

## DOPE Project / San Francisco Department of Public Health

### Overdose Rescue / Naloxone Training

**This is a basic format. Every training is different. Feel free to improvise.**

*Timing:* 70 minutes, in 2 sections, including 5 minute break

*Materials Required:*

- ⇒ Take home naloxone kit, with demonstration injection-systems for each participant
- ⇒ Demonstration face-mask
- ⇒ 1 Saline or Naloxone demo, for facilitators
- ⇒ Markers, postable blank flip charts
- ⇒ Pre-made graphic flip charts of definition, risk factors, signs, rescue stages, 911-call “tips”
- ⇒ Resuscitation dummies
- ⇒ Thick (1.5-2”) sponges for IM simulation padding
- ⇒ Injection supplies: latex-gloves, alcohol pads
- ⇒ Biohazard bucket / Sharps container
- ⇒ Oranges (optional)

#### Introductions

FACILITATORS: Introduce yourselves and briefly describe where you come from, why you are here personally doing this OD prevention training. Remember to acknowledge that we are not experts, and if you don’t know the answer to a question, to say so. Offer to find the information and get back to the person after the training. Keep a blank flip-chart titled “QUESTIONS” up on the wall to write these as they come up.

Q: “Say your name, what you would like to learn, and why you want to carry Narcan.”

#### Section one: Prevention and Recognition of Overdose

~30 minutes

##### Ground rules (Optional)

< 5 minutes

Q: “What do you think the groundrules should be for this training?”

List responses on flipchart. Make sure to include confidentiality, respect, one person speaking at a time, etc. Ask participants to be responsible for their own “alertness,” that is, to stand up if they feel themselves nodding off, ask their neighbor to nudge them, etc.

##### What is an overdose?

~5 minutes

Q: “What is an overdose?” Repeat responses back and then clarify, referring to flipchart:

“An overdose happens when a toxic amount of a drug, or a combination of drugs, overwhelms the body and causes it to shut down. With downers like heroin, alcohol and

pills, breathing slows and stops, and then eventually the heart stops. With stimulants, the heart speeds up, the body temperature rises, and the person can go into seizures, have a heart attack or a stroke. No matter what, if someone dies of a heroin overdose it's because they stopped breathing."

"Today you will learn how to save someone's life. Your job if you see someone overdose is going to be to breathe for them, either while the paramedics or on their way, or until the Narcan that you just gave them kicks in. With a stimulant overdose, all you can really do is call 911, and if the person is having seizures, protect their head (there is no need to put a spoon in their mouth. It is NOT possible for someone to swallow their own tongue!)"

**Why does an overdose happen and how can it be prevented? ~10 minutes**

"Now let's talk about why overdose happens. Generally we break it down into these categories: Mixing, Tolerance, Quality & Using Alone."

Lead discussion and then reveal flipchart as drawn below. Pre-written flipcharts save time. Solicit responses regarding risks, and then brainstorm prevention strategies within each category.

RISKS	PREVENTION
<u>MIXING</u> Uppers Downers ↑speed ↓ alcohol ↑cocaine ↓ heroin ↑ecstasy ↓ pills  Upper/Downer Combinations (Heroin & cocaine)	* Use one drug at a time. * Don't mix alcohol with heroin/pills.
<u>TOLERANCE</u> * Exiting jail/detox esp. methadone * Being sick/hospital * New environment	* Use less after getting out of jail, hospital, detox or when sick
<u>QUALITY</u> * Unpredictable	* Tester shots * Release the tourniquet
<u>USING ALONE</u> * Cannot be found. * Behind closed, locked door. * SRO hotel room.	* Fix with a friend * Leave door unlocked * Call a friend

**MIXING:**

Q: "What are some of the drugs that people use?"

List in two categories, as uppers or downers. Explain the effect that comes with mixing similar drugs, drawing arrows next to an example of each drug.

"One drug takes you down to here, another to here, and the last one makes you hit the floor. This is especially true for mixing alcohol with heroin & pills. Same goes for mixing uppers like speed, cocaine & ecstasy. Together they can speed your heart up & cause a heart attack."

Q: "What drugs are commonly used *together*?" heroin & cocaine (speedball), heroin & speed (goofball).

"People often think that if you use an upper and a downer together that they will cancel each other out but this is not the case. Mixing heroin with cocaine actually increases the likelihood that someone will overdose."

**TOLERANCE:** "Tolerance is your body's ability to process a drug. Tolerance changes over time so that you need more of a drug to get high. But tolerance can lower quickly."

Q: "What are some examples of times that someone's tolerance would change?"

A: “People’s tolerance goes down after getting out of jail, the hospital or treatment. People coming out of jail are 7 times more likely to overdose in the first two weeks after getting out of jail.”

**QUALITY:** “Because drugs like heroin, speed and cocaine are illegal, their strength is unregulated and unpredictable. One day you may get a weak batch, the next day one twice as strong.”

Q: “What could you do to test the strength of a new batch?” (Show list.)

**Recognizing the signs of an overdose ~10 minutes**

“Now that we know why overdose happens, let’s talk about what it looks like. First of all though, let’s talk about what it looks like when someone is really high.”

Q: “What does it look like when someone is high on heroin?” (Reflect back responses).

Q: “Now what would be a warning sign to you that someone might be overdosing? Who here has seen an overdose? What did it look like?” (Reflect responses, refer to flipchart).

“Heroin overdoses often happen slowly, over the course of several hours. If someone seems super high but is still awake and able to walk you want to get them up, walk them around, and keep them talking to you. This may be enough to keep them from going into a full-scale OD. If they do become unconscious then you’ll need to respond right away.”

SIGNS OF OVERDOSE	
OVERDOSE STAGE	
(Signs of High, Heavy Nod)	
➤	Speech slow or slurred
➤	Muscles become slack, difficulty holding ‘self up
➤	Sleepy / nodded, but still responsive
<i>“the line”</i> UNRESPONSIVE	
(Signs of Overdose)	
➤	Unresponsiveness (shouting, pain won’t work)
➤	Unconsciousness
➤	Breathing very slowly or shallowly (Under 12 breaths per minute)
➤	Pale, clammy skin, loss of color
➤	Blue or gray face, especially around the lips or fingernails (caused by lack of oxygen)
➤	Loud, uneven snoring or gurgling noises
➤	Not breathing
Faint or no pulse	

So far we’ve talked about what an overdose is, why it happens, and what it looks like. Now let’s take a break and then practice what to do if we see someone OD.

**Break 5 minutes**

## Section Two: Overdose Rescue and Naloxone Use

30 minutes

During the break, put up pre-prepared flipcharts of response stages. Assemble dummies and prepare practice stations with a dummy and kit available for each participant.

### Rescue Training

20 minutes

Have each participant sit next to a dummy and pick a name for it. They can also pick a partner to practice with. Talk participants through the process, doing each step as a group.

### Assessment

~5 minutes

“Here’s the scene. You come across someone you’ve seen around before. They were nodding last time you passed them, this time they are passed out. To tell if he is overdosing, the first thing I need to do is try and get a response.

- 1) **STIMULATION:** Check for responsiveness. Start by kicking the foot and yelling “Are you okay?”
- 2) They don’t respond. **Step closer and yell**, “Narcan” or, “I’m calling the cops.” (If this works, get them up and keep them moving, talking and awake. Keep an eye on them for the next several hours.)
- 3) When noise doesn’t work, the next thing you want to do is try **pain**. This does not mean kicking the person in the crotch or putting ice down their pants. What the paramedics do works just fine. Now, everyone make a fist” (Facilitator holds fist out) “this part of your fist (made of middle joints of the fingers, not the knuckles), you use to rake hard across the person’s sternum, or breastbone. Sometimes this is enough to wake a person up. Now try a **sternum rub**.
- 4) **Check for breathing.** “Now, we’ve tried noise, and we’ve tried pain, and our friend here is still not waking up. This is when we know something is definitely wrong. The next thing you want to do is assess whether the person is breathing. An unconscious person’s tongue muscle may be so relaxed that it flops over and blocks their airway. Everyone tuck your chin and look down. (Facilitator demonstrates). Now try to breathe. Look up, now try again. See what a difference it makes? Sometimes just opening the airway is enough to get someone to start breathing again.
- 5) **AIRWAY: To open the airway, use the head tilt chin-lift.** Pressing with one hand on their forehead, and the other lifting under their chin, tilt the head back to open the airway. The next thing we want to do is **look, listen and feel** to see whether they’re breathing. To do this, put your ear above their mouth and LOOK with your eyes towards the chest to see if it is rising and falling, LISTEN with your

ear to hear, and FEEL with your cheek if any breath is coming out. Do this for ten seconds.

- 6) So I've opened the airway, and checked for ten seconds but this person is not breathing. Next I need to tilt the head back again, pinch their nose shut, form a seal with my mouth and give the person **two breaths**, watching the chest rise as the breaths go in.
- 7) **Check for a pulse** (practice on dummy and each other. Circulate and check.) -Slide first 2 fingers (not the thumb because it has its own pulse!) from the Adam's Apple two inches over and into the carotid groove. Count for approximately 10 seconds. A person needs 10-12 heartbeats minimum in this time, or 72 beats per minute to stay alive. Less than six beats in this time would be a warning sign. Studies have found that in an emergency situation, people often get it wrong when they check for a pulse. If are panicked or high and are not sure, err on the side of caution. Do not pump on someone's chest unless you know CPR and are sure that they need it.
- 8) **Recovery Position.** Here you have the option of calling 911 and/or just getting the Narcan if you have it. Either way, you have to act quickly. But before you leave the person for any reason, you have to put the person on their side in the recovery position, so that if they vomit, they will not choke.

"To put him in the recovery position, I need to first lift his left arm above his head, and then lift his right leg up at the knee. Last I put his right hand on his left shoulder. This way, even if he is really big, I can roll him over by pushing at the hip and shoulder without having to muscle it. (Demonstrate). In this position, his airway is open, he's balanced on his side, and if he vomits he won't choke.

### **Police & Calling 911**

**~5 minutes**

- 9) **CALL FOR HELP** Now that you've put them on their side, it is time to call 911.

"Even if you have Narcan, you don't know if they are also overdosing on alcohol, pills or other drugs. If they don't come back after a shot of Narcan or rescue breathing, the paramedics will be there to take over. If the person does come back, you can both just get up and walk away before the paramedics get there. If it's an upper overdose and they have suffered a heart attack or stroke, all you can do is make sure they get medical attention as soon as possible."

A lot of people feel afraid to call 911 because they think they will get arrested. When you call 9-1-1 the cops might come but if they do, it is ONLY to backup the paramedics. In San Francisco, the police see overdose as a medical emergency, and are not there to arrest anyone. (This may be different elsewhere.) They will try to make sure the person goes with the paramedics to the Emergency Room for observation so anyone wanting to avoid trouble is best off just cooperating with the paramedics. Saying that, you probably don't want to have piles of drugs lying around when the police get there, so you can use the time before they arrive to stash any drugs, IDs or paraphernalia that are lying around.

There also things you can do when you call to reduce the likelihood that the police will come at all.”

“When you call, stay calm. Try to quiet down anyone that’s in the background. All you need to tell them is where you are, and that someone is unresponsive and NOT BREATHING. You do not have to mention anything about a drug overdose. If someone is not breathing this puts the call to the top of the priority list so that the paramedics will come right away. If you are far from a phone, send someone else to call while you stay with the person. Make sure the person that goes to call knows the address and what to say. If you are alone and have to go call, make sure to explain where the person can be found.”

Hand imaginary phone to a participant to practice, “My friend is overdosing. Call 911”

“When the paramedics arrive, tell them that the person has OD’d on heroin. They don’t care if something illegal has happened, they are in the business of saving lives. The sooner they know that it’s an OD, the sooner your friend will receive naloxone (if you haven’t been able to hit them), which the paramedics always bring on their ambulance. Also tell them if other substances have been taken, if you know, like pills or alcohol. The cops in San Francisco know about this program and cannot arrest you or take your Narcan if you have a prescription.”

### **Oxygen & Narcan**

**~10 minutes**

“Okay, the paramedics are on their way. While we wait let me ask you a question.”

Q: “How long do you think it takes the brain to start to die without oxygen?”

A: (“5-6 minutes”)

Q: “How long does it take for an ambulance to arrive in your neighborhood?”

A: (Often up to 10 minutes, sometimes more.)

“Do the math: something needs to happen when someone stops breathing to prevent brain damage before the ambulance arrives, like naloxone administration and/or rescue breathing.”

Q: Like we said before, if someone dies, it’s because they stopped breathing. So does putting someone in a bathtub full of ice make them breathe? What about shooting them up with salt water? Speed? Milk?

A: Right. The ONLY things that will help the person are Narcan and rescue breathing. An unconscious person in a bathtub could drown. (Besides, how long does it take to fill a bathtub with ice?) All of this just wastes precious time if not making the person worse.

Narcan is a drug normally given by the paramedics that temporarily blocks the opiates that are telling their brain not to breathe. It will wake the person up in a few minutes. If they are strung out, they will wake up dopesick and mad but alive. If not, they will feel okay. Narcan has no other effects on the body other than blocking opiates.

- 10) If you have it, **get your Narcan and come back to the person.** (If you don't, skip straight to rescue breathing and wait for the paramedics to arrive.) For now we are going to use practice vials that have saline instead of Narcan. After the training you will get kits that include: two boxes of naloxone, (yellow capped syringe and purple capped vial), an alcohol pad, gloves, and a rescue breathing barrier device.
- a) **Pick the injection site** on the upper arm (deltoid-first choice), upper buttocks, close to the hip (gluteus- second choice), or the quadriceps (upper thigh).
  - b) **Clean it** with an alcohol wipe.
  - c) **Take a deep breath** for a second to calm down and focus.
  - d) **Take the purple cap off** the vial and **rotate the vial into the barrel** 1 ½ times or until you begin to feel resistance. Don't push too hard or the Narcan will spill out.
  - e) **Pull the yellow cap off** the **back** of the syringe.
  - f) For the purposes of practicing, put a yellow **sponge** against the person's arm, or pick up an orange and inject it into that if you prefer.
  - g) **Draw the skin tight** with thumb and forefinger, pull the yellow cap off the point of the syringe, then use a dart-motion at a 90-degree angle to **insert the syringe**, and **depress the plunger** fully. This is half the standard dose that paramedics use so that the withdrawal will be less severe.
  - h) **Check for breathing.** We've tried to wake the person up with noise/pain, called 911 and administered Narcan. Now we have to breathe for them until the Narcan kicks in. As long as they have a pulse they should start breathing on their own in a couple of minutes. The slower their circulation, the longer it will take the naloxone to travel to the brain and long it will take to reverse the overdose and get them breathing

<b>Rescue Breathing</b>	<b>5 minutes</b>
-------------------------	------------------

11) **Rescue Breathing:**

One breath every five seconds (count out loud, "One-one-thousand...Two-one-thousand...Three-one-thousand...Four-one-thousand...BREATHE." (Do for one min.)

- 12) If you are worried about touching your mouth to theirs, you can use your shirt or theirs (as long as you can breathe through it), punch a hole in a paper coffee cup or a **rescue breathing barrier device** if you have it. The truth is you cannot get HIV or tuberculosis this way and you could very well save a life. The choice is yours but just know that even if you are afraid of touching someone's mouth, you have options to protect you. (Open and demonstrate sample of barrier device.)

**13) Re-check for breathing.**

14) Re-check **pulse**. Pulse present, no breathing, continue rescue breathing until paramedics arrive or the Narcan kicks in.

15) If you don't think the Narcan is working give them the **second dose**.

16) When you're done, dispose of your syringe in the red biohazard bucket here, or when you're on your own use the slot in your black fitpacks for **syringe disposal**.

**Elicit feedback** from the group about any difficulties with the assembly or use of the syringes, any issues that came up for them using the kit.

After Naloxone

5 minutes

- 1) The person who receives naloxone will wake up and will not remember overdosing or receiving the naloxone.
- 2) You will need to stay with anyone you give naloxone to and explain that:
  - a. They were overdosing and received naloxone to save their life.
  - b. If they are feeling withdrawal symptoms, they will feel better soon. The naloxone will start wearing off in 20-30 minutes and they will start feeling better. Within an hour or two the effects will be gone
  - c. Once the naloxone wears off, they may overdose again, especially if they do more dope to try to fix the withdrawal symptoms. If they do another shot it will be wasted. They cannot out-shoot the naloxone. They just have to wait.
- 3) It is *very* important to stay with the person to make sure they don't use more heroin or overdose again when the naloxone wears off, a minimum of two hours, if 911 is not called.
- 4) You should still call 911 after giving naloxone for 2 main reasons:
  - a) To keep the person from overdosing when the naloxone wears off.
  - b) If we can't be 100% sure, the overdose was from opiates alone. Narcan has no effect on overdoses from alcohol, speed, cocaine, or pills.
  - c) Because there is a small chance of dangerous side effects to the naloxone, including seizures and fluid build-up in the lungs that can cause respiratory distress and/or pneumonia.

**The Law**

Naloxone/Narcan is not a controlled substance. It is a, however, a prescription drug. As long as you keep the box, where your prescription will be written on a sticker label, and your prescription card, the police do not have the right to take this from you. If you don't have a prescription, they might take it from you and cite you with charges that will most likely be thrown out.



## Creating an Overdose Plan with your Injection Partners

This manual hopefully provides you with some basic education on overdose management so that you can begin the process of creating an OD plan for yourself and your injection partners. Use it to encourage your friends to talk about overdose. Figure out what each individual wants done in the event that they OD, and what you're willing and able to do as a caregiver in an overdose situation. These are some questions that will help you formulate an OD plan. You can add to this list. (Refer to flipchart, handout copies.)

- \* At what stage do you want 911 called (when not responding, not breathing, blue)?
- \* Do you want Narcan used? If so, when? (When breathing stops? As a last resort?)
- \* How much Narcan do you want used? One cc, two ccs?
- \* After Narcan has brought you back, do you want 911 called? Would you rather go to the Emergency Room or to a city health clinic for follow-up by foot, in a cab, or not at all?
- \* If 911 is called, where should stuff be stashed? Should your ID be hidden as well?

Review of logistics

5 minutes

“Now that you've completed the training, you'll be getting a prescription from a Health Department doctor. With your prescription comes a fitpack, two vials of naloxone, gloves, alcohol pads, and a rescue breathing device. Naloxone has an expiration date, and loses its potency past that time. It must also be kept out of sunlight, which is why its best to keep it in the box and or the fitpacks that we're giving out. If it expires, it should be thrown away or traded in for a new vial. If you lose your Narcan, or use it to save a friend, you can get your prescription re-filled at any of the sites listed on this card (distribute.)

“In order to officially prescribe naloxone, the Health Department needs to collect some background information and open a medical chart for everyone. To keep track of how things are going, we'll be asking you some questions now and again when you come back for to replace a lost or used kit. You don't have to answer any questions if you don't want to but we hope you will participate to help us see how things are going and how we can improve the program.”

In case you forget anything we've talked about, there will be information on the kits that will remind you what to do, where to get your kits re-filled, and a contact number to answer any questions that come up.

Thanks so much for coming. Congratulations on being part of a **revolution** in harm reduction, one of the first cities in the US to train users and to distribute Naloxone, aboveground and legally. You are all **lifesavers** now, give yourselves a hand!