

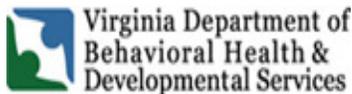
REVIVE!

OPIOID OVERDOSE AND NALOXONE EDUCATION FOR VIRGINIA

Training Curriculum

Version 3.0, Revised: June 17, 2015

Understanding and Responding to
Opioid Overdose Emergencies Using Naloxone:
A Guide for REVIVE! Program Trainers



Introduction

This curriculum is designed to provide content, guidance, and assistance for volunteers leading REVIVE! Lay Rescuer training events. REVIVE! is Virginia's Opioid Overdose and Naloxone Education (ONE) program, led by Department of Behavioral Health and Developmental Services (DBHDS), the Department of Health (VDH), and the Department of Health Professions (DHP) in conjunction with One Care of Southwest Virginia, the McShin Foundation and the Substance Abuse and Addiction Recovery Alliance (SAARA) of Virginia.

The 2015 Session of the Virginia General Assembly passed House Bill 1458 (<http://1.usa.gov/1Le9WvR>) expanding REVIVE! from a pilot project to a statewide program. This bill also expands immunity from civil liability for anyone who prescribes, dispenses, or administers naloxone. It also allows for pharmacies to work with prescribers to establish a standing order which would allow individuals to obtain naloxone from that pharmacy without a prescription or prior training. Finally, it also explicitly allows law enforcement officers and firefighters to carry and administer naloxone.

Additionally, the 2015 Session of the General Assembly passed House Bill 1500 (<http://1.usa.gov/1IH6Kse>) and Senate Bill 892 (<http://1.usa.gov/1J1BMhu>). These bills allow for individuals to assert an affirmative defense against certain charges if those charges are the result of law enforcement are responding to a 911 call reporting an overdose emergency. This "Safe Reporting" law is described in more detail herein.

The goal of REVIVE! is to save lives by reducing the number of deaths resulting from opioid overdose emergencies in the Commonwealth. The purpose of the training is to teach individuals as Lay Rescuers, providing them with the knowledge necessary to respond an opioid overdose emergency with the administration of naloxone (Narcan®). Naloxone is a prescription medication that reverses the effects of an opioid overdose emergency.

This curriculum is a guide for you as a trainer of this training. The training is designed to last approximately 45 minutes. The training is divided into modules, and includes approximations of how long each of those sections should last. Please keep in mind that each group of trainees will be different, so some of the suggested time frames will need to be adjusted to respond to the needs of your trainees. This curriculum provides suggestions and prompts that you can use to help guide you through preparing for and leading this training. Notes for Trainers will appear in *italics* throughout this curriculum, and key points of emphasis will appear in ***bolded italics***. Suggested dialogue for Trainers will appear in **red text**.

As a trainer, please remember that no one is going to have the answer to every question that may come from your trainees. If you don't know the answer, acknowledge that and simply collect that person's contact information and assure them that you or someone else will get back to them with an answer as soon as possible. To obtain help in answering your questions, please email REVIVE@dbhds.virginia.gov or call (804)786-0464.

The training is most effective when performed with a group no larger than 20-25 persons. If you're hosting an event with multiple trainers, you can accommodate more trainees. The room

should be well-lit and comfortable. If the room is large, ensure that everyone can hear you clearly. You may need to use a microphone. Feel free to arrange the room as you like, but make sure that everyone has seating where they will be able to see and hear you as well as to be able to see the table where you will perform the demonstrations on the CPR mannequin and be able to participate in the role play scenarios.

For information about planning and preparing for your Lay Rescuer training event, including a list of all the supplies you will need for a successful training, please consult the REVIVE! Training Agreement that was included in your Trainer Handbook.

Before the training begins, pass out the sign-in sheet so that attendants can sign-in. Also, if anyone needs to complete a registration form, you can pass those out before the training as well. Registration forms should be completed and collected before the training begins. To ensure that trainees stay for the entire event, it is recommended that you do not pass out kit bags until the portion of the training where they will be used.

Welcome and Introductions

~3 Minutes (depending on group size)

Trainer: Welcome your trainees and introduce yourself, providing a brief description (one to two minutes) of your background and interest in naloxone that led you to be a trainer.

Trainer Script:

“Welcome and thank you for attending this REVIVE! training event. Today we’re going to learn about opioid overdose emergencies and how to respond to them using naloxone. We have a lot of important information to cover and I want to make sure we finish as close to the end time that we gave you as we can.”

Trainer: Cover housekeeping issues, including silencing mobile devices and bathroom locations. You will then provide a short overview about the creation of REVIVE! by sharing the following:

Trainer Script:

“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:

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.”

Trainer NOTE: *Trainers should not offer legal advice to trainees concerning affirmative defenses and the safe reporting law. If trainees have further questions concerning the Safe Reporting laws, recommend that they consult legal counsel. If they cannot afford counsel, they should contact their local legal aid society.*

Training Overview

~5 Minutes

Trainer: Lead a discussion concerning the objectives of this training session by reading the following and then asking for questions (it could be useful to have these listed on newsprint and posted on the wall or have the relevant PowerPoint slide displayed before your training begins):

Trainer Script:

“Today, we will learn about the following:”

- **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
- Registering Lay Rescuers

Does anyone have any questions about these objectives?"

Trainer: Some of the discussion items in this training may provoke strong emotions for some participants. Syringes may trigger some people in recovery, and discussions about overdose and death may evoke anxiety, stress, sadness, anger, or other emotions. As the training is progressing, please pay attention to your audience to monitor for signs of these emotions. If you see someone becoming distressed, stop the training and take a break. If the person is not there with anyone else who can comfort or assist them, approach them as you feel comfortable and see if there is any way you can assist them.

Understanding and Recognizing Opioid Overdose Emergencies	~5 Minutes
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Trainer: Lead a short discussion on what opioids are and how opioid overdoses work. Try and keep the discussion on a level that all attendees can understand, avoiding highly scientific or technical language.

“An opioid overdose emergency happens when a toxic amount of a drug, or a combination of drugs, overwhelms the body and causes it to shut down. With drugs such as alcohol, heroin, and many prescription pain medications (which many people refer to as downers or depressants), breathing slows and stops, and the heart stops beating.

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,	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,	Sobos, Bupe, Stops, Stop Signs, Oranges

Trainer: Street or slang names for opioids can vary across different regions, and sometimes the same names are used for multiple substances. Ask your trainees if they know any of the names on this list or if they have other names for any of these substances?

Trainer: Next, lead a short discussion on how to determine if someone is just high or is experiencing an opioid overdose emergency. Ask the question and allow time for trainees to respond. You may want to write down responses on the dry erase board or easel if available.

“Do you know what the signs are that you can look for to tell if someone is just really high or overdosing?”

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

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 respond to an opioid overdose emergency and save someone’s life.”

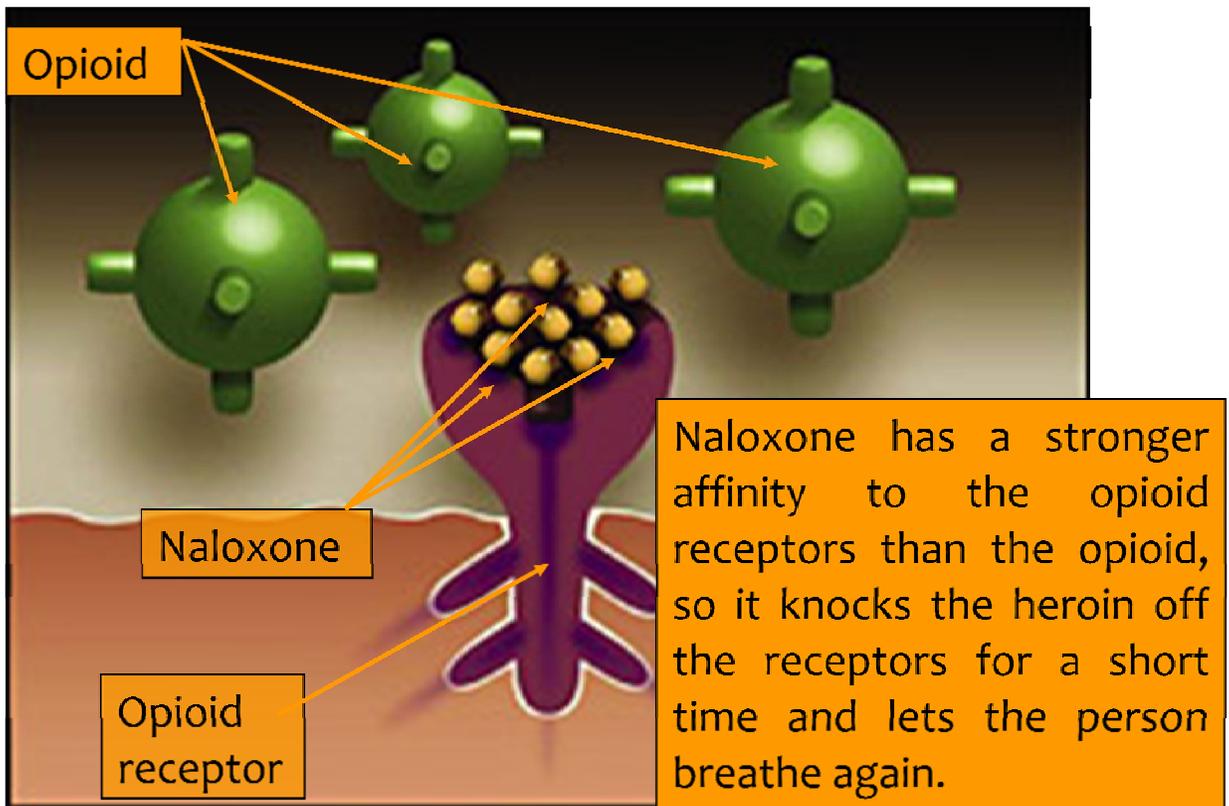
It is important to remember that naloxone will only work to reverse an opioid overdose emergency that is the result of opioids. It will have no impact on someone that has overdosed on alcohol, cocaine, benzodiazepines (such as Valium, Klonopin, or Ativan), or methamphetamine.”

Trainer NOTE: Administration of naloxone to someone who is not experiencing an overdose may lead to acute withdrawal, which may include agitated or combative behavior. Therefore, these differences between being high and experiencing an overdose are a **critical part** of the REVIVE! training, and it is worth the extra time to ensure that trainees know and understand these differences.

How does naloxone work?

~2 Minutes

Trainer: Lead a short discussion on how naloxone works to reverse an opioid overdose emergency. Use the image in the PowerPoint presentation to facilitate this discussion. Try and keep the discussion on a level that all attendees can understand, avoiding highly scientific or technical language.



Trainer Note: Some people feel that receiving naloxone reflects on them in a bad way, that it is an implication that they will relapse or overdose at some point. Remind everyone that naloxone is for anyone who is using any opioid, and is important to have as it could save their life or the life of someone they know or love.

Trainer: Lead a discussion on risk factors for opioid overdoses. You can start this discussion by asking trainees if they know of any risk factors that people may have for opioid overdose. Allow opportunities for trainees to respond. You may want to write down responses on the dry erase board or easel if available.

“There are a number of factors that can place someone at increased risk for opioid overdose. Does anybody know what any of these risk factors are?”

- Prior overdose
- Reduced tolerance – previous users who have stopped using due to abstinence, illness, treatment, or incarceration. (**Trainer NOTE:** You may want to ask if all the trainees understand what tolerance is and provide a brief explanation if they do not).
- 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.”

Trainer Note: Emphasize prior overdose and reduced tolerance as the key risk factors.

Trainer: Lead a short discussion on myths about overdose reversal by asking participants if they have heard about different ways to help someone who is overdosing. Allow opportunities for trainees to respond. You may want to write down responses on the dry erase board or easel if available.

“Has anyone heard of different ways people have tried to revive someone who is overdosing?”

There are many myths about actions you can take to reverse an 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 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 them 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.”

Trainer NOTE: After discussion, it is **extremely important** to reinforce the fact that all the items below – and any others that they have mentioned that are not accurate - are all **MYTHS** about reversing an overdose.

Opioid Overdose Emergency Response Overview

~2 Minutes

Trainer: Lead the trainees through a quick, step-by-step overview of the administration of naloxone. Use PowerPoint slides (or handouts as appropriate).

“Now that we know more about opioid overdose emergencies and their risk factors, I will go over the steps for how to respond to an actual opioid overdose emergency by calling 911 and administering naloxone. There are six steps in responding to an opioid overdose emergency. It is important to do these in order. I will also be demonstrating these and giving you an opportunity to practice them before we finish today.”

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

* If you have to leave the person, put the person in the recovery position (as described below).”

Responding to an Opioid Overdose Emergency

~10 Minutes

“We will now go through the steps in detail. In this portion of the training, we will utilize the mannequin (when appropriate) to provide real-life examples of how to perform each step. It is important to follow the steps in the training exactly as listed and scripted.”

Trainer NOTE: During this portion of the training, continue to repeat and emphasize the important of following the directions in order and exactly as listed. **When demonstrating, do not take shortcuts or shorten any of the demonstrations. These steps have been reviewed by subject matter experts and medical professionals to be the most efficient and effective steps to ensure a comprehensive response to an opioid overdose emergency. Therefore, please perform the demonstrations exactly as indicated.**

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 their 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.

Trainer: Use the mannequin to demonstrate a safe distance for yelling at the person, as well as for demonstrating the sternal rub and breathing check.

- e. Put on latex-free gloves from the REVIVE! kit.
- f. Check the person's airway for obstructions and remove any obstructions that can be seen. Clear any obstructions with a sweeping (NOT POKING OR STABBING) motion.
- g. Tilt the person's forehead back and lift chin (see diagram below).
- h. 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.
- i. Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
- j. Give three breaths, one breath every five seconds.

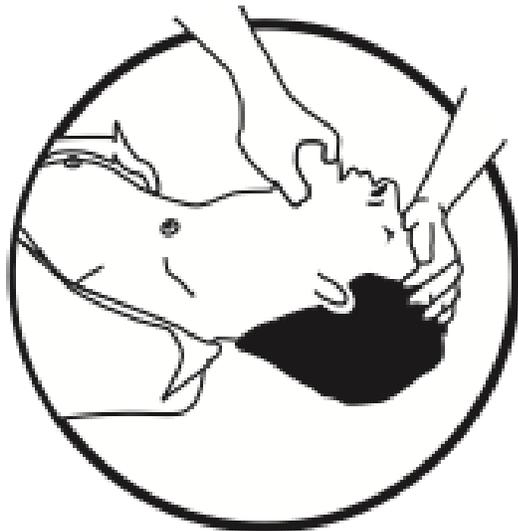


Image courtesy of the Chicago Recovery Alliance

Trainer: It is helpful to have the gloves and rescue breathing mask inside the kit bag before this step so that you can demonstrate the process exactly as it will be experienced by a trainee in a real-world situation. Demonstrate the whole process, administering rescue breathing for 15 seconds, again so that trainees receive a full demonstration of the entire process exactly as they will perform it when responding to an opioid overdose emergency. Make sure everyone is able to clearly see and hear you during this demonstration.

2. CALL 911 [If you have to leave the person, 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.
- 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.



1. CALL 911

NOTE: COMPLICATIONS MAY ARISE IN OVERDOSE CASES. ALSO, NALOXONE ONLY WORKS ON OPIATES, AND THE PERSON MAY HAVE OVERDOSED ON SOMETHING ELSE, E.G., ALCOHOL OR BENZODIAZEPINES. EMERGENCY MEDICAL SERVICES ARE CRITICAL.

Trainer Note: Calling 911 is an absolutely necessary and vital part of responding to an opioid overdose emergency. Naloxone can reverse the overdose, but medical attention will be required. Reinforce the importance of calling 911 to trainees.

*** 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 on their side.
- c. Bend their top knee.
- d. Put their 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 the person.



Trainer: You may want to ask for two volunteers to demonstrate – one to be the overdose victim and one to put that person’s body in the rescue position.

3. CONTINUE RESCUE BREATHING IF THE PERSON IS NOT BREATHING ON THEIR OWN.

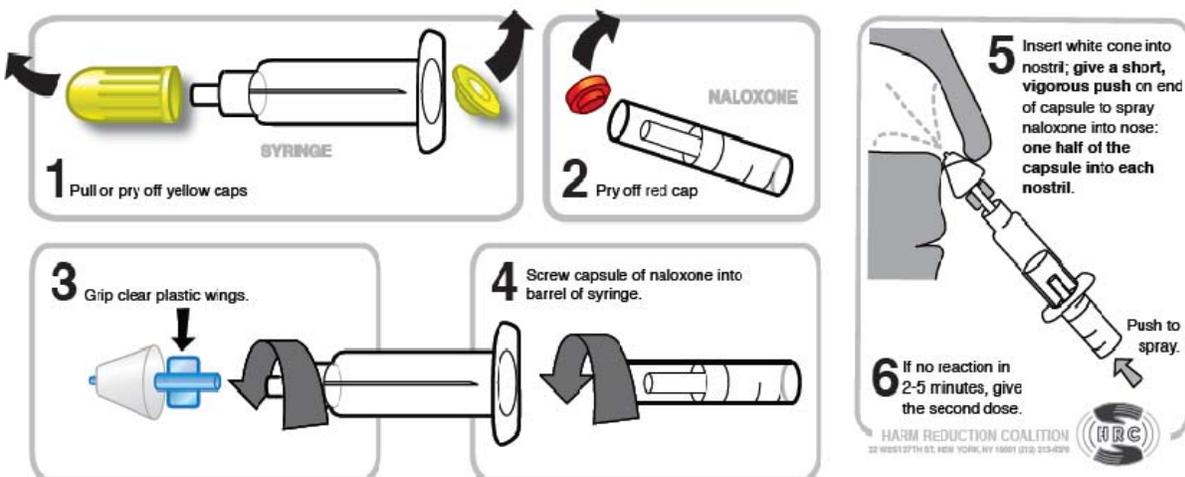
- a. Tilt the person’s forehead back and lift chin (see diagram above, page nine).
- b. Place breathing mask back on persons face, covering their mouth and nose. Ensure that the plastic piece is in the person's mouth. You can still do mouth-to-mouth rescue breathing if a mask is not available.
- c. Pinch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

Trainer: Make sure trainees understand that the proper orientation for the rescue breathing mask, including the plastic mouthpiece and that this plastic mouthpiece will keep any saliva, vomit, or other bodily fluids from being transferred from one person to another.

4. ADMINISTER NALOXONE.

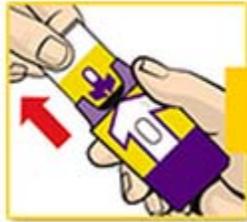
INTRANASAL

- 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.



EVZIO

EVZIO is designed to be easy to use for patients, their family members, and other caregivers. It contains the Intelliject® Prompt System (IPS™) 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.

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.

“Note: If someone is dependent on opiates, giving them naloxone may result in temporary withdrawal. This response can include abrupt waking up, vomiting, diarrhea, sweating, and nausea, and in rare cases agitated or combative behavior. While withdrawal can be dramatic and unpleasant, it is not life threatening and will only last until the naloxone has worn off.”

Trainer Note: You will have a naloxone prescription to use in the kit bag, but the trainees won't have one until they obtain a prescription. **IT IS IMPORTANT TO SLOWLY AND CLEARLY DEMONSTRATE THE PROCESS OF PREPARING THE NALOXONE SYRINGE FOR ADMINISTRATION, PAYING CAREFUL ATTENTION TO THE DIFFERENT CAPS THAT NEED TO BE REMOVED AND WHAT COLOR THEY WILL BE.** If a trainee encounters an opioid overdose emergency in a real-world

setting, it will be this training and the time you spend on helping them understand the process that may save someone's life. After demonstrating with the naloxone syringe, pass it around for everyone to try themselves.

5. RESUME RESCUE BREATHING IF THE PERSON HAS NOT YET STARTED BREATHING.

“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 be 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.”

Trainer Note: It is important to remind trainees that ONE ADMINISTRATION OF NALOXONE MAY NOT BE SUFFICIENT TO REVERSE AN OVERDOSE. It is important for the trainee to check the individual after the first naloxone administration for breathing and responsiveness. Assistance with breathing and/or a second administration of naloxone may be necessary to completely reverse the overdose.

6. CONDUCT FOLLOW-UP ASSESSMENTS AND TAKE NEXT STEPS.

Trainer: Your follow-up assessment conversation should cover the following items, in order: opioid withdrawal after naloxone administration, possible second administration of naloxone, using stickers, and other next steps. These are presented below:

“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. The chart below describes the different outcomes possible after administering the first dose of naloxone.

Trainer: Review the chart below with trainees to discuss effective assessment and response.

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

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: 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.

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.

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.

Trainer: This completes the administration protocol. Summarize the key points in the protocol before moving on in the training.

NALOXONE ADMINISTRATION PROTOCOL SUMMARY

“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.

- 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.
- 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.
- 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 that 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.

REPORT THE OVERDOSE REVERSAL

It is important that you report the reversal of an opioid overdose with the administration of naloxone. Information about how many lives have been saved with naloxone can be used to obtain future funding that will continue to expand the availability of naloxone in Virginia.

You can anonymously and securely report an opioid overdose reversal online or on your mobile device here:

<https://www.surveymonkey.com/s/REVIVEVA>

This link uses a secure connection that encrypts all information provided. Additionally, this link captures no identifying information such as your name, contact information, or the IP of the computer or device from which you are submitting the information. You are free to provide as much or as little information as you like, and all your information will be kept anonymous and only reported in aggregate, non-identifiable ways.”

Trainer NOTE: Please emphasize the importance of reporting reversals using the link above, which is mobile-friendly, and remind trainees that their submissions are secure and confidential.

Hands-On Training

~5 Minutes

Trainer Script:

“You now have the opportunity to try out and practice the different parts of responding to an opioid overdose emergency. Feel free to come up to one of the CPR mannequins to practice rescue breathing or the sternal rub. You can also practice assembling the syringe and administering naloxone.”

Trainer NOTE: You will need to observe and provide feedback to your trainees during practice. Provide feedback in a positive manner and emphasize that practice is what will help this be more comfortable if they are ever in a real life crisis. Encourage them to continue to practice at home and to review the action steps regularly.

Video Presentation

~5 Minutes

Trainer: Prepare the group for watching the video “How to Prepare Naloxone for Administration.” Enlist volunteers to adjust lights, seating, etc.

Trainer Script:

“We will now watch a video that will summarize what we have discussed today.”

Trainer: Play the following video. The video is also available on the CD included in your training handbook if you do not have internet access.

<https://www.youtube.com/watch?v=Uq6AxrEY3Vk>

Questions and Discussion

~5 Minutes

Trainer: Lead a question and answer session for trainees. Keep in mind that some people may not feel comfortable asking questions in the group and will want to approach you after the

training. If no one has questions, you may want to offer prompts. For instance, “Is everyone clear on how to prepare the naloxone syringe for administration?” or “Does everyone understand why the assessment and follow-up steps are important?” These questions may encourage or remind someone of something they want to ask about or discuss. Please allow some time for trainees to consider questions or discussion items, even if the room is quiet for a minute or two.

Trainer Script:

“That concludes our training today. Are there any final questions that you have? Please feel free to ask any question at all. You need to be comfortable with and understand everything that we have discussed today in order to effectively and efficiently respond to an opioid overdose emergency.”

Trainer: Once all questions have been answered, distribute and request that trainees complete evaluation forms to provide feedback about the training

Evaluation and Wrap-Up

Trainer: At this point, you will distribute evaluations to be performed by trainees. Please be sure that you have also collected any registration forms you distributed at the beginning of the training. Thank the trainees for their time and their willingness to be a part of REVIVE!

Trainer: At the end of the training ensure that:

- You have collected the sign in sheets as well as evaluation forms and completed registrations for anyone who did not register in advance.
- The mannequin, training materials, posters, computer equipment, and any undistributed supplies are packed up.
- The training space is left clean and orderly. (Don't hesitate to ask for volunteers to help)
- Mail the sign-in sheet along with all registration and evaluation forms to DBHDS using the pre-addressed, postage paid envelope provided in your Trainer Handbook.

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
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