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NALOXONE TRAINING SCRIPT

A GUIDE FOR INSTRUCTORS

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Introduction

This is a sample script for the AZPOST/ADHS approved naloxone training. Presenters may adjust the delivery and time to accommodate different audiences. Instructors are encouraged to include their own stories, experience, and personality to enhance the training. Discussion and audience participation will keep your participants engaged. Encourage participants to ask questions throughout the presentation.

Anticipated lecture time: 60-90 minutes

Materials Needed

- Sign In sheet
- Training devices (Narcan, nasal atomizer, etc.).
- Handouts
    - Pre- and post- tests
    - Demographic and Evaluation Surveys
    - Narcan Quick Start Guide
    - AHCCCS Getting Help for Opioid Misuse, Abuse, or Dependence
    - Fentanyl
    - OAR Line Cards
    - Get Naloxone Today
    - Don't Run, Call 9-1-1
    - Language Identification List
- PowerPoint (on USB or online if internet connection is available)
- Computer
- Projector, TV, or similar visual means for displaying presentation

Suggested Materials

- Speakers (if playing videos)
- Screenshots or live view of reporting tool
- YouTube videos of Narcan administration and/or "My Addiction" video from Vimeo
- Mannequins

Throughout the sample script, presentation notes are in blue. Remember blue is for you and is not part of the script. This may be instructions for navigating the presentation, suggestions for discussion, or other tips. **Bold and *italicized bold*** are ***slide titles,*** **key points, and objectives** that do not need to be read out loud to the class but provide guidance as to what to focus on for that slide. Sample script dialogue is in quotations.

Prior to starting, distribute handouts, ask students to sign in and complete the pre-test.

Introduction Script

Introduce yourself, your agency, relevant background. Ask if everyone signed in.

Demographic Survey: "This training, along with the Narcan your agency will be receiving, is funded by a federal grant through SAMSHA. As part of the grant, we are required to ask you these questions about your demographics. You are not required to answer the questions. If you do, your answers remain confidential and anonymous, so please do not put your name or email on it.

Evaluation Form*:* "This form is for you to tell us how we're doing. Let us know what you like about the training, or don't like about the training. We use your scores and comments to regularly update our curriculum and your feedback is appreciated."

Narcan Quick Start Guide: "This instructional sheet is a quick guide on how and when to give Narcan. Should you forget or need a refresher, this offers a quick overview. This guide is also included in your box of Narcan nasal spray."

"In creating this training, we were informed by First Responders that it would be helpful to include community referral sources where people can go for help. We have included resources that we hope will assist you in helping the people you come into contact with that need a medical or mental health intervention."

AHCCCS' Getting Help for Opioid Misuse, Abuse, or Dependence: "The blue and white informational sheet from AHCCCS, Arizona State's Medicaid agency. The sheet provides phone numbers and information for a number of statewide 24/7 free access clinics for opioid treatment."

Fentanyl: "I'm sure we all have heard about fentanyl in the news a lot lately. There has been a good amount of misinformation and fear surrounding the drug. This informational sheet will address and hopefully answer all your questions and concerns about fentanyl. We will talk about fentanyl later in the presentation, but in case you have additional questions, this is a good resource to keep."

OAR Line: "The Opioid Assistance and Referral Line, also known as the OAR Line is an informational phone line available to everyone. It is run by the Poison Center in Tucson and is staffed by physicians and nurses. If you, or anyone, has questions about opioids, opioid exposure or overdose, Narcan, other types of naloxone, or want help finding recovery resources, the OAR Line is available for you to use. If a patient/community member wants assistance with finding an immediate treatment bed or resource, they will help them find a facility, schedule an appointment, and follow up with that person to make sure they were able to attend that appointment."

Get Naloxone Today: "Sonoran Prevention Works is a statewide agency working on education, advocacy and direct service for people that use drugs. Sonoran Prevention Works also provides free naloxone to community members. They hand out the syringe and vial, or intramuscular, type of naloxone to community members and community agencies. If you have patients, family, or friends, who would like naloxone for themselves, they, or you, can contact Sonoran Prevention Works for free naloxone. We also want to let you know about this program, so that the naloxone does not inadvertently get confiscated from individuals. It is not illegal to carry naloxone."

Don't Run, Call 911*:* "This informational flyer was created by Sonoran Prevention Works and local police departments to provide information on updates to the statewide Good Samaritan Law. A key aspect of preventing overdose is connecting people to emergency medical services as soon as possible. Many times people are scared to call 9-1-1 for an overdose for fear of being arrested for possession. The Good Samaritan Law was enacted in 2018 to protect those that call 9-1-1 for an overdose from being charged with possession. The goal is to encourage people to call for help, no matter what. Details about this statute are on the flyer."

Language Identification List: "The language identification list is being made available to you to assist in identifying what language a person speaks so an appropriate translator can be requested."

Sample Script

Use of Naloxone by Law Enforcement- Slide 1

"Most everyone has heard of the opioid epidemic impacting our country. The graph in the middle has some data from 2010 showing drug overdose deaths, which at that time surpassed traffic accident deaths as the number one cause of unintentional death. Since then, overdose deaths have doubled, reaching closer to 70,000 deaths per year."

Key points: **More people die from overdoses than traffic accidents.**

Objectives- Slide 2

"Today we'll be covering the following objectives: background and statutes surrounding opioid abuse and naloxone administration; symptoms and treatment of opioid overdose; naloxone routes of administration and when to give it; common questions about naloxone, and the required documentation for when you give naloxone."

Key point: **Explain what will be covered in the training**

The Opioid Epidemic- Slide 3

"As previously mentioned, most people have heard of the opioid epidemic plaguing the country. Drug overdose is the leading cause of unintentional death in America, as we saw in the first slide. Opioids include legal and illegal drugs, what you get prescribed to you by a doctor and what you can buy on the street. Heroin is increasingly being used among young adults and teenagers. In 2016, over 42,000 people died of an opioid overdose, since 2016, those numbers have climbed closer to 60 or 70,000. A lot of those deaths were due to prescription opioids."

Key points: **Overdose deaths have skyrocketed and are not limited to street drugs. Prescription drugs play a major role in the epidemic.**

Objectives: **Background and statutes**

National Overdose Deaths- All Drugs- Slide 4

"This graph illustrates the rise in overdose deaths involving any type of drug since 2002. We can see that overdoses have increased significantly, for both males and females."

Key point: **Overdose deaths have increased for all types of drugs.**

Objective: **Background and statutes**

National Overdose Deaths – Opioids – Slide 5

"This second graph focuses on overdose specifically resulting from opioids. Here we see a sharp increase again for both males and females, though males have a higher rate of opioid overdose deaths than females."

Key points: **Opioid overdoses affect both males and females and have significantly contributed to overdose deaths.**

Objective: **Background and statutes**

Note the increasing heroin trend – Slide 6

"This graph shows the overall impact of different types of drugs over time. Specifically, it shows how the threat of cocaine has decreased over the years, yet the threat of heroin has increased. Methamphetamine has remained a relatively constant drug threat. Why would the cocaine numbers decrease while the heroin increases? Some of this has to do with the availability and cost of certain drugs.

Note: **CBD= controlled prescription drugs (in purple)**

Key point: **Cocaine use has decreased, heroin use has increased.**

Objective: **Background and statutes**

Arizona Prehospital Impact from Opioid Abuse – Slide 7

"This slide shows a variety of statistics involving the impact of opioid abuse in Arizona. We see that opioid abuse affects people of all ages, and both genders. But those 25-34 and males were the most likely to be impacted. 15% of suspected opioid overdoses were fatal. Maricopa and Pima Counties are impacted the most, which makes sense given most of the state's population resides in these counties."

Key points: **Opioid abuse affects everyone**

Objective: **Background and statutes**

The Opioid Epidemic in AZ – Slide 8

"Most overdoses will occur at home, and overdoses have increased 74% between 2013 and 2017. An average, about 2 Arizonans die of an overdose every day. This is the reason we are aiming to train EMS and other first responders, who might be the first on scene of this type of emergency"

Key points: **Opioid overdoses are increasing**

Most overdoses occur in the home

Objective: **Background and statutes**

Use of Naloxone by LE and EMTs – Slide 9

"Naloxone has been used in the hospital setting for over 40 years. Naloxone use in the prehospital setting has been shown to be a safe, effective, and well established practice. You've probably seen in the news and through the grapevine that many agencies are now carrying naloxone. That's because naloxone has few side effects and is the first step in combating deaths from an overdose. Like any time sensitive emergency, such as stroke and cardiac arrest, an overdose is a time sensitive emergency. Early intervention can save someone's life."

Key Points: **Naloxone is safe, has few side effects, and works in a time sensitive emergency.**

Objective: **Background and statutes**

AZ Opioid Epidemic Act: Governor Ducey declared a statewide emergency –Slide 10

"Due to an alarming increase of opioid related deaths in 2016, Governor Ducey declared a state of emergency in June 2017, which set a few things in motion, including the implementation of the Opioid Action Plan and the Arizona Opioid Epidemic Act. These Acts aimed to prevent and treat opioid use disorders and prevent opioid overdose deaths through appropriate prescribing practices, expanding access to treatment, and reversing overdoses through distribution of naloxone."

Key points: **A statewide emergency declared by the governor allowed for better access to treatment, naloxone, and prescribing guidelines in an effort to reduce opioid related deaths.**

Objectives: **Background and statutes**

A.R.S 32-2228 – Slide 11

"As a result of the emergency declaration, ARS 36-2229 was passed, allowing easier access to naloxone for first responders. This statute created a standing order signed by the director of DHS for law enforcement to get naloxone. It allows EMS and law enforcement to administer naloxone if they think someone is overdosing, given that they have been trained to do so, which is why you are all here."

Key points: **First responders can access, carry, and administer naloxone thanks to a standing order signed by the director of DHS.**

A.R.S 36-2228 (cont.) – Slide 12

"The statute also provide immunity to first responders who give Narcan, including EMTs, law enforcement, physicians, and nurse practitioners. The statute does not create a standard of care or duty to act. So, you are not required to give Narcan, but you are protected if you do so."

Key points: **First responders are granted immunity for giving Narcan.**

There is no standard of care or duty to act.

Objective: **Background and Statutes**

A.R.S. 36-2228: Immunity – Slide 13

"The statute provides immunity to those who give Narcan from civil, professional, and criminal liability, as long as you act with reasonable care and in good faith. Exceptions are wanton and willful neglect. So, for example, say you give someone Narcan, they recover and are not fully conscious and alert. They refuse care, walk away and subsequently suffer injury, or they overdose again. You will not be held liable."

Key points: **Responders are immune from civil, professional, and criminal liability when they give Narcan.**

Must be done in good faith. Wanton and willful neglect are exceptions to immunity.

Objective: **Background and statutes**

What are Opioids? – Slide 14

"Opioids are a medicine used to treat pain. Some common opioids include: opium, morphine, codeine, heroin, hydrocodone (Vicodin), oxycodone, fentanyl, and methadone. There are a number of prescription and nonprescription forms, and all act similarly on the receptors in the body. Some of these drugs or medications can be extremely potent and may more easily lead to overdose. Currently many drugs sold on the street as prescription medications, are manufactured and contain more potent forms."

Consider asking if anyone in the audience has ever been prescribed an opioid, how many they were given per prescription, and/or if they can name other opioids. Consider telling your own account of when a doctor prescribed an overabundance of medication to highlight the effects of poor prescribing practices on opioid abuse.

Key points: **List common opioids and highlight that many are prescribed by medical professionals.**

Objective: **Background and statutes**

Paraphernalia Commonly Found on Scene of Overdoses – Slide 15

"As you may already know, paraphernalia that may be found on scene of an overdose may include pill bottles, spoons, syringes, etc. However, you may not always see this on scene of a suspected overdose."

Key points: **Show pictures of drug paraphernalia**

Objective: **Background and statute**

What happens when you take an opioid? – Slide 16

"You have opioid receptors throughout your body, in your brain, heart, organs, GI tract, all throughout your body. Opioids act as a depressant on the central nervous system, respiratory system, and cardiovascular system. They send out signals to 'slow down.' The person's brain slows down, their breathing slows down, and everything slows down. The graphic here shows how the opioids sit on the receptors."

Key points: **Opioid receptors are located throughout the body.**

Opioids attach to the receptors and slows everything down.

Objective: **Symptoms and treatment of opioid overdose**

Signs of an Opioid Overdose – Slide 17

"When opioids slow the body down enough, an overdose occurs. Due to the brain slowing down, the person becomes unresponsive, their breathing slows down or stops, and their skin/lips/nails may turn blue due to lack of oxygen, and their pupils appear pin point. You may hear a choking or gurgling noise, a sign that they are not breathing adequately. Pinpoint, or very tiny pupils are commonly seen with opioid overdoses. "

Key points: **Identifying the signs of opioid overdose (unresponsive, cyanotic, irregular/not breathing, pinpoint pupils).**

Objective: **Symptoms and treatment of opioid overdose.**

High vs. Overdose – Slide 18

"So, how can you tell the difference between someone who is intoxicated and someone who has overdosed? Someone who is intoxicated will be relaxed, their speech may be slurred, but they will be responsive and they will have a normal skin tone. Compare that to when someone is overdosing. They are not responsive to painful or verbal stimuli, they're not breathing very well, if at all, and their skin is pale and clammy."

Key points: **Someone who is high will be awake, responsive, and appear "normal" with slurred speech. A person who has overdosed will be unresponsive have irregular breathing, and will appear blue.**

Objective: **Symptoms and treatment of opioid overdose**

Methods of Opioid Administration – Slide 19

" Opioids can be taken by mouth with pills, intravenously, like an IV, by snorting, smoking, subcutaneously, like when you get a TB test and they inject the serum just under the skin, rectally, or transcutaneously, such as with a fentanyl patch."

Key points: **The common routes of using opioids**

Objective: **Background and statutes**

How Opioids Kill – Slide 20

"When someone takes an opioid, the opioids signal their body to slow everything down. If everything slows down too much, their respiratory, or breathing, rate is going to fall, their level of consciousness is

going to decrease until they become unconscious. Their heart rate and blood pressure will also decrease. This is how opioids kill. They slow everything down until they stop."

Key points: **Opioids signal the body to slow down.**

Reduced respiratory and heart rate results in death.

Objective: **Symptoms and treatment of opioid overdose**

Opioid Overdose – Slide 21

"The respiratory rate is decreased, the respiratory drive is taken away, which results in a lack of oxygen, or hypoxia, and ultimately cardiopulmonary arrest (a "code," or death). There is an increased incidence of overdose when opioids are used with alcohol, benzos, or other medications."

Key points: **Lack of respiratory drive results in death.**

Objective: **Symptoms and treatment of opioid overdose**

Patients at Risk for Opioid Overdose – Slide 22

"Take a second to read these descriptions. Which do you think is at the highest risk for a fatal overdose?"

pause, then ask for answers

"The one at the highest risk for fatal overdose is actually those with low tolerance. These include people who have experienced a period of abstinence, whether because of incarceration, they were in the hospital, or were in treatment. What typically happens is that when they were abstinent, their tolerance went down, similar to how a tolerance for alcohol goes down if one hasn't drank in a long time, and when they start using again, they take the same amount that they did before abstinence. Because their tolerance has lowered, the dose they took before is now a fatal dose because their body can't handle it.

Other patients at a high risk for overdose include those who mix opioids with other substances, taking drugs laced with fentanyl, which has become a big problem, and using alone because there is no one there to call 9-1-1 if something bad happens. Persons with a weakened immune system or who may be sick are also at a risk of overdosing because their body is not able to process the drugs the same way as it could before."

Key points: **Persons with a recent history of abstinence are at the greatest risk for fatal overdose.**

Objective: **Symptoms and treatment of opioid overdose**

Why don't people get help? – Slide 23

"So why do people who use drugs often not seek help? For starters, there is still a lot of stigma associated with drug use and 'going to rehab.' People who use drugs also have to accept that they have a problem before they can get help. Rehab and treatment facilities can also be incredibly expensive, and the person may not know where to go for help. Many are also fearful that they will lose their housing, job, or relationships if they seek treatment. Also, going to treatment may require experiencing withdrawal, which, as we will learn later, is not a pleasant experience. Lastly, they may have tried quitting before and relapsed. They may not think that they can quit."

Key Points: **Stigma, affordability, withdrawal, relapse, and losing security nets are common reasons people don't seek treatment.**

Objective: **Symptoms and treatment of opioid overdose**

What can we do? – Slide 24

"So what can we do to help those struggling with substance use disorder?"

This is a transitional slide to introducing naloxone. You may quickly skip over slide 24.

What is Naloxone? – Slide 25

"Naloxone is a drug that rapidly reverses opioid overdoses. Narcan is the brand name for the nasal spray, and naloxone is the generic name. Narcan is the most common term people know, and we will use them interchangeably. Naloxone blocks the effects of opioids and restores normal respiration to someone who has slowed or stopped breathing as a result of opioid overdose."

Key Points: **Naloxone and Narcan are the same drug**

Naloxone/Narcan reverse opioid overdose and restore breathing

Objective: **Symptoms and treatment of opioid overdose**

How Does It Work? –Slide 26

"Narcan works by blocking the effects of opioids on the brain. It temporarily reverses respiratory and central nervous system depression. The picture shows how the opioid receptors in the brain will bind to Narcan over opioids. The Narcan comes in and knocks off the opioids from the receptors. Once that happens, the breathing and heart rates begin to return to normal."

Key Points: **Narcan blocks the effects of opioids on the brain.**

Narcan restores respiratory and central nervous system function temporarily.

Objective: **Symptoms and treatment of opioid overdose**

Naloxone Details – Slide 27

"Naloxone was originally designed 40 years ago for in-hospital use to counteract the opioids administered there. But the opioid epidemic has increased its demand outside the hospital. Naloxone is safe to use, as it has no adverse effects if administered to someone not experiencing an overdose. Narcan does not work on other overdoses. It only works on opioids. It will not work on alcohol, benzos, cocaine, meth…it only works on opioids."

Key Points: **Narcan has been used safely for over 40 years.**

Narcan has no adverse effects if given to someone not experiencing an overdose.

Objective: **Symptoms and treatment of opioid overdose**

Naloxone Does NOT Reverse – Slide 28

"Naloxone does not reverse overdose resulting from sedatives like alcohol, valium or Xanax. It also does not work on stimulants like cocaine and amphetamines. However, there have been many reports of people buying what they think is Xanax and it ends up containing fentanyl. So just because someone thinks they took Xanax, doesn't mean they actually took Xanax."

Key Points: **Naloxone only works on opioids, and does not work on stimulants or sedatives.**

Objective: **Symptoms and treatment of opioid overdose**

Naloxone: How It It Given? – Slide 29

"So how is naloxone given?"

Select the group represented in the audience. If a mix, or if you're unsure, select the Law Enforcement Officer option.

If the link does not work, scroll or click through to Slide 79 for EMT, and slide 80 for Law Enforcement.

Alternatively, you can skip selecting "EMT" or "Law Enforcement" and continue to slide 30 to cover the same material with the same graphics by including the script for "Naloxone for EMTs" or "Naloxone for Law Enforcement" within the script for slide 30.

*****For Emergency Medical Technicians*****

From slide 29, select the "Emergency Medical Technician" link, or click/scroll through to slide 79.

Naloxone for EMTs

"Administering Narcan is allowed for EMTs, and should be administered as per a medical director standing order, which has been provided by the state for all first responders. EMTs cannot give intramuscular naloxone, which is the one on the far left, but can use the auto-injecting intramuscular device.

***Click the "Home" button at the bottom of the slide (in the blue square). This will take you back to Slide 30. If the button does not work, go back to slide 30.**

Alternatively, you can skip selecting "EMT" or "Law Enforcement" and continue to slide 30 and cover the same material.

EMT's can give the auto injector or any nasal spray. Paramedics and lay persons can use any of the options. Law enforcement can use any type, but should not use intramuscular types as this poses a risk for needle stick injury.

*****For Law Enforcement*****

From slide 29, select the "Law Enforcement" link, or click/scroll through to slide 80.

Alternatively, you can skip selecting "EMT" or "Law Enforcement" and continue to slide 30 and cover the same material.

Naloxone for Law Enforcement Officers

"Law enforcement officers can administer any type of naloxone. HOWEVER, intramuscular naloxone uses a needle and vial for administration. Not only is this more complicated than Narcan nasal spray, but it poses a great needle stick injury risk. For this reason, I don't know of any law enforcement agency that allows their officers to carry intramuscular naloxone."

Click the "Home" button (in the blue square) on the bottom of the slide. This will take you back to slide 30. If it does not work, manually go back to slide 30.

Key points: **There are 4 ways to give naloxone. Lay persons and paramedics can use any kind of naloxone.**

Law enforcement can use any kind, but intramuscular is not advised due to needle stick risk.

EMT cannot use intramuscular, but can use any other type of administration.

Objective: **Symptoms and treatment of opioid overdose.**

4 *Types of Naloxone – Slide 30*

"There are 4 types of naloxone. The auto injector on the far right is similar to an epi-pen. It talks to you and gives you instructions on how to use it. It uses a needle to administer naloxone to the thigh, just like an epi pen. While this route is incredibly easy, it is also very pricey. When it first came out, it was around $500 per unit. In 2018, it went up to around $4,000 per unit. It's incredibly pricey. The second one is also intramuscular. It uses a needle and vial to administer naloxone. This is the type that Sonoran Prevention Works gives out to community members, so you may see this at an incident. However, the needle poses a needle stick injury risk. The last one on the right is a nasal atomizer. It's similar to the needle and vial type, but has an atomizer on the tip to make the medication a spray so it can go into the nostrils.

Today we are going to go over Narcan nasal spray, which is probably what your agency will be using."

If the agency you are teaching is using the auto injector, intramuscular, or atomizer device, the instructions for each of those devices is found in the appendix.

Preloaded Nasal Narcan – Slide 60

"Known simply as 'Narcan,' we will quickly go over the specifics of using Narcan."

Prepackaged Intranasal (IN) Naloxone Administration- Slide 61

"First thing you'll want to do is open the package. The doses come in a foil backing to prevent accidental discharge of the medication, so keep it in the foil packaging until you're ready to use it. Once you have removed Narcan from its packaging, insert it into the patient's nose. Be careful not to depress the plunger until you are ready to give naloxone. Depress the plunger on the underside of the device to deliver the medication."

Demonstrate how to handle and use Narcan while giving instructions.

Prepackaged Intranasal (IN) Naloxone Administration – Slide 62

"Once you depress the plunger, all of the medication will be administered, as shown in this picture. Do not prime or test the device. Trust that it will work as indicated and only depress the plunger when it is in the patient's nose and ready to be used."

Benefits of Intranasal Administration – Slide 63

"Our nasal passages are a large absorptive area and allows for medication to be absorbed directly into the bloodstream. The nose is an easy access point for most people and intranasal naloxone works just as fast as the IV version paramedics can use. It's also painless and quick to do."

Administering Naloxone- Slide 64

"To administer naloxone, the first thing you'll want to do is to tilt the head back. Insert the Narcan into the patient's nose and depress the plunger firmly. Note the time you gave Narcan. Wait 2-3 minutes and provide CPR depending on the status of the patient during this time. If no response at 4 minutes, give a 2nd dose using a new Narcan device. Once the patient resumes breathing, place them on their side. They may require more than 2 doses. Wait 2-3 minutes between each dose. This is one reason why you need to have EMS on the way right away."

Nasal Passages- Slide 65

"Our nasal passages do not extend upwards toward our forehead. Instead, our nasal passages go straight back towards our ears. So, do not position Narcan upwards, but point it straight back towards the patient's ear."

Click the blue "Home" button on the bottom of the screen to return to the main lecture on slide 31. If the hyperlink does not work, manually navigate to slide 31.

When and How to Use Naloxone- Slide 31

"Next we will discuss when and how to use naloxone."

When to Use Naloxone: - Slide 32

"You want to use naloxone when there is an altered level of consciousness with the patient. This means that you are unable to wake or arouse the patient with verbal or painful stimuli. We will go over the sternal rub shortly. You'll want to use naloxone when there is respiratory depression or apnea. Respiratory depression is evident by slow, shallow breathing, less than 10 breaths per minute. If they have pinpoint pupils, their skin is blue, or you suspect an opioid overdose, use naloxone."

Key points: Use naloxone when there is an altered level of consciousness, depressed respirations, blue skin, pinpoint pupils, and/or suspicion of overdose.

Objective: When to give naloxone

Body Substance Isolation – Slide 33

"When you use naloxone, you want to make sure you're protecting yourself as well. Body substance isolation, or BSI, is important. Wear gloves and eye protection, and ensure scene safety.

Key points: **Personal and scene safety**

Objective: **When to give naloxone**

Things to do before administering naloxone –Slide 34

"Now that you have determined that the person needs naloxone, lay the person on their back. Check to see if they are responsive to painful stimuli. A sternum rub will let you know if they are responsive to painful stimuli. Make a fist with your hand and rub the center of the patient's chest, on the sternum. Other ways of checking response to stimuli are to pink their clavicle or nail beds."

Key points: **Lay the patient flat on the ground.**

Check for level of responsiveness.

Objectives: **When to give naloxone**

Sternal Rub – Slide 35

"This picture shows you where the sternum is on a patient. This is where you perform a sternal rub on a patient."

Key point: **Illustrate where sternum is.**

Objective: **When to give naloxone**

Things to do before administering naloxone – Slide 36

"To review, lay the person on their back, check to see if they are responsive. If they are not responsive, give them naloxone."

Key points: **If the person is unresponsive, give naloxone.**

Objective: **When to give naloxone**

You gave naloxone, now… - Slide 37

"Once you give naloxone, you want to continue to assess for scene safety. Check for a pulse. You should already have EMS or a transport plan in motion. Place the patient in the recovery position (on their side) and consider a second dose.

Key points: **What to do after giving naloxone.**

Objective: **When to give naloxone**

Scene Safety is Your #1 Priority – Slide 38

*"*As you all know, scene safety is your first priority. Stay aware of your surroundings. Have an egress plan. Request appropriate backup before giving naloxone. Most patients wake up within 4 to 5 minutes after receiving naloxone, so you have time to reassess your situation before they wake up."

Key Points: **Scene safety comes first.**

Objective: **Common questions about naloxone**

Check for a pulse at the neck – Slide 39

"After giving naloxone and reassessing for scene safety, you want to feel for a pulse at the neck, at the carotid artery. Feel for the pulse on the same side of the neck as you are to the patient."

Key points: **Feel for a pulse at the carotid artery.**

Objective: **Symptoms and treatment of opiate overdose**

If teaching EMTs, click on the top button "If No Pulse, Start CPR, EMT *click here to learn about CPR."* This will take you to slide 84. If the hyperlinks do not work, scroll through to slide 84.

If teaching law enforcement, or a mix of students, click the lower button "If No Pulse, Start CPR, LE click here to learn about CPR." This will take you to slide 81. If the hyperlinks do not work, scroll through or jump ahead to slide 81.

Both sections cover the topics of CPR for Opiate and non-Opiate OD and providing ventilations for overdose patients.

CPR- EMTs

CPR for Opiate and Non-Opiate OD – Slide 84

"If you are unable to find a pulse, start CPR. As you should remember from your CPR training, you need to do 100 compressions per minute. You need to compress the chest at least 2 inches on an adult, or about 1/3 of their chest wall. Make to come all the way up and let the chest recoil completely before compressing again."

Key Points: If no pulse, begin CPR.

Objective: Symptoms and treatment of opiate overdose

What about Breaths? – Slide 85

"EMTs and other EMS providers should follow their training and protocols for providing ventilations. This should include high flow oxygen using a bag valve mask. Remember to provide 2 breaths for every 30 compressions."

Key point: Provide ventilations.

Objective: Symptoms and treatment of opiate overdose

Click the blue "Home" button to return to the main lecture on slide 40. If the hyperlink does not work, manually return to slide 40.

CPR- LEOs

CPR for Opiate and Non-Opiate OD

"If you are unable to find a pulse, start chest compressions. Complete 100 chest compressions per minute. Compress the chest at least 2 inches, or about 1/3 of the chest wall. Let the chest come all the way up before compressing again."

Key point: If no pulse, start CPR

Objective: Symptoms and treatment of opiate overdose

Why CPR?

"So why do we want to do CPR? CPR helps circulate the Narcan. Without CPR, Narcan may not be as effective in a patient without a pulse."

Key point: CPR helps circulate Narcan.

Objective: Symptoms and treatment of opiate overdose

Why CPR? – Slide 83

"CPR helps circulate Narcan. So what about breathing? The primary goal of providing Narcan to someone is for it to start working on their receptors. As law enforcement officers, you may or may not carry BVMs or CPR face masks. If you don't, you won't have the proper protection for providing mouth-to-mouth for someone. If these items are something you carry, follow your training for providing CPR."

Key point: CPR helps circulate Narcan.

Chest compressions are sufficient for CPR.

Objective: Symptoms and treatment of opiate overdose

Click the blue "Home" button to return to the main lecture on slide 40. If the hyperlink does not work, manually return to slide 40.

Request a Transport Resource- Slide 40

"If you are not a transport unit (ambulance), one of the first things you should do arriving on scene is to request a transport resource. We'll discuss the details of why, but naloxone wears off, causes withdrawal symptoms, and sometimes what you think might be an opiate overdose may actually be something else. "

Key point: Request a transport resource (ambulance).

Objective: Symptoms and treatment of opiate overdose

Naloxone vs. Opioid Duration: - Slide 41

"One of the reasons for you to request a transport resource quickly is because naloxone wears off. It has a relatively short duration compared to opioids. As you can see on the slide, the red line is naloxone. It lasts for about 90 minutes in the body. However, methadone lasts 8 hours, codeine, oxycodone, hydrocodone, and morphine all last for 4 hours, and fentanyl lasts for an hour. So depending on when and how much they used, there's a chance the naloxone will wear off before the opioid does. When that happens, the person goes back into an overdose. So, you need to get that patient to the hospital."

Key point: Opioids can last longer than naloxone in the body, which can put a person back into withdrawal once the naloxone wears off.

Objective: Symptoms and treatment of opiate overdose.

Symptoms of Opioid Withdrawal – Slide 42

"Another reason to have a transport resource on the way is because of withdrawal symptoms caused by naloxone. Naloxone will potentially throw a patient into immediate withdrawal depending on the level of their opioid dependence. Narcan reverses the depressive effects of opioids, resulting in the 'speeding up' of body functions. Withdrawal symptoms include: agitation, rapid heart rate, nausea, vomiting, and diarrhea. Opioids slowed the heart rate and GI function, and Narcan speeds it all back up. Pulmonary edema, or fluid buildup in the lungs, may be caused by the use of opioids, or by Narcan, we're not really sure, but it's a potential adverse reaction but is yet another reason, those receiving naloxone should be medically evaluated after. "

Key points: Opioid withdrawal symptoms most often include nausea, vomiting, and diarrhea.

Objective: Symptoms and treatment of opiate overdose

Mimics of Opioid Overdose – Slide 43

"Third, you want a transport resource because it might look and sound like an opioid overdose, but it might be something else. Some conditions that could mimic an overdose include: cardiac arrest, low blood sugar, head trauma, stroke, shock, or low oxygen. These are all conditions that could cause someone to be unresponsive, have an effect on their pupil dilation, or cause blue skin, all similar to how an overdose looks. You won't hurt someone suffering from any of these by giving them Narcan, but it's important you have an ambulance on the way so they can get checked out by a doctor and treated appropriately."

Key points: There are conditions that mimic overdose.

Objective: Symptoms and treatment of an opiate overdose.

Bottom Line…you need a Transport Resource – Slide 44

"Essentially, you need to make sure you have an ambulance on the way for the patient."

Where are we? You gave naloxone, now… - Slide 45

"So now that you've given naloxone, and you have an ambulance on the way, the next step is to place the patient into the recovery position."

Recovery Position – Slide 46

"The recovery position is just laying someone on their side. This protects their airway and prevents them from choking in case they vomit. To place someone on their side, put their top knee out to keep them from rolling over, and place their hands under their head."

Consider a second dose of Narcan – Slide 47

"Always consider giving a second dose of Narcan is the first dose does not work after 4 minutes. If the person is still not breathing, responding, or waking up after 4 minutes, give them a second dose, if you have it."

Key point: Provide 2nd dose if no response after 4 minutes

Objective: Symptoms and treatment of opiate overdose

Review – Slide 48

"To review, you first need to recognize that an opiate overdose has occurred. This is marked by a decreased level of consciousness, decreased or no breathing, and perhaps in an opioid setting, such as in the case of someone telling you that the patient overdosed. Try to arouse the patient using painful stimuli, such as a sternal rub. If the patient does not awaken, give Narcan and put them in a recovery position. Provide CPR as needed according to your level of training."

Key points: Give Narcan if signs and symptoms suggest an opioid overdose.

Objective: Symptoms and treatment of opiate overdose

FAQs

FAQ: Does Naloxone cause Addiction? – Slide 49

"Now that you know how and when to give naloxone, we're going to go over some frequently asked questions about naloxone, some myths and facts. We know that naloxone will not encourage further drug use. Naloxone puts people into withdrawal, and withdrawal is not fun. Getting naloxone is not fun. Police are definitely capable, and now equipped, to give naloxone. Naloxone does not prevent people from going to treatment or seeking help. In fact, when a person is given naloxone, it's actually the best time to go into treatment because they're may be experiencing withdrawal symptoms and be able to engage in medication assisted treatment at this time. "

Notes: "Narcan parties" are a myth. Users do not want to be "Narcaned" due to the unpleasant side effects.

Key points: Naloxone does not promote drug abuse and is easy to give by law enforcement.

Objective: Common questions about naloxone

FAQ: Fentanyl and Carfentanyl – Slide 50

"Fentanyl has been in the news a lot recently. We're finding it in pills and powders, sometimes labelled as something else like M30s or Xanax. Fentanyl and carfentanyl are powerful opiates. However, they will only make you sick if you inhale, ingest, or inject it. Simply getting fentanyl on your skin will not make you sick. If you get fentanyl on your skin, 1. You should have had gloves on, and 2. Just wash your hands with soap and the fentanyl will be washed away. Using liquid/alcohol based hand sanitizers will not wash away the drug and potential could increase

its absorption into the skin. . On this slide are pictures of fake M30s that are actually fentanyl pills, and then real fentanyl patches. If you come across a patient with fentanyl patches and they need naloxone, remove the fentanyl patches after giving them Narcan. If you leave the patches on, they will just continue to absorb the fentanyl. Remove the patch with a gloved hand and treat the patient normally."

Key points: Fentanyl won't make you sick by skin contact alone. It was be ingested, inhaled, or injected. Stay vigilant for fake pills and fentanyl patches.

Objective: Common questions about naloxone

Naloxone for Kids and Pregnant Women – Slide 51

"One question we get a lot is whether naloxone is safe for certain populations. Yes, Narcan is safe for kids. While the recommended dose is less for children, you can give them the full dose if the patient is unconscious and opioid overdose is expected. Remember that Narcan will not hurt someone. Narcan is also safe for pregnant women. While it may cause fetal distress for women who are far along in their pregnancy, it is best to take care of mom and let the doctors at the ER take care of her and monitor the baby. This is why it is especially important for pregnant women to get medical care after an overdose."

Key points: Naloxone is safe for kids and pregnant women.

Objective: Common questions about naloxone

FAQ: What Does It Look Like When Someone Wakes Up After Naloxone? - Slide 52

"We've covered this a bit already, but naloxone reverses the effects of opioids. Meaning, the respiratory drive will return. You'll see the person starts breathing again. Their skin tone will improve, maybe from blue to pink. They'll become more alert and aware. "

Key points: A person coming out of an overdose will breathe normally and return back to "normal."

Objective: Common questions about naloxone

What if a victim wants to refuse transport? –Slide 53

"This is another question that is frequently asked - what if the person comes out of the overdose and refuses further treatment. Can you force someone to get medical help? No. Patients who are alert, oriented, and with decision making capacity can make their own decisions regarding the care they receive. That means as long as they understand the risks of refusing medical treatment, they have the right to refuse further medical treatment. Law enforcement has their own policies and guidelines they follow and have available to them, but EMS generally cannot force someone to get medical treatment.

Key points: A person capable of making their own decisions can refuse further medical treatment.

Objective: Common questions about naloxone.

FAQ: How Should Naloxone be Stored? – Slide 54

"Naloxone should be stored in an environment that is not typically found in Arizona. The manufacturer calls for Narcan to be stored at about room temperature, which we understand probably won't happen too often if you're out patrolling. The best way agencies in Arizona have found to store Narcan is on their person. Some agencies have specific pockets for where they each keep their Narcan. Tucson PD has sent their hot Narcan back to the manufacturer for testing, and they found that there was very little deterioration of the drug. There is a ton of Narcan in each vial of Narcan, so minor deterioration will be ok and should not make the drug totally ineffective. Narcan has a 2 year shelf life. Once you have used your Narcan, or once it has expired, you'll need to request a replacement from DHS or another entity. You cannot exchange with the fire department and get new Narcan from them.

Key points: Keep Narcan stored as cool as possible.

Objective: Common questions about naloxone

Documentation – Slide 55

For this section, consider minimizing the PowerPoint and displaying web pages, if internet is available.

"When you use Narcan, you will need to document it. EMS providers will do this on their patient care report (PCR). Law enforcement will need to submit a report to the state. This

report form can be best accessed on the ADHS website. To find this site, it's best to Google search "ADHS opioids" and select the first search result "Opioid Epidemic- Home- ADHS." From that page, scroll down and select "Law Enforcement & EMS" under the gavel logo. This page has lots of information for law enforcement and EMS agencies, including this PowerPoint and policy examples. It also has the reporting form you'll need to report the use of Narcan. Under "Reporting Resources" select the "Suspected Opioid Overdose Paper Reporting Form for Field Collection." This will open a PDF form that you can download or print for future use. Some agencies have 1 central person submit all the reports for that agency, others have each officer submit their own reports. You'll have to discuss with your agency what you will be doing. "

Notes: The administration of Narcan needs to be reported only once. Meaning, it may be easier for an EMS agency to report both law enforcement and EMS' use of Narcan on AZPIERS, since law enforcement does not use AZPIERS.

Key point: Narcan administration must be reported, either through AZPIERS, PCRs, or the paper form.

Objective: Documentation

ADHS BEMS Data Collection Tool – Slide 56

"For agencies with access to the online reporting tool, this is what that tool looks like. It asks the same questions as the paper form, including how many doses were administered, why you believe it was an opioid overdose, and patient disposition."

Key point: The online reporting tool and paper form ask for the same data.

Objective: Documentation

Arizona Opioid Assistance & Referral Line (Arizona OAR Line) – Slide 57

"In your packets/in the back of the room are OAR line cards. The OAR line is available for everyone in Arizona to use. It is a free hotline staffed by physicians and nurses who can answer any question who may have about opioids, including how to administer Narcan, what to do if you're exposed to fentanyl, how to dispose of opioids, where to find recovery or rehab centers, and laws concerning opioids. They will not only provide you with recovery resources, but they will also follow up with the patient to ensure they were able to get an appointment, attend the appointment, and/or find a bed in a recovery center. If they are unable to find a bed or keep their appointment, they will work with the patient to determine why that is and help them find

resources to overcome that barrier, such as transportation. This service is available to community members, law enforcement, EMS, healthcare providers, anyone in the community."

Key point: The Arizona OAR line is available to anyone who has questions about opioids.

Objective: Common questions about naloxone.

Any Questions – Slide 58

"Does anyone have any questions?"

Notes: Common questions include:

"Can I be sued for giving/not giving Narcan? Can something bad happen if I give it to someone not overdosing?"

No, remember the statutes we went over in the beginning say that you cannot be held liable criminally, civilly, or professionally, for giving Narcan to someone you think is overdosing. There are no adverse effects to giving Narcan to someone who is not actually overdosing. It won't help them, but it also won't hurt them.

"How do I get Narcan?"

Talk with the person in charge of Narcan ordering and distribution at your agency. They will order and provide Narcan for you. If you are the person in charge, you may contact the AZ Center for Rural Health and/or Department of Health Services to place a request. To contact the Center for Rural Health, email endtheepidemic@email.arizona.edu.

Thank you – slide 59

At the end of the presentation, ask students to complete the post-test, demographic and evaluation surveys. Collect these forms, as well as the sign in sheet to turn into AzCRH staff.

Contact AzCRH staff to turn in paperwork or with any questions at endtheepidemic@email.arizona.edu or 520-626-6457

Appendix

Traditional Intranasal Naloxone, Slides 66-72

If possible, have a demonstration device available as an aid during the presentation.

Traditional Intranasal Naloxone – Slide 66

"If your agency is using a traditional intranasal naloxone device, we will be covering how to use the mucosal atomizer device (MAD)."

Intranasal Dose with Mucosal Atomizer – Slide 67 – 72

Each step is more closely illustrated on each slide.

"The graphic here shows how to assemble the atomizer device. First, remove the yellow caps from the syringe. Remove the caps on both ends of the syringe. Next, remove the red cap from the naloxone vial. Grip the clear plastic wings on the foam-material atomizer device (the part that goes into their nose), screw on the winged nose piece to the syringe. Next, insert the naloxone vial into the syringe and turn it tight. Insert the foam tip into the patient's nose. Give a short, vigorous push on the end of the vial capsule to push the medicine into the nose. Give **one half** a vial into each nostril. Give one half into the right nostril, then one half into the left nostril.

Once instruction on the MAD is complete, click the blue home button on the bottom of the screen on slide 72 to return to your presentation. If the hyperlink does not work, manually return to your presentation.

Naloxone Auto-Injector (IM) – Slides 73 – 78

If possible, have a demonstration or training device available as an aid during the presentation.

Naloxone Auto-Injector (IM) – Slide 73

"The naloxone auto-injector is much like an epi-pen. It is an intramuscular device that injects medication into muscle tissue. A picture of the device is shown here. The device will begin talking to you and will start giving instructions once you remove the outer case. The viewing windows are to see if the device has been used or not.

Slide 74

"To use the auto-injector, remove the outer case and red safety guard at the base of the unit. You may have to pull firmly to remove the guard. Once the guard is removed, do not touch the black base of the device. This is where the needle comes out. Do not try to replace the red cap once it is removed. Place the black base on the outer aspect of the patient's thigh. There is no need to remove clothing as the needle will penetrate any clothing, like jeans, that may be present. Press firmly, like you would an epi-pen, and hold it there for 5 seconds. 5 seconds can seem like a long time in an emergency, so count out loud."

Slide 75

"When pressed against the thigh, you should hear a click and hiss sound. This is a good sound, as it means the medication is being delivered to the patient. When you hear this click and hiss, start counting to 5. The needle will retract after injecting the medication and will not be visible after use."

Slide 76

"These pictures illustrate how to remove the red safety guard and where to place the auto-injector on the patient's thigh."

Slide 77

"Once the auto-injector has been used, it cannot be reused. There is no more medication in it. Do not put the safety guard back on, the needle is retracted back into the device. Just put it in back into the outer case and dispose of the auto-injector like you would any other needle and into a sharps container. If you are law enforcement, ask EMS to dispose of your sharps for you."

Slide 78

"So you come across an auto-injector and you need to know if it's been used or not. If it was used, there will be a few indicators. First, the black base will lock. The voice instructions on the device will audibly tell you it has been used. The LED link will blink red, and the red safety guard will not be able to be replaced back on the unit. If all of this wasn't enough, the viewing window will display a red indicator."

Click the blue "Home" button on the bottom of the slide to return to the presentation. If the link does not work, manually return to slide 31.