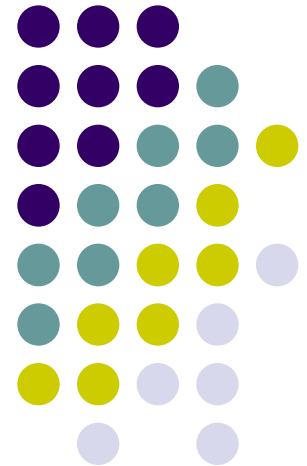


REVIVE!

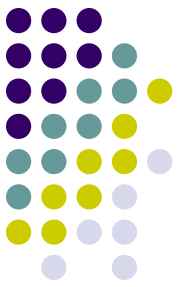
Opioid Overdose and Naloxone Education (ONE) for Virginia

Lay Rescuer Training

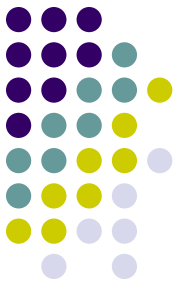


REVIVE!

Understanding and responding to an opioid overdose emergency using naloxone



REVIVE! – Responding to an Opioid Overdose Emergency



Welcome

- If you did not preregister, please complete a registration form.

Training Objectives

- Understand the REVIVE! program, including lay administration of naloxone, protection from civil liability, and the safe reporting of overdoses law
- Understand how opioid overdose emergencies happen and how to recognize them
- Understand how naloxone works
- Identify risk factors that may make someone more susceptible to an opioid overdose emergency
- Dispel common myths about how to reverse an opioid overdose
- Learn how to respond to an opioid overdose emergency with the administration of naloxone

REVIVE! – Responding to an Opioid Overdose Emergency



REVIVE! Background

- House Bill 1672
 - Initial law authorizing REVIVE
- House Bill 1458
 - Immunity from civil liability
 - Law enforcement and firefighters can now carry
 - Provision for oral written, or standing order
- House Bill 1500 and Senate Bill 892
 - Safe Reporting of Overdoses
 - Allows assertion of affirmative defense

REVIVE! – Responding to an Opioid Overdose Emergency



How does an opioid overdose happen?

An excessive amount of an opioid, or a combination of opioids and other substances overwhelms the body and causes it to shut down. Drugs such as heroin and prescription pain medications cause the central nervous system to become depressed, leading to breathing and heart rate slowing down and eventually ceasing entirely.

REVIVE! – Responding to an Opioid Overdose Emergency



What are opioids?

Generic	Trade	Street
Hydrocodone	Lortab, Vicodin	Hydro, Norco, Vikes, Watsons
Oxycodone	Oxycontin, Percocet	Ox, Oxys, Oxycotton, Kicker, Hillbilly Heroin
Morphine	Kadian, MSContin	M, Miss Emma, Monkey, White Stuff
Codeine	Tylenol #3	Schoolboy, T-3s
Fentanyl	Duragesic	Apache, China Girl, China White, Goodfella, TNT
Hydromorphone	Dilaudid	Dill, Dust, Footballs, D, Big-D, M-2, M-80s, Crazy 8s, Super 8s
Oxymorphone	Opana	Blue Heaven, Octagons, Oranges, Pink, Pink Heaven, Stop Signs
Meperidine	Demerol	Dillies, D, Juice
Methadone	Dolophine, Methadose	Meth, Junk, Fizzies, Dolls, Jungle Juice
Heroin	N/A	Dope, Smack, Big H, Black Tar
Buprenorphine	Bunavail, Suboxone, Subutex, Zubsolv	Sobos, Bupe, Stops, Stop Signs, Oranges

REVIVE! – Responding to an Opioid Overdose Emergency



How can you tell the difference between someone who is high and someone who has overdosed?

REVIVE! – Responding to an Opioid Overdose Emergency



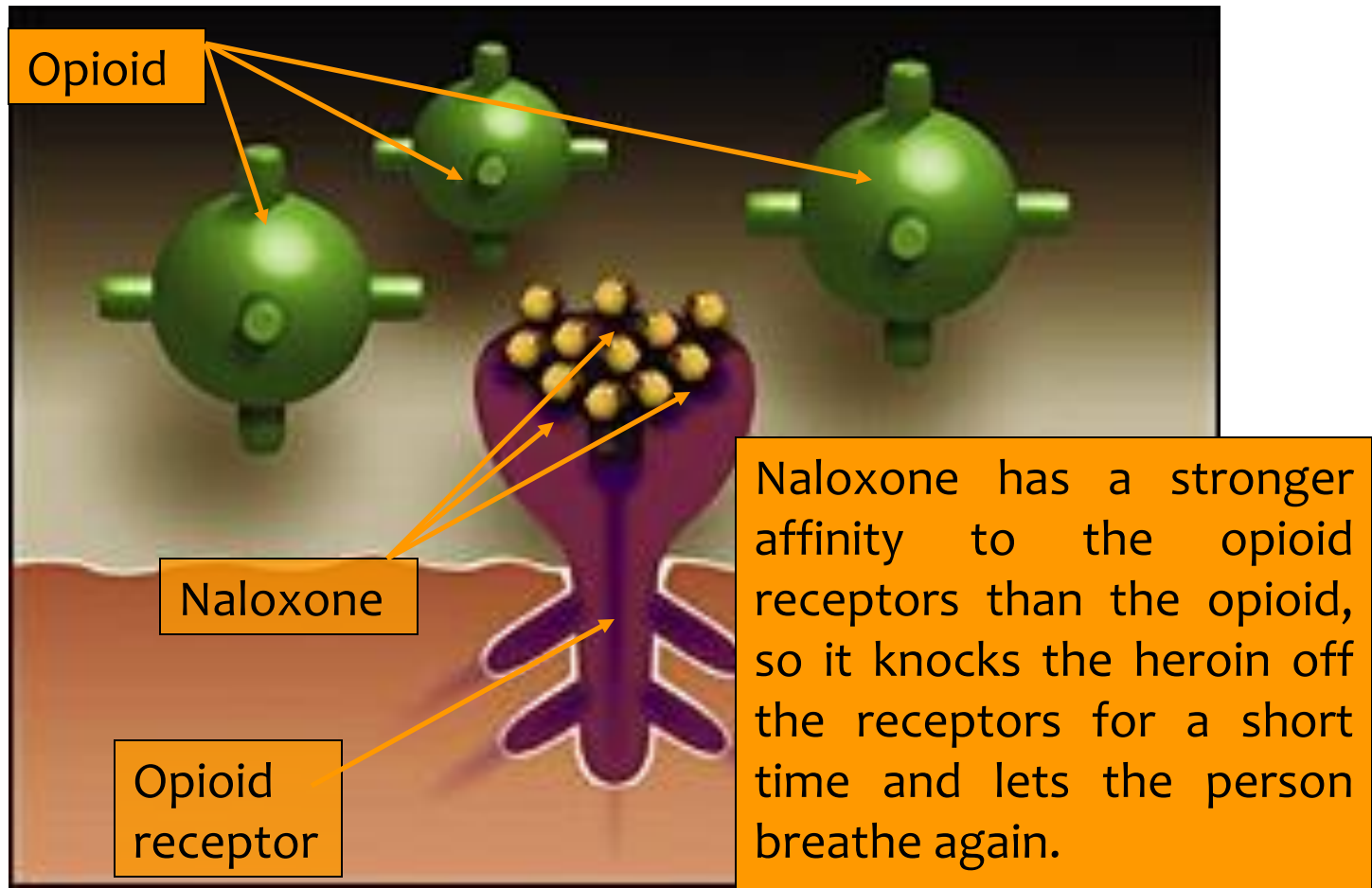
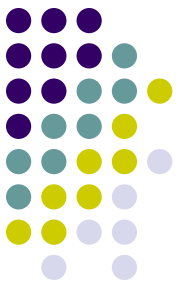
Understanding and Recognizing Opioid Overdose Emergencies:

There are certain signs you can look for to tell if someone is really high or overdosing. These include:

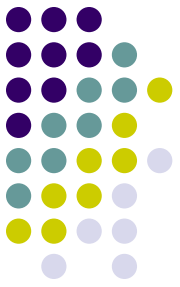
Really High	Overdosed
Muscles become relaxed	Pale, clammy skin
Speech is slowed or slurred	Breathing is infrequent or has stopped
Sleepy-looking	Deep snoring or gurgling (death rattle)
Responsive to shouting, ear lobe pinch, or sternal rub	Unresponsive to any stimuli
Normal heart rate and/or pulse	Slow or no heart rate and/or pulse
Normal skin tone	Blue lips and/or fingertips

REVIVE! – Responding to an Opioid Overdose Emergency

How does naloxone work?

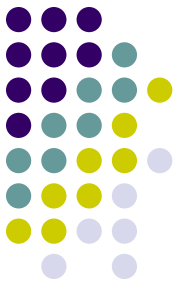


REVIVE! – Responding to an Opioid Overdose Emergency



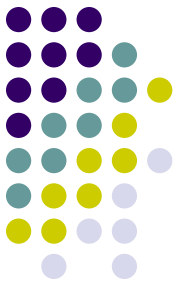
- Naloxone has no potential for abuse and will have no effect if accidentally administered or self-administered (in the case of a child).
- Its use is supported by many national organizations, including the Office of National Drug Control Policy and the World Health Organization

REVIVE! – Responding to an Opioid Overdose Emergency



What are some of the risk factors that can make someone more likely to overdose on opioids?

REVIVE! – Responding to an Opioid Overdose Emergency



Certain people are at higher risk for opioid overdose emergencies, including:

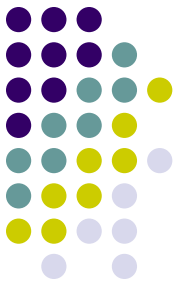
- Prior Overdose
- Reduced tolerance – previous users who have stopped using due to abstinence, illness, treatment, or incarceration
- Mixing drugs – combining opioids with other drugs, including alcohol, stimulants or depressants. Combining stimulants and depressants DO NOT CANCEL EACH OTHER OUT
- Using alone
- Variations in strength or quantity or changing formulations (e.g., switching from quick acting to long lasting/extended release)
- Medical conditions such as chronic lung disease or kidney or liver problems

REVIVE! – Responding to an Opioid Overdose Emergency



What are some myths you have heard about ways to reverse an opioid overdose?

REVIVE! – Responding to an Opioid Overdose Emergency



There are many myths about how to reverse an opioid overdose. Here are some, and why you **SHOULD NOT DO THEM**.

- DO NOT put the individual in a bath. They could drown.
- DO NOT induce vomiting or give the individual something to drink. They could choke.
- DO NOT put the person in an ice bath or put ice in their clothing or in any bodily orifices. Cooling down the core temperature of an individual who is experiencing an opioid overdose emergency is dangerous because it can further depress their heart rate.
- DO NOT try and stimulate the individual in a way that could cause harm, such as slapping them hard, kicking them, or other more aggressive actions that may cause long-term physical damage.
- DO NOT inject them with any foreign substances (e.g., salt water or milk) or other drugs or force them to eat or drink anything. It will not help reverse the overdose and may expose the individual to bacterial or viral infection, abscesses, endocarditis, cellulitis, choking, etc.

There are many myths about how to reverse an opioid overdose.
Here are some, and why you **SHOULD NOT DO THEM.**



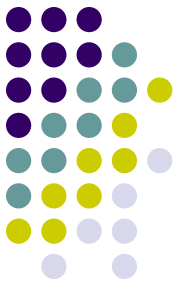
DO NOT....

- Put them in a bath
- Induce vomiting or give them anything to drink
- Put them in ice bath or put ice in clothing or put ice in body orifices

BECAUSE...

- They could drown
- They could choke
- This can cool their core body temperature and further depress their heart rate. This can be very dangerous to someone with opiate overdose.

Myths....



DO NOT.....

- Try to stimulate or wake them in a way that can cause harm..such as hard slapping, kicking, hard shaking, dragging, or aggressive actions that can cause physical damage.

BECAUSE.....

- It could cause long term physical damage.

Myths.....



DO NOT

- Inject them with foreign substances such as salt water or milk or with other drugs
- Force them to eat or drink anything.

BECAUSE

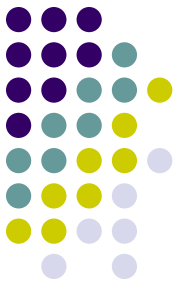
- These actions will not reverse the overdose and could result in bacterial or viral infection, abscesses, endocarditis, cellulitis, or choking.

REVIVE! – Responding to an Opioid Overdose Emergency



**Naloxone is the only effective
response to an opioid overdose
emergency!**

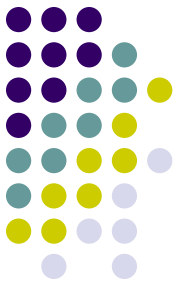
REVIVE! – Responding to an Opioid Overdose Emergency



How to respond to a suspected opioid overdose emergency:

1. Check for responsiveness and administer initial rescue breaths if person is not breathing.
2. Call 911.
3. Continue rescue breathing if person is not breathing on their own.
4. Administer naloxone.
5. Resume rescue breathing if the person is not breathing on their own yet.
6. Conduct follow-up and administer a second dose of naloxone if no response after three minutes.

REVIVE! – Responding to an Opioid Overdose Emergency



1. **Check for responsiveness and administer rescue breaths if person is not breathing.**
 - Try to stimulate them. You can shout their name, tap their shoulder, or pinch their ear lobe.
 - Give a sternal rub. Make a fist and rake your knuckles hard up and down the front of the person's sternum (breast bone). This is sometimes enough to wake the person up.
 - Check for breathing. Put your ear to the person's mouth and nose so that you can also watch their chest. Feel for breath and watch to see if the person's chest rises and falls.
 - If the person does not respond or is not breathing, proceed with the steps listed below.

REVIVE! – Responding to an Opioid Overdose Emergency



- Put on latex-free gloves from the REVIVE! kit.
- Tilt the person's forehead back and lift their chin (see diagram a)
- Place breathing mask on person's face, covering their mouth and nose. A plastic piece is in the person's mouth. The mask has a nose print for proper placement.
- Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
- Give three breaths, one breath every five seconds.



PLEASE NOTE - Brain damage can occur after three to five minutes without oxygen. Rescue breathing gets oxygen to the lungs quickly. Once you give naloxone, the person may not start breathing on their own right away. You may have to keep breathing for the person until the naloxone takes effect or until emergency medical services arrive.

REVIVE! – Responding to an Opioid Overdose Emergency



1. CALL 911

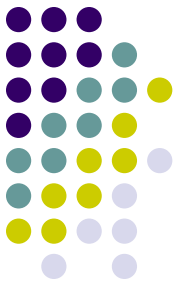
2. **Call 911** [If you have to leave the person alone to call 911, put the person in the recovery position – see details below].

- Quiet down the scene, or move to a quieter location. Speak calmly and clearly. State that someone is unresponsive and is not breathing.
- You DO NOT have to mention drugs or overdose when calling 911 unless specifically asked by the 911 dispatcher.
- Give the exact address and location. If you're outside, use an intersection or landmark.
- When first responders arrive, tell them it is an overdose and what drugs the person may have used, and what you have done so far to respond.

PLEASE NOTE: Complications may arise during or as a result of opioid overdose emergencies. Also, naloxone only works on opioids, and the person may have overdosed on something else, e.g., alcohol or benzodiazepines. **Calling 911 to request Emergency medical services is critical.**



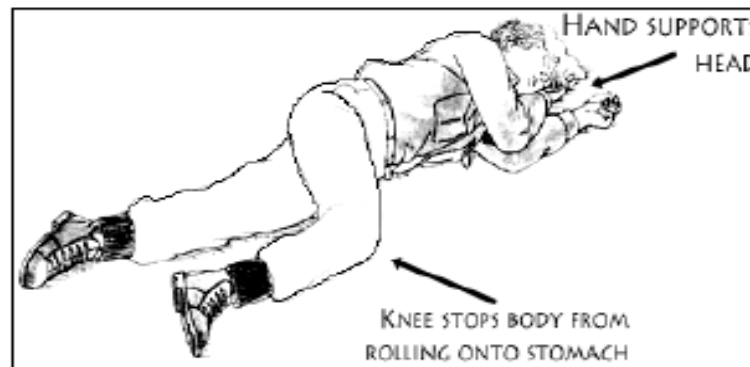
REVIVE! – Responding to an Opioid Overdose Emergency



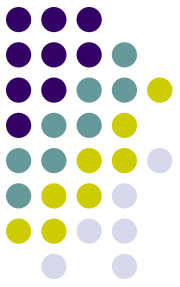
2a. Recovery Position

If you have to leave the person while they are still unresponsive, put the person in the **recovery position**.

- If necessary, place the overdose victim flat on their back.
- Roll the person over slightly onto their side.
- Bend their top knee.
- Put the person's top hand under their head for support.
- This position should keep the person from rolling onto their stomach or back and prevent them from asphyxiation in case of vomiting.
- Make sure the person is accessible and visible to first responders; don't close or lock doors that would keep first responders from being able to find or access the person.



REVIVE! – Responding to an Opioid Overdose Emergency



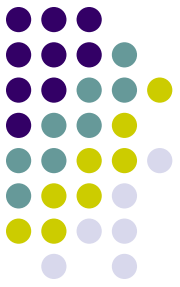
3. Continue rescue breathing if person is not breathing

- Tilt the person's forehead back and lift chin (see diagram →)
- Place breathing mask back on person's face, covering their mouth and nose. Ensure that the plastic piece is in the person's mouth. You can still do mouth-to-mouth rescue breathing if a mask is not available.
- Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
- Give one breath every five seconds for approximately 30 seconds



PLEASE NOTE - Brain damage can occur after three to five minutes without oxygen. Rescue breathing gets oxygen to the lungs quickly. Once you give naloxone, the person may not start breathing on their own right away. You may have to keep breathing for the person until the naloxone takes effect or until emergency medical services arrive.

REVIVE! – Responding to an Opioid Overdose Emergency



4. Administer naloxone

INTRANASAL

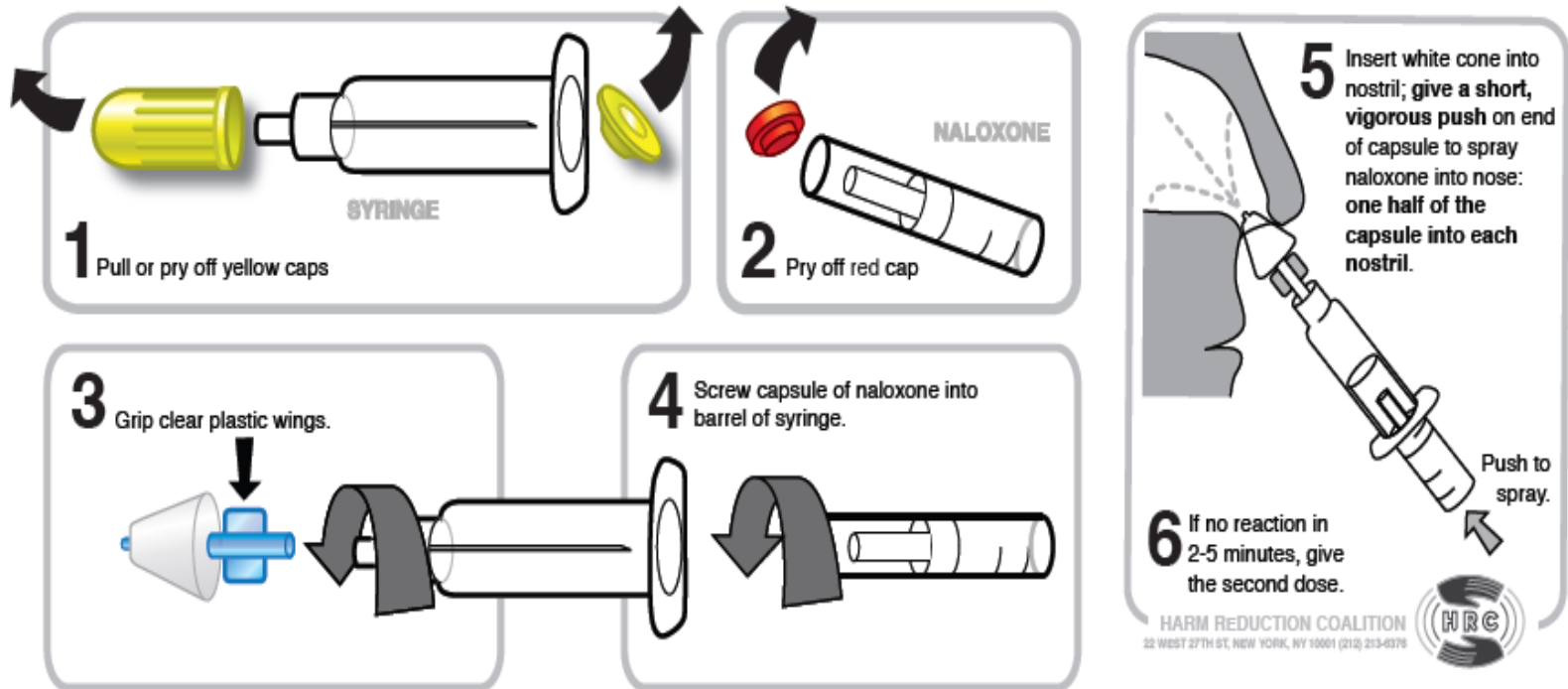
1. Pull the yellow caps off the syringe.
2. Pull the purple (may also be red or gray) cap off the naloxone capsule.
3. Screw the atomizer, which looks like a white cone, onto the threaded end of the syringe.
4. Gently screw the naloxone capsule into the syringe, open end first, until you feel it catch.
5. Put the tip of the spray device into one nostril and push on the capsule to spray half of the naloxone into the nostril; immediately switch to the other nostril and spray the other half of the naloxone into the nostril (see diagram below). The capsule has gradient marks to indicate when you have sprayed half of the medication.

Please Note: If someone is dependent on opioids, giving them naloxone may result in temporary withdrawal. This response can include abrupt waking up, vomiting, diarrhea, sweating, and agitated behavior. Withdrawal is extremely unpleasant, but NOT life threatening and will only last until the naloxone has worn off.

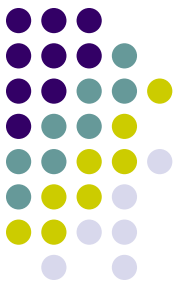
REVIVE! – Responding to an Opioid Overdose Emergency



4. Administer naloxone



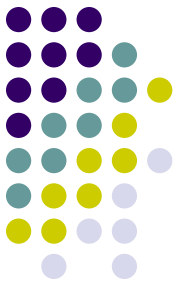
REVIVE! – Responding to an Opioid Overdose Emergency



Video – How to Prepare Naloxone for Administration



REVIVE! – Responding to an Opioid Overdose Emergency



4. Administer naloxone

EVZIO

EVZIO has visual and voice instructions that help guide the user through the injection process. Each EVZIO auto-injector contains only one dose of medicine. Caregivers should pinch the thigh muscle when injecting EVZIO into a child under the age of one.

1. Pull EVZIO from the outer case.

- **Do not** go to Step 2 (Do not remove the **red** safety guard.) until you are ready to use EVZIO.
- **If you are not ready to use EVZIO, put it back in the outer case for later use.**



2. Pull off the red safety guard.

- To reduce the chance of an accidental injection, do not touch the **black** base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.
- **Note:** The **red** safety guard is made to fit tightly. **Pull firmly to remove.** **Do not replace the red safety guard after it is removed.**



REVIVE! – Responding to an Opioid Overdose Emergency



4. EVZIO - Administer naloxone

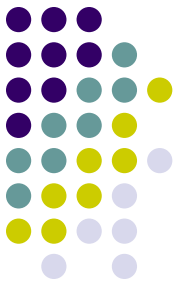
3. Place the black end against the middle of the outer thigh, through clothing (pants, jeans, etc) if necessary, then press firmly and hold in place for 5 seconds.



- If you give EVZIO to an infant less than 1 year old, pinch the middle of the outer thigh before you give EVZIO and continue to pinch while you give EVZIO.

Note: EVZIO makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and means that EVZIO is working correctly. Keep EVZIO firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound. The needle will inject and then retract back up into the EVZIO auto-injector and is not visible after use.

REVIVE! – Responding to an Opioid Overdose Emergency

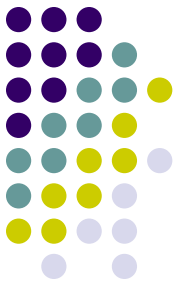


- NARCAN

Product of AdaptPharma designed for intranasal use. Place the person on their back. Tilt the head. Administer full dose into one nostril. We will view a video demonstrating how to use.



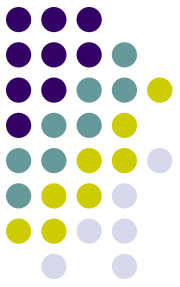
REVIVE! – Responding to an Opioid Overdose Emergency



5. Resume rescue breathing if the person has not yet started breathing

PLEASE NOTE - Brain damage can occur after three to five minutes without oxygen. Rescue breathing gets oxygen to the brain quickly. Once you give naloxone, it may take some time for it to take effect, so the person may not start breathing on their own right away. Continue rescue breathing for them until the naloxone takes effect or until emergency medical services arrive.

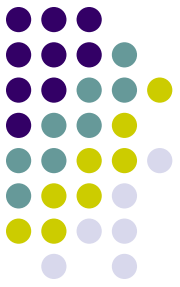
REVIVE! – Responding to an Opioid Overdose Emergency



6. Conduct assessment and respond as appropriate

Most individuals will recover after a single dose of naloxone is administered. When this occurs, the person will be in withdrawal, which may include abrupt waking up, vomiting, diarrhea, sweating, and nausea. They may not remember overdosing. In rare cases, the person may recover into acute withdrawal, which in addition to the above, may include aggressive, combative, or violent behavior. In this case, the Lay Rescuer needs to ensure their own safety.

REVIVE! – Responding to an Opioid Overdose Emergency



6. Conduct assessment and respond as appropriate

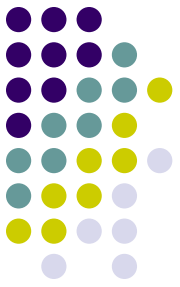
Assessment and Response after First Administration of Naloxone

If person recovers, monitor until emergency medical services arrive

If person does not recover within three minutes, return to step four and administer second dose of naloxone

If person recovers but relapses into overdose after 30-45 minutes, recheck for responsiveness, then perform rescue breathing and naloxone administration as appropriate

REVIVE! – Responding to an Opioid Overdose Emergency

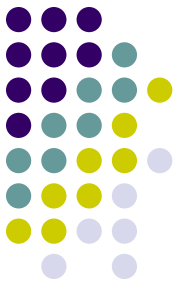


6. Conduct assessment and respond as appropriate

If person recovers after the first dose of naloxone, continue to monitor them until emergency medical services arrive.

- Do what you can to calm and soothe them
- They may be agitated and will want to take more drugs
- Do not allow them to take more drugs or eat or drink anything
- Emphasize the importance of waiting for emergency medical services to arrive so they can be assessed
- Tell them that opioid withdrawal is not life-threatening and that naloxone will wear off in 30-45 minutes
- Depending on what substances they were taking, they could relapse into overdose once the first dose of naloxone wears off

REVIVE! – Responding to an Opioid Overdose Emergency



6. Conduct assessment and respond as appropriate

There are **two cases** in which you may need to administer a second dose of naloxone:

- **SITUATION A:** If the individual has not responded to the initial dose within three minutes
- **SITUATION B:** If the individual has relapsed into an overdose again after having previously recovered with the initial dose.

REVIVE! – Responding to an Opioid Overdose Emergency



6. Conduct assessment and respond as appropriate

SITUATION A: The individual has not responded to the initial dose within three minutes

When this occurs:

- Naloxone should take effect within 30-45 seconds but may take longer
- Wait three minutes (continue rescue breathing during this time)
- At three minutes, administer second dose of naloxone
- If person remains unresponsive after the second dose is administered, continue rescue breathing until emergency medical services arrives.

REVIVE! – Responding to an Opioid Overdose Emergency



6. Conduct assessment and respond as appropriate

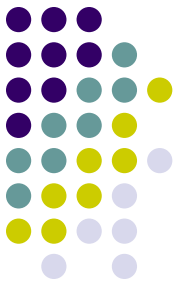
SITUATION B: The individual has relapsed into an overdose again after having previously recovered with the initial dose.

Naloxone has a very short half life – 30-45 minutes. In some cases, there is so much opioid in the system that the person can relapse back into overdose after the naloxone has worn off.

When this occurs:

- Recheck person for responsiveness as described in Step 1 above.
- If unresponsive, administer second dose of naloxone
- Continue rescue breathing until person recovers or until emergency medical services arrives.

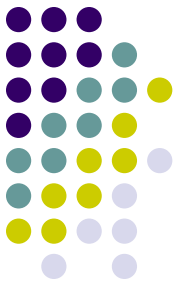
REVIVE! – Responding to an Opioid Overdose Emergency



6. Conduct follow-up and next steps – Summary

- Ensure the person is experiencing an opioid overdose emergency before calling 911 or administering naloxone.
- Calling 911 before administering naloxone is vital. An individual who has overdosed needs to be assessed by medical professionals.
- The administration of naloxone to an individual **is not the last step in responding to an opioid overdose emergency**. Further attention and action are necessary.
- Withdrawal is awful but not life-threatening. Try to keep them calm, let them know what happened, and explain that help is coming and they need to wait for emergency medical personnel to respond.
- Monitor the individual to see that they start to breathe and become responsive.

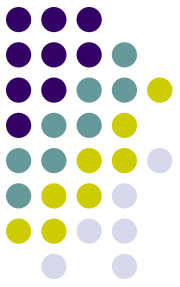
REVIVE! – Responding to an Opioid Overdose Emergency



6. Conduct follow-up and next steps – Summary

- Resume rescue breathing if the person has not started breathing on their own.
- Naloxone takes several minutes to kick in and wears off in 30-45 minutes. The person may relapse into an opioid overdose emergency after the naloxone wears off. Therefore, it is **STRONGLY RECOMMENDED** that you watch the person for at least an hour or until emergency medical services arrive.
- Do not let them ingest food, drinks, or more drugs.
- Apply the “I’ve Received Naloxone” sticker from the REVIVE! kit somewhere visible on the person which can let first responders know that the person has experienced an overdose and received naloxone. If the person is in withdrawal, their skin may be sweaty or clammy. To ensure it stays, apply the sticker to the person's clothing or hair.

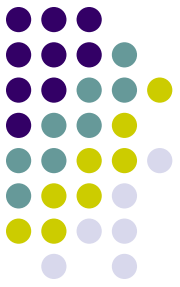
REVIVE! – Responding to an Opioid Overdose Emergency



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REVIVE! – Responding to an Opioid Overdose Emergency



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REVIVE! – Responding to an Opioid Overdose Emergency



Hands-On Training

Take this chance to practice sternal rubs, rescue breathing, and assembling the naloxone syringe for administration.

REVIVE! – Responding to an Opioid Overdose Emergency



Questions and Answers

Discussion

Complete evaluations and receive card
verifying training.

REVIVE! – Opioid Overdose Prevention Education



Acknowledgements

- ❖ Boston Public Health Commission
- ❖ Bureau of Justice Assistance
- ❖ Chicago Recovery Alliance
- ❖ Delegate John O'Bannon, R-73
- ❖ Joanna Eller
- ❖ Harm Reduction Coalition
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- ❖ The McShin Foundation
- ❖ Massachusetts Department of Public Health
- ❖ Multnomah County (OR) Health Department
- ❖ New York City Department of Mental Health and Hygiene
- ❖ New York State Division of Criminal Justice Services
- ❖ Ed Ohlinger
- ❖ One Care of Southwest Virginia
- ❖ Project Lazarus
- ❖ SAARA Recovery Center of Virginia
- ❖ San Francisco Department of Health/DOPE Project
- ❖ University of Washington Alcohol and Drug Abuse Institute
- ❖ Virginia Department of Criminal Justice Services
- ❖ Virginia Department of Health
- ❖ Virginia Department of Health Professions

REVIVE! – Responding to an Opioid Overdose Emergency



Please complete your evaluation form and
turn in in order to obtain your card
verifying you have received training.

Thanks for your attendance!

For more information:

REVIVE@dbhds.virginia.gov

804-786-0464

<http://www.dbhds.virginia.gov/individuals-and-families/substance-abuse/revive>