



HONEST CONVERSATIONS WITH FRIENDS AND FAMILY WHO USE DRUGS ARE CRUCIAL TO KEEPING THEM ALIVE.

YOU CAN USE THE FOLLOWING QUESTIONS AS A GUIDE TO THESE DISCUSSIONS.

DO THIS TODAY, AND HAVE A SAFETY PLAN READY *BEFORE* AN EMERGENCY ARISES

OD PREVENTION/MANAGEMENT CHECKLIST

- 1 DO YOU KNOW OD PREVENTION TECHNIQUES?**
- 2 DO YOU BOTH KNOW WHAT A "STERNAL RUB" IS?**
- 3 DO YOU KNOW IF/WHEN THEY WANT YOU TO CALL 911?**
- 4 DO YOU KNOW IF/WHEN THEY WANT RESCUE BREATHING?**
- 5 DO YOU KNOW IF/WHEN THEY WANT NALOXONE?**
- 6 DO YOU KNOW WHERE/HOW MUCH NARCAN THEY WANT?**
- 7 DO YOU KNOW IF/WHEN THEY WANT TO GO TO THE HOSPITAL?**
- 8 HAVE YOU AGREED TO STAY WITH THEM TO SUPPORT THEM WHILE THE NALOXONE WEARS OFF (ABOUT AN HOUR)?**
- 9 HAVE YOU GOTTEN THEM TO COMMIT TO NOT USE AGAIN WHILE THEY WAIT FOR THE NALOXONE TO WEAR OFF?**
- 10 DO YOU KNOW WHERE THEY KEEP THEIR NALOXONE, AND WHERE YOU KEEP YOURS?**
- BONUS! ANYTHING ELSE YOU NOTED IN THIS CONVERSATION?**

NYRA “Quick & Dirty” Naloxone Training Checklist

- 1) NYRA would like to thank **Recovery All Ways - RAW** for supplying our narcan.
- 2) **Mechanism of overdose:** when someone dies it's because their breathing slows to the point where they stop getting enough oxygen to stay conscious, and without air, eventually the heart stops. With an upper overdose, the heart stops, or person has seizures/stroke.
- 3) **Risk Factors:** a) Mixing: opioids with alcohol/pills, or cocaine Prevention: use one drug at a time, don't mix highest risk ones. b) Tolerance: exiting jail, hospital, detox, esp. methadone detox Prevention: use less c) Quality: unpredictable Prevention: tester shots, use reliable/consistent dealer. d) Using Alone: behind closed, locked door, where cannot be found, esp. in SROs. Prevention: fix with a friend. Leave door unlocked. Call someone. e) Health: liver, breathing problems (asthma), compromised immune system, active infections, lack of sleep, dehydration, malnourishment all increase risk of OD eat, drink, sleep, see doctor, carry inhaler, treat infections, etc.
- 4) **Recognition:** The line between high vs. overdosing: unresponsive. Other signs to look for: slow, shallow breathing, pale, blue, snoring/gurgling for opiate OD; chest pains, difficulty breathing, dizziness, foaming at the mouth, lots of sweat or NO sweat, racing pulse, puking, seizures, loss of consciousness for stimulant OD.
- 5) **Response upper/stimulant OD:** a) There is no antidote to a stimulant OD, like Naloxone—call 911 if you see the signs of a seizure, heart attack or stroke. b) If the person is still conscious, have them sit. Loosen any clothing around waist, chest and neck. c) Breathing into a bag can help reduce panic and hyperventilation. Make sure they are getting some air and the room is ventilated (open a window if you have one!) Benzos (like ONE benzo) can help with overamping, similar to a panic attack. This is what they would give you if you went to the ER. d) If they are having a seizure, make sure there is nothing within reach that could harm them (objects that could fall, furniture they could bump themselves on, etc). e) Do not hold the person down, if the person having a seizure thrashes around there is no need for you to restrain them, just make sure objects are out of the way. f) Do not put anything in the person's mouth. Contrary to popular belief, a person having a seizure is incapable of swallowing their tongue so you do not have to stick your fingers or an object into their mouth. g) Do not give the person water, pills, or food until fully alert h) If overheated and/or they have stopped sweating, cool them down with ice packs, mist or fanning. i) If they pass out or become unresponsive, open their airway and immediately call 911! j) If the person is unconscious, check for breaths/pulse. Begin rescue-breathing/CPR if needed!
- 6) **Response downer/opiate OD:** a) Noise: call name, yell “cops, or I'm going to naloxone you!” b) Pain: shake, slap, sternum rub. c) Airway: head tilt, chin lift. d) Check breathing and clear airway (check for syringe caps, undissolved pills, cheeked Fentanyl patches, toothpicks, gum, etc.)
- 7) **Recovery Position:** put person on their side if you have to leave them alone to call 911.
- 8) **Calling 911:** a) Say: (location), “someone is unconscious, not breathing.” Not: “overdose.” b) Cops say they don't generally arrest; there to help paramedics and 1 st to respond in medical emergency, but... c) Naloxone only works on opiates, not benzos or alcohol. Need 911 as backup.
- 9) **Rescue Breathing** a) If you're alone with the overdosing person, start rescue breathing and then go get naloxone after you've given a few breaths. If you're not alone, start rescue breathing while other person goes to get the naloxone. b) Head tilt, chin lift c) Look, listen, feel: to see if chest rises/falls; listen/feel for breath\ d) Two breaths: normal sized, not quick, not a hurricane! e) One breath every five seconds (count one-one thousand, two-one thousand...) f) Explain need: brain damage/death after 3-5 min. without oxygen, ambulance may take longer, have to breathe for person until naloxone kicks in or paramedics arrive.
- 10) **Administering IM Naloxone with Syringe** a) Assembling shot: remove cap on vial, draw up 1cc of Naloxone into muscling syringe. b) Site location: arm (deltoid), thigh, butt. Shoot into muscle, not vein, not abscess. c) Administering shot: clean with alcohol wipe (if available). Insert at 90° angle. Push in plunger.
- Administering Nasal Naloxone** a) Pull off yellow caps, screw spray device onto syringe b) Pull red cap of the vial of Naloxone and gently screw into bottom of syringe c) Spray half of vial up one nostril, half up the other
- Administering Autoinject Naloxone** a) remove case, pull of red safety guard b) place black end against thigh press firmly for 5 seconds
- 11) While you're waiting for the naloxone to kick in... a) Start rescue breathing again, until you see the person start to breathe on their own. b) Wait 2-3 minutes (it seems like forever!) until you give a second dose of naloxone. Give it a chance to work, it doesn't always work instantaneously. c) If you get no response after 2-3 minutes, give a second dose and start rescue breathing again. If there is still no response, continue breathing until paramedics arrive and let them take over, and if you haven't called 911 yet, do it now! There could be something else wrong, they may have taken different drugs that naloxone doesn't work on, or it could be too late for naloxone to work.
- 10) **Aftercare:** a) Takes several minutes to kick in; wears off in 30-45 minutes b) Person won't remember overdosing; explain what happened c) Don't allow to do more opioids--will be wasting drugs, could OD again d) Need to watch person for at least an hour e) Could need to administer another dose of Naloxone
- 11) **Naloxone care:** a) Keep out of sunlight, and keep at room temperature (not too hot, not too cold—don't put in fridge!) b) Expires in about two years—date will be on your naloxone itself. Still good for up to 20 years past!
- 12) **Logistics:**
 - a) IM Naloxone Kit contents: 2 or 3x 3cc musculers, 2 or 3x 1cc vials of naloxone, OD instruction card
 - b) Nasal Naloxone Kit contents: 1 dose of 2cc Naloxone
 - c) EVZIO Naloxone Kit contains one trainer and two autoinjectors
 - d) Legality: police know about program, should not harass or confiscate, contact SWRA if they do
 - e) Follow-up: come back for re-fill if used, lost, or confiscated