



REVIVE! Lay Rescuer Training Guide Table of Contents

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I. Laws Relating to Opioid Overdose Response

2013

House Bill 1672, REVIVE! authorized as a “pilot” program for naloxone education.

2015

House Bill 1458, REVIVE! is expanded to a statewide program; anyone in Virginia can now legally possess and administer naloxone for overdose reversal including firefighters and law enforcement officers. The bill also provides civil immunity to anyone that prescribes, dispenses, or administers naloxone for overdose reversal in an emergency and they shall not be liable for any civil damages.

House Bill 1500, Safe Reporting of Overdoses law, established an affirmative defense to prosecution of an individual for:

- i. Simple possession of a controlled substance, marijuana, or controlled paraphernalia
- ii. Intoxication in public

- iii. The unlawful purchase, possession, or consumption of alcohol if the evidence for the charge was found as a result obtaining emergency medical attention.

2016

Standing Order, the introduction of carfentanil in some drugs urged Dr. Marissa Levine, the state's Public Health Commissioner declared a Public Health Emergency for the State of Virginia. This *standing order* now allows Virginians to purchase naloxone without needing a prescription from their doctor.

No cost naloxone can be obtained at local health departments and community services boards*. Naloxone can be purchased at the local pharmacy through insurance or paid for out of pocket.

*Please call to check for availability first.

2020

Senate Bill 667, Overdoses; arrest and prosecution when experiencing or reporting. This built on the 2015 Safe Reporting of Overdoses law by removing the affirmative defense, and adding complete arrest and prosecution protection. This law also includes protections for the person overdosing not only for the person seeking medical assistance.

House Bill 908, Naloxone; possession and administration, employee or person acting on behalf of a public place. The bill allows a person who is not trained; to administer naloxone or other opioid antagonist used for overdose reversal may administer naloxone or other opioid antagonist used for overdose reversal to a person who is believed to be experiencing or about to experience a life-threatening opioid overdose. Untrained persons are now protected under the Good Samaritan Law.

II. Understanding Addiction

People don't plan to get addicted to drugs.

When people first take a drug, they might like how it makes them feel. They believe they can control how much and how often they take the drug. But drugs can take away people's control. Drugs change the part of the brain responsible for control and decision-making.

Addiction refers to substance use disorders at the severe end of the spectrum and is characterized by a person's inability to control the impulse to use drugs even when there are negative consequences.

Nuggets video link: <https://www.youtube.com/watch?v=HUnGLgGRJpo>

III. What is an Opioid?

Opioids are a type of substance called a central nervous system depressant, commonly called a "downer." Opioids can cause breathing and heart rate to slow and eventually cease entirely. The cause of death most frequently cited in opioid overdose is lack of oxygen.

Opioids include heroin as well as prescription pain medications that have generic, trade, and slang or street name.

Generic	Trade	Street
Hydrocodone	Lortab, Vicodin	Bananas, Dro, Fluff, Hydros, Tabs, Vikes, Vitamin, Watson-387, 357s
Oxycodone	Oxycontin, Percocet	Ox, Oxys, Oxycotton, O.C., Oxycet, Oxycotton, Oxy, Hillbilly Heroin, Percs
Morphine	Kadian, MSContin	M, Miss Emma, Monkey, White Stuff
Codeine	Tylenol #3	Captain Cody, Cody, Lean, Schoolboy, Sizzurp, Purple Drank
Fentanyl	Duragesic, Actiq, Sublimaze	Apache, China Girl, China White, Dance Fever, Friend, Goodfella, Jackpot
Carfentanil	Wildnil	TNT, elephant tranquilizer, drop dead, serial killer
Oxymorphone	Opana	Blue Heaven, Octagons, Oranges, Pink, Pink Heaven, Stop Signs, Pandas
Meperidine	Demerol	D, Juice, Demmies, Pain Killer
Methadone	Dolophine, Methadose	Junk, Fizzies, Dolls, Jungle Juice, Amidone, Dollies, Dolls, Fizzies, Mud, Red Rock
Heroin	Diacetylmorphine	Dope, Smack, Big H, Black Tar, Dog Food
Buprenorphine	Suboxone, Subutex,	Sobos, Bupe, Stops, Oranges, Subs
Hydromorphone	Dilaudid	D, Dillies, Footballs, Juice, Smack
Tramadol	Ultram, ConZip	Chill Pills, Trammies, Ultras

* **NOTE:** Other street names may be common in your area and change frequently. A search through drug use forums on the internet can help you keep up to date on what terms are in use.

IV. What is an Overdose?

An opioid overdose 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. **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, limp
Normal heart rate and/or pulse	Slow or no heart rate and/or pulse
Normal skin tone	Blue/Pale/Grey lips and/or fingertips

If the person shows any of the “overdosed” symptoms, **especially lack of response to stimulus or no breathing/pulse**, the person may be experiencing an opioid overdose emergency.

V. What are Risk Factors for Opioid Overdose?

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

- Prior overdose
- Use of any illicit drugs – an opioid called fentanyl is frequently laced into other substances
- Reduced tolerance – previous users who have stopped using due to abstinence, illness, treatment, incarceration, etc.
- Situational tolerance (deviation from the usual circumstances of use can decrease tolerance)
- Mixing drugs – combining opioids with other drugs. Stimulants and depressants **DO NOT CANCEL EACH OTHER OUT. Mixing other depressants with opioids is particularly dangerous and a common cause of death.** Examples of other depressants: alcohol, benzodiazepines (Xanax, Klonopin, Valium, Lorazepam), sleep medications (Ambien, Lunesta) Barbiturates (Phenobarbital, Nembutal), GHB.
- 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

VI. What NOT to do in 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 longterm 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.

VII. How Naloxone Works and How to Administer it

Naloxone is a medication that counteracts the life-threatening symptoms of opioid overdose. When naloxone is administered to an overdose victim, it removes the opioids from the opioid receptors in their body. It then blocks these receptors, which stops the effects of the opioid and allows an overdose victim to breathe normally in as little as 30 seconds.

Naloxone is SAFE:	Naloxone has LIMITATIONS:
Impossible to overdose on	It only works on opioids Its effects are temporary – it will wear off in approximately 30-45 minutes in which case an individual may slip back into overdose.
Not addictive or habit forming	
Has no effect if the emergency is not due to opioids	
Safe to administer in the same dosage to adults and children	It is not intended to cure addiction, only to keep people alive and allow them the opportunity to receive further treatment.
Does not become harmful when it expires	
Does NOT encourage people to use drugs	

There are three types of FDA approved naloxone products—Narcan (nasal spray), Evzio (autoinjector), and a manual injection.

Narcan (nasal spray) this spray is for the nose.

1. Peel the package open and hold the device. **Do not press until ready to give naloxone.**
2. Place the tip in the nostril.
3. Press firmly to spray

Evzio (auto-injector) this device contains a talking speaker that provides instructions to inject naloxone into the outer thigh, through clothing if needed.

1. Remove the device from the outer case.
2. Pull off red safety guard.

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.

Naloxone Manual Injection this kit will contain hypodermic syringes and vials of the naloxone drug.

1. Remove the cap from naloxone vial and uncover the needle.
2. Insert needle through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.
3. Inject 1 ml of naloxone into an upper arm or thigh muscle.

VIII. What To Do With a Used Needle

These guidelines refer to any needles, syringes, or lancets including needles for **drug use, injectable naloxone, or the Evzio auto-injector**. It is important to dispose of needles/syringes properly:

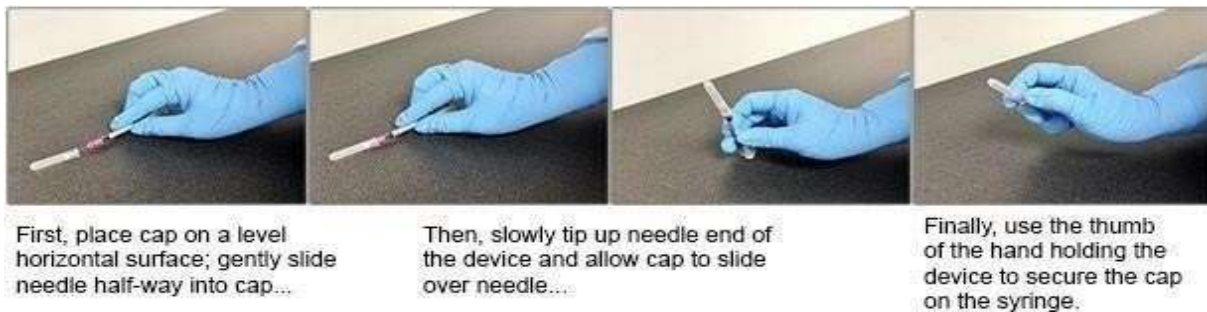
- It protects family members, pets, and anyone who handles trash and recyclables from illness and injury.
- Prevents sharps from being reused or shared.
- Prevents the spread of viral and bacterial infections like HIV, hepatitis C and syphilis.
- Protects the environment.

You can place used needles in the following household containers – Bleach bottles, laundry detergent bottles, or a plastic bottle that cannot be broken or punctured and has a screw-on cap that does not come off easily. When you are ready to dispose of the container, or if it is $\frac{3}{4}$ full, put the lid on, seal it with duct tape, and write “DO NOT RECYCLE” on it.

Put the plastic container in the household trash-don't recycle!

Sharps should never be thrown loosely into the trash or toilet.

It is highly recommended to **NOT** recap needle, however, if you do not have the means to dispose of a needle immediately you should recap using *the One-Handed Needle Recapping Method*:



IX. Responding to a Suspected Opioid Overdose

Steps to Respond to Overdose Emergency:

1. Check for Responsiveness
2. Call 911, if you must leave the individual alone, place them into recovery position.

If calling 911 is not an option (some people will not call), it is important to make some alternate plans if your rescue attempts are not working. Can someone else in the vicinity call? Could you provide rescue breathing, naloxone, and put the person in the recovery position and then leave to alert someone to call, even a passerby? Leave the person where they can be found, with doors unlocked and/or open. Remember, doing something is better than doing nothing.

3. Give 2 Rescue Breaths (if the person is not breathing)
4. Administer naloxone
5. Continue Rescue Breathing
6. Assess and respond based on outcome of first naloxone administration

1. **Check for responsiveness**

- a. Put on latex-free gloves from the REVIVE! kit, if available.
- b. Try to stimulate them. You can shout their name, tap their shoulder, or pinch their ear lobe.
- c. 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.
- d. Check for breathing. Put your ear to the person's mouth and nose so that you can also watch their chest. Feel and listen for breath and watch to see if the person's chest rises and falls.
- e. If the person does not respond or is not breathing, proceed with the steps listed below.

2. **Call 911**. If someone else is with you, have them call. If you are alone and must leave the person (to get your phone, naloxone kit or for any other reason) put them in the recovery position first:

Using Recovery Position:

- a. 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
- 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.



When Recovery Position is NOT Needed:

- a. Call 911. If carrying a cell-phone, place it on speakerphone and lie it on the floor in front of you while you proceed with rescue measures.
- b. Report that the person's breathing has slowed or stopped, he or she is unresponsive, and give the exact location.

3. **Give 2 Rescue Breaths** (if the person is not breathing)

- a. Tilt the person's forehead back and lift their chin (see diagram below).
- b. 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.
- c. Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
- d. Give one breath every five seconds for 3 minutes or until ems arrives.

4. **Administer naloxone.**

- a. Use the instructions on the product box, or earlier in this guide, for the specific naloxone product you are using

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 absolutely critical. If you are afraid of getting in trouble - DO NOT LEAVE WITHOUT CALLING 911.** See additional notes on page 9 for what to do if you must leave.

5. **Begin rescue breathing or, if certified or instructed by 911 operator, initiate CPR if the person has not started breathing on their own.**

- a. Give one breath every five seconds for 3 minutes or until ems arrives.

Note: Brain damage can occur after 3 to 5 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. Continue rescue breathing/CPR for them until the naloxone takes effect or until emergency medical services arrive. Even if you do not have naloxone on hand, rescue breathing alone can keep them alive until help arrives.

6. **Assessment and response**

Some individuals will recover after a single dose of naloxone is administered. When this occurs, if the person is opioid dependent, they will be in withdrawal. Withdrawal 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. If the person recovers after the first dose of naloxone, continue to monitor them until emergency medical services arrive:

- People wake up from an overdose differently.
- While people are often confused and anxious, they are rarely violent or combative. This is a person in psychological distress.
- Many times when people overdose they don't realize what has happened.
- Explain what happened and emphasize the importance of waiting for emergency medical services to arrive so they can be assessed.
- If the person is dependent on opioids they will be in withdrawal since opioids cannot attach to receptors while naloxone is present – even if they take more drugs it will not help.
- Let them know that once naloxone wears off they could potentially relapse into an overdose again if opioids are still in their system.

There are two cases in which you may need to administer additional doses of naloxone (in some severe cases 4 or more doses may be required):

SITUATION A: The individual has not responded to prior dose(s) of naloxone within three minutes (Continue rescue breathing/CPR during those three minutes).

When this occurs:

Administer one additional dose of naloxone and rescue breath/do CPR for three more minutes. If person remains unresponsive after 3 minutes and you have more naloxone on hand, you may alternate giving naloxone and rescue breathing for 3 minutes until they wake up. If you don't have more naloxone, continue rescue breathing/CPR 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
- If unresponsive, administer second dose of naloxone
- Continue rescue breathing/CPR until person recovers or alternate naloxone administration and rescue breathing until help arrives.

FOR INDIVIDUALS WHO USE DRUGS OR ANYONE CHOOSING TO LEAVE AN OVERDOSE VICTIM:

Following the steps above is the best way to save the person's life. However, if you choose not to follow the steps as outlined, **PLEASE DO NOT LEAVE THE VICTIM WITHOUT CALLING 911.** Here is how you can still save their life even if you decide to leave them:

1. Administer naloxone and three minutes of rescue breathing
2. If still not waking up, repeat step one for as many doses of naloxone as you have
3. If no more naloxone is available and you decide to leave against recommendations or take the victim somewhere else, use the victim's phone or a landline to call 911.

4. Give the 911 operator a precise address and leave the individual with their phone outside the front door of that address or in another place where EMS will easily locate them.
5. Before leaving, place the individual in the recovery position, and write “overdose” on their forehead or other visible place on their body.
6. If you decide to take them to the nearest hospital instead, bring them inside and alert someone there before leaving. Do not leave them on the curb or they may not be found in time.

I. Additional Resources

Visit REVIVE! online

Visit <http://www.dbhds.virginia.gov/behavioral-health/substance-abuse-services/revive> or google “Virginia revive” and click the first link to find:

- Digital copies of this manual
- Downloadable training slides
- REVIVE! Training times and locations
- Information on how to become a REVIVE! trainer
- Additional information and resources regarding opioid overdose, substance use disorder, Virginia state law, and more.

How to store naloxone:

- Naloxone has a shelf life of approximately 2 years (check the label on your product.) Store between 59°F to 77°F.
- Naloxone may be stored for short periods up to 104°F.
- Do not store naloxone in the car on hot summer days.
- Do not freeze or leave naloxone in a car during the winter.
- Naloxone may not be as effective if it is not stored properly. Only discard the naloxone once you have a replacement for it. If you don’t replace naloxone before it is needed, it is better to use it, even if it hasn’t been stored properly.
- Store in a dark place and protect from light.
- Keep out of reach and sight of children.
- It does no harm when expired so you may use an expired dose in an emergency if new doses are not available.

Treatment resources:

Visit <http://dbhds.virginia.gov/developmental-services/substance-abuse-services> to learn how to get help in Virginia:

- mental health, substance use and addiction
- specific resources available for pregnant women struggling with substance use
- grief services