

REVIVE!

OPIOID OVERDOSE AND NALOXONE EDUCATION FOR VIRGINIA

REVIVE! Training Guide

I. Welcome and Introductions

Sign in and complete registration forms if needed.

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

II. Background and development of the REVIVE! Program

In 2013, the Virginia General Assembly passed House Bill 1672, directing the Virginia Department of Behavioral Health and Developmental Services (DBHDS), in conjunction with the Virginia Department of Health, the Virginia Department of Health Professions, law enforcement and the recovery community, to conduct a pilot project on the administration of naloxone to counteract the effects of an opioid overdose emergency. In 2015, the General Assembly passed House Bill 1458, which expanded REVIVE! to a statewide program; broadened immunity from civil liability to include anyone who prescribes, dispenses, or administers naloxone; allowed for an oral, written, or standing order that would allow an individual to obtain naloxone from a pharmacy without a prescription; and explicitly allowed law enforcement officers and fire fighters to carry and administer naloxone. Virginia is one of more than 25 states (plus the District of Columbia) that has enacted laws to allow for some form of naloxone access.

The 2015 General Assembly also passed House Bill 1500 and Senate Bill 892 which allow for the safe reporting of overdoses. These bills allow a person to assert an affirmative defense against the following charges:

- unlawful purchase, possession, or consumption of alcohol pursuant to § 4.1-305
- possession of a controlled substance pursuant to § 18.2-250
- possession of marijuana pursuant to § 18.2-250.1
- intoxication in public pursuant to § 18.2-388, or
- possession of controlled paraphernalia pursuant to § 54.1-3466.

An affirmative defense is a defense that alleges additional facts that defeats or mitigates the legal consequences of otherwise unlawful activity. You can still be charged with these crimes, but you can assert an affirmative defense against them if you are responding to an overdose emergency. To be able to assert an affirmative defense, ALL of the following criteria must be met:

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1. You must in good faith seek or obtain medical attention for yourself or someone else experiencing an overdose emergency by reporting the event to a firefighter, emergency medical services personnel, a law enforcement officer, or an emergency 911 system;
2. You must remain at the scene of the overdose or an alternate location which you or the person who suffered the overdose has been transported until a law enforcement official responds to the reported overdose. If no law enforcement officer responds, you must cooperate with law enforcement as indicated and described in the other sections;
3. You must identify yourself to the law enforcement officer who responds;
4. If requested by a law enforcement officer, you must substantially cooperate in any investigation of any criminal offense reasonably related to the controlled substance or alcohol that led to the overdose; and
5. The evidence for the prosecution of an offense was obtained as a result of the individual seeking or obtaining emergency medical attention.

Finally, an affirmative defense may not be asserted if you sought or obtained emergency medical attention during the execution of a search warrant or during a lawful search or arrest.

Virginia is Currently Under a Public Health Emergency*

“On November 21, 2016 State Health Commissioner Marissa J. Levine declared the Virginia opioid addiction crisis a Public Health Emergency. This declaration was in response to the growing number of overdoses attributed to opioid use, and evidence that Carfentanil, a highly dangerous synthetic opioid used to sedate large animals such as elephants, has made its way into Virginia. A Public Health Emergency is an event, either natural or manmade, that creates a health risk to the public.

In response to the Public Health Emergency, and in partnership with Virginia’s Board of Pharmacy, Department of Health Professions and Department of Behavioral Health and Developmental Services, Dr. Levine has issued a standing order that allows all Virginians to obtain the drug Naloxone, which can be used to treat narcotic overdoses in emergency situations. The standing order serves as a prescription written for the general public, rather than specifically for an individual, removing a barrier to access.” *

*See more at:

<https://governor.virginia.gov/newsroom/newsarticle?articleId=18348#sthash.nryYNGTO.dpuf>

III. Understanding Addiction

The American Society of Addiction Medicine defines addiction as a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

Addiction video link: <https://www.youtube.com/watch?v=HUnLgGRJpo>

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IV. Understanding and Identifying Opioid Overdose Emergencies

An opioid overdose emergency happens when 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. Opioids include heroin as well as prescription pain medications that have generic, trade, and slang or street names:

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,
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

The main difference between someone who is high and someone who is overdosing is that someone who is overdosing is **UNRESPONSIVE**. Other differences:

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

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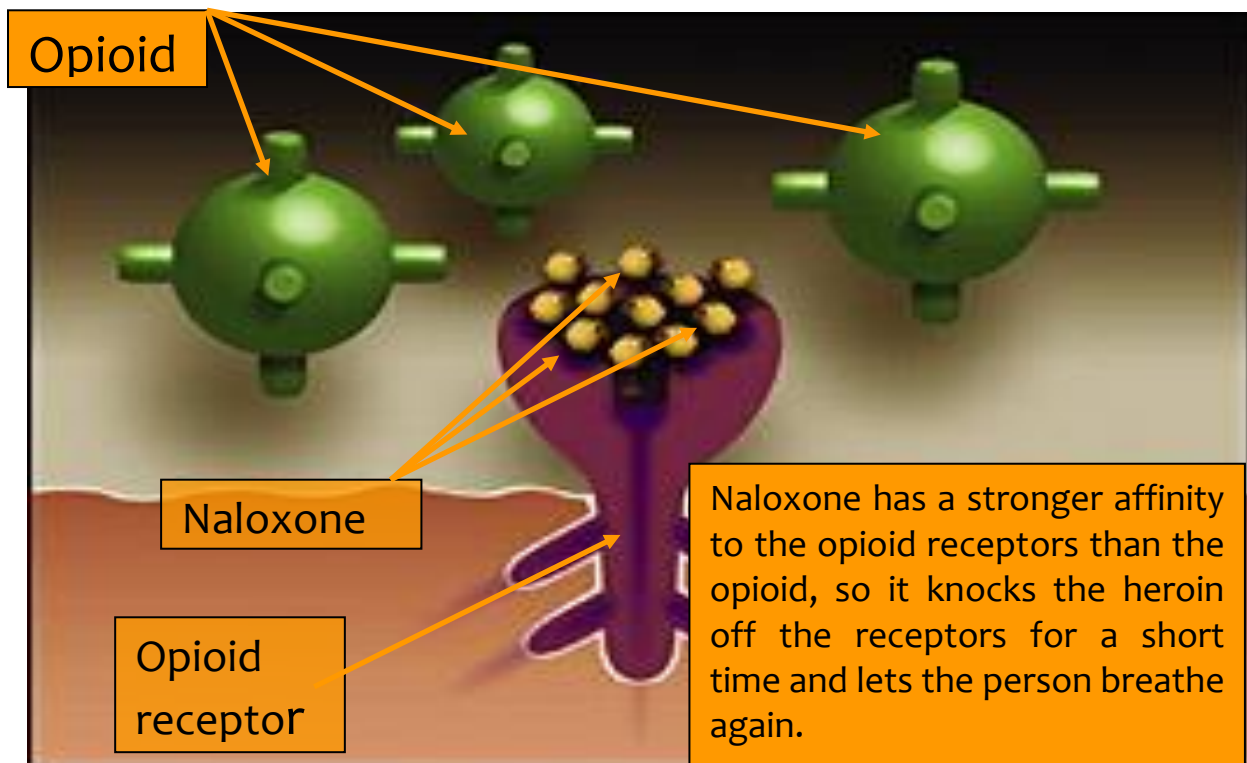
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Keys to look for if you suspect someone has overdosed:

- Unresponsiveness to verbal or physical stimulation, such as pinching their ear lobe or rubbing your knuckles up and down the person's sternum. Whether or not they respond to this stimulation effectively draws the line between being really high versus overdosed.
- Slow, shallow, or no breathing
- Turning pale, blue or gray (especially lips and fingernails)
- Snoring, gurgling or choking sounds
- Very limp body
- Vomiting

If the person shows any of these symptoms, especially lack of response to stimulus or no breathing/pulse, the person may be experiencing an opioid overdose emergency. Today you will learn how you can use naloxone to respond to an opioid overdose emergency and save someone's life. It is important to remember that naloxone will only work to reverse an overdose emergency that is the result of opioid use. It will have no impact on someone that has overdosed on alcohol, cocaine, benzodiazepines (such as Valium, Klonopin, or Ativan), or methamphetamine.

V. How does naloxone work?



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VI. Risk Factors for Opioid Overdose Emergency

There are a number of factors that can place someone at increased risk for an opioid overdose emergency. These include:

- Prior overdose
- Reduced tolerance – previous users who have stopped using due to abstinence, illness, treatment, incarceration, etc.
- Situational tolerance
- 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/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

VII. What NOT to do During an Opioid Overdose Emergency

There are many myths about actions you can take to respond to an opioid overdose emergency. 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 eat or 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 shaking them, slapping them hard, kicking them, or other more aggressive actions that may cause long-term physical damage.
- **DO NOT** inject the individual with any foreign substances (e.g., salt water or milk) or other drugs. It will not help reverse the overdose and may expose the individual to bacterial or viral infection, abscesses, endocarditis, cellulitis, etc.

VIII. Responding 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.

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IX. Responding to an Opioid Overdose Emergency

1. **Check for responsiveness and administer rescue breaths if person is not breathing.**
 - a. Try to stimulate them. You can shout their name, tap their shoulder, or pinch their ear lobe.
 - b. 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.
 - c. 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.
 - d. If the person does not respond or is not breathing, proceed with the steps listed below.
 - e. Put on latex-free gloves from the REVIVE! kit.
 - f. Tilt the person's forehead back and lift their chin (see diagram below).
 - g. Place breathing mask on person's face, covering their mouth and nose. Ensure that the plastic piece is in the person's mouth. The mask has a nose printed on it to guide proper placement.
 - h. Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
 - i. Give three breaths, one breath every five seconds.



Image courtesy of the Chicago Recovery Alliance

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

- a. Quiet down the scene, or move to a quieter location. Speak calmly and clearly. State that someone is unresponsive and is not breathing.
- b. You **DO NOT** have to mention drugs or overdose when calling 911 unless specifically asked by the 911 dispatcher.
- c. Give the exact address and location. If you're outside, use an intersection or landmark.



1. CALL 911

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- d. 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.**

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

- a. If necessary, place the overdose victim flat on their back.
- b. Roll the person over slightly onto their side.
- c. Bend their top knee.
- d. Put the person's top hand under their head for support.
- e. This position should keep the person from rolling onto their stomach or back and prevent them from asphyxiation in case of vomiting.
- f. 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.



3. **Continue rescue breathing** if the person is not breathing on their own.
 - a. Tilt the person's forehead back and lift chin (see diagram above, page five)
 - b. 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.

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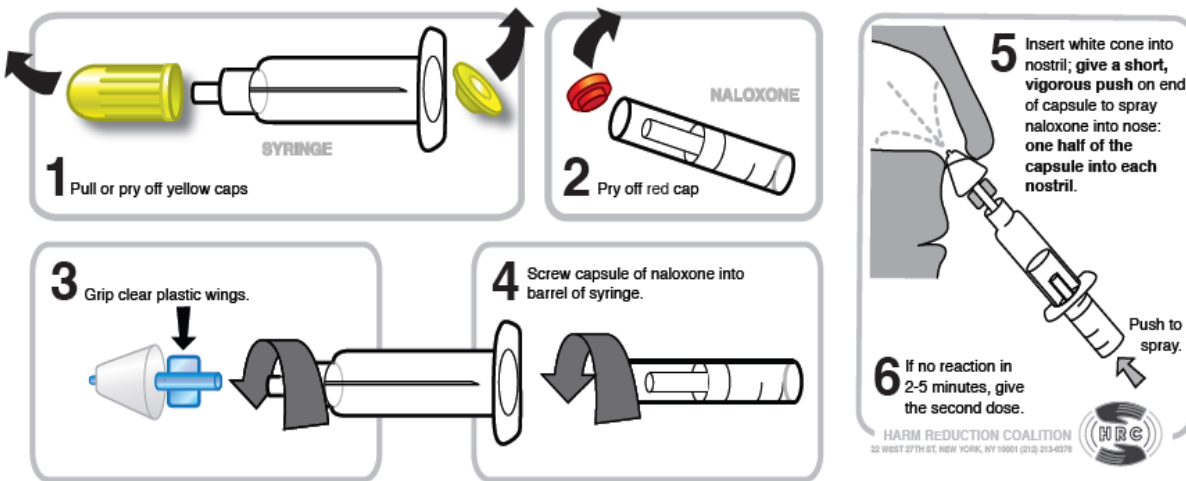
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- c. Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
- d. Give one breath every five seconds for approximately 30 seconds

4. Administer naloxone.

INTRANASAL

- a. Pull the yellow caps off the syringe.
- b. Pull the purple (may also be red or gray) cap off the naloxone capsule.
- c. Screw the atomizer, which looks like a white cone, onto the threaded end of the syringe.
- d. Gently screw the naloxone capsule into the syringe, open end first, until you feel it catch.
- e. 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.



X. Video Presentation

How to Prepare Naloxone for Administration: <https://www.youtube.com/watch?v=Uq6AxrEY3Vk>

* If you are by yourself and have to leave the person alone to call 911, put the person in the recovery position (described below).

EVZIO

EVZIO is designed to be easy to use for patients, their family members, and other caregivers. It contains the Intelliject® Prompt System (IPST™) with visual and voice instructions that help guide the user through the injection process. You should use EVZIO exactly as prescribed by your healthcare provider. 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.



Pull EVZIO from the outer case.

v4.0

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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.**



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. 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.

Narcan

NARCAN is intranasal. Place the person on their back. Tilt the head. Spray full dose into one nostril.



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Video demonstrating Narcan: <http://www.narcannasalspray.com/>

5. **Resume rescue breathing** if the person has not started breathing on their own.

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 since 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.

6. **Assessment and response**

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. (This is more likely with intramuscular administration). **The Lay Rescuer needs to ensure their own safety.** The chart below describes the different outcomes possible after administering the first dose of naloxone.

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

7. 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. 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.

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8.

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

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

SITUATION A: The individual has not responded to the initial dose within three minutes (Continue rescue breathing during those three minutes). **A possible explanation to consider is that the individual overdosed on buprenorphine (Suboxone/Subutex). Because buprenorphine has a higher affinity for opioid receptors than do other opioids, naloxone may not be as effective.

When this occurs:

Administer second dose of naloxone.

If person remains unresponsive after the second dose is administered, continue rescue breathing until emergency medical services arrives.

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 on page 5.
- If unresponsive, administer second dose of naloxone.
- Continue rescue breathing until person recovers or until emergency medical services arrives.

NALOXONE ADMINISTRATION PROTOCOL SUMMARY

- Ensure the person is unresponsive 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.

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- 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.

Continued:

- Monitor the individual to see that they start to breathe and become responsive.
- 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.

XI. Hands-On Training

XII. Complete Evaluation and receive REVIVE! Kit and Card Verifying Training

Thank you for attending this REVIVE! Training!

ACKNOWLEDGEMENTS:

REVIVE! would not be possible without the help of many public and private partners, who DBHDS would like to acknowledge for their invaluable assistance.

Boston Public Health Commission

Bureau of Justice Assistance

Chicago Recovery Alliance

Delegate John O’Bannon, R-73

Joanna Eller

Harm Reduction Coalition

Kaléo

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

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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