Training Manual
Overdose Prevention, Recognition and Response

Table of Contents

Welcome 2

Who should use this training manual? 2

Learning Objectives 2

Basics of Psychoactive Substances 3

Overdose Risk Factors and Prevention 3

- What is an overdose? 3
- Risk Factor – The Substance(s) Taken 4
- Risk Factor – The Way the Substance is Taken 5
- Risk Factor – Individual Characteristics 6
- Risk Factor – Setting of Use 7
- General Prevention Messages 7

Overdose Recognition and Response 7

- Stimulant Overdoses 8
- Opioid Overdoses 8
- What is naloxone? 9
- Responding to Opioid Overdose: SAVE ME 10
- Responding to a non-opioid depressant overdose 14
- The Recovery Position 14
- Aftercare 14
- Should you give breaths or compressions? 15

Videos 15

Introduction to BC Take Home Naloxone Program 15

- Where can you get naloxone? 16

Resources 17

Learning Objectives Checklist 18

Welcome

Thank you for taking the time to review this manual which provides education about the use of naloxone, an opioid antidote, to address the morbidity and mortality associated with opioid overdoses.

An overview of naloxone, how it works and other details related to the Take Home Naloxone program in BC (including how to become a Take Home Naloxone site) can be found at http://towardtheheart.com/naloxone/

If you are interested in additional training, or qualify for a Take Home Naloxone kit, you can search for a registered Take Home Naloxone site here: http://towardtheheart.com/site-locator

Who should use this training manual?

This training manual has been created to support any person interested in learning how to prevent, recognize and respond to opioid overdoses, and includes the key knowledge and competencies required to administer naloxone. This manual is intended for interested members of the general public and for educators in the Take Home Naloxone or Facility Overdose Response Box programs.

Learning Objectives

After reviewing this training manual, you will have an understanding of:

1) Factors that can increase or decrease the risk of an overdose
2) How to recognize depressant (including opioid) and stimulant overdoses
3) How to respond to an overdose using the SAVE ME steps, including:
    a) how to put someone in the recovery position
    b) how to communicate with 911 and why it is important to call
    c) how to prepare and administer naloxone
    d) how and when to evaluate and if and when to administer further doses of naloxone and
    e) How to support the person who has overdosed after they regain consciousness
4) The Take Home Naloxone Program

Basics of Psychoactive Substances

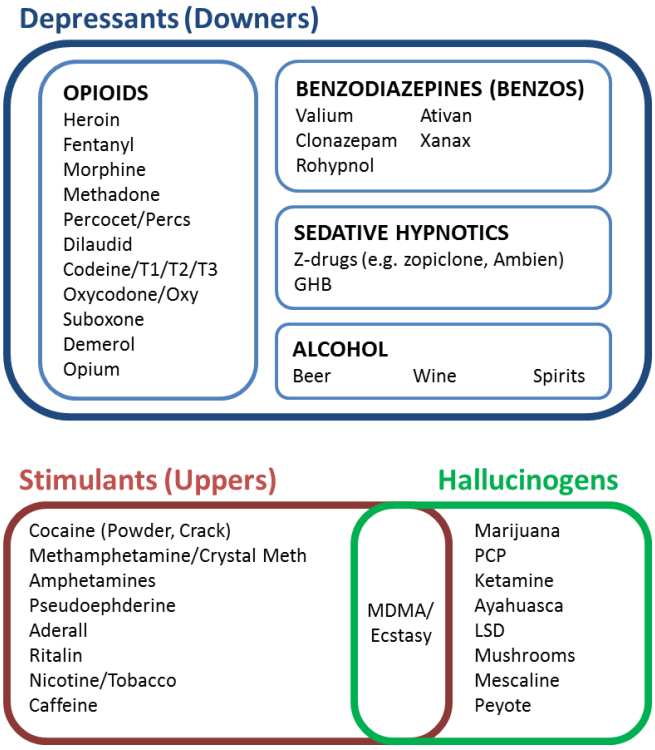
Psychoactive substances can be classified based on the effect they have on the body. The diagrams on the right show the classification of some common substances.

Depressants (or downers) tend to slow the body down (including breathing) and can make people sleepier.

Opioids are a special class of depressant. They may be prescribed or used illegally to reduce pain, manage opioid dependence or produce a state of euphoria/relaxation. Common opioids include heroin, fentanyl, morphine, methadone, codeine and oxycodone.

Stimulants (or uppers) tend to speed the body up (including heart rate) and can make people feel more alert.

Hallucinogens are drugs that can cause hallucination.



Most people have taken depressants and stimulants at some point in their life, and many use them regularly (e.g. alcohol and coffee (caffeine) and alcohol).

Overdose Risk Factors and Prevention

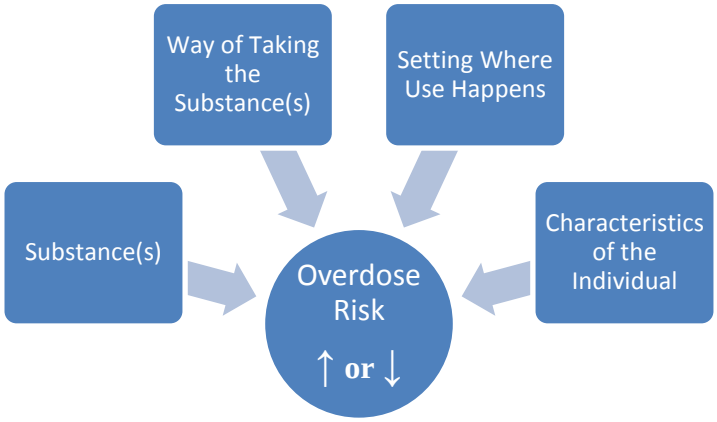
What is an overdose?

An overdose (OD) is when the body is overwhelmed by exposure to a toxic amount of a substance or combination of substances. The body becomes unable to maintain or monitor functions necessary for life, like breathing, heart rate, and body temperature regulation. Not everyone who overdoses will die; however, there can be long term medical impacts from overdose, such as brain damage from lack of oxygen.

> *Anyone can overdose regardless of their substance use history.*

Anyone can overdose regardless of their substance use history (including prescription substances). Overdose risk is complicated and depends on interaction between several factors. Overdose risk can increase or decrease depending on the substance(s) taken, how the substance is taken, the setting where use occurs and characteristics of the individual. Risk is very individualized. If several different people use the same amount of the same substance, it might affect them all differently.

The risk factors for drug overdose are shown in the diagram to the right. One of the most common risk factors for overdose is lower tolerance for a drug, which can occur because someone is new to use, or has not be using as much recently (e.g. has recently been released from prison or detox/treatment or hospital). Tolerance is discussed in more detail on pages 5-6.



Risk Factor – The Substance(s) Taken

Mixing

Taking more than one substance (including alcohol and over the counter and prescription medications) over a short period of time substantially increases overdose risk. In fact, the majority of unintentional fatal overdoses involve multiple substances, including alcohol and prescribed medications.

People may mix substances because they are unaware of the risk, or because it intensifies their high. Taking more than one downer (including opioids, alcohol and prescription benzodiazepines (benzos) like Xanax) increases the risk of an overdose. All drugs in this class decrease the rate of breathing. Despite common beliefs, stimulants will not cancel out the effects of depressants. In fact, people who use speedballs (mix uppers and downers) are at higher risk because the body has to process more drugs. Stimulants cause the body to use up more oxygen and depressants reduce the breathing rate.

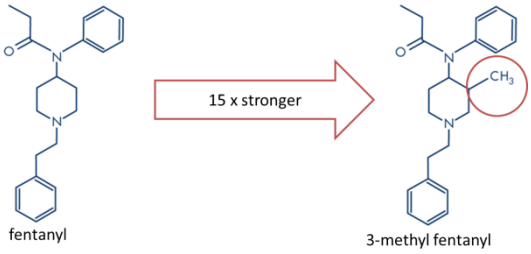
> Despite common beliefs, stimulants do not cancel out the effects of depressants.

Quantity Taken

Overdose can occur if the drugs taken (including alcohol) build up faster than the body can break them down (metabolize). This can occur by taking too much, or too frequently, or if someone is unaware of how long a specific drug lasts in the body. Some drugs are harder to measure a specific dose (e.g. GHB) or may have varying time release mechanisms (immediate vs. extended). Most benzodiazepines have at least a 12 hour half-life, and the half-life of methadone can be 24 hours or more. Many opioids come in both immediate release and sustained release formulations – however, the rate at which the drug is "available" may differ depending on the route of administration (e.g. injecting a sustained release medication may have a more toxic effect than swallowing it). Finally, the actual amount of the active drug may vary depending on how much it has been cut or buffed, making it hard to determine quantity from sample to sample.

Strength

Substances can have unknown content/adulterants due to processing (e.g. PMMA sold as MDMA). Other substances can be added before sale to the consumer either to expand the amount of product or to enhance the effects of the drugs. However, sometimes drugs are not cut prior to sale. A specific substance can have "analogues" – substances that have similar chemical structure but may differ in strength. For example, some analogues of fentanyl (e.g. 3-methylfentanyl) are stronger, while others are less strong. It is impossible to tell what is present in the drugs you purchase without scientific equipment.



THE SUBSTANCE(S) TAKEN

Risk Factor	Overdose Prevention Tips
Mixing	• use one drug at a time • if you intend to mix, use opioids before alcohol or benzos, and reduce the amount of each substance you take • let people around you know how much and what you are taking
Quantity Taken	• wait before taking another dose, knowing it can take longer to feel the effects of some drugs • not all opioids are created equal - practice caution when substituting or transitioning from one opioid for another
Potency/ Quality/Cut	• test your drugs by doing small amount at first, "two in the arm is better than one in the ground, [in the grave]". • take the tourniquet off before depressing plunger, stop half way to see the effects, inject less if it feels too strong.

Risk Factor – The Way the Substance is Taken

Regardless of how you take a drug, if you use enough of that drug in a short period of time overdose is possible. However, some ways of taking drugs are more likely to result in an overdose than others. In general, the faster a drug hits blood stream (i.e. injecting or smoking), the greater the risk of overdose. A fast injection into the vein will affect the body more quickly and intensely than ingesting (i.e. taking by mouth or swallowing); however, you can still overdose even if you don't inject.

> *Regardless of how you take a drug, if you use enough of that drug in a short enough period of time OD is possible.*

THE WAY THE SUBSTANCE IS TAKEN

Risk Factor	Overdose Prevention Tips
Route of Administration	• Be careful when changing routes – you may not be able to handle the same amount. • Consider snorting or ingesting if you are using alone or may have decreased tolerance.

Risk Factor – Individual Characteristics

Tolerance

Individuals have lower tolerance (and higher risk of overdose) when they have:

- taken a break from using (or have not been using as much or as often as usual)
- recently been in detox/treatment
- recently been incarcerated
- recently been in hospital
- recently started using
- lung, liver & other health issues (e.g. asthma, Chronic Obstructive Pulmonary Disease (COPD), Hepatitis C)

Health Status

The health of an individual can increase risk for overdose. For example, the following conditions can increase overdose risk:

- liver, kidney, and respiratory problems (e.g. hepatitis, COPD, asthma, smoking)
- compromised immune system (e.g. HIV)
- high blood pressure, heart disease, diabetes,
- infections
- sleep deprivation, dehydration, malnourishment, and
- mental health status can all play a part in overdose situations.
- had a recent overdose

INDIVIDUAL CHARACTERISTICS

Risk Factor	Overdose Prevention Tips
Reduced Tolerance	• use less • do testers • change route of administration (injecting to snorting or swallowing drugs) until tolerance is developed
Health Status	• eat, drink fluids like water, sleep • seek health care regularly as appropriate • go slow, • use less when you have been sick, lost weight, or feeling down – doing more to "feel better" is a risk factor for overdose

Risk Factor – Setting of Use

Research shows using alone or in an unfamiliar environment can increase the risk for a fatal overdose. Potential for risk is created and heightened by social-structural environments; homelessness, having to inject in public, poverty, irregular drug supply, incarceration, and unsupported mental health all put people at greater risk for overdose.

General Prevention Messages

- Get overdose prevention, recognition, and response training; carry naloxone
- Don't use alone. Make a plan and have a buddy who can call for help if needed
- Know your tolerance. If you are sick or had a time of abstinence or reduced use, use much less
- Don't mix drugs or mix drugs with alcohol
- Test a small amount first and go slow "start low and go slow"
- Use in a supervised site if possible (InSite in Vancouver)
- Call 911 right away if someone ODs
- Administer naloxone if someone ODs (it will not cause harm, and if the overdose is due to a mixture of substances, naloxone will take any opioid out of the picture)

Overdose Recognition and Response

An overdose is when the body is overwhelmed by exposure to something, in this case a toxic amount of drug or combination of drugs which cause the body to be unable to maintain or monitor functions necessary for life. These are functions like breathing, heart rate, and regulating body temperature.

Calling 911 is an important part of responding to any suspected overdose.

Calling 911 is an important part of responding to any suspected overdose. There are lots of reasons why people might not call 911; they may be afraid of legal consequences or stigma, they may believe that giving naloxone will be enough, or they may not have access to a phone. However, BC Emergency Health Services now have a policy that they will not routinely call police to respond to a suspected overdose. While there may be understandable fears about calling 911, it is important to remember that the person could die or suffer long-term consequences of an overdose if they do not receive adequate medical treatment, and if they are actually having a medical emergency that is not an opioid overdose, naloxone will not help.

Stimulant Overdoses

If the individual ***is conscious*** and experiencing "over-amping", or mental distress (i.e. crashing, anxiety, paranoia) linked to stimulant use and sleep deprivation from stimulant use:

- stay calm, remain with them, encourage them not to take any more substances, and move away from activity and noise.
- be careful not to over-hydrate, but give water or other non-sugary, non-caffeinated drink to help replace lost electrolytes
- place cool wet cloths on forehead, back of neck, armpits.

If the individual has symptoms of stimulant toxicity, including rigid or jerking limbs, in and out of consciousness, seizures, rapidly escalating temperature and pulse, or chest pains – this is a medical emergency. ***Call 911 immediately****.*

If the individual has symptoms of ***stimulant toxicity***, including rigid or jerking limbs, in and out of consciousness, seizures, rapidly escalating temperature and pulse, or chest pains – this is a medical emergency. Call 911 immediately. The person needs immediate medical attention!

While waiting for the ambulance to arrive:

- Stay with the individual for support, encourage hydration, and stay calm.
- Do not give them anything by mouth if they are unconscious.
- If they are having a seizure make sure there is nothing around them that can hurt them. Do not put anything in their mouth or restrain them.

There is no antidote to stimulant overdose. Naloxone will not help. If the heart has stopped provide chest compressions. Tell medical professionals as much as possible so they can give the right treatment to prevent organ damage and death.

Opioid Overdoses

Opioid overdoses may involve the following signs and symptoms:

- **Slow, shallow, irregular or no breathing** – less than 1 breath every 5 seconds
- **Unresponsive** – can't be woken up
- Unusual snoring, gurgling sounds, choking
- Blue lips or nails, pale cold or clammy skin
- Tiny pupils

What is naloxone?

Naloxone, previously known as Narcan®, is an antidote to an opioid overdose. It temporarily reverses the life-threatening slowed breathing from an opioid overdose. It does not work for non-opioid overdoses (like cocaine, ecstasy, GHB or alcohol). However, if an overdose involves multiple substances, including opioids, naloxone helps by temporarily removing the opioid from the equation. You can give naloxone by injection (into a muscle, vein, or under the skin) or intranasally (sprayed into the nose). In BC, the Take Home Naloxone program supplies injectable naloxone – a detailed description of how to administer an intramuscular injection of naloxone will follow this section of the manual.

> Naloxone acts fast (usually within 3-5 minutes), and the protective effect lasts for 20 to 90 minutes.

Both naloxone and opioids bind to the same sites in the brain, and these sites affect breathing. However, naloxone binds more tightly than the opioids, knocking the opioids off the receptors and restoring breathing (see picture). Naloxone acts fast (usually within 3-5 minutes), and the protective effect lasts for 20 to 90 minutes. The body will have broken down some of the opioids during that time, but naloxone does not destroy the opioids. So, if large doses of highly toxic opioids (like fentanyl), or long-acting opioids (like methadone) are involved, or the individual has liver damage, more doses of naloxone may be needed. Thus, each take home naloxone kit contains three doses of naloxone, and it is always important to call 911 when someone overdoses.

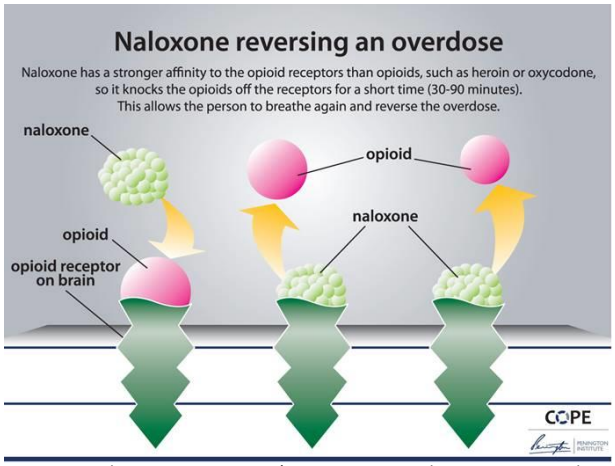


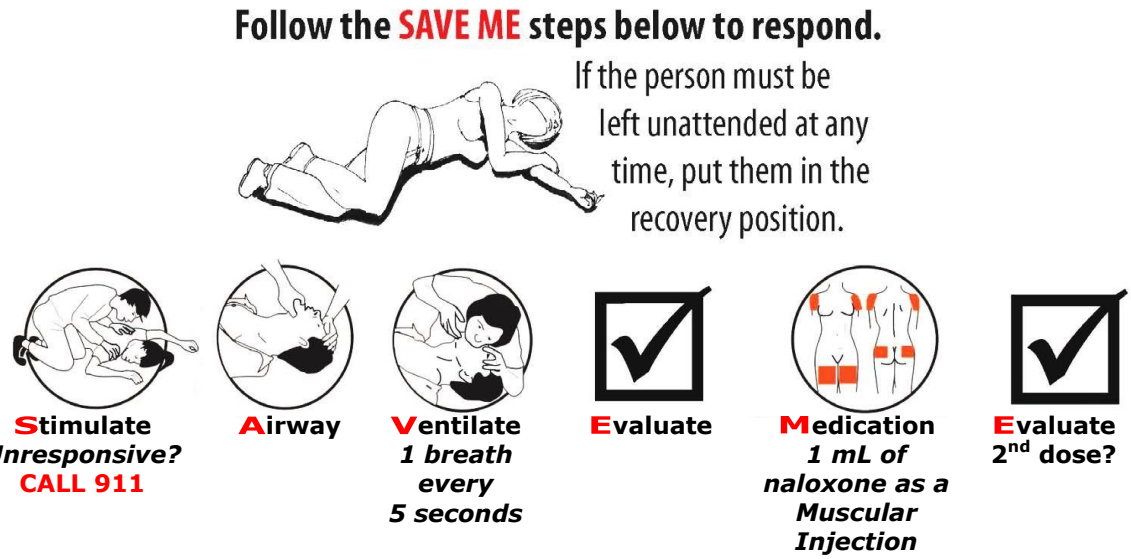
Image Credit: Penington Institute's Community Overdose Prevention and Education (COPE) Project. Adapted from artwork by Maya Doe-Simkins.

Naloxone is light sensitive, so should be stored out of the sunlight and at room temperature. Don't put it in the refrigerator.

Check the expiry dates of the naloxone periodically, it lasts about 2 years. If the naloxone gets close to the expiry date, you should return with your kit to a Take Home Naloxone site to replace the naloxone. The expiry date can be found on a sticker on the outside of the kit, or on the ampoule (see image to right).

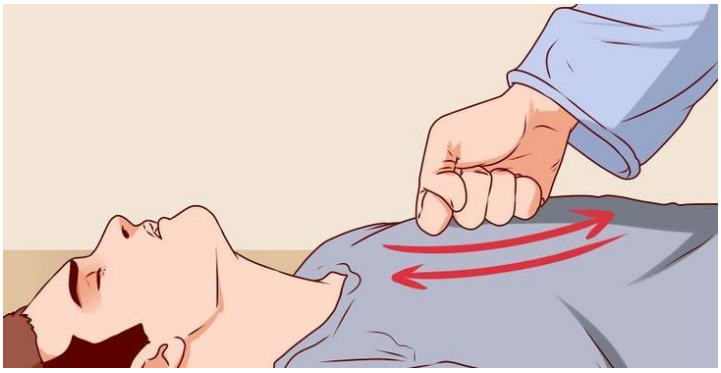
Responding to Opioid Overdose: SAVE ME

The steps involved in responding to an opioid overdose follow the SAVE ME acronym. The image below is reproduced on the inside lid of a Take Home Naloxone kit, in case you need a reminder. The SAVE ME steps will now be described in greater detail below and summarized in the diagram on page 12.



***S**timulate*

If you suspect someone might be having an opioid overdose, start by stimulating them to confirm that they are unresponsive. **Shout** at them – use their name if you know it. Next do a **sternal rub** (make a fist and rub your knuckles along the person's breast bone) or pinch the webbing between their thumb and fingers to see if they respond to pain. You should always tell someone what you are going to do before you touch them. If the person does not respond to sound or pain, then it is a medical emergency. **Call 911**. If you are alone, you can put the phone on speaker.



***A**irway*

Next, check the person's mouth for any obstructions. Items like gum, dentures, or a syringe cap could be preventing the person from breathing properly. Remove any obstructions. Once you've confirmed the mouth is clear, tilt the person's head back – this opens their airway.

***V**entilate*

The next step is to breathe for the person. Opioid overdoses slow breathing decreasing oxygen to the brain. By doing rescue breathing throughout the overdose response, you help keep oxygen going to the person's brain until the naloxone takes effect. A mask is available in the Take Home Naloxone kit to provide a barrier – you can use a piece of clothing instead if you do not have a mask. To give breaths, keep the person's head tilted back, pinch their nose, and give them 2 breaths. You should be able to see their chest rise with each breath. Continue to give 1 breath every 5 seconds until the person is breathing on their own or first responders arrive. If you are responding by yourself and do not have naloxone, or do not feel confident about administering naloxone, breaths are more important. Breaths are crucial to the overdose response. They keep the brain alive.

Breaths are crucial to the overdose response. They keep the brain alive.

If you witness someone overdose, it is likely that their heart is still beating, and only rescue breathing is necessary. If you come across someone who has overdosed and you do not know how long they have been unconscious and not breathing you should give chest compressions in addition to giving breaths. Any first aid provider can teach you how to perform chest compressions.

If you do not have naloxone, you can still save the life of someone who has overdosed on opioids. Stimulate to confirm they are not responsive, and call 911. Check their airway, and provide breaths, 1 every 5 seconds, until first responders arrive.

***E**valuate*

Sometimes giving some breaths is enough for the person to regain consciousness. If they are still unresponsive, it is time to give naloxone, if you have it. If you do not have naloxone, you can still save the life of someone who has overdosed on opioids. Stimulate to confirm they are not responsive, and call 911. Check their airway, and provide breaths, 1 every 5 seconds, until first responders arrive.

***M**uscular Injection*

Naloxone comes in glass ampoules that need to be opened. Hold the ampoule by the top and swirl to bring all the medication to the bottom. Gently but firmly snap the ampoule top off away from your body. The plastic amp snapper is there to protect your fingers. You can watch a video on how to open a naloxone ampoule here: https://vimeo.com/178537637

Remember – someone should be doing rescue breathing.

Draw up all of the liquid into the syringe – make sure the needle tip is at the bottom of the ampoule so you get all the medication. To remove the air, turn the syringe so the needle is pointing up and push the plunger in until most of the air is gone. It is OK to leave a little air because you are injecting into a muscle. Firmly put the needle straight into a large muscle (preferably the thigh, but the upper arm and butt are also OK) at a 90 degree angle. The needle will go right through clothes. Push the plunger in until you hear it click – this is the needle retracting into the syringe.

***E**valuate*

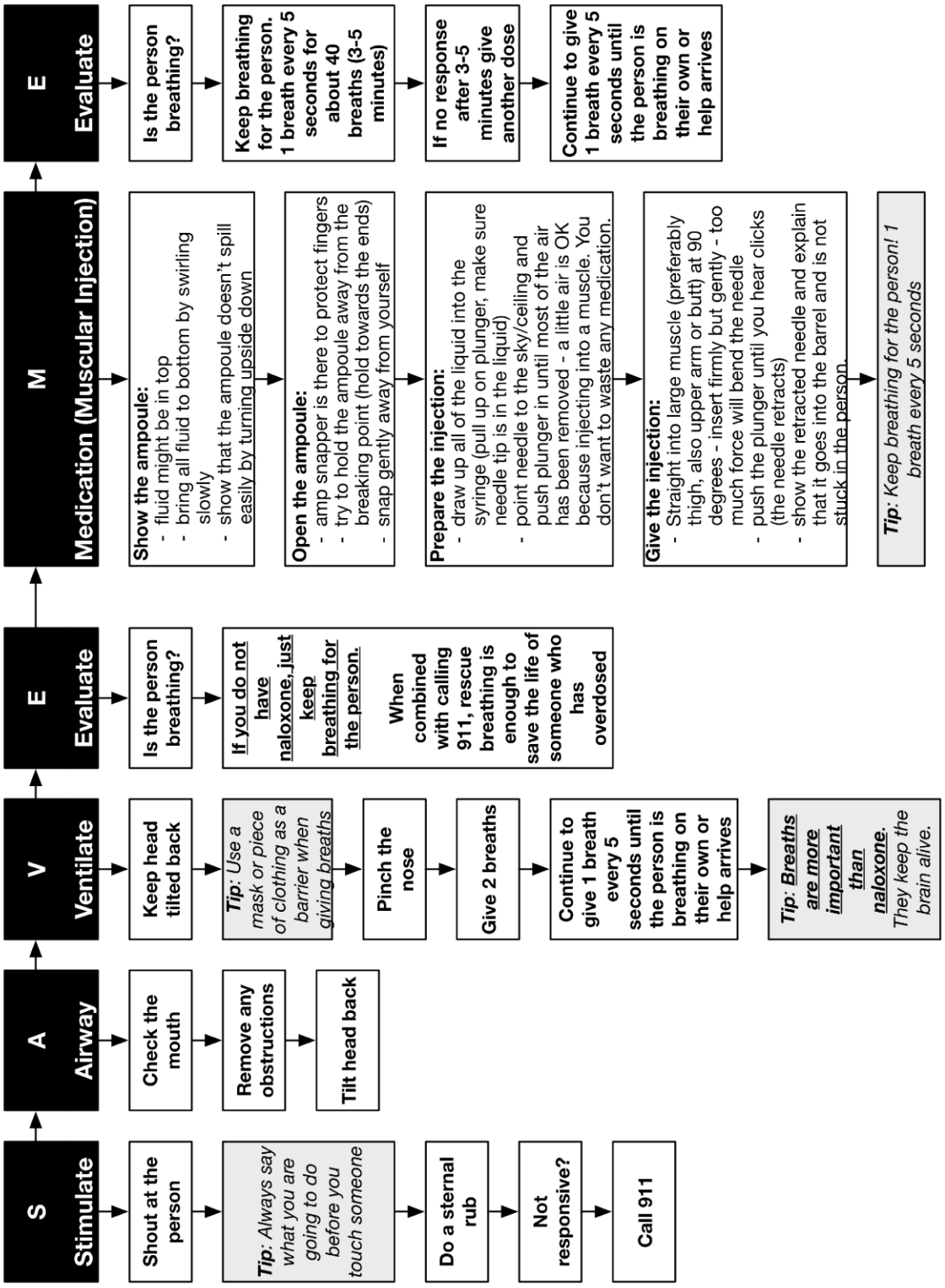
Monitor the person to see if they respond to the naloxone. Do they start breathing again? Do they regain consciousness? Keep giving 1 breath every 5 seconds.

If the person has not regained consciousness by 3-5 minutes (give approximately 40 breaths) then you can give a second dose of naloxone.

Monitor the person after each dose is given, for 3-5 minutes (approximately 40 breaths) before giving additional doses.

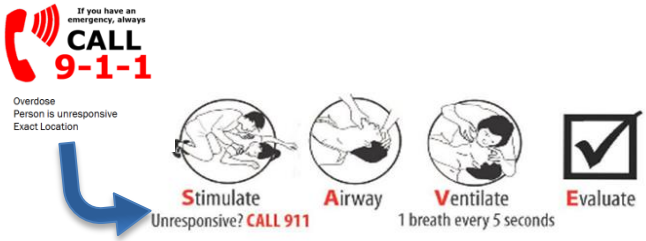
While naloxone is a safe medication, individuals that are dependent on opioids may experience unpleasant withdrawal symptoms like pain, sweating, agitation and irritability. For this reason, it is important to give the lowest dose of naloxone required to reverse the overdose. Naloxone can take 3-5 minutes to work, so waiting 5 minutes between doses is important.

This diagram explains step by step how you would respond to an opioid overdose using SAVE ME, including detailed instructions on how to administer naloxone.



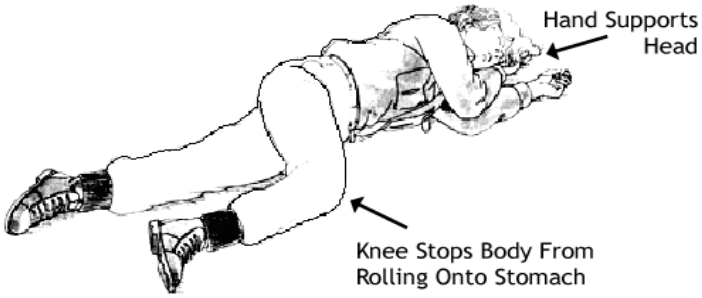
Responding to a non-opioid depressant overdose

Non-opioid depressant overdoses (e.g. Xanax, alcohol, GHB) look like opioid overdoses (since opioids also act as depressants). If you are certain that someone has not taken any opioids, support the person similarly to an opioid overdose without the administration of naloxone. In other words, respond with the SAVE steps until the help arrives. Calling 911 is very important. Naloxone has no effect on depressant overdoses that do not involve opioids. However, if the overdose involves multiple substances including opioids, it will temporarily take opioids out of the picture and if opioids are not involved, administering naloxone will not be harmful (it will have no effect).



The Recovery Position

If you have to leave an unconscious/unresponsive person at any point, put them in the recovery position. This helps to keep the airway clear from their tongue or vomit allowing them to breathe properly. During an opioid overdose, slowed breathing can cause the lungs to fill up with excess fluid – if you are not actively working on an individual (giving breaths or administering naloxone) put them in the recovery position.



To put someone in the recovery position, hold the leg and arm on the side of their body closest to you and **roll them away from you**. In the picture above it is the **right leg** and the **right arm** that get bent

Aftercare

It is important to stay with someone who has overdosed after giving naloxone because:

- when the person wakes up they may have no memory of overdosing or receiving naloxone – explain to them what happened
- the person should be discouraged from using more opioids for at least 2 hours. Symptoms of withdrawal sickness if they occur will start to wear off in half an hour. Using more opioids will be a “waste”. While naloxone is in their system it blocks opioids from getting to receptors and they will continue to feel sick; using more opioids will also make the overdose more likely to return
- to tell the emergency response team as much as you know – what they took and what you have done so far

Should you give breaths or compressions?

> *If you come across someone who is unresponsive and not breathing, and you do not know how long they have been unconscious, you should give chest compressions in addition to breaths.*

The CPR Guidelines recently changed to "hands-only" CPR in Canada and US. However, where the individual is a child or an adult who has stopped breathing (choking, strangulation, drowning, or other respiratory issues) mouth-to-mouth improves survival. Most overdose response programs recommend giving breaths in an opioid overdose because the person is lacking oxygen in their blood. When someone is overdosing due to opioids it is the breathing that is first affected and the heart is still beating therefore it is important to get oxygen into the blood

Only if the person has been oxygen deprived for a long time or are without a heartbeat should they receive chest compressions. If you come across someone who is unresponsive and not breathing, and you do not know how long they have been unconscious you should give chest compressions in addition to breaths.

Videos

Watch any or all of the following instructional videos to review the content covered in this manual.

- **Naloxone Saves Lives** (12:49 min) **https://vimeo.com/164669763**
- **Naloxone Wakes You Up** *(youth focused)* (6:29 min) **https://vimeo.com/180116125**
- **SAVE ME Steps to Save a Life** (3:21 min) **https://vimeo.com/185012011**

Introduction to BC Take Home Naloxone Program

The BC Take Home Naloxone kits contains:

- SAVE ME instructions in the lid.
- Alcohol Swabs
- Gloves and a breathing mask to protect the responder
- 3 Vanishpoint® syringes
- Pill bottle containing 3 ampoules of naloxone
- An overdose response information form to be completed after the naloxone has been used.

Legal Considerations

A bystander who provides emergency first aid, including administration of naloxone is protected from liability by the BC Good Samaritan Act.

Liability related to various aspects of naloxone is a common concern. There are no known cases of legal action related to naloxone. In fact, a bystander who provides emergency first aid, including administration of naloxone is protected from liability by the BC ***Good Samaritan Act***.

Everyone, including healthcare professionals, first responders, social workers, and laypeople are legally permitted to administer naloxone to someone appearing to be suffering from an opioid overdose outside of a hospital setting. Also, the *Health Professionals Act* was recently amended allowing all regulated health professionals to administer naloxone; previously, they were not supported to do so by their regulations.

Where can you get naloxone?

As of March 22, 2016, naloxone is an unscheduled medication in BC which means there are no restrictions on where it can be sold, and individuals purchasing it do not have to provide their name.

Everyone who is interested in learning how to save a life is encouraged to receive overdose prevention, recognition and response training.

- Anyone can purchase naloxone from a pharmacy or other provider.
- In order to receive a naloxone kit at no charge from a BCCDC-approved take home naloxone site, a person must have completed the Take Home Naloxone training and be "most likely to witness and respond to an opioid overdose."
- The BC Facility Overdose Response Box program is one way people can get naloxone for use at their workplace, if they work at non-profit sites where people who use opioids attend or reside.
- Everyone who is interested in learning how to save a life is encouraged to receive overdose prevention, recognition and response training.

Resources

- **Information on the BC Take Home Naloxone Program:** http://towardtheheart.com/naloxone/
- **Paperwork for Registered Take Home Naloxone Sites:** http://towardtheheart.com/naloxone/thndocumentation/
- **Educational Materials:** http://towardtheheart.com/naloxone/siteresources/
- **Training Videos:**
    - Naloxone Saves Lives (12:49 min) https://vimeo.com/164669763
    - Naloxone Wakes You Up *(youth focused)* (6:29 min) https://vimeo.com/180116125
    - SAVE ME Steps to Save a Life (3:21 min) https://vimeo.com/185012011

Learning Objectives Checklist

Here is a checklist that summarizes material covered by this manual.

☑	TOPIC	IMPORTANT DETAILS
☐	**Overdose Prevention**	• **MIXING**: opioids with downers OR opioids with uppers (Prevention: don't mix, or if do, use drugs before alcohol) • **TOLERANCE**: also taking Rx drugs, after periods of non-use or lower use e.g. jail, detox/abstinence, hospital, new use (Prevention: use less at these times) • **QUALITY OF STREET DRUGS**: unpredictable (Prevention: do testers, go slow, use a consistent reliable dealer) • **USING ALONE**: behind closed locked door when no-one knows (Prevention: tell someone before you use, leave door unlocked) • **HEALTH**: liver, breathing problems, lack of sleep, dehydration, infections (Prevention: eat, drink, sleep, see doctor, carry inhaler)
☐	**Signs and Symptoms of Opioid OD** *(Naloxone only works for opioid OD – NOT for non-opioid depressants like alcohol or benzos BUT if you don't know, naloxone won't hurt)*	• e.g. heroin, morphine, fentanyl, oxy, Dilaudid, T3, methadone • opioid OD = too much drugs, breathing slows, not enough oxygen to the brain **(less than 1 breath every 5 seconds)** • **Key feature: UNRESPONSIVE & SLOW/SHALLOW/IRREGULAR BREATHS** • May also observe: (1) blue lips/ fingernails; (2) snoring/gurgling
☐	**Signs and Symptoms of Stimulant Overdose** *(or 'overamping')*	• e.g. crystal meth, cocaine, crack, MDMA, caffeine, nicotine • Chest pains, dizziness, rapid heartbeat, extreme agitation • Lots of sweat or no sweat • Seizures/convulsions, foaming at the mouth • Paranoia, delusions, psychosis • **MEDICAL EMERGENCY – CALL 911 – NALOXONE WON'T WORK**
RESPONDING TO AN OPIOID OD		
☐	**CONFIRM UNRESPONSIVE**	• **Stimulate** with: **Noise** (shout, use their name), **Pain** (ex. sternal rub) – Remember, tell person what you are doing before you touch them
☐	**CALL 911**	• Put person in the recovery position if you have to leave them alone
☐	**CLEAR AIRWAY & GIVE BREATHS**	• Clear airway (is there anything in their mouth?), tilt head, lift chin • Pinch nose and give 2 breaths. • Continue **1 breath every 5 seconds until person is breathing again** • If you do not know how long someone has been unconscious and not breathing, you should give both chest compressions and breaths.
☐	**GIVE INTRAMUSCULAR NALOXONE** *(demonstrate if possible)*	• Swirl ampoule, snap top off, draw up all of the naloxone, remove most of the excess air • Inject into large **muscle** – **THIGH**, upper arm or butt • Inject at 90°, push plunger until you hear a click (needle will retract)
☐	**EVALUATE EFFECTS (for 4-5 minutes) & GIVE MORE NALOXONE IF NEEDED**	• **Continue to give breaths FOR 3-5 MINUTES** (**about 40 breaths**) OR until they respond (are breathing again on their own). • **After 5 minutes, if still unresponsive, give a 2nd dose of naloxone** • **Continue breaths** until person breathing OR paramedics arrive
☐	**AFTERCARE**	• Naloxone wears off in 20-90 minutes • Person will not remember ODing – explain what happened • If person does NOT go to hospital monitor at least 2 hours and do NOT allow them to take more opioids (could OD again)
☐	**CARING FOR NALOXONE**	• Naloxone should be stored out of the light at room temperature • Be aware of the expiry date – it is on the ampoule