Naloxone and Overdose Front Line Workers Pack

This manual provides the educator with the core knowledge that must be transmitted to the participant.

This manual is only to be used by a staff member that has received Naloxone and Overdose Awareness Training by recognised Trained Trainers.

The manual should be used in conjunction with the Videos 1 – 4 on www.drugs.ie/naloxone which all the participants must view

The manual has been designed to assist the trainer in delivering Overdose and Naloxone training to all service users. This manual contains also contains forms:

Form	Description	Completed by worker	Completed by GP
F.1	To be completed **when ALL overdose training is provided** and then if appropriate given to the prescribing GP	X	
F.2	**Opioid Overdose Risk Assessment assessment by drugs worker** GP to review and to confirm that risk assessment has been undertaken and form F.1 has been completed	X	X
F.3	Naloxone Demonstration Project Data Recording: Use and Supply		X
F.4	Naloxone Demonstration Project Supply Consent to Share Information for Evaluation Purposes	X	X
F.5	Incident Follow Up Report – **To be completed when ANY overdose is reported**	X	X

Forms F.1 and F.2 have to be completed and given to the Prescribing GP for review

Front line workers one to one Overdose Awareness and Naloxone Training

We do advise that Service users / Clients view the videos before or during the training that are on www.drugs.ie/naloxone these videos can be downloaded onto a computer or to a smart phone.

Training has to cover:

- ✓ overdose risks: polydrug (especially benzodiazepines) and alcohol use, getting older, post-detox/rehab/prison
- ✓ what naloxone can and can't do: it just reverses opiate overdose.
- ✓ Where to keep naloxone
- ✓ If someone has also taken too many other drugs or too much alcohol, it won't reverse their effects
- ✓ how to identify an opiate overdose – lack of consciousness, shallow or no breathing, 'snoring', and blueing of the lips and fingertips
- ✓ Calling an Ambulance Acknowledge that there may be fears about calling 112
- ✓ Advise on procedures to obtain resupplies of used, lost or expired naloxone
- ✓ What to do if someone gets a needle stick injury

Steps to take in responding to an overdose*

- ✓ if breathing recovery postion, dial 112, naloxone
- ✓ If not breathing call 112/ and or direct someone to, AED/chest compressions, Naloxone, breathing, recovery and continue
- ✓ CPR
- ✓ Recovery position
- ✓ Calling an Ambulance
- ✓ how to use naloxone, including addressing any fears about needles and injecting
- ✓ how to get naloxone replaced when it has either been used or is approaching its expiry date

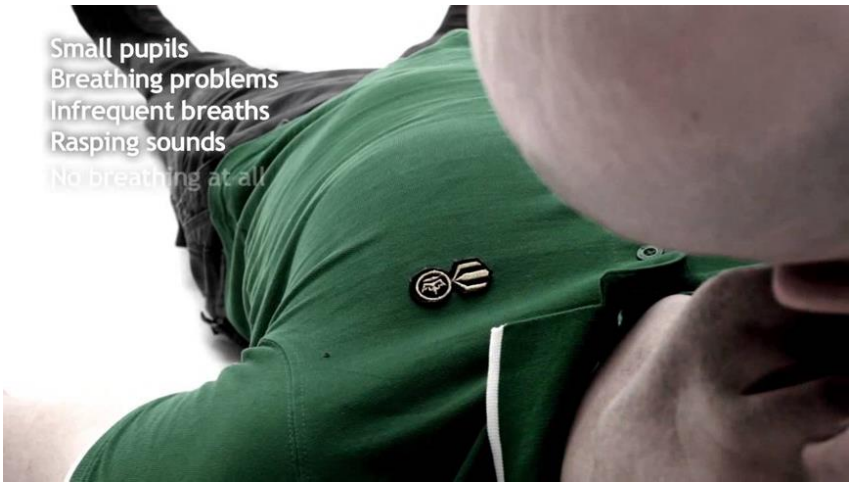
What is an opiate overdose

Due to their effect on the part of the brain which regulates breathing, opioids in high doses can cause respiratory depression and death.

In cases of fatal overdose, the victim's breathing slows to the point where oxygen levels in the blood fall below the level needed to transfer oxygen to the vital organs Typically, the individual becomes unresponsive, blood pressure progressively decreases and the heart rate slows, ultimately leading to cardiac arrest. Death can occur within minutes of opioid ingestion. But often, prior to death there is a longer period of unresponsiveness lasting up to several hours. This period is sometimes associated with loud snoring, leading to the term "unrousable snorers".

An opioid overdose can be identified by: (See Video 1)

- ✓ Heavy intoxication, lethargy etc.
- ✓ Pale skin, lips/fingernails 'bluish' tinge
- ✓ Pinpoint pupils (not with everyone)



Observable opiate overdose signs

- ✓ No response to noise or touch – 'unrousable'
- ✓ Loss of consciousness
- ✓ Breathing problems e.g. slow/shallow breathing, heavy snoring/rasping breaths or not breathing at all

The time between a person actually using the drug(s) and slipping into an overdose varies from a few minutes to several hours, this is dependant on what drugs they have taken and how much they have used.

Overdose Risk factors

- ✓ Injecting rather than smoking drugs
- ✓ Polydrug use, particularly when mixing depressant drugs such as heroin, methadone, alcohol, and benzodiazepines
- ✓ Variable quality of street drugs.
- ✓ Using in unfamiliar surroundings
- ✓ Using with unfamiliar people
- ✓ Having a recent history of non-fatal overdose
- ✓ Underlying mental health problems (such as depression / low mood)
- ✓ Not being in a drug treatment programme
- ✓ Loss/reduction of tolerance following detox / rehab or a prison sentence.
- ✓ The risks of overdose are increased during the first two weeks of leaving prison.
- ✓ Beginning / ending opiate substitution medication prescribing.
- ✓ Difficult life events, such as bereavement, loss of contact with children, separation / divorce.

What is Naloxone ? (see video 4)

Naloxone is an antidote that rapidly, but temporarily, reverses the effects of heroin and other opioids Among the effects of heroin that can be reversed is suppressed breathing – meaning naloxone has the real potential to save lives

Naloxone is short acting and the effects of Naloxone can last about 20 minutes depending on what opioids the individual has used .

Naloxone only temporality reverses the effects of overdose and therefore there is a risk that the person can return back into an overdose especially if the duration of the opioid is long acting for example Methadone

Not a substitute for calling 112 but keeps people alive until the emergency services arrive

Has no effect on other drugs used like alcohol, benzos etc.

Naloxone itself has no psychoactive properties and "no intoxicating effects or misuse potential

DO NOT REMOVE the Tamper seal unless you need to use the Naloxone

NEVER USE Naloxone if the tamper seal has been removed from the pack

THIS PRODUCT IS FOR SINGEL USE ONLY

Having identified an overdose: (See Video 3)

1. Call an ambulance

2. Give rescue breaths and or Chest Compressions **if the person is not breathing**

3. Put the person in the Recovery position and administer Naloxone **if the person is breathing**

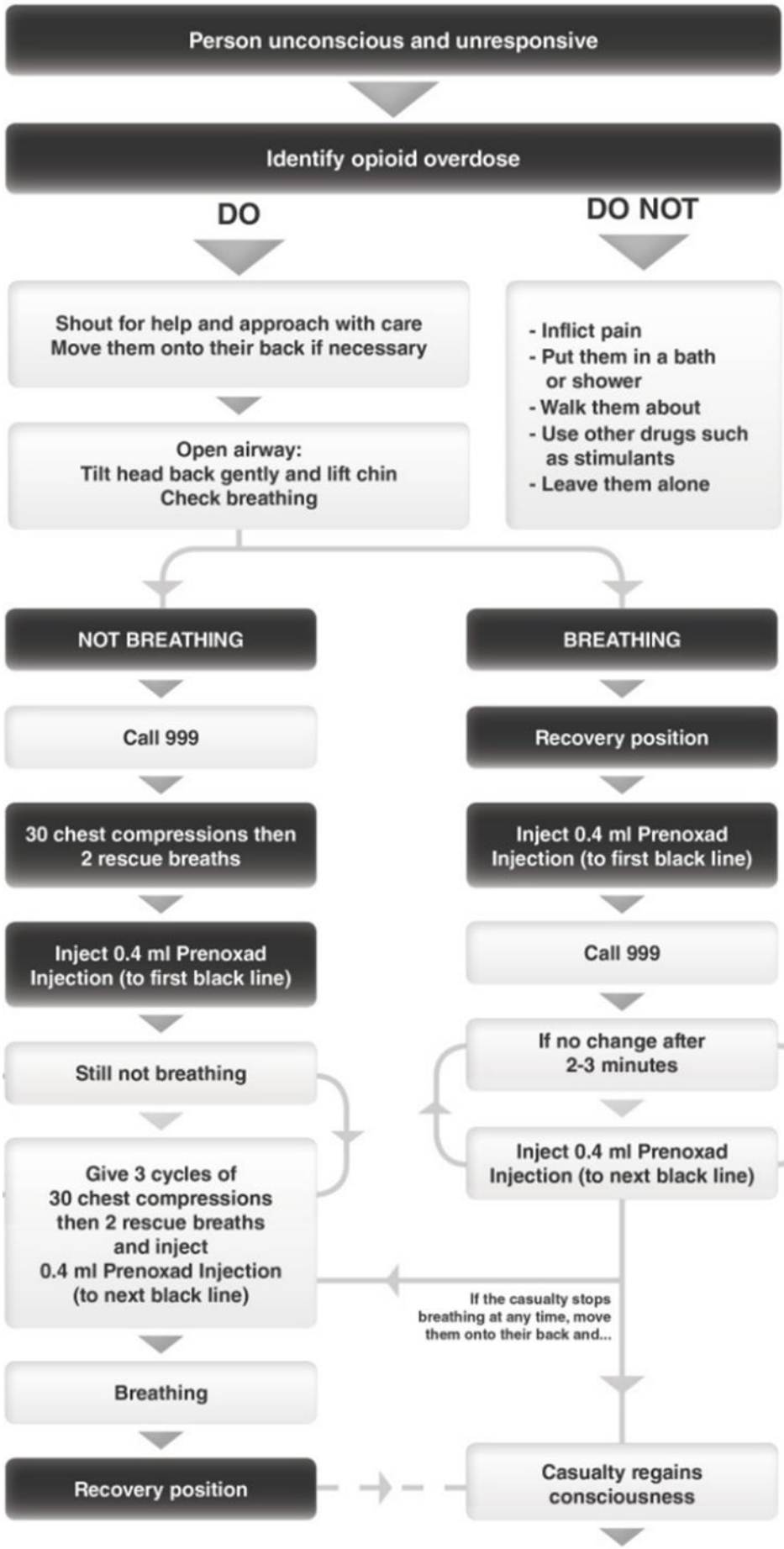
4. Inject the initial recommended small amount of naloxone (usually 400mcg), wait (about 1 minute). If unresponsive, inject another small amount. Repeat as necessary

5. Stay with the person at least until the ambulance arrives

Once the training has taken please complete

Checklist F.1

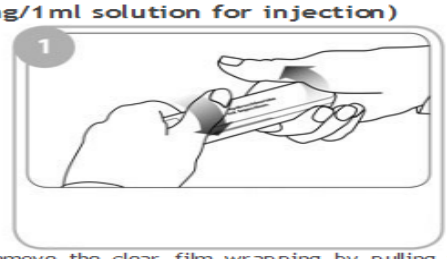
Opioid Overdose Risk Assessment F.2


Person unconscious and unresponsive
Identify opioid overdose
DO
DO NOT
Shout for help and approach with care
Move them onto their back if necessary
Open airway:
Tilt head back gently and lift chin
Check breathing
- Inflict pain
- Put them in a bath or shower
- Walk them about
- Use other drugs such as stimulants
- Leave them alone
NOT BREATHING
BREATHING
Call 999
30 chest compressions then 2 rescue breaths
Inject 0.4 ml Prenoxad Injection (to first black line)
Still not breathing
Give 3 cycles of 30 chest compressions then 2 rescue breaths and inject 0.4 ml Prenoxad Injection (to next black line)
Breathing
Recovery position
Recovery position
Inject 0.4 ml Prenoxad Injection (to first black line)
Call 999
If no change after 2-3 minutes
Inject 0.4 ml Prenoxad Injection (to next black line)
If the casualty stops breathing at any time, move them onto their back and...
Casualty regains consciousness

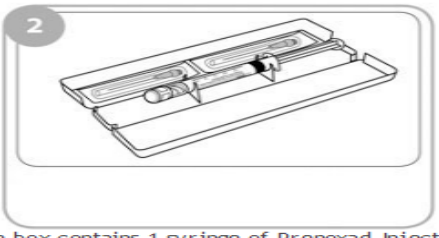
Administration of Naloxone (see Video 4)

Injecting Prenoxad Injection

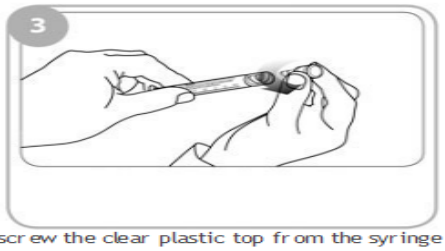
How to open, assemble and inject Prenoxad Injection (naloxone hydrochloride 1mg/1ml solution for injection)



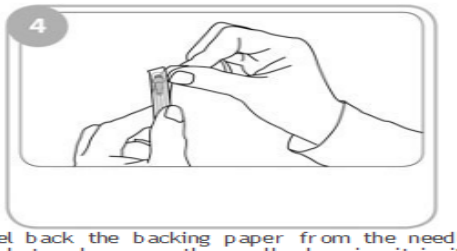
Remove the clear film wrapping by pulling the tear strip on the side of the box. Twist the outer plastic to break the tamper evident seals and open



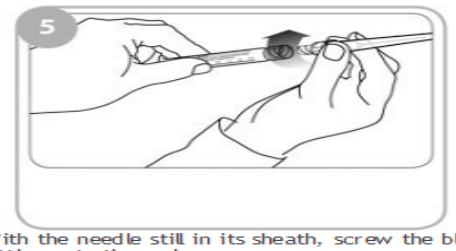
The box contains 1 syringe of Prenoxad Injection and two 23 gauge 1 ¼ inch needles for intramuscular injection



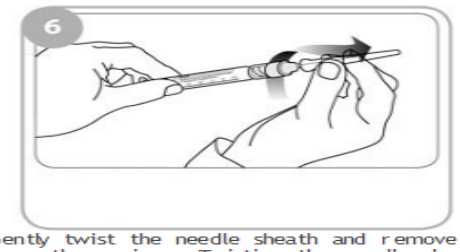
Unscrew the clear plastic top from the syringe



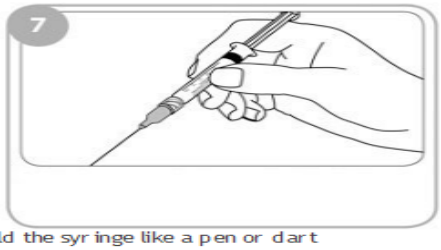
Peel back the backing paper from the needle packet and remove the needle, keeping it in its protective sheath



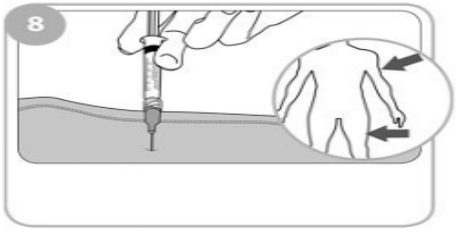
With the needle still in its sheath, screw the blue fitting onto the syringe



Gently twist the needle sheath and remove it from the syringe. Twisting the needle sheath instead of pulling it avoids needle stick injury



Hold the syringe like a pen or dart



- Insert the needle at right angles (90 degrees) into the casualty's outer thigh or upper arm muscle, through clothing if necessary
- Rotate the barrel so that the black dosage line can be seen
- Inject the first dose of 0.4 ml Prenoxad Injection by holding the syringe steady and pushing the plunger to the first black line
- Take out the syringe with the needle attached and safely put it back into the case
- Do not re-sheath the needle
- If you need to give another dose, insert the syringe again and inject to the next black line
- After using Prenoxad Injection, keep the syringe in the box and hand it to the ambulance crew so that they know it has been administered

Needle Stick injury

If you do experience a needle stick injury:

Don't panic. Seek assistance. Stop immediately what you are doing.

Treat the wound appropriately:

- ✓ Wash the area under running water
- ✓ Encourage bleeding from the puncture wound, and continue to flush the wound with water for 5 minutes
- ✓ Do not use your mouth to suck blood out of the wound
- ✓ Dispose of swabs safely
- ✓ At the hospital the recipient should be prepared to give blood samples, receive a tetanus shot or other shots (as necessary), and follow processes as outlined by hospital staff

F.1 Checklist

Name _____ DOB _____

Name of regular GP _____

The person must demonstrate an understanding of the following:	Trainer Initials
The most common drugs identified in a drug-related death (heroin, methadone, diazepam & alcohol – all CNS depressant drugs) **and the physical effects these drugs have** (slow, shallow, irregular breathing, slow heart rate, feeling less alert, unconsciousness, not feeling pain)	
The main causes of drug overdose (low tolerance, polydrug use, using too much, using alone, injecting drug use, purity levels)	
High risk times (release from prison, leaving rehab or hospital, recent detox, recent relapse, poor physical or mental health, recent life events, cash windfall, longer-term user, festive periods, weekends or holidays)	
The signs & symptoms of suspected opiate overdose (pinpoint pupils, breathing problems, skin/lip colour, no response to noise or touch, loss of consciousness)	
The common myths (don't inflict pain, give other drugs e.g. stimulants, put in bath/shower, walk person around, leave person on own)	
Knows when to call 112 (when person won't wake with shout/shake, status of person and location)	
Knows about the recovery position (person on side, airway open)	
Knows about rescue breathing and CPR (30 compressions, 2 breaths – one cycle of BLS)	
Knows when and how to administer naloxone (unconscious but breathing – admin when in recovery position then every 2-3mins, unconscious but NOT breathing – admin after one cycle of BLS then after every three cycles of BLS. Dose – 0.4mls into outer thigh muscle via clothing. Assembly of syringe)	
Knows that naloxone is short acting (the effects of naloxone wear off after 20-30 mins, possible that overdose may return)	
Knows the importance of staying with the person (do not let the person use any other drugs if they gain consciousness)	
Knows the importance of not re using the product or the needle once the pack has been opened	
Knows about handing the used naloxone product to the Ambulance crew	
Knows what to do in case of a needle stick injury	
Has been informed that a new pack of Naloxone can be re supplied if it has been used	

The above trainee has <u>viewed all videos</u> and the demonstrated all of the above and an understanding and awareness of opiate overdose, the use of naloxone, calling 112, the recovery position and basic life support

Trainer Name & Signature …… Date …….

Service Name & Address…….....

F.2 Opioid Overdose Risk Assessment

To be completed by _____ (Drug Worker)

Name of Patient_____ Date of Birth_____

Prescribed Naloxone Yes / No

		Yes	No
Have you Injected drugs			
Were there any days where you have taken more than one drug (including alcohol)			
Prescribed methadone?	Dose		
Un prescribed methadone	Quantity		
Heroin –How much? What route?	Route		
Has tried to reduce the use of drugs(including alcohol)?			
Have you used drugs (including alcohol) when your alone ?			
Have you recently been release from prison or residential rehab			
Previous history of non fatal overdose			
Has had a stressful life event eg. Bereavement , relationship breakup)			
Are you receiving treatment for taking drugs (including alcohol)			
Are you suffering from a psychological condition (depression)			
Have you ever been so intoxicated that you have been scared of dying ?			

I _____ (GP Name) has reviewed Form F.1 and F.2 and **I have / have not** prescribed Naloxone to _____(Patients name)

Signed (GP Stamp) _____

Form F.3- Naloxone Demonstration Project Data Recording: Use and Supply

Please tick where appropriate and clearly write in block letters or use stamp.	
1. Location of supply:	**Name and address:**
2. Prescriber/MCRN:	
3. Risk assessment completed: Yes ☐ No ☐	4. **Training provided**: Yes ☐ No ☐
Completed by:	**Completed by:**
5. Referral for Naloxone by:	
6. Consent for recording/ sharing data: Yes ☐ No ☐	
7. Naloxone is provided to: **Gender:** Male ☐ Female ☐ Not specified ☐	
Name of the patient:	DATE OF BIRTH: Day Month Year ☐☐/ ☐☐/ ☐☐
Address:	
8a. Date of Issue: ___/___/_____	**8b. Supply** ▪ First Supply ☐ ▪ Repeat Supply ☐ ▪ Spare Supply ☐ ▪ Not Known ☐ ▪ Refusal by patient ☐

9. Details of the product:	**BN:**	**Expiry:** ___/_____	

10. Last Naloxone supply: Used on Self ☐ Used on Other ☐ Lost Kit ☐ Confiscated ☐ Expired ☐ Damaged Kit ☐ Refusal by patient ☐ Not Applicable – First Supply ☐ Not Known ☐	**11. Prison release Date:** ___/___/_____ **12. Court Release Date:** ____/___/_____

Dataset Items

Detailed below are the dataset items that comprise the agreed dataset for the Naloxone Demonstration Project monitoring. Questions one to six apply to all instances of a kit being supplied (community supply or prison supply). Question six asks if consent has been given to the sharing of the individual's personal data. If yes, then questions seven to 10 should be completed.

Questions 11 and 12 apply only to the supply of kits by prisons.

Data item	Notes
1. Location of Supply name and address	This is the location of the service provider. **Recording Guidance:** Denis O'Driscoll will agree with you what should be entered in this field to ensure that your service activity is being identified. **Purpose:** This data item will be used to monitor returns for each service participating in the Demonstration Naloxone Project.
2. Prescriber	Name of the prescriber and MCRN, completed in block capital or may use a stamp **Purpose:** This data item will be used to monitor prescribing rates of those participating in the Demonstration Naloxone Project
3. Risk assessment	Risk assessment tool as reproduced from the http://orion-euproject.com/ project. See the proposed assessment Appendix 1. The individual who completes the risk assessment clearly write and give role **Purpose:** This data item will be used to inform regarding the appropriate individuals that require Naloxone participating in the Demonstration Naloxone Project.
4. Training	This is the training advice provided by workers to patients prior to prescribing and supply of Naloxone to ensure that the client is informed how to use the product. The individual who completes the risk assessment clearly write and give role. **Purpose:** This data item will be used to inform regarding the training n of individuals that require Naloxone participating in the Demonstration Naloxone Project
5. Referral	This is to record who is referring patient for Naloxone and date of referral Purpose: This data is used to see from where patients are being referred from
6. Consent to Data Recording	A Yes/No field indicating whether consent to share their personal data has been given. **Recording Guidance:** If **yes**, continue to record all data items. The personal information provided will **only** be used for the purpose of monitoring and evaluating the use and supply of naloxone and for no other purposes. A person can decide to say No at a further stage in the study, e.g. at the next request and the revised consent form should be filed.. Personal data will only seen by the Project Director, Dr. Denis O'Driscoll. All information used in reports will be anonymous. If **No**, although the remaining data items may be recorded locally, they should not be for central analysis. Those who say No should be advised that they will not be treated any differently than if they had given consent to include their personal details in the demonstration project data. We would ask that you encourage the person to consent to the recording of the personal information as the data will be invaluable in monitoring how many repeat supplies an

	individual receives throughout the duration of the Naloxone Programme. A hard copy of the written consent should be placed in the medical record.
7. Naloxone is provided to:	This records whether the kit is provided to the person at risk. Person at risk demographics • Gender • Name • Month and year of birth recorded This date should be entered in the format MM/YYYY. • Address: please confirm if NFA: Hostel, rough sleeper, temporary accommodation **Recording Guidance:** Please indicate precisely who the kit is provided to. **Purpose:** This data item will be used to monitor the 'reach' of THN distribution (how many individuals 'at risk' have access to a kit) and the total numbers of individuals receiving THN in addition to those persons 'at risk'. This data item will be used to assess geographic coverage of THN as well as determine areas with increasing use. **Please note this is from the person's perspective.**
8a. Date of Issue	This is the date on which the kit was issued and should be entered in the format DD/MM/YYYY. **Purpose:** This data item will be used to monitor the distribution of kits throughout the year. The dates of issue, together with other data items will also be used to quality assure the data. E.g. Date of issue, name and date of birth will help identify possible duplicate entries.
8b. Supply	This records whether the kit is the person's first supply or if they have previously been provided with a supply of naloxone. The list gives the options:- • First Supply • Repeat Supply • Spare Supply • Not Known **Recording Guidance:** If using Spare Supply to record the issue of a 'second kit', the other supply given should be recorded as normal i.e. First Supply or Repeat Supply etc. Please ensure each initial **new spare** supplied is recorded as a 'Spare Supply' and not a 'Repeat Supply' 'Repeat supply' should be recorded where a previous kit needs to be replaced (i.e. 'Used on Self', 'Used on Other', 'Lost Kit', 'Confiscated', 'Expired' or 'Damaged Kit'). Similarly, If a spare kit has been used as indicated in Q5, then the **replacement supply** should be recorded as a 'repeat supply'. **Purpose:** This data item will be used to monitor the 'reach' of THN distribution (how many first supplies made to individuals 'at risk'), the total numbers of individuals receiving THN in addition to those persons 'at risk' (inc. spare supplies) and the frequency of THN re-supply due to use, damage etc. **Please note this is from the person's perspective.**
9. Naloxone details:	This is batch number of the product and the expiry date. There also may be a unique identifier on the product which will need to be recorded. **Recording Guidance:** The naloxone lead will agree with you what should be entered in unique identifier field to ensure that the product is being identified.

	Purpose: This data item will be used to monitor the route and use of the Naloxone throughout the Demonstration Naloxone Project
10. Last naloxone supply:	This records what happened to the last supply that was provided. The drop down list contains the options:- • Used on Self • Used on Other • Lost Kit • Confiscated • Expired • Damaged Kit • Not Applicable – First Supply • Not Applicable – Spare Supply • Not Known **Recording Guidance:** If you have recorded in Q4 that this is a 'repeat supply' or a 'spare supply' to the person, you should record what the previous supply was used for. If this is the person's first supply please select 'Not applicable – First Supply' from the drop down box. If this is the person's first spare (no previous spare received) please select 'Not applicable – Spare Supply'.. **Purpose:** This data item will assist in evidencing reasons for re-supply (e.g. how many kits were used on those at risk of opiate overdose). **Please note this is from the person's perspective.**
11. Prison Release Date (if applicable)	This is the date the person at risk is due for release from prison and should be entered in the format DD/MM/YYYY. **Recording Guidance** If known, the prisoner's 'Earliest Date of Release' should be recorded. **Purpose:** This will assist in evidencing the impact of THN on prisoners who are vulnerable to overdose within 4 weeks following release not on a OST programme. ***It is recognised that the four week period following prison release is a crucial period for former prisoners with regard to risk of death from overdose.***
12. Court Date	The date of court appearance if release date is not known. **Purpose:** In the absence of a release date, court date will assist in evidencing the impact of THN on prisoners who are vulnerable to overdose within 4 weeks following release.

F.4- Naloxone Demonstration Project Supply Consent to Share Information for Evaluation Purposes

Naloxone Demonstration Project Supply
Consent to Share Information for Evaluation Purposes.

In order to evaluate the demonstration project on provision of Naloxone, the prescribing doctor has been requested to send the following information to Dr Denis O'Driscoll, the director or the project. This information may help to increase supply of Naloxone to other people at risk of overdose.
Your information which will be sent will be:

- Your name, address and date of birth
- That Naloxone has been supplied to you
- The Date on which it was supplied
- Whether you had received a previous supply
- How you used the previous supply
- Details of the batch number of the Naloxone supplied to you
- Kept only for as long as needed and disposed by a certified confidential waste disposal system
- Stored safely

The personal information provided will **only** be used for the purpose of monitoring and evaluating the use and supply of naloxone and for no other purposes.
When he uses this to provide an evaluation or report, your information will be anonymous and your name and date of birth will not appear in any report sent to any other person. Your confidentiality is assured except when there is an issue around; child safety; violence to yourself or others; the courts request information
I agree to Dr_____ MCRN_____ releasing the information about Naloxone prescribed to me as described above to Dr O'Driscoll for the purpose of evaluating the Naloxone pilot project.
If **No**, the remaining data items may be recorded locally, but they will not be sent for central analysis and this will not affect your access to Naloxone. However we would ask that you would consent to the recording of the personal information as the data will be invaluable in monitoring how many repeat supplies service users receives throughout the duration of the Demonstration Project. A hard copy of the written consent should be placed in the medical record.

Patient Name (Printed)
_____ _____

Signature_____ _____Date
_____

Also you can change your mind at any time by contacting the doctor. This will be recorded on your file and logged onto this original consent form.

Signature of Doctor: _____MCRN_____

Patient Name: _____Date consent withdrawn_____

F.5 Incident Follow Up Report

The following form should be used as a brief guide (prompt for further details)

Before proceeding, establish whether the overdose was:

Fatal Overdose	**Non Fatal Overdose**

(Delete as appropriate)

Details of person providing information	
Name	
Date of birth	
Area of residence	

Date & place (include location/area) of where person overdosed	

Details of person who overdosed -					
Male/Female				Age	
Receiving opioid replacement therapy?	**YES**	**NO**	**DON'T KNOW**	Relationship to person providing information	**FRIEND** **FAMILY MEMBER** **OTHER (please specify)**
Substances involved (If known)					
Had the person injected?	**YES**	**NO**	**DON'T KNOW**		

Were you present when the person overdosed?	**Yes**	**No**
If yes, how long did it take for them (from point of using) to overdose?		
What were the signs/symptoms of overdose?		
How many other people were present (Apart from you and the person who overdosed)?		

Sequence of Events -		
Naloxone administered?	**YES**	**NO**
	How many doses?	
	If No, please provide reason	
Ambulance phoned?	**YES**	**NO**
	If No, please provide reason	
What information did you give the emergency call handler?		
Did the emergency call handler talk through the naloxone process?	**YES**	**NO**
	Any other comments?	
Recovery position?	**YES**	**NO**
	If No, please provide reason	
CPR Performed?	**YES**	**NO**
	If No, please provide reason	
Did you wait with the person who overdosed until help arrived?	**YES**	**NO**
	If No, please provide reason	
How long was it before the		

ambulance arrived?			
Was the used Naloxone Pack given to the ambulance crew	**YES**	**NO**	**DON'T KNOW**
Did the person who overdosed attend hospital	**YES**	**NO**	**DON'T KNOW**
	If No, please provide reason		
How long did you stay with the person who overdosed after the paramedics left?			
Did the Gardi attend?	**YES**	**NO**	
	Details of any action taken		

Any additional information (including how person feels following incident/confidence etc)

Refresher training Provided?	**Yes**	**No**

New Pack re supplied (if used)	**Yes**	**No**

Signed

GP …….. **Date** ……..

OR

(staff member) …….. **Date** ……

Contact details for any questions

Denis O' Driscoll Project Lead
0872904852
denis.odriscoll@hse.ie

Tim Bingham Lead Trainer
0864104098
tim.bingham@hse.ie

Please return all completed forms to
Denis O Driscoll
Bridge House
Cherry Orchard Hospital
Dublin 10

Or email
tim.bingham@hse.ie
denis.odriscoll@hse.ie

Further information on Prenoxad can be found
http://www.prenoxadinjection.com/