

Training Guide

**Resources to Reverse
an Opioid Overdose
for Trainers**

Table of Contents

Introduction	3
Key Steps for Bystanders	4
Look.....	4
Check.....	4
Call.....	4
Breathe.....	5
Spray.....	5
Stay.....	7
Self-Care After Administering Naloxone	8
Appendix: Tips and Resources for Trainers	9
Language Access Policy	13

Reverse Overdose Oregon is a partnership with the Oregon Health Authority. The contents included in this training guide are solely the responsibility of the authors and do not necessarily represent the official views of the HHS.

Introduction

On average, five Oregonians die every week from opioid overdose. That's five too many.

Anyone who uses opioids, with or without a prescription, can overdose. Almost all of us know someone affected by opioids—they're our friends, our family, our co-workers. Most importantly, they are people who need our care and compassion.

The good news is, an overdose can be reversed. Bystanders are often the first to come upon someone who has overdosed, and therefore often have the best chance of saving a life. By taking this short training, you will learn how to recognize and intervene in an opioid overdose.

You could help save a life.

What you'll learn

The recommendations and guidelines in this training will help you as a bystander understand:

- how to recognize the signs of an opioid overdose.
- how to respond when someone has overdosed on opioids.
- step-by-step instructions for administering naloxone.
- where to get more resources.

Key Steps for Bystanders of an Opioid Overdose

1. LOOK

Look for signs of an opioid overdose.

A person is likely experiencing an opioid overdose if they're exhibiting the following symptoms:

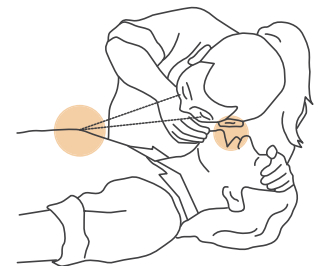
- Unconscious, unresponsive and do not wake
- Slow, shallow breathing; difficulty breathing
- Choking; gurgling or snoring
- Fingernails or lips turning blue/purple



2. CHECK

Check for breathing and try to wake the person up.

- Look for chest rising and falling.
- Put your ear near their mouth to listen and feel for breaths.
- Shout and shake the person.
- Firmly tap them on their chest.



3. CALL

Call 911.

- Call 911 immediately and say, "Someone is not breathing."
- If you see signs of opioid overdose, say: "I think they may have overdosed on opioids and I have naloxone."



4. BREATHE

Support the person's breathing with chest compressions and rescue breathing.

If you're willing and trained, provide rescue breathing for 2 breaths:

- Clear the airway—make sure it is not blocked.
- Place one hand on the person's chin, tilt the head back and pinch the nose closed.
- Use a face mask or place your hand around the person's mouth to make a seal and give 2 slow breaths.
- The person's chest should rise but not the stomach.

Do chest compressions for 2 minutes:

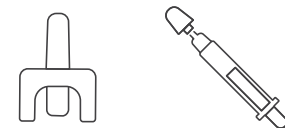
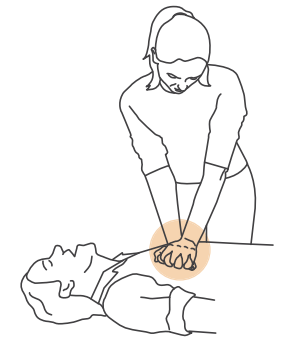
- Place heel of one hand over center of person's chest.
- Place other hand on top of first hand, keeping elbows straight with shoulders directly above hands.
- Use body weight to push straight down, at least 2 inches, at rate of 100 compressions per minute.

5. SPRAY

Administer naloxone.

Naloxone is safe and can reverse an opioid overdose:

- It's easy to use and can save lives.
- If naloxone is mistakenly given to someone not actually experiencing an overdose, it will not harm them.
- Anyone who administers naloxone to save a life is protected from liability under Oregon law.

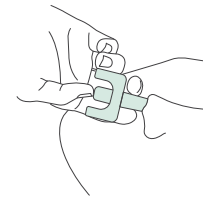
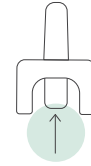


See the following page for detailed assembly and administration instructions.

Types of naloxone and process for administration

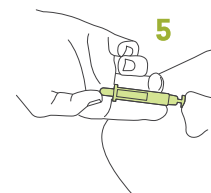
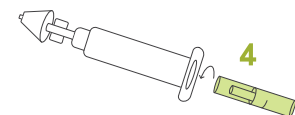
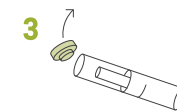
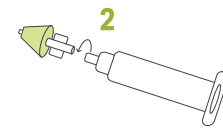
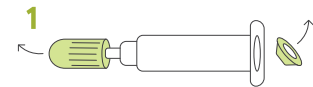
Narcan® nasal spray

1. Assemble the nasal naloxone spray.
2. Spray firmly into the nostril.
3. Continue rescue breathing/chest compressions, as it may take several minutes for the naloxone to come into effect.
4. If the person does not respond within 2–3 minutes, administer a second dose.
5. Additional doses may be given every 2–3 minutes until the person responds or emergency help arrives.



Intranasal naloxone

1. Pull or pry off both top and bottom covers on the syringe.
2. Screw the white cone onto the top of the barrel of syringe.
3. Pry off the cap of the naloxone capsule.
4. Screw naloxone cartridge into the barrel of syringe.
5. Insert white cone into nostril. Give a short push on the end of the naloxone cartridge. One half of the cartridge goes into each nostril.
6. Continue rescue breathing/chest compressions, as it may take several minutes for the naloxone to come into effect.
7. If the person does not respond within 2-3 minutes, administer a second dose.
8. Additional doses may be given every 2–3 minutes until the person responds or emergency help arrives.



6. STAY

Monitor the person's response.

Continue to provide rescue breathing and do chest compressions until the person is breathing on their own or until emergency first responders arrive. Brain damage can occur after 3-5 minutes without oxygen.

Once the person is awake and breathing on their own, comfort the person whose withdrawal is being triggered by naloxone. They may feel disoriented, scared or nauseated.

1. Roll the person over slightly onto their side. Bend the top knee. Put the person's top hand under the person's head to support it.
 - This position should keep the person from rolling onto their stomach or back, so the person does not choke if they vomit.
2. Reassure the person and explain what's happening.
3. Signs of opioid withdrawal are uncomfortable but not life threatening:
 - Body aches and fever
 - Irritability and restlessness
 - Vomiting and diarrhea
 - Shivering and sweating
4. The person should be monitored until emergency first responders arrive, or at least 2 hours after the last dose of naloxone.



Self-Care After Administering Naloxone

After witnessing an opioid overdose, your own self-care is important.

If you have intervened in an opioid overdose, you may experience post-traumatic stress due to the high intensity of the event.

Resources and support are available

- Talk to a counselor or mental health professional. Contact your insurance provider to find an in-network provider. Check to see if your employer offers an Employee Assistance Program (EAP) that offers free or discounted counseling sessions. You can also search for a mental health professional near you at www.opa.org/find-a-psychologist.
- Call Lines for Life at 800-923-4357 or visit them online at www.linesforlife.org/get-help-now.
- Call the SAMHSA National Help Line at 1-800-662-HELP (4357) or visit them online at www.samhsa.gov/find-help/national-helpline.
- Visit the Oregon Health Authority Public Health Division for additional resources: www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/naloxone.aspx.

Appendix:

Tips and Resources for Trainers

Tip for Success

Designate someone within your organization as your naloxone trainer. Ensure this person has the trust of your staff as well as the capacity and authority to reinforce training concepts as needed.

How to Train Your Team

Naloxone training is quick and easy and everything you need is available in this guide or online at ReverseOverdose.org.

- 1. Plan:** Determine a training date, time and location. Make it convenient for maximum participation.
- 2. Share:** Advertise the training opportunity. Use the customizable poster template included in the downloadable Training Tools at ReverseOverdose.org, which can be printed or shared digitally.
- 3. Conduct the Training:** A typical training is 30 minutes and looks like this:
 - Give an introduction: *Why is naloxone training important for you and your organization?*
 - Hand out the Training Guide with detailed instructions on how to administer naloxone.
 - Watch the training video available at ReverseOverdose.org.
 - Show what's inside the naloxone case. Be sure to tell employees where they can find the case in the event of a suspected opioid overdose.
 - At this point in the training, pause and reassemble the kit. Encourage your team to take turns opening the naloxone case and examine the contents while identifying the various resources and components of the kit. Please avoid removing the protective packaging from the naloxone, as it could render the dose unusable.

- Answer questions and discuss expectations specific to your organization.
 - Make sure employees understand that, even after they are trained, it is always an individual decision whether they choose to intervene with naloxone in the case of a suspected overdose.
 - Print out the customizable Acknowledgement of Naloxone Training included in the Training Tools, and give to participants who complete the training.
- 4. Follow Up:** Keep the training top of mind for your employees.
- Put up “Reverse an Opioid Overdose with Naloxone” posters in a central place. A break room or kitchen are great locations.
 - Make sure employees know who to go to within your organization with questions about administering naloxone.
- 5. Look Ahead:** Make a plan for refresher trainings and trainings for new employees. Consider holding a training annually, or on a rolling basis as you bring on new team members.

How to Get Naloxone

In Oregon, anyone can obtain naloxone directly from a pharmacist. You don’t need to see a healthcare provider first.

Find a Pharmacist

[Click here](https://bit.ly/2IIIeH2) (bit.ly/2IIIeH2) to find a pharmacist in your area that carries naloxone.

You may want to call the pharmacy first to make sure they have naloxone and are ready to prescribe it. Here’s what to say:

I’m training my staff on how to use naloxone in the case of an overdose and would like to get a prescription for intranasal or nasal spray naloxone.

My understanding is I can get naloxone prescribed by a pharmacist.

Do you have nasal spray naloxone available at your pharmacy? I’d like to get a prescription and have it filled.

What to bring with you to the pharmacist

You don't need to bring any special documentation to the pharmacist, but you may find it easier to print and bring the letter included in this Training Guide to give your pharmacist more information about the OHA naloxone training program.

Naloxone types

There are several types of naloxone. When possible, OHA recommends nasal and intranasal varieties as they are easiest to use.

Cost

The price of naloxone can vary depending on the type of naloxone and can change over time. Call your pharmacy to get the current price. You may also call your company's insurance to see if they are able to offset the cost of purchasing naloxone.

Doses

It's up to you how many naloxone doses you'd like to have on hand. It will depend on how many staff and locations you have and whether your employees work off site. In general, we recommend two doses of naloxone at each office/work location and/or in each business vehicle.

Where to Place Your Naloxone Kit

Research shows that these are the best locations for your naloxone kit:

- Near the AED kit
- Near the restroom(s)
- In the same location as the first-aid equipment/kit
- By the fire extinguisher

What to Know About Your Legal Rights

Naloxone training is not legally required for naloxone prescription or administration, but it is recommended so that staff learn how to use naloxone and to recognize the signs of an overdose.

While CPR training may also be beneficial to your staff and organization, it is not required for staff or trainers to be CPR certified to administer naloxone.

As of October 6, 2017, clinical oversight by a Medical Doctor (MD), Osteopathic Doctor (DO), Nurse Practitioner (NP) or Physician's Assistant (PA) is no longer required for naloxone prescription or training.

Oregon has a law that protects a person who administers naloxone in a good faith effort to reverse an opioid overdose from civil liability. [Learn more](http://oregonlaws.org/ors/689.681) (oregonlaws.org/ors/689.681).

Oregon law protects you from being arrested or prosecuted for drug-related charges or parole/probation violations based on information provided to emergency responders. [Learn more](https://bit.ly/2kwgvYX). (bit.ly/2kwgvYX).

Employers should make sure their employees clearly understand that, even after they are trained, it is always the employee's decision whether they choose to intervene with naloxone in the case of a suspected overdose.

Language Access Policy

Everyone has a right to know about and use Oregon Health Authority (OHA) programs and services. OHA provides free help. Some examples of the free help OHA can provide are:

- Sign language and spoken language interpreters
- Written materials in other languages
- Braille
- Large print
- Audio and other formats

If you need help, please contact the Language Access Services program coordinator in one of these ways:

Web: www.oregon.gov/OHA/OEI

Email: Languageaccess.info@state.or.us

Phone: 1-844-882-7889, 711 TTY

Mail: Office of Equity and Inclusion Division
421 SW Oak St., Suite 750, Portland, OR 97204



Dear Pharmacist,

In 2019, the Oregon Health Authority launched a campaign to equip those most likely to witness an opioid overdose with the training and information they need to administer life-saving naloxone.

As you know, anyone who takes opioids—with or without a prescription—can overdose. Our research shows that incidental bystanders are often the first to respond in the case of an opioid overdose—and, when they are trained to respond with naloxone, they can save a life.

The person bringing this letter to you is representing a business or organization that is currently participating in the OHA naloxone training program. By signing below, this organization has agreed to conduct the appropriate training with their employees using materials provided by OHA. The training includes:

- 1) how to recognize an opioid overdose
- 2) emergency response procedures
- 3) administration of naloxone

As you write and fill today's prescription, please note that Narcan® nasal spray or generic intranasal naloxone are preferred for ease of use and safety.

You can find out more about the OHA campaign at ReverseOverdose.org.

A naloxone toolkit for Oregon pharmacists is also available at bit.ly/2MB4w9m.

Thank you in advance for doing your part to help reverse an overdose.

Sincerely,

A handwritten signature in black ink, appearing to read "Dean Sidelinger".

Dean Sidelinger, MD, MEd
State Health Officer
Oregon Health Authority
Public Health Division