

# OPIOID OVERDOSE PREVENTION

## NYPD NALOXONE TRAINING PROGRAM



# **OPIOID OVERDOSE PREVENTION: OVERDOSE RESPONDER PLAN**

## **MODULE #1**

## **USE OF INTRANASAL NALOXONE**

**Instructor Guide**



# OPIOID OVERDOSE PREVENTION

## Module Number 1: OVERDOSE RESPONDER PLAN



### MODULE # 1 SYNOPSIS

**Date Prepared:** 10/10/2013

**Date Reviewed:** 04/11/14

**Prepared By:** Sgt. Walsh, Advanced Training Unit

**Reviewed/Approved By:** Sgt. Mahaan Chandu, Advanced Training Unit

This module will provide the participant with a working knowledge of administering intranasal naloxone to an overdose victim.

**Method of Instruction:** Lecture / discussion / demonstration/ practical exercise

**Time Allocated:** 20 Minutes

**Training Need:** To train UMOS in the administration intranasal naloxone to a suspected drug overdose victim.

**Terminal Learning Objective:** At the completion of this module, participants will understand how to recognize a drug overdose and how to treat, at the scene, an overdose victim, including administering intranasal naloxone.

#### **Learning Outcomes:**

1. List four risk factor for overdosing
2. Recognize three signs of an overdose
3. Perform techniques to stimulate someone who appears to have overdosed
4. Perform CPR
5. Correctly administer naloxone
6. Report use of Naloxone on Department forms

**Required Reading:** Operations Order 49-13, Pilot Program- Use of Naloxone on Persons Suspected to Have Overdosed on Opioid Drugs- 120<sup>th</sup> Precinct  
Patrol Guide Procedure 216-19: Public Access Defibrillator Program

#### **Instructional Resources Required:**

- PowerPoint projector
- Computer with monitor
- Classroom seating /demonstration area/practice area
- Practice kits for naloxone administration

#### **Evaluation Strategies:**

- Observation of the level and quality of classroom participation.
- Observation and evaluation of module learning outcomes as applied to classroom exercise.

#### **References:**

NYSDOH OPIOID OVERDOSE PREVENTION “Guidelines for Training Responders”  
INTRANASAL.NET, “Intranasal Naloxone for acute opiate overdose: Reducing needle stick, improving time to medication delivery.”



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### INTRODUCTION

Opioid overdose has become a serious public health issue. In New York City, overdose is the leading cause of injury death. In 2012, there were 677 overdose deaths in NYC. Such deaths are often preventable, as long as a witness to the overdose is knowledgeable to the signs and symptoms and knows how to respond appropriately.

On April 1, 2006, a new public health law went into effect, making it legal in N.Y. state for non-medical persons who have successfully participated in an Opioid Overdose Prevention Program training to administer any opioid antagonist (naloxone, also known as Narcan) to another individual to prevent an opioid/heroin overdose from becoming fatal.

### WHY NALOXONE?

- Opioid overdoses kill more people in Staten Island than any other Borough.
- Naloxone reverses the potentially fatal effects of opioids on the nervous system.
- Anyone with access to opioid pain medication, including children may be at risk of an accidental overdose.

### NALOXONE SAVES LIVES

#### **Instructor Notes:**

An opioid overdose victim can be anyone. Police officers and firefighters are often prescribed pain killers for serious injuries. It's very easy to take these dangerous drugs in dangerous amounts. Children are curious and may swallow enough pills to cause an overdose. The habitual 'junkie' is not always the victim of an overdose.



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### Drug poisoning is now the leading cause of injury death

**Learning Outcome #1**  
*Risk Factors for Overdose*

- In NYC, drug overdose is the third leading cause of premature death, after cancer and heart disease
- Almost 2 people die of a drug overdose in NYC every day

#### Learning Outcomes

1. List four risk factor for overdosing
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### Opioid overdose physiology

**Learning Outcome #1**  
*Risk Factors for Overdose*

- Opioids repress the urge to breath, leading to respiratory depression and death  
*Slow breathing → Breathing stops → Heart stops → Circulation of blood to the brain stops*
- Generally happens over course of 1-3 hours. The stereotype “needle in the arm” death only occurs in about 15% of overdose deaths.

#### Overdose overview:

Overdose as a cause of death is preventable because a majority of the time it usually:

- Happens to experienced user
- Happens over a 1-2 hours, not instantly
- Is frequently witnessed by other users or by other people who can take life-saving actions; and
- Can be treated effectively with naloxone(Narcan)

#### Instructor Notes:



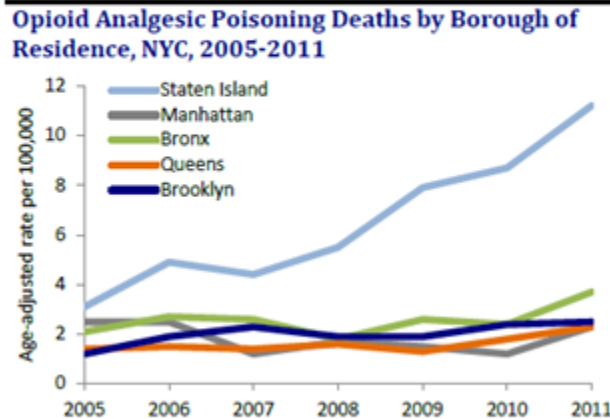
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### WHY STATEN ISLAND?

Opioid overdose death rate is **4 TIMES HIGHER** on Staten Island than elsewhere in NYC



Source: NYC Office of the Chief Medical Examiner & NYC DOHMH Bureau of Vital Statistics, 2005-2011

**Learning Outcome #1**  
Risk Factors for Overdose

What drugs are considered opioids?

Opioids include:

- Heroin, morphine, codeine, methadone, prescription narcotics such as oxycodone (Oxycontin, Percodan, Percocet), hydrocodone (Vicodin), fentanyl (Duragesic), and hydromorphone (Dilaudid). Naloxone can reverse overdose caused by any of these opioids.
- Naloxone **does not** work:
  - Non-opioid sedating drugs: alcohol, benzodiazepines (e.g., Valium, Xanax, Clonopin), Clonidine, Elavil, GHB, Ketamin; nor for
  - Stimulants: cocaine, amphetamines (including methamphetamine and Ecstasy)
- Naloxone will often work when a person overdoses on a mixture of substances, and one of the substances is an opioid. When you are not sure what substances the person overdosed on, using naloxone is advised. It is safe. If the person did not use any opioids, it won't do any harm.



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Risk of overdose increases when more than one drug is used at the same time



- Alcohol
- Benzodiazepines, i.e. Xanax, Klonopin
- Antidepressants
- Cocaine

**Learning Outcome #1**  
*Risk Factors for Overdose*

### Risk Factors for Overdose:

- **Loss of tolerance:** Regular use of opioids leads to a greater tolerance, i.e. more is needed to achieve the same effect(same high) Overdoses occur when people start using again following a period of not using(**abstinence**) such as incarceration, detox or a “drug free’ drug treatment.
- **Mixing Drugs or Polydrug Use:** Mixing opioids with other drugs, especially depressants such as benzodiazepines (Xanax, Clonopin) or alcohol can lead to an overdose. These combined drugs are “synergistic”, meaning the combined effect is greater than the effect would be if they were taken separately. Note: Cocaine is a stimulant but in high doses can also depress the urge to breathe, so it too can be particularly risky when combined with opiates.

Instructor Notes:



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- **Variations in strength of ‘street’ drugs:** Street drugs will vary in strength and effect based on the purity of heroin (or other opioid) and the amount of other ingredients used to cut the drug. Users should use small amounts of new batches or inject slowly so they can get a feel for the quality/ strength of the drug(s).
- **Serious Illness:** If a user has a serious illness, including HIV/AIDS, liver disease, diabetes and/or heart disease, they are at greater risk of an overdose. Care should be taken by the user to check the strength of the drug, avoid mixing drugs and/or using alone.

Using drugs **alone** is also a risk factor for overdose death. There is a particularly high risk of overdose death because there is no one present to initiate rescue measures.

Instructor Notes:





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### Signs of an opioid overdose

**Learning Outcome #2**  
*Signs of Overdose*

- Slow breathing or difficulty breathing
- Loud snoring
- Blue or grey lips, nail beds
- Unresponsive

#### Signs of an Overdose:

An overdose is more likely to occur 1-2 hours after using an opioid rather than right after using. After individuals use opioids/heroin, they should check in regularly with each other to make sure that they are responsive and not slipping into an overdose.

#### Signs of an overdose include:

- Slowed or shallow breathing
- Bluish lips and nail beds resulting from a lack of oxygen
- Heavy nod, not responsive to stimulation-  
IMMEDIATE Action must be taken



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### RESPONDING TO AN OVERDOSE

- Ensure EMS Response
- Check Responsiveness
  - Shoulder Tap
  - Shoulder Shake
  - Sternum Rub
- Check for Breathing
  - Look for chest movement
  - Listen for exhale
  - Feel for air exchange

**Learning Outcome #3**  
*Techniques to Stimulate Overdosed Patient*

#### **Techniques to stimulate someone who has overdosed:**

- Yell the person's name
- Shake the person
- Do a sternal rub. To do this, make a fist and rub the sternum (also known as the breastbone) with your knuckles in the center of the person's chest and apply pressure while rubbing. If a person does not respond after 15-30 seconds of doing this, the situation requires immediate attention.

**Instructor Notes:**



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### ADMINISTER CPR IF NECESSARY

- Check For Pulse: (If no pulse and NOT Breathing)
- Administer 30 Chest Compressions
- Open The Airway
- Apply AED as Necessary



**Learning Outcome #4**  
CPR

#### Check breathing and response:

- Check breathing and response.
- If a person is not breathing and does not have a pulse, the responder should perform Cardio-Pulmonary Resuscitation (CPR) and apply an Automated External Defibrillator (AED), as necessary, then administer the naloxone.
- If a person is breathing but not responsive, then the responder should administer naloxone first.

#### Instructor Notes:

Perform CPR in accordance with Department guidelines and training.



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### Administer Naloxone

- **Assemble** your naloxone dose.
- **Tilt** victim's head back.
- **Spray** half of the vial up nostril. Spray the remainder of the vial up the other nostril. *Spray until all of the liquid has been expelled.*
- If no response in 2-5 minutes, **administer the 2<sup>nd</sup> naloxone vial.**



**Learning Outcome #5**  
Administer Naloxone

#### Administer Naloxone:

- Affix the nasal atomizer (applicator) to the needleless syringe and then assemble the glass cartridge of naloxone.
- Place atomizer within the nostril and tilt head back.
- Briskly compress the syringe to administer 1 ml of atomized spray (half the dose).
- Remove and repeat in the other nostril, so all 2 ml of medication are administered.
- Perform rescue breathing while waiting for the naloxone to take effect.

#### Instructor Notes:



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If there is no change within 3-5 minutes, administer another dose and continue to breathe for them. If second dose doesn't revive them, something else is wrong. It has either been too long and the heart has stopped beating, there are no opioids in their system or the opioids are unusually strong and require more naloxone. Another option now can include injectable naloxone, which requires the presence of EMS.

**Instructor Notes:**



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### Recovery Position

If you must leave the victim even for a few minutes, put them into the recovery position so they won't choke on vomit

**Learning Outcome #5**  
Administer Naloxone



#### After administering Naloxone:

- Stay with the overdose survivor and provide reassurance that the drug withdrawal symptoms will decrease in about an hour. Tell them more drugs (opioids) should not be used now.
- Inform EMS of what happened and how much naloxone was used.
- Encourage the survivor to go to the hospital
- Dispose of the used naloxone device in a trash receptacle
- Report your overdose experience on the Aided Report Worksheet or the Medical Treatment of Prisoner Form; include the where, when, how many doses of naloxone given
- Get a naloxone replacement kit as per the naloxone operations order.



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### REPORTING REQUIREMENTS

**Learning Outcome #6**  
*Reporting Requirements*

- Report use of Naloxone
  - **Aided Report Worksheet** (PD 304-152b) in non-arrest situations or
  - **Medical Treatment of Prisoner Form** (PD 244-150) in arrest situations
  - Submit reports to Desk Officer
- NOTE: Include location, type of substances used if known, condition of aided, if CPR was administered and if victim survived.
- Fax reports to OMAP: **646-610-8369**. OMAP is responsible for forwarding reports to DOHMH.

#### Interactive summary:

Due to the increasing number of opioid overdoses, making naloxone available to lay people will help reduce the risk of overdose death in a drug user. The NYPD Pilot program will place this life saving drug in the hands of first responder who are trained to recognize they symptoms of overdose and will be able to administer the drug and potentially save a life.

Review the Learning Outcomes:

1. List four risk factor for overdosing
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