk.

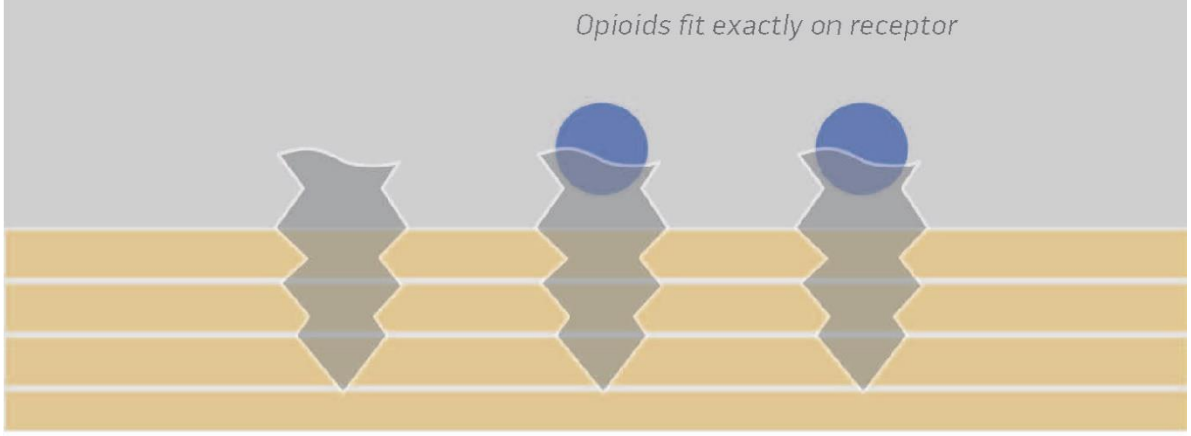
Risk factors fall into 2 main categories: biological and environmental factors. Examples of biological factors are genetics, developmental stage, biological sex, and ethnicity. Examples of environmental factors include a poor home life; issues at work, school, or with relationships; using drugs and alcohol as a teen; family and/or peer substance use. These factors do not necessarily result in a problematic relationship with substances, but there is evidence to support that having these risk factors can increase the likelihood of problematic substance use.

Illustration of the effect of opioids on the brain

Below is a depiction of what happens in the brain when a high potency/concentration of opioids is introduced to the body. Opioid 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 has a higher affinity to the opioid receptors than opioids like heroin or Percocet or Fentanyl, so it knocks the opioids off the receptors for a short time. This allows that person to breathe again and reverses the overdose.

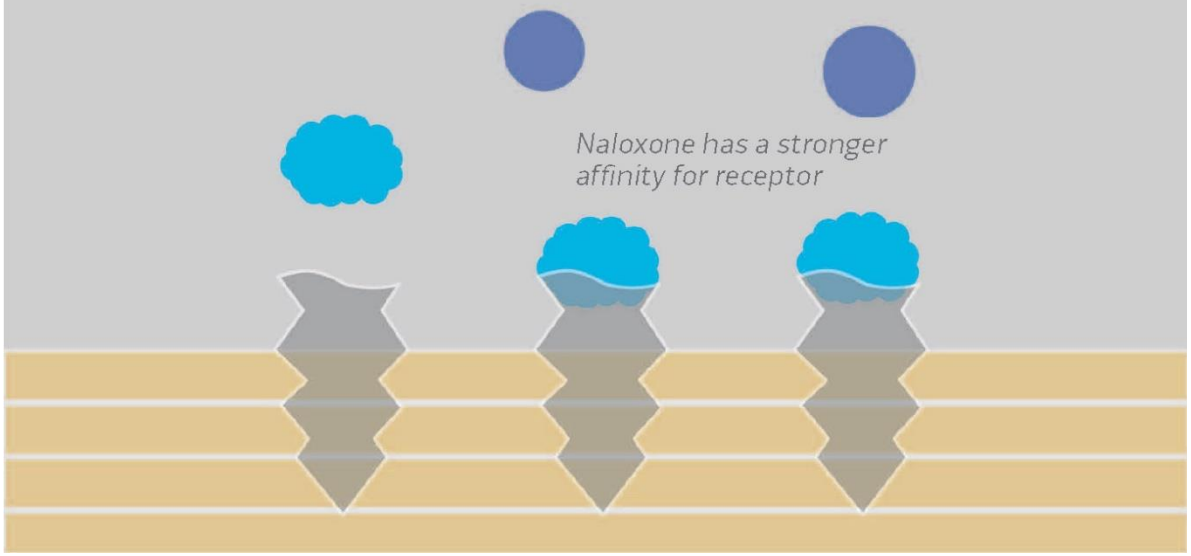
What is an opioid overdose?

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.



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.



Harm Reduction Coalition Guide. Graphics: Maya Doe-Simkins

OPIOID POISONING

PREVENT

Prevention is the first line of defence against an opioid overdose / poisoning. If we cannot prevent it, then we have to be able to recognize and respond to it.

Risk factors

Mixing

- Avoid mixing drugs or mixing drugs with alcohol or benzodiazepines.
- Most overdose deaths occur when multiple drugs have been taken.
- Avoid sharing equipment
  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 is 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 and potency

- Illegal drugs are unregulated, so their quality and strength is unpredictable.
  Prevention: Inject or snort a very small amount to test the strength of the drug.

Using alone

- If you overdose/poisoning 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.
  Use NORS 1-888-688-6677

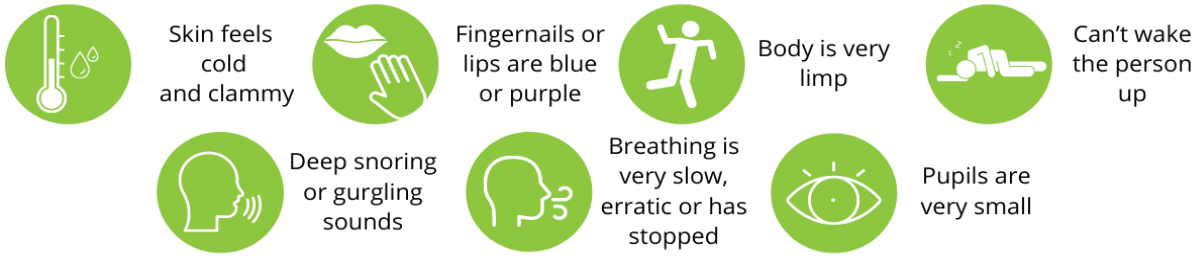
RECOGNIZE

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 a poisoning

- 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



RESPOND

Naloxone

Naloxone is a synthetic opioid antagonist and a safe antidote for the emergency treatment of a known or suspected opioid poisoning resulting in respiratory and / or central nervous system depression. See the Health Canada Naloxone: Save a Life fact sheet.

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.

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 should not be administered before using drugs.

It is not a substitute for emergency medical care, so always **Call 911** after administering it. Any drug may be laced with an opioid, so if in doubt, Just Give It: naloxone is harmless. It will not worsen an allergic reaction, or other emergent medical conditions.
Do not give naloxone if the person is communicating with you and is not unconscious.

Naloxone is approved by Health Canada and has been used for decades by Emergency Medical Services personnel to reverse opioid poisoning and resuscitate individuals who have overdosed on opioids. It can be given as a nasal spray or it can be injected into the muscle, under the skin, or in an IV formulation.

Naloxone is currently on the World Health Organization (WHO) List of Essential Medicines [10] as the "safest, most efficacious and cost-effective medicine for priority conditions [such as opioid overdoses]."

Once administered, naloxone will start to work on opioids in approximately one to five minutes. It stays active in the body for approximately 30 to 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.

Naloxone will not harm someone who does not have opioids in their system. If someone is having a medical emergency other than an opioid overdose – such a diabetic coma or cardia arrest (heart attack) – giving them naloxone will generally not have any effect or cause them additional harm.
In rare situations, a person may have a life-threatening allergy to naloxone. However, Health Canada states that Naloxone should still be administered "as the outcome is likely better than not [giving] it."

Possible side Effects
Naloxone may cause the following side effects: swelling and/or dryness in the nose, congested and/or runny nose, yawning, nervousness, pain, aggressive behaviours, irritability, restlessness, agitation, increased blood pressure, increased heart rate, nausea, vomiting, diarrhea, abdominal cramps, shivering, chills, tremors, trembling, fever, sweating, weakness, seizures, shaking, muscle spasms, dizziness, or headaches. It should be noted that by giving Naloxone, it sends the person into an immediate withdrawal situation. It is possible to reorient the person with a short informative conversation about what just happened.

Good Samaritan Drug Overdose Act

In 2001, the Good Samaritan Act was passed in Canada. The Act is meant to protect persons from liability in respect to offering voluntary medical or first aid services. When a person (the helper) renders emergency medical services or aid to an ill, injured, or unconscious person, at the immediate scene of an accident or emergency that has caused the illness, injury, or unconsciousness of the victim, they are not liable for damages concerning the injury to or death of the victim that may have been caused by that helper's actions.

An amendment was made to the Act to include the Good Samaritan Drug Overdose Act which became law in 2017. The act provides legal protection for individuals who seek emergency help for themselves or others during an overdose and complements the Canadian Drugs and Substances Strategy, a comprehensive public health approach to substance use. Harm reduction is a key part of the strategy alongside prevention, treatment, and enforcement.

This Act applies to anyone seeking emergency support during an overdose, including the person experiencing an overdose. The Act protects the person who seeks help, whether they stay or depart from the overdose scene before help arrives. The Act also protects anyone else who is at the scene when help arrives.

[10] WHO, 2017

No one who is experiencing an overdose or helping at the scene can be charged with simple possession. About the Good Samaritan Drug Overdose Act (Nov 2021) explains that the 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.

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

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, as the temperature in Canada fluctuates regularly through the seasons.
Recommended temperature is 15-25 Degrees Celsius.
Naloxone kits should be checked routinely for contents and monitored for expiry dates.
If the kit is close to expiry (6 months away) bring it back to the Health Unit and it will be exchanged.
Note: Having a kit out of either range (temperature or expiry) just means that it will not work as effectively. Having a slightly lower chance of survival is still better than no chance of survival.

5 STEPS TO RESPOND TO AN OPIOID OVERDOSE

STEP 1

SHOUT their name **&** **SHAKE** 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.

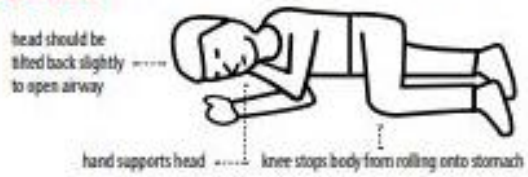
STEP 5

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

Ontario

RESPOND to Opioid Overdose / Poisoning:

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 two 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 five 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 one big breath every five 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 two to three 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, try to reorient the person with a short conversation about what happened.

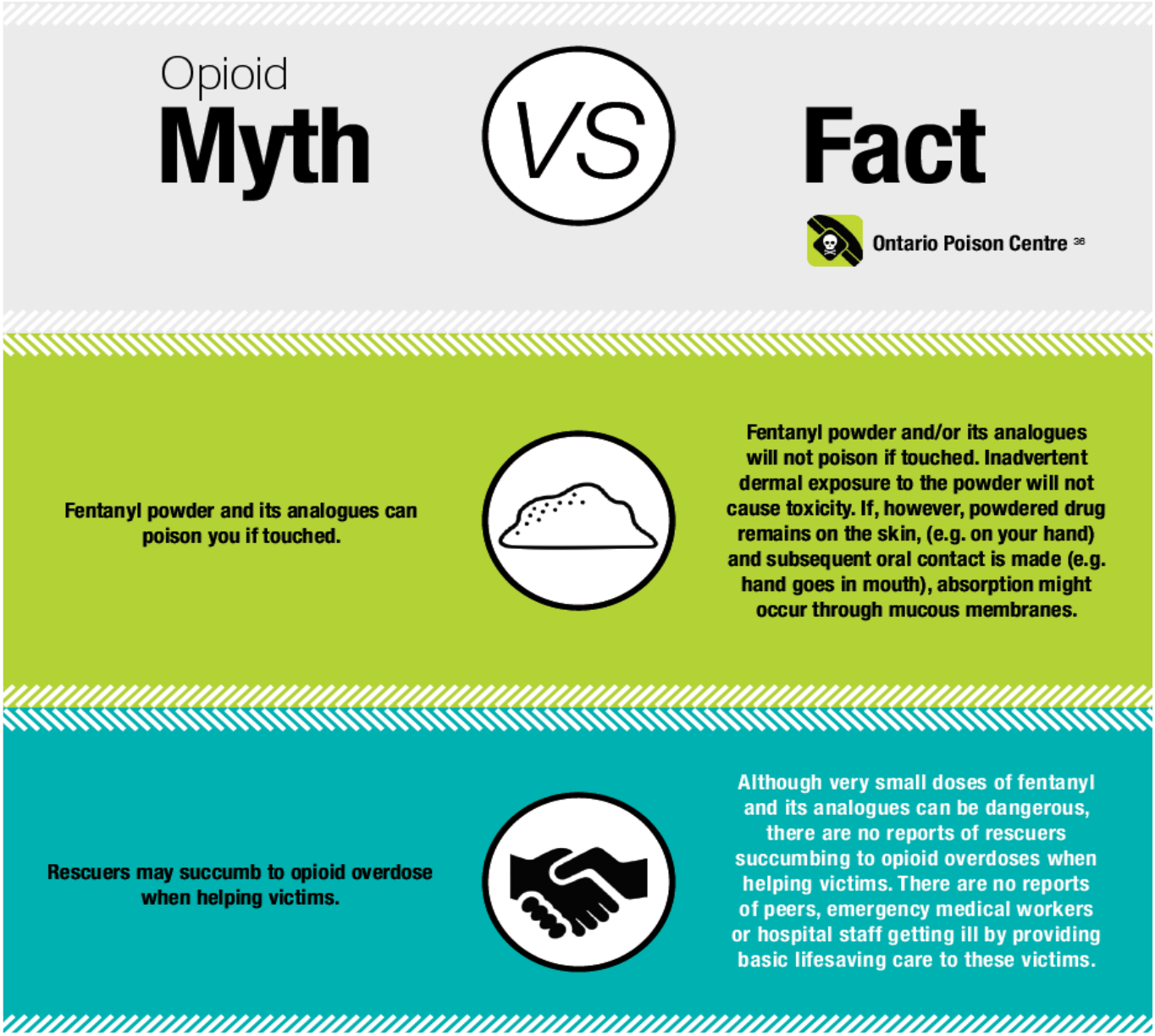
Adapted from Leeds, Grenville & Lanark Naloxone; OHRP; harm reduction coalition; Kingston Street Health

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 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 involved should be offered counselling and support.
  - Encourage staff 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.



The Ontario Poison Centre (2020) 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.

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.

Do not do the following

- 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.
- Do **not** restrain them before giving naloxone.

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 911and 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 four months can be replaced.
- ☐ Understands the importance of documenting the use of naloxone.

SUGGESTED RESOURCES

Posters, fact sheets, and videos

If you have any questions, contact the Harm Reduction Program at Hastings Prince Edward Public Health at 613-966-5500 or HarmReduction@hpeph.ca.

Must watch video! (15 mins) Ted Talk about addiction. 15 minutes. Johann Hari, 2015. https://www.youtube.com/watch?v=PY9DcIMGxMs

Awareness resources for opioids – Government of Canada - videos / fact sheets / posters

CAMH Rethinking Stigma: Identifying Structural Stigma and Interventions – (Nov 2023) Video
S. Neufeld's definition of stigma at 24:14 https://vimeo.com/889217103?share=copy

Changing how we talk about substance use poster
Respect to Connect: Undoing Stigma poster

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

National Harm Reduction Coalition: Poster. (2020). Respect to Connect: Undoing Stigma. Available from: https://harmreduction.org/wp-content/uploads/2020/08/Resource-HarmReductionBasics-UndoingStigma.pdf

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 and 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

REFERENCES

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APPENDICES

Appendix A – Five Steps to Respond to an Opioid Poisoning
Appendix B – Drug Wheel from CATIE
Appendix C – Example of a Naloxone Training Policy
Appendix D – Certificate of Completion for Naloxone Training

Appendix A

Five Steps to Respond to an Opioid Overdose / Poisoning

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 two 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 two 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.

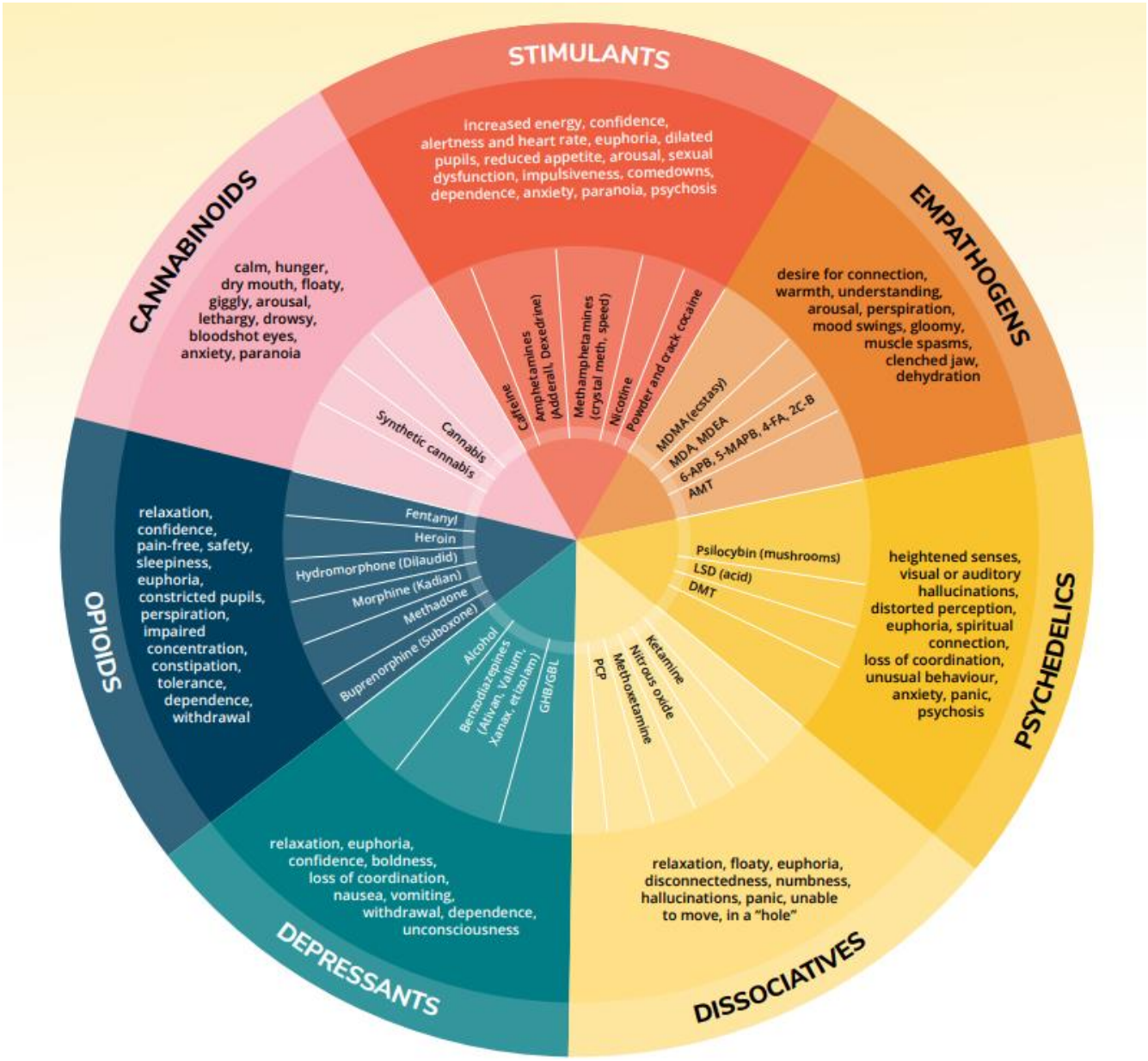
- Look, listen and feel—ear to mouth and eyes to chest. If the victim has stopped breathing, or even if their breathing is shallow or slow—e.g. every 5 to 10 seconds, start Rescue Breathing.
- Check to see if there is anything in the victim's mouth blocking their airway (use gloves, if you prefer), e.g. 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 one big breath every five 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 two to three 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.

Appendix B

Drug Wheel from CATIE,



Appendix C - Example of a Naloxone Policy

Purpose:
To provide staff with Naloxone Training for opioid overdose / poisoning prevention, recognition, and response, 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 / poisoning—prevent, recognize, and respond.

Precautions / Contraindications - Benefits of naloxone for opioid overdose outweigh any risks
Narcan® nasal spray: benzalkonium chloride (preservative), disodium ethylenediametetraacetate (stabilizer), sodium chloride, hydrochloric acid to adjust pH and sterile water; no latex is present in Naloxone Kits.
Store naloxone kits in a secure location that is readily accessible to staff trained in opioid overdose prevention / use of naloxone

Table 1 - Contents of naloxone kit

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

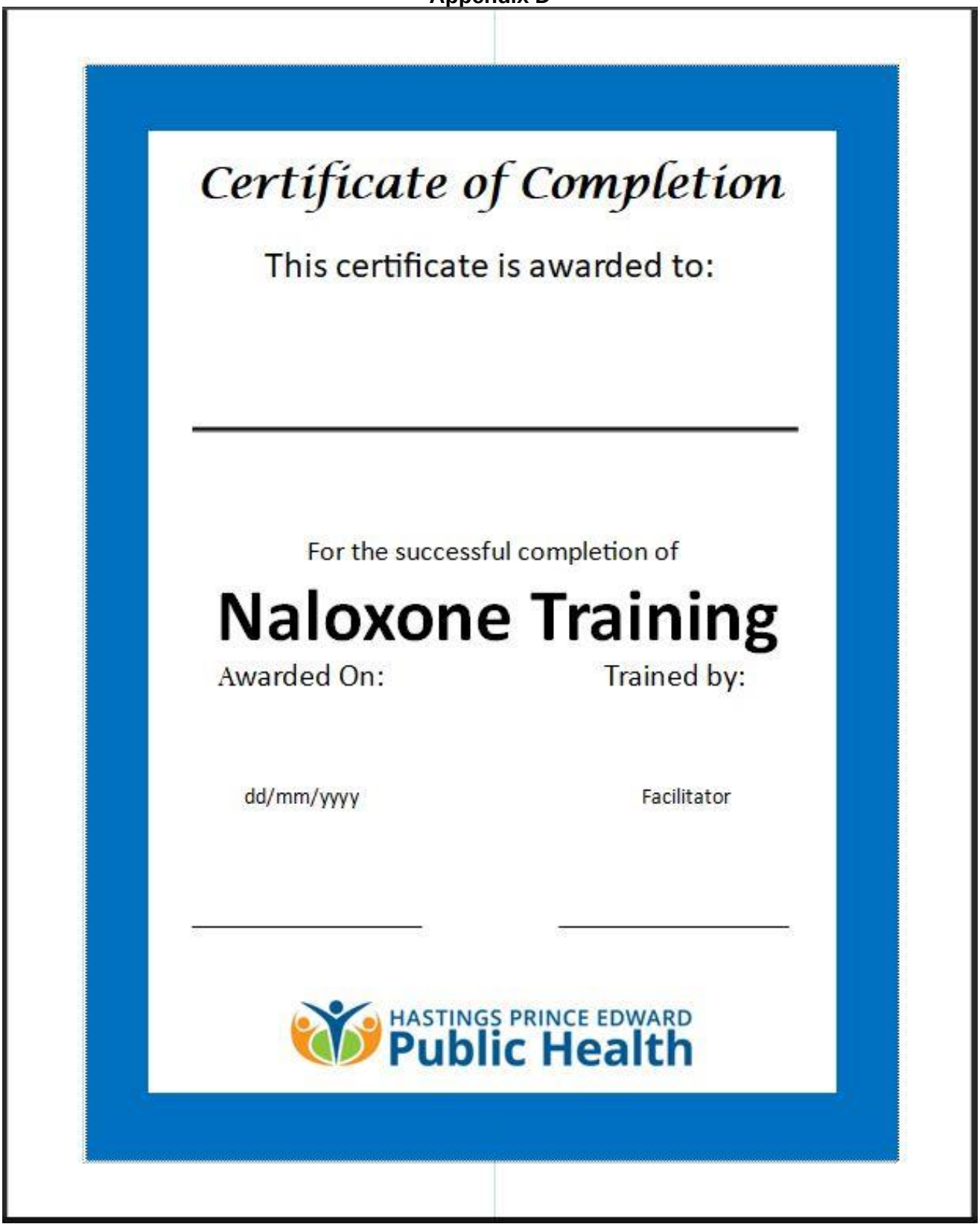
Procedure:
Staff training
Staff will become authorized to use naloxone kits by meeting the following requirements:

- Review:
  - Naloxone Training Manual, including Five-Steps Handout
  - Opioid Overdose: Prevent, Recognize & Respond Fact Sheet
  - Organization's Naloxone Policy
- Participate in Naloxone Training with either a naloxone nurse or a trained staff member and complete Naloxone Program Training Checklist as per Table 2.

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 911and 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 four months can be replaced.
- ☐ Understands the importance of documenting the use of naloxone.

Appendix D


Certificate of Completion
This certificate is awarded to:
For the successful completion of
Naloxone Training
Awarded On:
Trained by:
dd/mm/yyyy
Facilitator
HASTINGS PRINCE EDWARD
Public Health

January 25, 2024

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