



Overdose Response Training

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Learning Objectives

1. Know how opioids work
2. Recognize an opioid overdose
3. Respond to opioid overdose
 - Getting help
 - Rescue breathing
 - Administering naloxone

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Police & Fire Programs in MA

- Gloucester Police
- Quincy Police
- Revere Fire
- Weymouth Fire
- Saugus Fire



Nearly 300 rescues

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What are opioids/opiates?

- Opioids are sedative narcotics
- They are used in medicine mainly to relieve pain
- Opioids repress the urge to breathe- when someone is having an opioid overdose, they stop breathing and could die

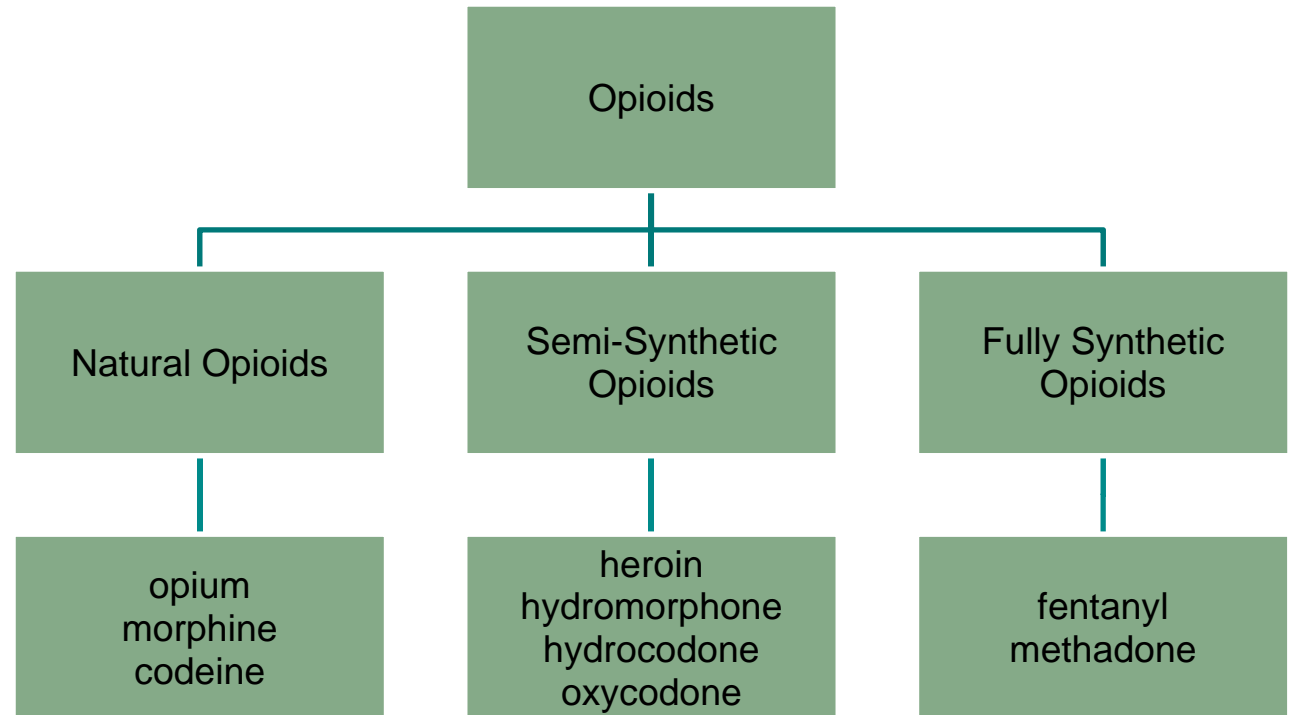
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The term opiate is often used as a synonym for *opioid*, but it is more. The term *opiate* is often used properly limited to the natural opium alkaloids and the semi-synthetics derived from them.



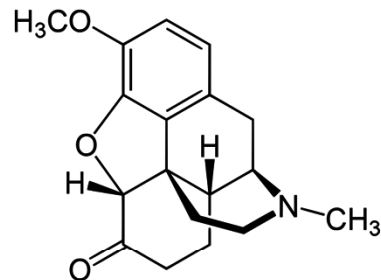
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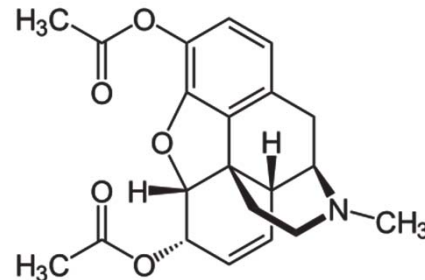
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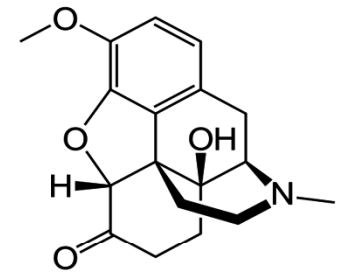
The Link Between Heroin and Prescription Drugs



Hydrocodone



Heroin



Oxycodone

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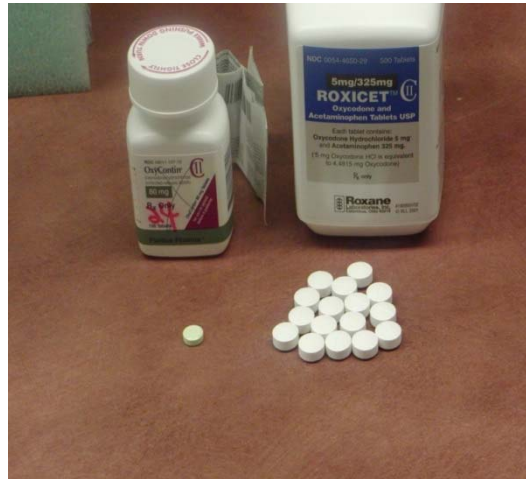
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Scope of the Prescription Drug Epidemic

1 equals 16



100 equals 1600 Percocets = \$8000



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Most commonly used opioids

- Heroin
- Codeine
- Demerol
- OxyContin
- Percocet
- Percodan
- Codeine
- Morphine
- Fentanyl
- Methadone
- Opium
- Hydrocodone
- Oxycodone
- Levorphanol
- Tylenol 3
- Morphine
- Vicodin
- Demerol
- Darvocet
- Dilaudid
- Opium
- Tylox



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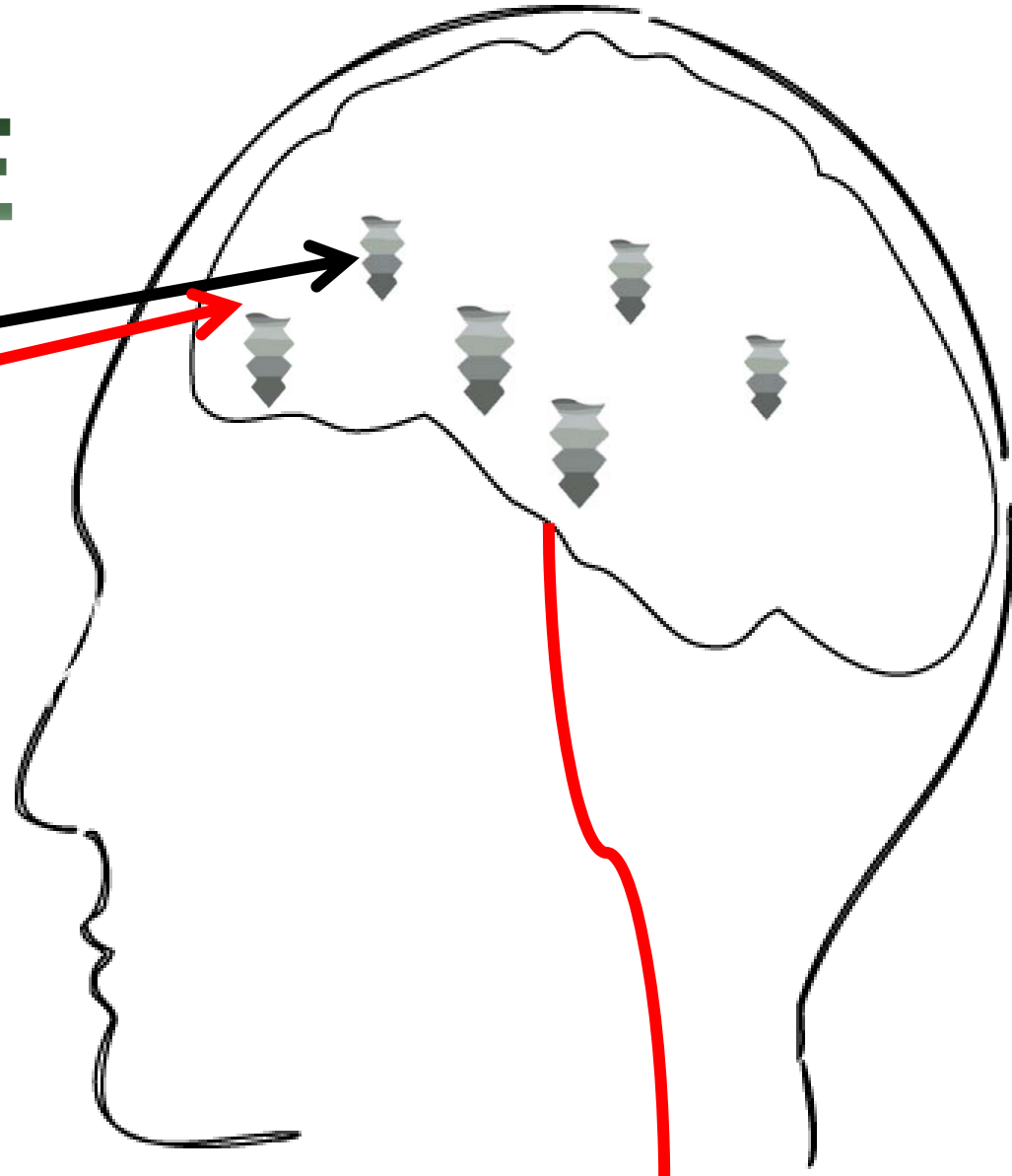
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OVERDOSE

Opioid Receptors, brain

Opioid





What puts people at risk for ODs?

- Mixing drugs- benzos, alcohol & cocaine especially
- Changes in tolerance
- Physical health
- Previous experience of non-fatal overdose
- Variation in strength and content of 'street' drugs

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Mixing opioids with benzos

- Combining opioids with benzodiazepines or alcohol leads to a worse outcome
- Benzos are psychoactive drugs that have sedative, hypnotic, anxiolytic, anticonvulsant, muscle relaxant, and amnesic actions
- The most commonly used benzos are: Klonopin, Valium, Ativan, Librium, and Xanax



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What is Naloxone?

- Naloxone knocks the opiate off the opiate receptor- it does nothing other than blocking opiate receptors
- *Temporarily* takes away the “high,” giving the person the chance to breathe
- Naloxone works in 1 to 3 minutes and lasts 30 to 90 minutes

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What is NARCAN?

- Naloxone can **neither** be abused nor cause overdose, only contraindication is known sensitivity, which is very rare.
- *Too much* Naloxone can cause withdrawal symptoms such as:

nausea/vomiting
diarrhea
chills

muscle discomfort
disorientation
combateness

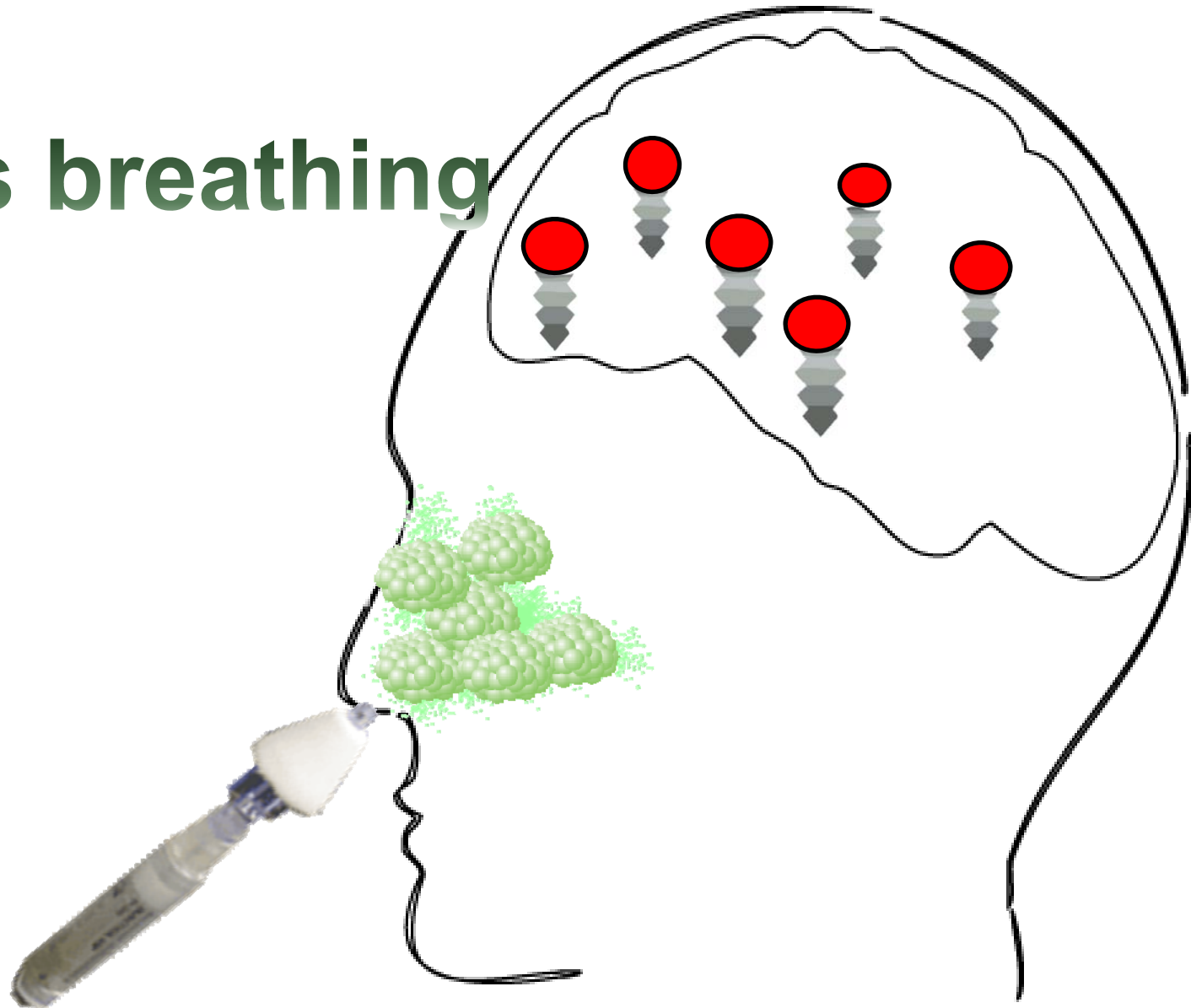
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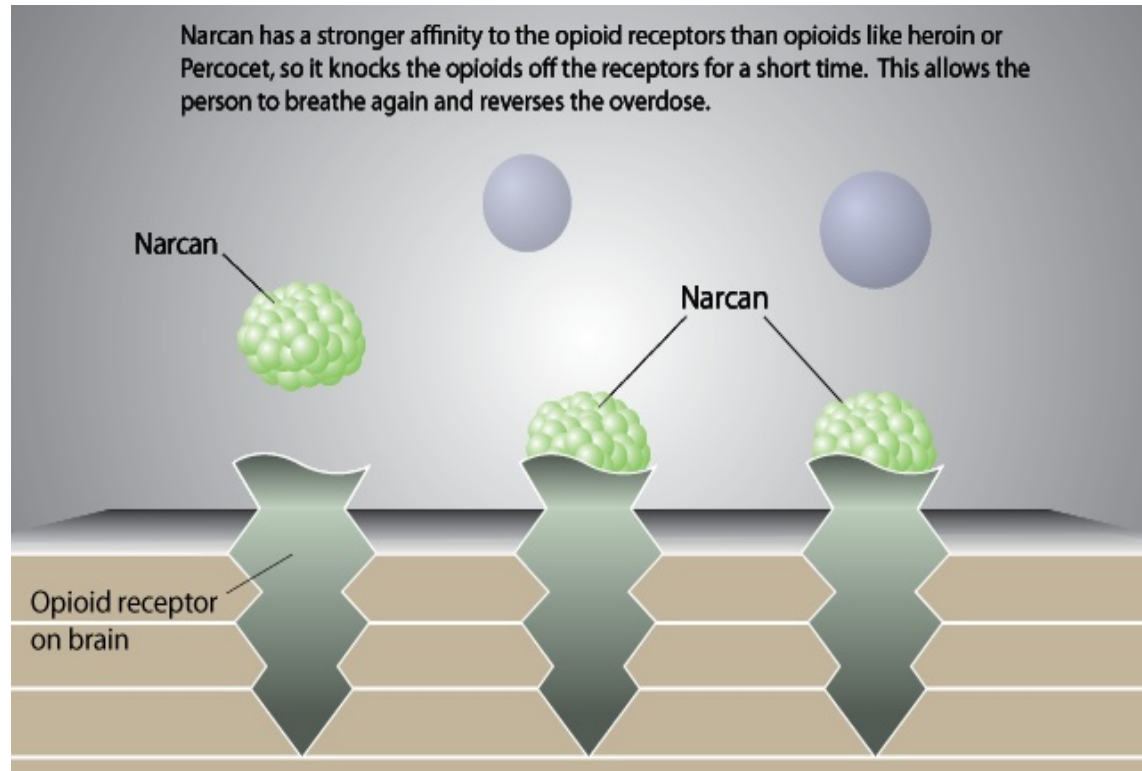
How does Naloxone effect overdose?

Restores breathing





NALOXONE reversing an overdose



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Really high or overdose?

Really high

- Pupils pinned
- Nodding, but arousable
 - Responds to sternal rub
- Speech is slurred
- Sleepy, intoxicated, but breathing
 - 8 or more times per minute

>> Stimulate and observe

Overdose

- Pupils pinned
- Not arousable
 - No response to sternal rub
- Breathing slow or stopped
 - Less than 8 times per minute
 - May hear choking sounds or a gurgling/snoring noise
 - **Blue lips, blue fingertips**

>> Rescue breathe + give naloxone

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What are the signs and symptoms of an OD?

- Blue skin tinge
- Body very limp
- Face very pale
- Pulse (heartbeat) is slow or not there at all
- Throwing up
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped

| REALLY HIGH | OVERDOSE |
|---|---|
| Muscles become relaxed | Deep snoring or gurgling (death rattle) |
| Speech is slowed/slurred | Very infrequent or no breathing |
| Sleepy looking | Pale, clammy skin |
| Nodding | Heavy nod |
| Will respond to stimulation like yelling, sternal rub, pinching, etc. | No response to stimulation |
| | Slow heart beat/pulse |

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Environmental clues can help

1. Recognize overdose symptoms
2. Recognize drug paraphernalia
3. Recognize the drug



Recognize need for Naloxone

Look for symptoms, but if uncertain- land on the side of Naloxone

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Don't Forget Scene Safety: Potential Hazards

- Oncoming traffic
- Unstable surfaces
- Leaking gasoline
- Downed electrical lines
- Potential for violence
- Fire or smoke
- Hazardous materials
- Other dangers at crash or rescue scenes
- Crime scenes
- NEEDLES
- PEOPLE

Assume all body fluids present a possible risk for infection

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Respond to an overdose

1. Alert EMS
2. CPR – Rescue breathing
3. Administer naloxone



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Does the person have a pulse?

- Checking for a pulse, do it.
- If no pulse? Then initiate CPR



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If an Opioid Overdose is Suspected

Step 1: Assess victim's signs & symptoms

- Call for EMS **support**

Step 2: Stimulate the person - **sternal rub**

- If no pulse, start **CPR**

Step 3: Rescue breathing



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Suspected Opioid Overdose, *continued*

Step 4: Administer Naloxone

Step 5: Monitor and Support

-If no pulse, start CPR

-If breathing remains absent or slow

(< 8 per minute), continue **rescue breathing** +
administer **2nd dose**

-If breathing restored, then recovery position

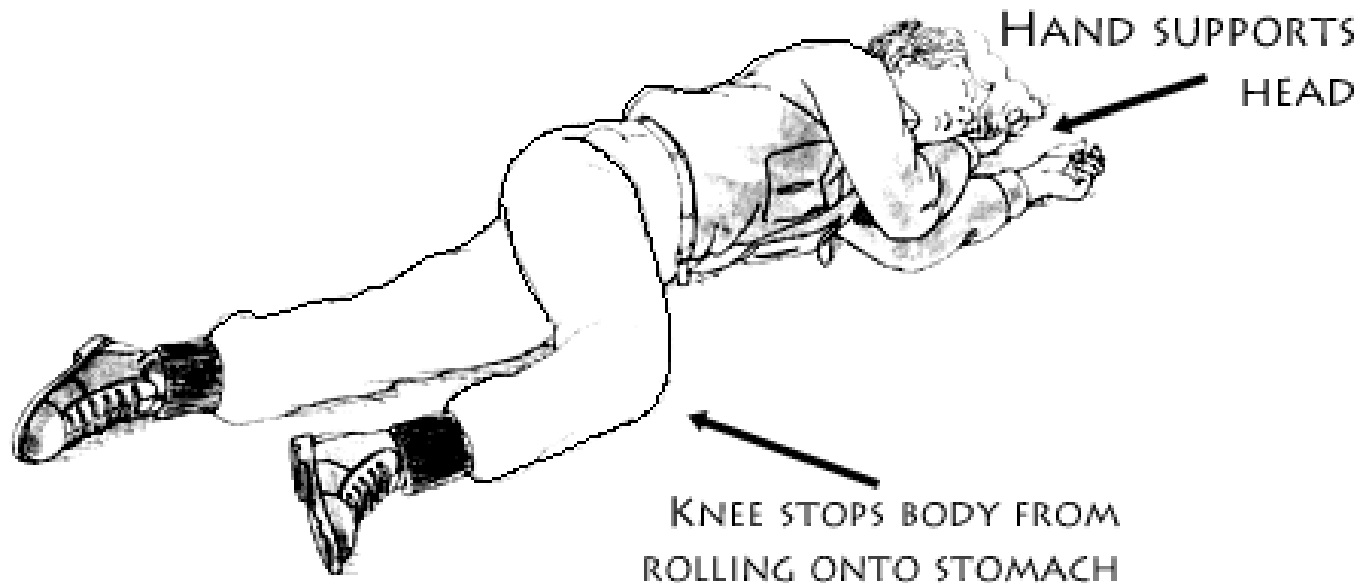
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The Recovery Position



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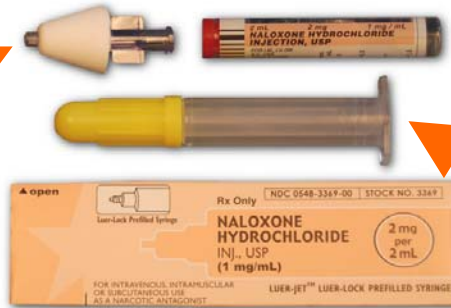
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Rescue Kit Components

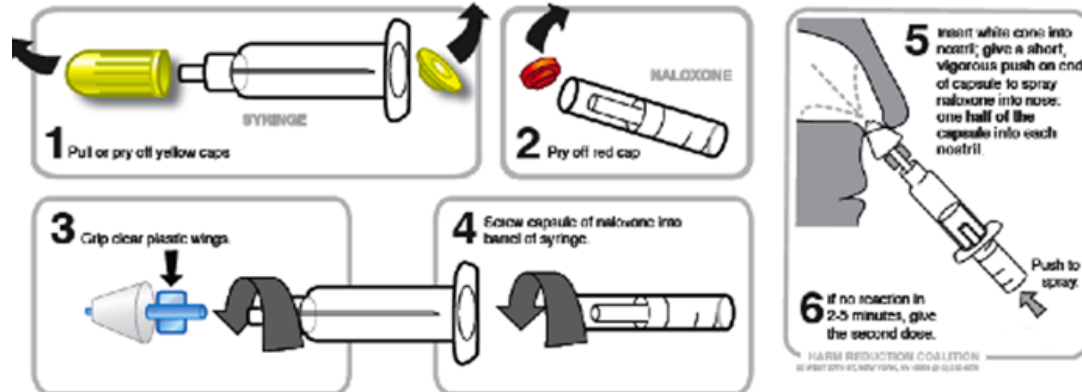
Mucosal Atomization Device (MAD)



Prefilled ampule of naloxone

Luer-lock syringe

HOW TO GIVE NASAL SPRAY NARCAN



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Naloxone administration

- Demonstration of atomizer, syringe and naloxone cartridge assembly

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Intranasal Naloxone administration

- Delivery route has advantages:
- Its easy and convenient
- The nose is a very easy access point for medication delivery (even easier than the arm, especially in winter)
- No shots are needed
- It is painless
- It eliminates any risk of a needle sticking *to you*

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Naloxone storage & deployment

- SPD -Attached to AED case which shall be kept in passenger compartment. **No exceptions!** Due to storage and exposure to the heat and cold
- K-9 Units, front desk, booking area.



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National & regional drug threat



Source: National Drug Intelligence Center's National Drug Threat Survey 2009

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Local Drug Overdose Problem

- The problem of fatal and non-fatal drug overdoses in Boston
- Boston ranks higher than any other metropolitan area in the country for heroin mentions in emergency departments (DAWN, 2009)

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The problem of drug overdoses nationwide

- Drug overdose is the number one cause of death among drug users in the United States (Latkin, 2004)
- Overdoses kill more heroin injection drug users than AIDS, hepatitis, and other conditions that are related to their drug use (Sporer, 1999)
- Between 1984 and 2004, deaths from mixing pharmaceuticals with alcohol and/or street drugs increased 3196% (Phillips, 2008)

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The problem of drug overdoses In Massachusetts

- Car accidents is the number one cause of accidental death in the country, except for 16 states where more people die from drug overdose. **Massachusetts is one of those 16 states** (CDC, 2009)
- In 2008, 12 Massachusetts residents died every single week from drug overdoses (MDPH, 2008)

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Questions & Answers

- Will Naloxone work on an alcohol OD?
- What if it is a crack/cocaine or speed/methamphetamine overdose?
- Are the ambulance and hospitals using the Nasal Naloxone?
- Others?

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Questions & Answers

- Am I protected against a lawsuit for giving a person who is overdosing Naloxone?
- What is the risk period for an OD to reoccur after giving Naloxone?
- If the person isn't overdosing and I give them Naloxone will it hurt them?

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