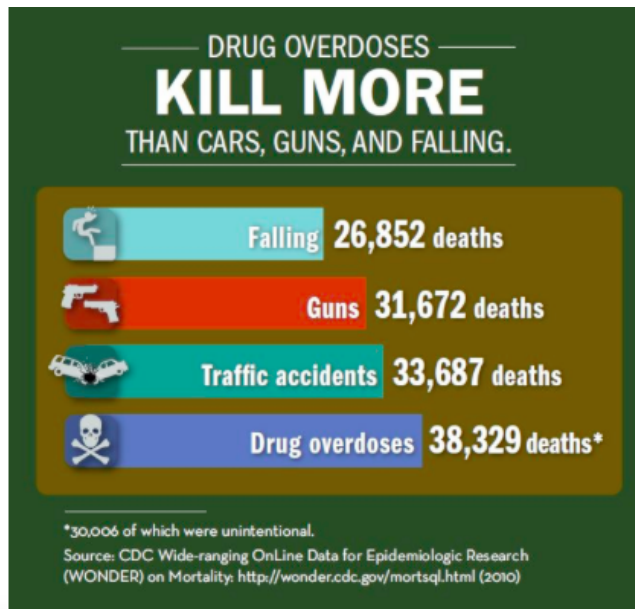


USE OF NALOXONE BY LAW ENFORCEMENT FOR OPIOID OVERDOSE



ARIZONA DEPARTMENT
OF HEALTH SERVICES

Health and Wellness for all Arizonans

Objectives

- Background and statutes
- Symptoms and treatment of opiate overdose
- Naloxone routes of administration
- When to give naloxone
- Common questions about naloxone
- Documentation



The Opioid Epidemic

- Drug overdose is the leading cause of unintentional injury death in America.
- Opioids include legal prescriptions and illegal drugs.
- More young adults and teens in AZ are using heroin more than ever.
- 42,249 fatal opioid overdoses in U.S. in 2016*
 - 40% due to prescription opioids

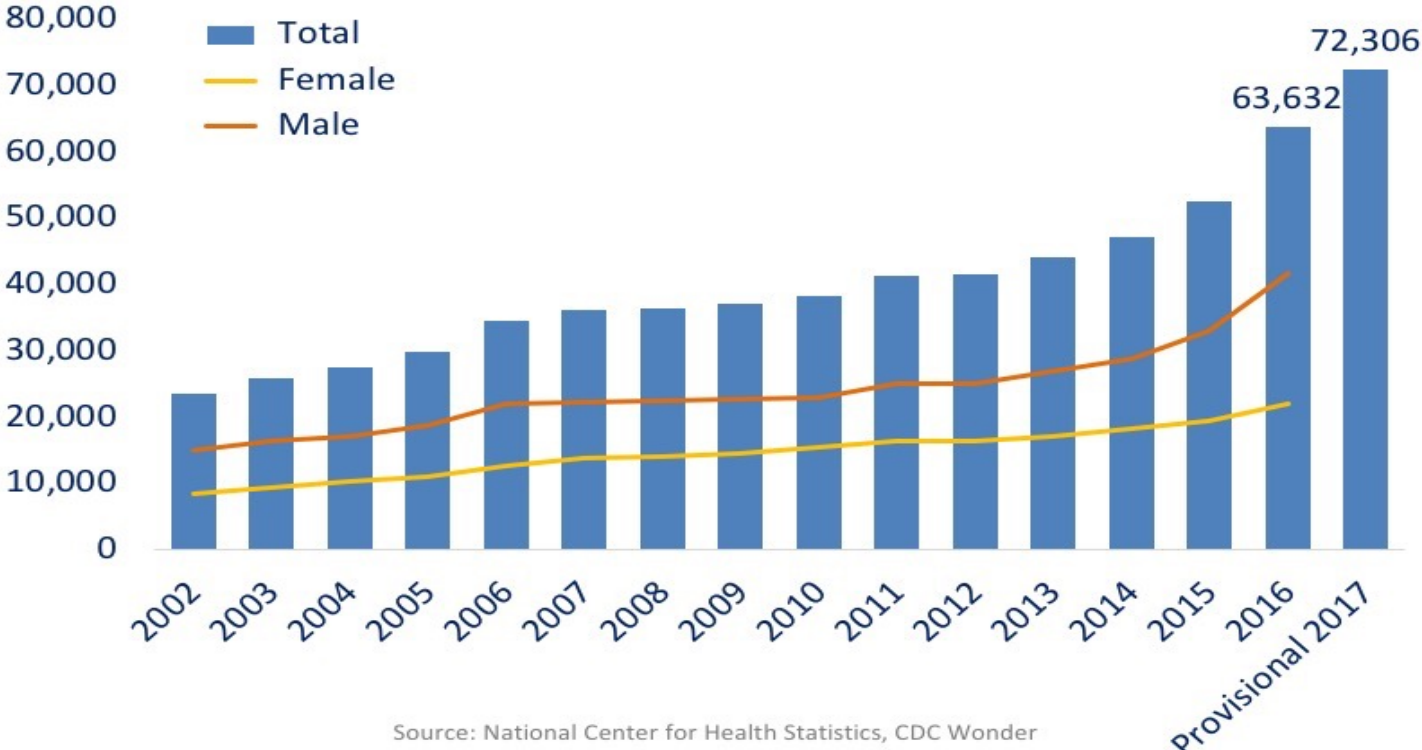
* Source CDC/National Vital Statistics System, Mortality file





National Overdose Deaths

Number of Deaths Involving **All Drugs**

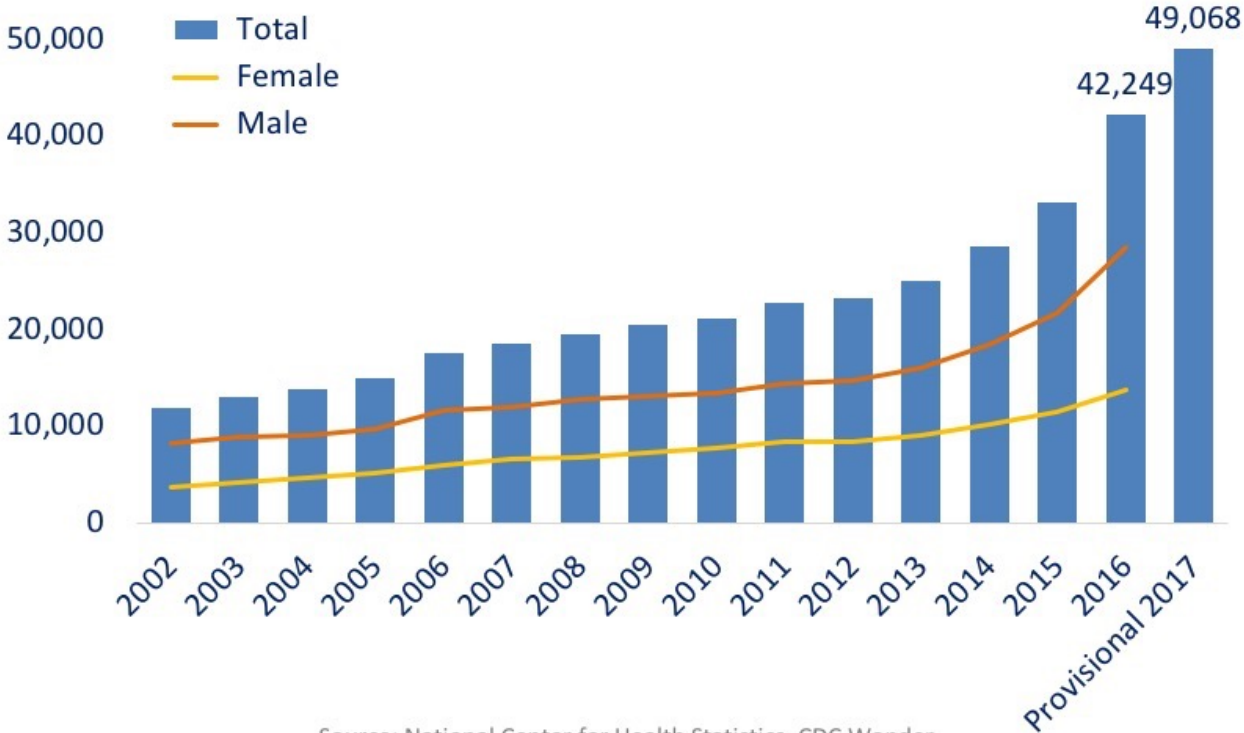


Source: National Center for Health Statistics, CDC Wonder



National Overdose Deaths

Number of Deaths Involving Opioids

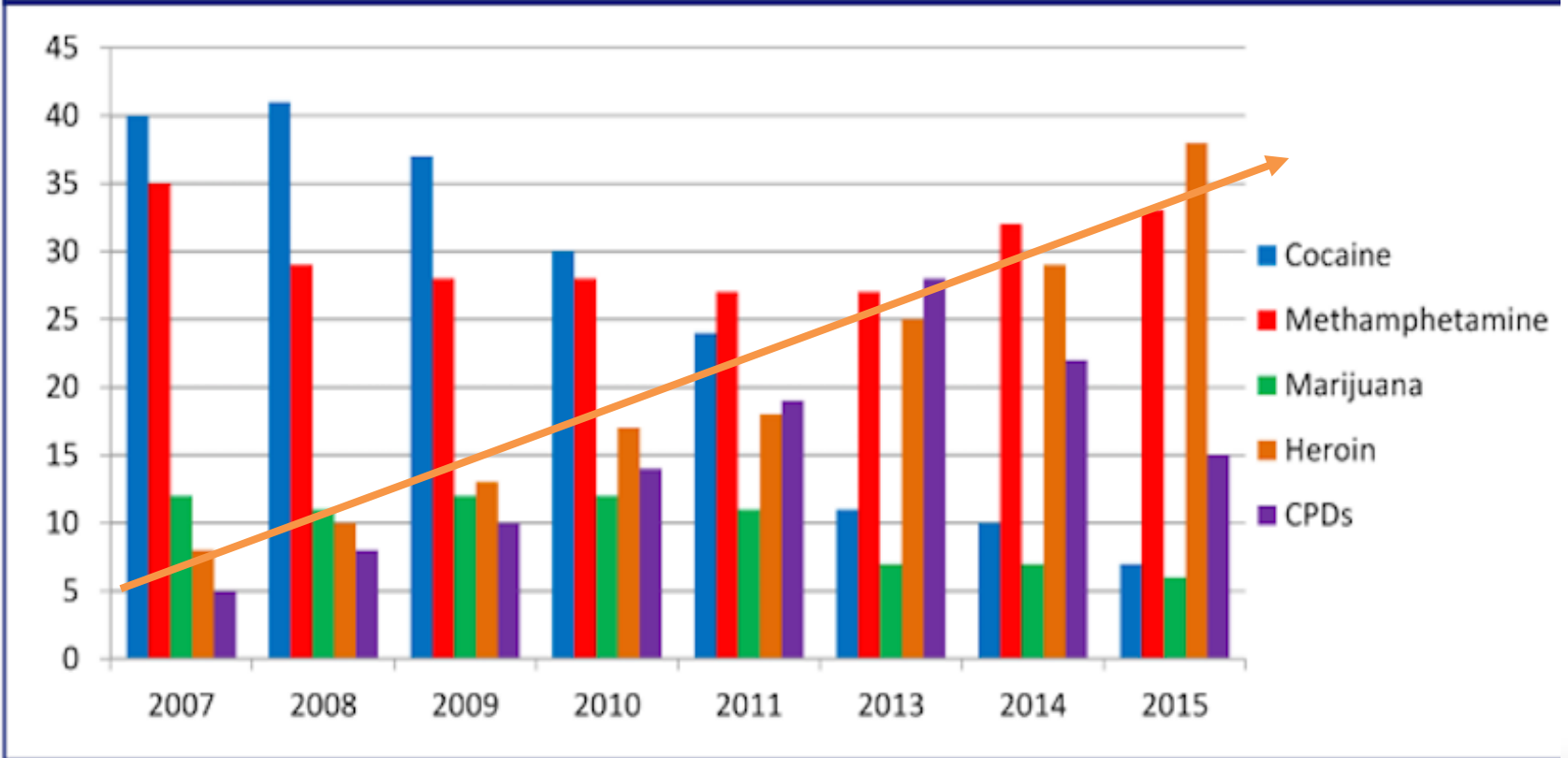


Source: National Center for Health Statistics, CDC Wonder



Note the increasing heroin trend

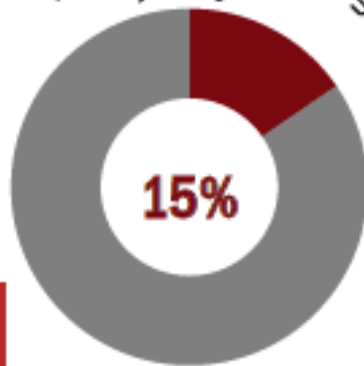
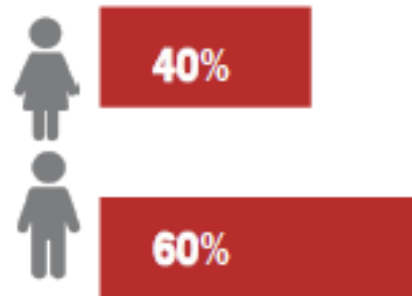
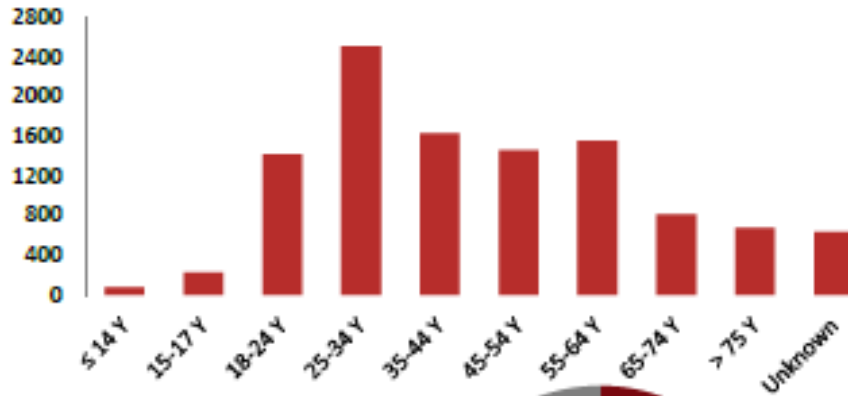
(U) CHART 2. PERCENTAGE OF NDTs RESPONDENTS REPORTING THE GREATEST DRUG THREAT, 2007 - 2015



Arizona Prehospital Impact from Opioid Abuse

(Data Period: June 15 – Sept. 6, 2018)

11,196 possible opioid overdoses reported



of the possible opioid overdoses were **fatal**



The Opioid Epidemic in AZ*

- Majority of opioid overdoses happen at home
- 2013 to 2017: 74% increase in opioid overdoses
- **2+ Arizonans die per day from an opioid overdose**

*(Data from ADHS June, 2018 Opioid Report: <https://azdhs.gov/opioids>)



Use of Naloxone by LE and EMTs

- Safe, effective, well established practice
- Few side effects
- First step in combating deaths from OD
- Time-sensitive emergency



AZ Opioid Epidemic Act

Governor Ducey declared a statewide emergency

1. Prevent drug abuse through appropriate prescribing practices
2. Expand access to treatment
- 3. Reverse overdoses through distribution of naloxone**



A.R.S. 36-2228

- A. Allows LE officer or EMT to administer naloxone.
- B. Requires a standing order issued by physician or nurse practitioner.
- C. Mandates training on proper administration of naloxone before LE or EMT may administer naloxone.
- D. States that LE or EMT may administer to a person if officer believes that the person is suffering from opioid-related overdose.



A.R.S. 36-2228 (cont.)

E. Provides IMMUNITY for individuals who give Narcan:

1. Physicians and nurse practitioners
2. Law Enforcement Officers
3. Emergency Medical Care Technicians

G. Does NOT create a duty or standard of care for LE to administer an opioid antagonist.



A.R.S. 36-2228: Immunity

- EMTs and Peace Officers who administer Naloxone pursuant to this training **ARE IMMUNE FROM CIVIL, PROFESSIONAL, AND CRIMINAL LIABILITY**
- This includes any decision made, action taken, and injury that may result from the administration
- As long as those persons acted with reasonable care and in good faith
- Exceptions are wanton or willful neglect



What are Opioids?

Opioids: a medicine used to treat pain.

Opioids include:	
Opium	Hydrocodone
Morphine	Oxycodone
Codeine	Fentanyl
Heroin	Methadone

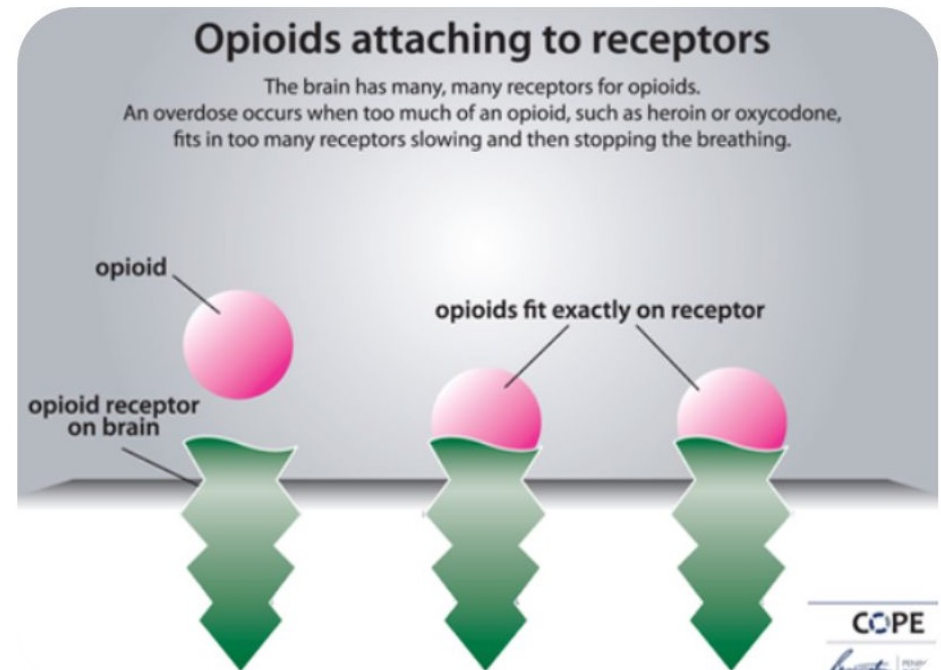


Paraphernalia Commonly Found on Scene of Overdoses



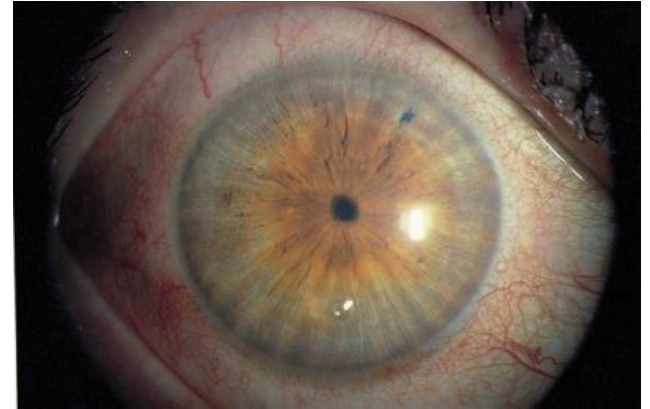
What happens when you take an opioid?

- Opioids act as a **depressant** on the Central Nervous System (CNS), Respiratory System, and the Cardiovascular System.



Signs of an Opioid Overdose

- Unresponsive
- Blue/pale skin, lips, nails
- Very limp body
- Slow breathing or not breathing at all
- Choking, gurgling, snoring sound
- Pinpoint pupils



High vs. Overdose

HIGH	OVERDOSE
Muscles become relaxed	Pale, clammy skin
Speech is slow/slurred	Very infrequent or no breathing
Sleepy looking	Deep snoring or gurgling
Responsive to stimuli	Not responsive to stimuli
Normal skin tone	Blue lips and / or fingertips



Methods of Opioid Administration

- Oral (pills)
- Intravenous (IV)
- Snorting
- Smoking
- Subcutaneous, e.g. under skin, “skin popping”
- Per rectum (PR)
- Transcutaneous, e.g. fentanyl patches



How Opioids Kill

- Respiratory and CNS depression
- “Slows” everything down
- Decreases level of consciousness
- Decreases respiratory drive
- Decreases heart rate and blood pressure



Opioid Overdose

- Respiratory drive is taken away or aspiration (inhaling vomit)
- Lack of oxygen (hypoxia)
- Cardiopulmonary arrest (“code”)
- Increased incidence when combined with alcohol, benzodiazepines, or other medications



Patients at Risk for Opioid Overdose:

Mixing Different Types of Drugs

Example: Opioids with Alcohol or Cocaine or Benzodiazepines (Xanax, Ativan).

Quality of Drug

Street drugs being laced with fentanyl.

Low Tolerance

Period of abstinence due to incarceration, hospitalization, or inpatient treatment.

Using Alone

No one to call 911 or administer Naloxone.

Weak Immune System or Illness



Why don't people get help?

- Stigma: Drug addiction is a stigmatized problem
- Have to accept “I have a disorder”
- Affordability
- Fearful of withdrawal
- Do not know where to go
- Unsuccessful attempts at quitting
- May lose job, housing, and other security nets



What Can We Do?



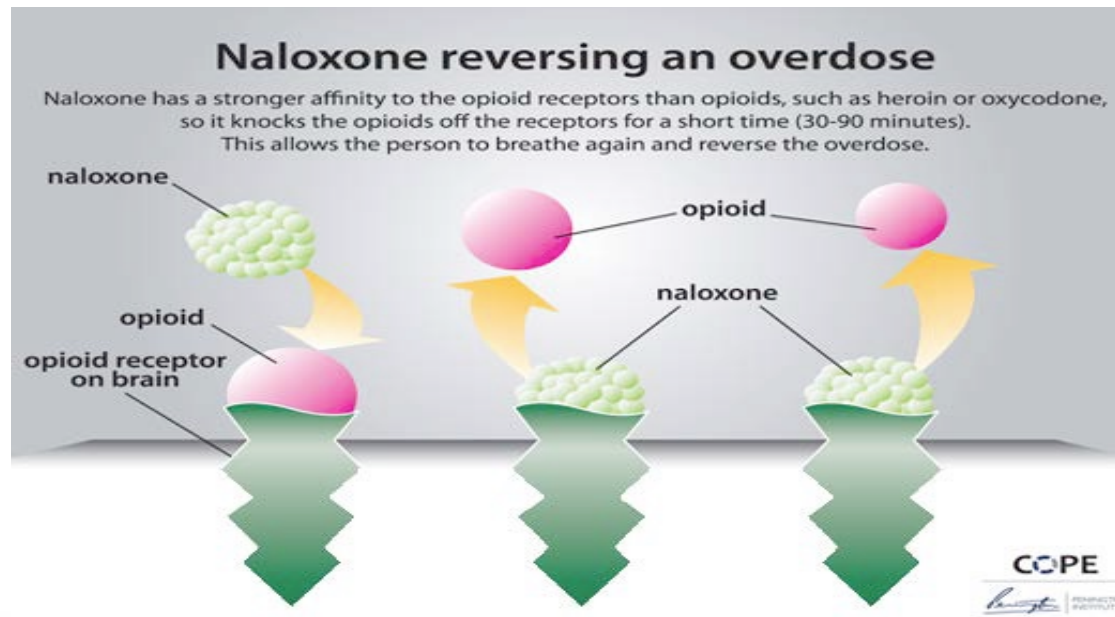
What is Naloxone?



- Naloxone rapidly reverses opioid overdose.
- Narcan is the brand name of naloxone.
- Opioid antagonist— blocks the effects of opioids.
- Restores normal respiration to a person whose breathing has slowed or stopped as a result of overdosing with an opioid.

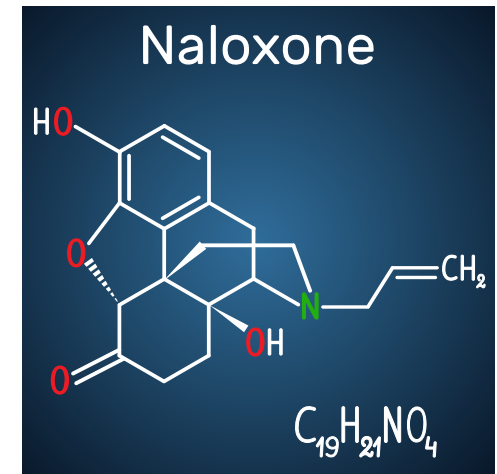
How Does It Work?

- Blocks effects of opioids on brain
- **Temporarily** reverses respiratory and CNS depression



Naloxone Details

- FDA-approved Rx medication
- Used by paramedics for 40+ years
- Cannot be abused
- Does not work on other overdoses
- No adverse effect if naloxone is administered to someone not overdosing opioids
- NARCAN is the brand name for intranasal naloxone



Naloxone Does NOT Reverse

- **Sedatives**
 - Valium, Ativan, Xanax
 - Alcohol
- **Stimulants**
 - Cocaine
 - Amphetamines



Naloxone: How Is It Given?

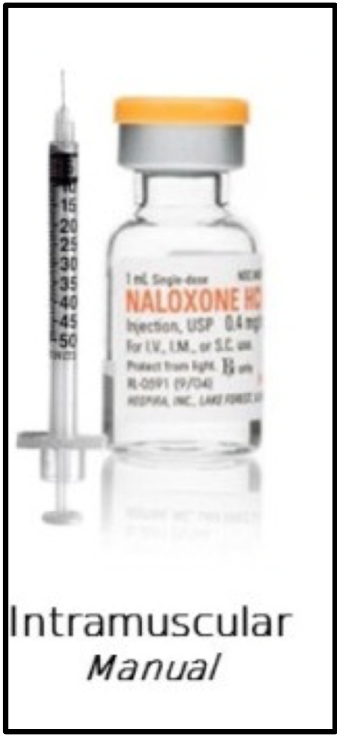
[Emergency Medical
Technicians](#)

[Law Enforcement
Officers](#)

Click the boxes to learn more



4 Types of Naloxone



Click on the Naloxone you will be using to learn more

When and How to Use Naloxone



When to Use Naloxone:

- Altered level of consciousness
 - Unable to wake up with painful stimuli
- Respiratory depression or apnea
 - Slow, shallow breathing (< 10 breaths/minute)
 - Apnea (not breathing)
- With Associated:
 - Constricted (pinpoint) pupils, Pale or cyanotic (blue)
 - Suspicion of opiate overdose



Body Substance Isolation:

- Gloves
- Eye Protection

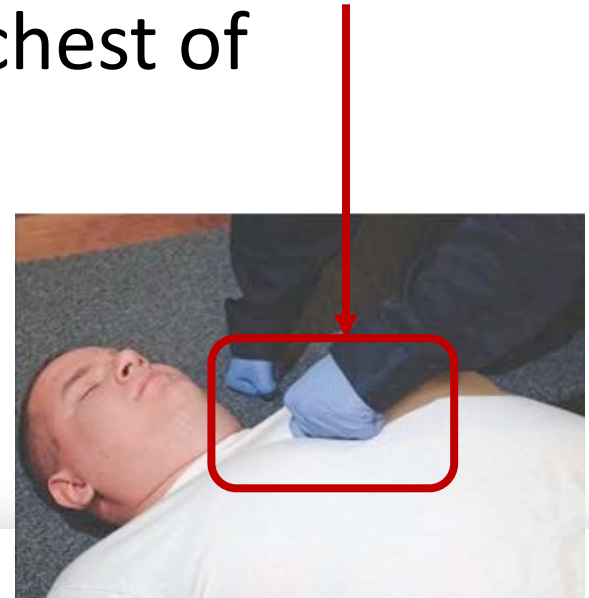
Ensure Scene Safety:

- Location
- Other Individuals



Things to do before administering Naloxone

1. **Lay person** on their back.
2. **Sternum rub:** Make a fist with your hand. Press and rub on the chest of unresponsive individual.



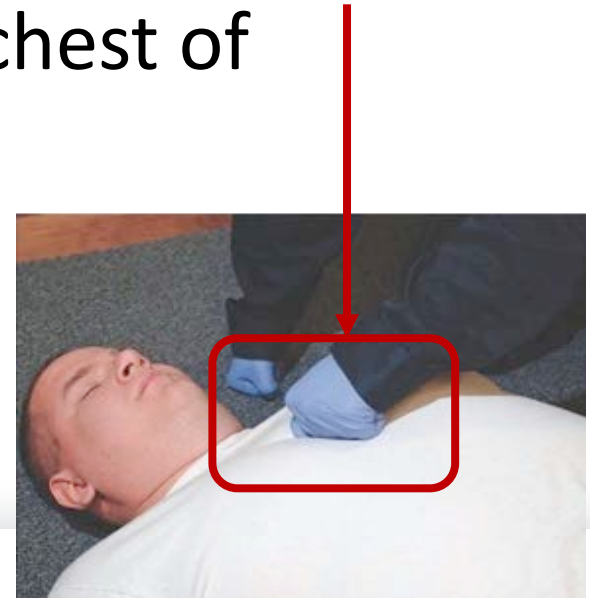
Sternal Rub:

Sternum - bone in center of chest that joins ribs on either side



Things to do Before Administering Naloxone

1. **Lay person** on their back.
2. **Sternum rub**: Make a fist with your hand. Press and rub on the chest of unresponsive individual.
3. If no response, **administer naloxone**.



You gave naloxone, now...

Check For A Pulse

Place in Recovery
position

Ensure Scene
Safety

Request Transport
Resources

Consider Second
Dose



Scene Safety is **Your #1 Priority**

- *Stay aware of surroundings*
- Beware of tactical advantage and difficult egress
- If alone, request backup prior
- The majority of patients wake up slowly over about 4-5 minutes



Check for a pulse at the neck

If No Pulse, Start CPR

EMT click here to learn about CPR

If No Pulse, Start CPR

LE click here to learn about CPR



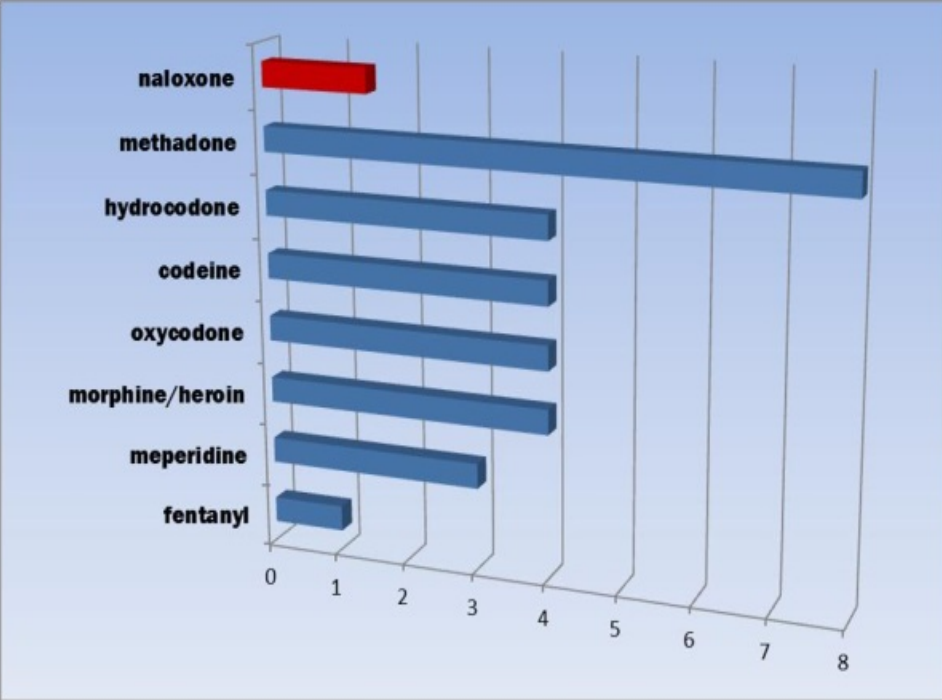
Request a Transport Resource

- Key Concepts
 - Naloxone can wear off
 - Naloxone will cause withdrawal symptoms
 - Other problems can mimic opiate overdose



Naloxone vs. Opioid Duration:

Duration of Action of Opioids and Opioid Antagonists



- Naloxone relatively short duration compared to opioid.
- Naloxone may wear off and, dependent upon amount of opioid, signs of OD may reappear.

Symptoms of Opioid Withdrawal:

- Agitation
- Tachycardia (rapid heart rate)
- Pulmonary edema (fluid in lungs)
- Nausea
- Vomiting
- Diarrhea



Mimics of Opioid Overdose:

- Cardiac Arrest
- Low blood sugar
- Head injury
- Stroke
- Shock
- Hypoxia (low oxygen)



Bottom Line... you need a Transport Resource



Where are we?

You gave naloxone, now...

Check For A Pulse

Place in Recovery
position

Ensure Scene
Safety

Request Transport
Resources

Consider Second
Dose



Recovery Position



1. On left side
2. Hands support head
3. Knee prevents person from rolling on stomach
- 4. Never leave the person alone**



Consider a second dose of Narcan

If first dose does not work:

- Narcan takes 3-4 minutes to work
- If no response at 4 minutes, give second dose



Review



- **Recognize opiate OD**
 - Decreased LOC
 - Decreased/No Breathing
 - Opioid OD setting
- **Give sternal rub/stim**
- **If no – Administer naloxone**
- **Recovery Position**



FAQ: Does Naloxone cause Addiction?

- Naloxone will encourage further drug use. **Myth!**
- Police are not equipped to administer drugs. **Myth!**
- Naloxone will prevent people from going to treatment. **Myth!**



FAQ: Fentanyl and Carfentanyl

- Fentanyl / Carfentanyl are very powerful opiates!
- Inhalation, ingestion, or injection of them can make you sick!
- Getting them on your skin will not make you sick (unless you have an open wound)



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FAQ: Naloxone for Kids and Pregnant Women

1. Safe in kids... use your Narcan!
2. Safe in pregnant women... use your Narcan!



FAQ: What Does It Look Like When Someone Wakes Up After Naloxone?

- Respiratory
 - Breathing returns
 - Reverts to normal breathing
- Circulation
 - Pulse present and normal
 - Skin tone improving, paleness/bluish tint go away
- Consciousness improves and victim becomes more alert



FAQ: What if a victim wants to refuse transport?

- Patients with decision making capacity can refuse further treatment and/or transport to the hospital



FAQ: How Should Naloxone be Stored?

- Agency Leadership Decision
 - Keep out of sunlight
 - Keep at room temperature
 - Replace once expiration date has passed
 - Generally about 2 years
- LE can't swap out naloxone supply from local fire department/EMS (ARS 36-2228)



Documentation

- **EMS** – Documents patient encounter on a prehospital incident history report
- **Law Enforcement – data to collect:**
 - Arizona
 - Agency written report & Usage Report
(similar to a use of force report)



ADHS BEMS Data Collection Tool

Online Reporting Tool

- + Patient Demographics
- + Destination if known

Was Naloxone/Narcan administered prior to you/your entity's arrival? (if you answered 'No', continue to next question with red box):

No Unknown Yes

For Naloxone/Narcan administered prior to you/your entity's arrival, who administered it?:

Bystander/Layperson Emergency Medical Services Law Enforcement

Other Health Care Professional Unknown

How many doses of Naloxone/Narcan were administered prior to you / your entity's arrival?:

1 dose 2 doses 3 doses

4 doses 5 or more doses Unknown

Was Naloxone/Narcan administered by you/your entity?:

No Yes

How many doses of Naloxone/Narcan did you/your entity administer?:

1 dose 2 doses 3 doses

4 doses 5 or more doses

Reasons for suspected opioid overdose (select as many as apply):

Find a Value...

What happened to the patient/what was the patient's final disposition for this suspected opioid overdose?:

Type of Destination (if known):



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Arizona Opioid Assistance & Referral Line (Arizona OAR Line)



Arizona Opioid Assistance & Referral Line (Arizona OAR Line)

1.888.688.4222

Opioid Questions? Trained nurses and pharmacists can help with:

- Referrals for opioid treatment or pain specialists
- Concerns about the use of opioids
- Safe use of opioids for acute or chronic pain
- Education about naloxone (Narcan™)
- Questions about opioid use during pregnancy or breastfeeding
- Arizona's opioid laws and prescribing guidelines

Help is available 24/7. Calls are free and confidential. Interpretation services available.

www.oarline.com



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& Pharmacology
Education & Research



The OAR line is a joint project between the Arizona Department of Health Services, The Arizona Health Care Cost Containment System and the Poison and Drug Information Centers of Arizona.



Línea de ayuda y orientación sobre opioides de Arizona

(Por sus siglas en inglés: Arizona OAR Line)

1.888.688.4222

¿Tiene preguntas sobre los opioides? Enfermeras y farmacéuticos pueden ayudarle con lo siguiente:

- Recomendaciones para tratamientos con opioides o especialistas del dolor
- Preocupaciones sobre el uso de opioides
- Uso seguro de opioides para dolor agudo o crónico
- Educación sobre el uso de la naloxona (Narcan™)
- Preguntas sobre el uso de opioides durante el embarazo o la lactancia
- Las leyes en Arizona sobre los opioides y lineamientos para recetarlos

Ayuda disponible 24/7. Las llamadas son gratuitas y confidenciales. Servicios de interpretación disponibles.

www.oarline.com



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La línea de OAR es un proyecto conjunto del Departamento de Servicios de Salud de Arizona, el Sistema de Contención de Costos de Arizona y el Centro de Envenenamientos e Información de Medicamentos de Arizona.

Any Questions?



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Thank You



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Preloaded Nasal Narcan



Prepackaged Intranasal (IN) Naloxone Administration

- Open package
- Remove foil backing
- Insert in patient's nose
- Depress the plunger on the underside



Prepackaged Intranasal (IN) Naloxone Administration



Benefits of Intranasal Administration:

- Works quickly
 - Nasal mucosa has a large absorptive area
 - Drug goes directly into the bloodstream
- Nose is an easy access point
- Starts working as fast as IV administration
- Atomizer facilitates quick administration
- Painless



Administering Naloxone

- Tilt head back
- Depress plunger firmly
- After 1st dose wait for 2-3 minutes
- Give 2nd dose at 4 minutes if needed
 - using a new Naloxone plunger
- Once breathing resumes, place in recovery position



Nasal Passages:



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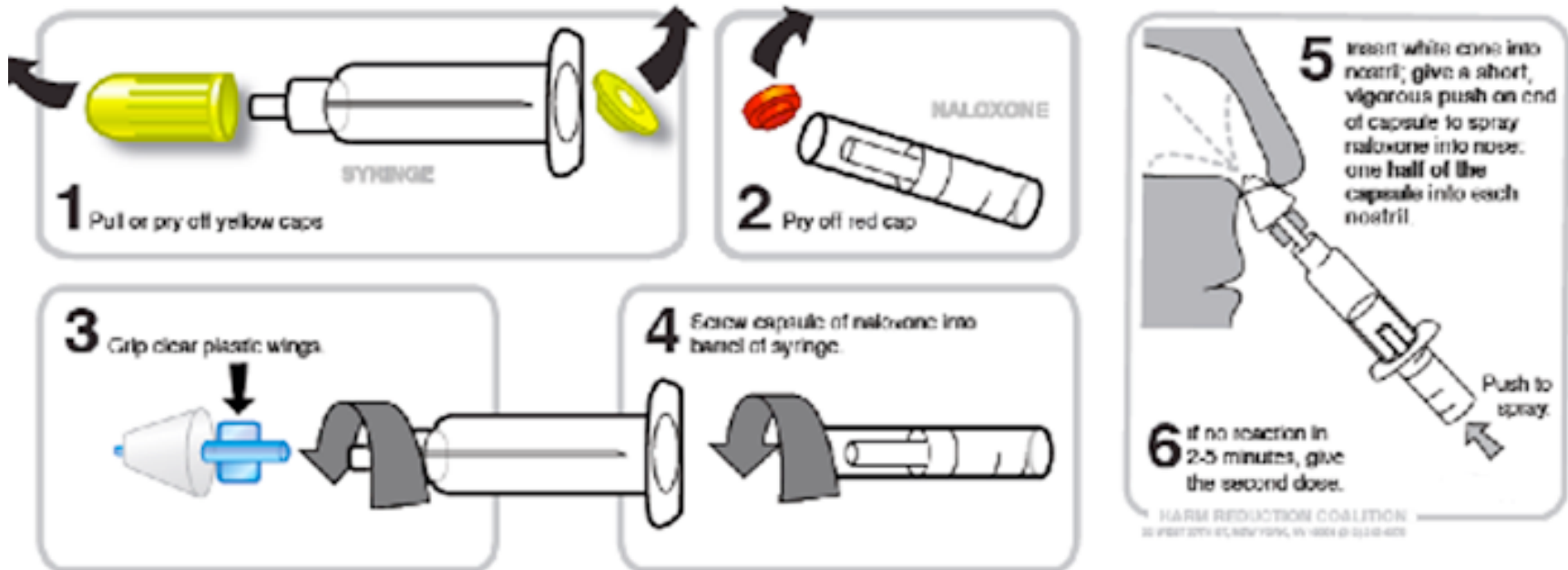
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return to the lecture*

Traditional Intranasal Naloxone



Intranasal Dose with Mucosal Atomizer:

HOW TO GIVE NASAL SPRAY



Intranasal Dose with Mucosal Atomizer:

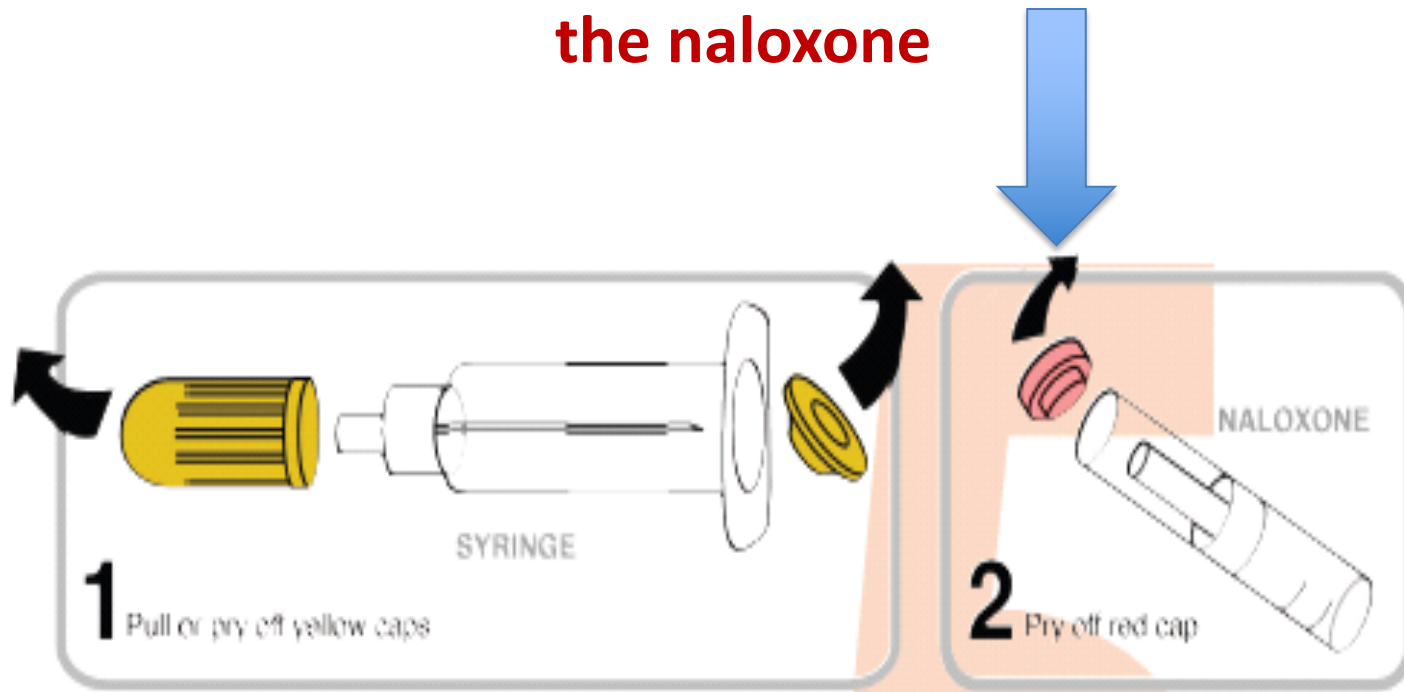


Remove both yellow caps
from syringe

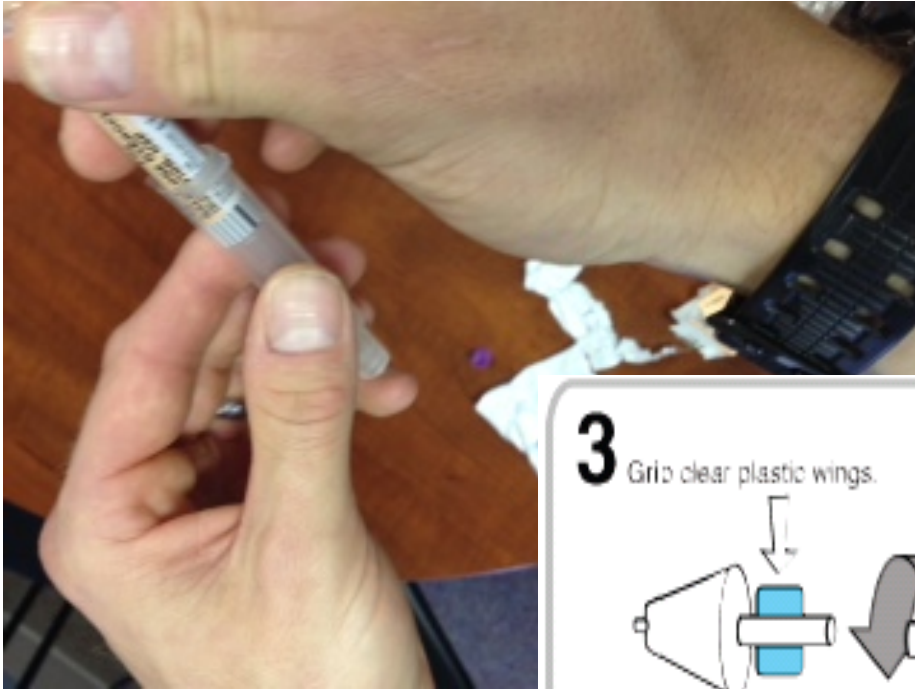


Intranasal Dose with Mucosal Atomizer:

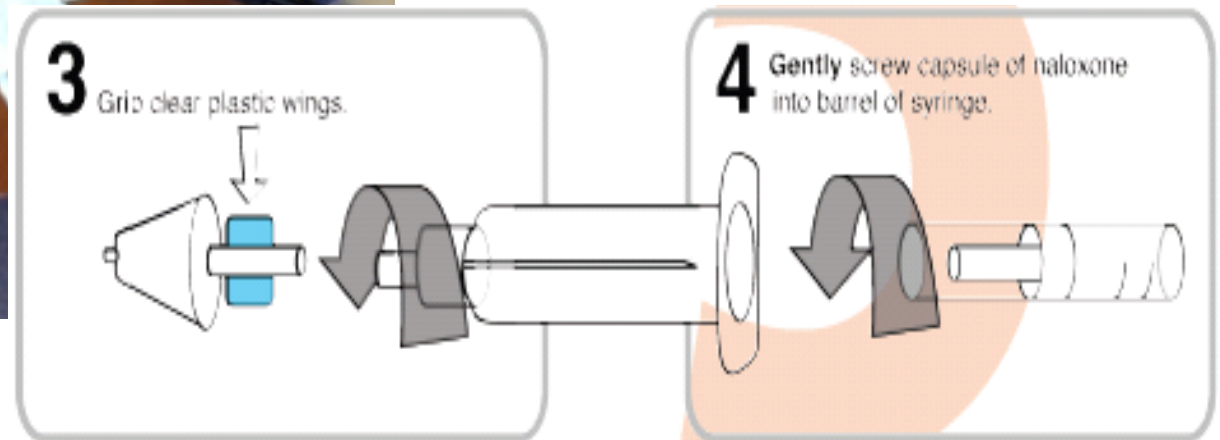
Remove the red cap from
the naloxone



Intranasal Dose with Mucosal Atomizer:



**Insert the naloxone into
the syringe**



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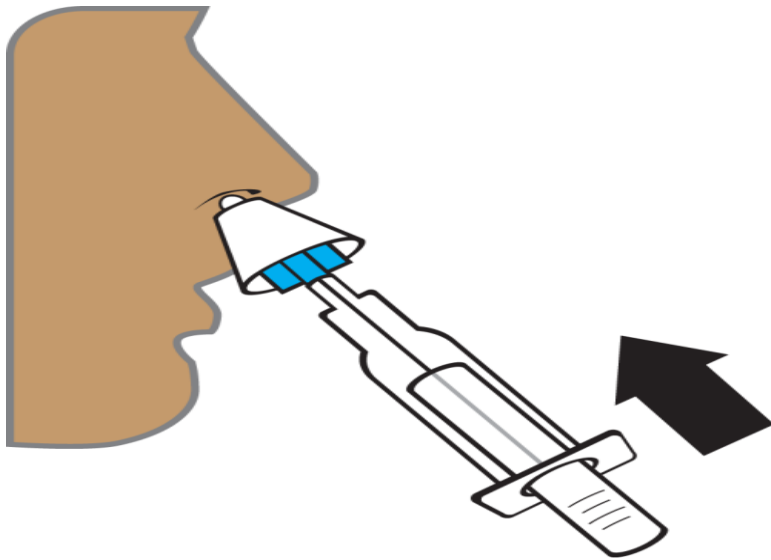
Intranasal dose with Mucosal Atomizer

Attach the mucosal atomizer device to tip of syringe



Intranasal dose with Mucosal Atomizer Device (MAD)

Insert MAD into nostril



Depress syringe & spray 1 ml up each nostril



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*Click Home Button to
return to the lecture*

Naloxone Auto-Injector (IM)



Auto-injector Intramuscular (IM) Administration

- Pull the auto-injector from the outer case.
- Pull off the red safety guard.
- The red safety guard is made to fit tightly, pull firmly to remove.
- Do NOT touch the black base of the auto-injector. This is where the needle comes out.
- Do not replace the red safety guard after it is removed.
- Place the black end against the middle part of the patient's outer thigh (this can be given through clothing if necessary)
- Press firmly and hold in place for 5 seconds



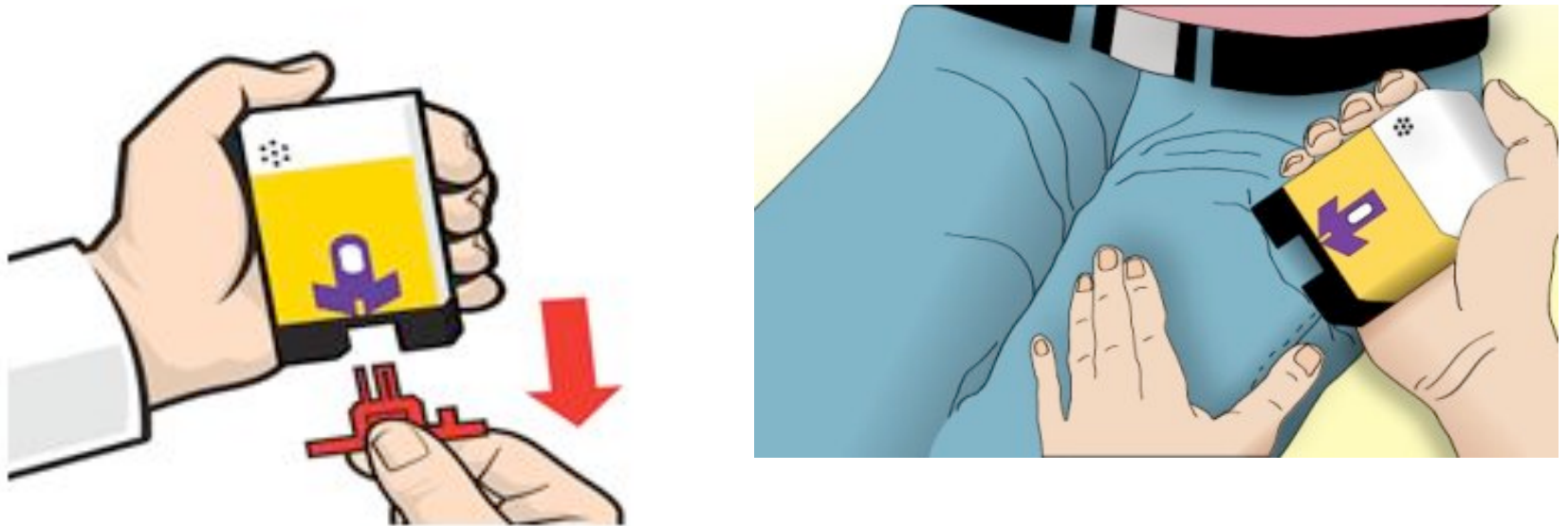
Auto-injector Intramuscular (IM) Administration

- The auto-injector makes a click and hiss when it is depressed against the thigh
- This is normal & means the auto-injector is working
- Keep the auto-injector firmly depressed on the thigh for 5 seconds AFTER you hear the click & hiss sound
- The needle will inject and then retract back up into the auto-injector and is not visible after use



Naloxone Auto-injector (IM)

Figure C



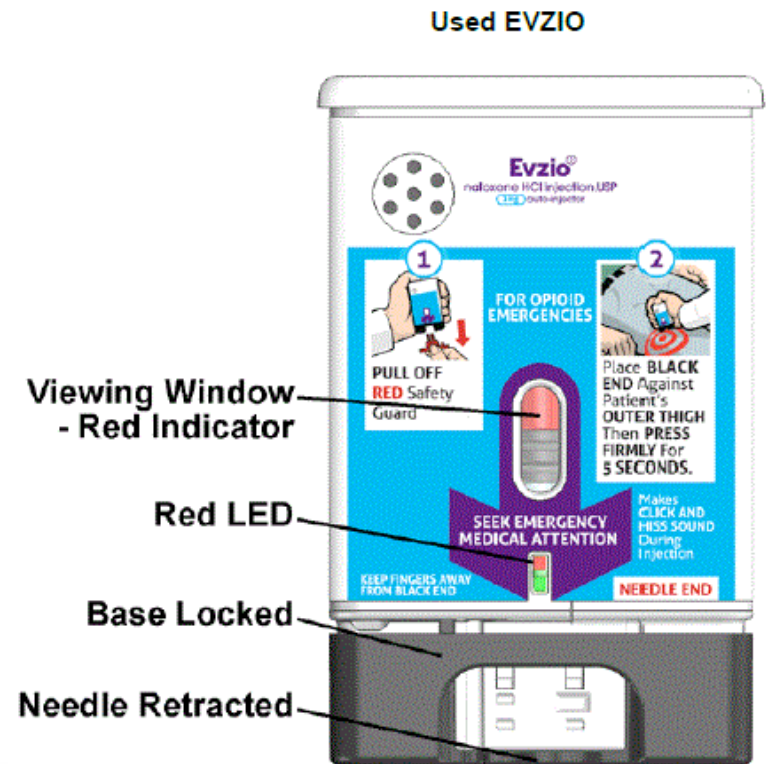
Handling of Auto-injector Post Use

- The auto-injector cannot be reused
- After use, place the auto-injector back in its outer case
- Do not attempt to replace the safety guard
- It should be disposed in a sharps container



How can you tell if the auto-injector was used?

- The black base will lock
- The voice instruction will state it has been used
- The LED will blink red
- The red safety guard cannot be replaced
- The viewing window will no longer be clear, it will have a red indicator

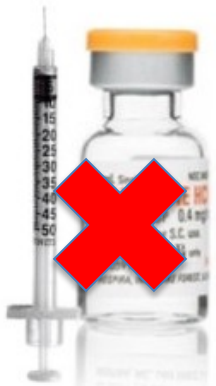


Naloxone For EMTs

Administration of Narcan allowed

Should be administered as per a medical director standing order

Administration of medications by the Intranasal and Intramuscular auto-injector route allowed



Intramuscular
Manual



Intramuscular
Auto-Injecting



Nasal Spray
Narcan



Nasal Spray
Atomizer



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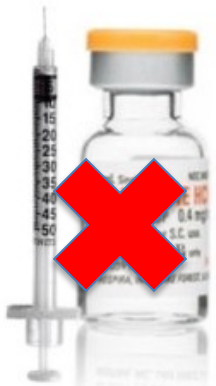


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Naloxone

For Law Enforcement Officers

Administration of Narcan allowed by any route



Intramuscular
Manual



Intramuscular
Auto-Injecting



Nasal Spray
Narcan



Nasal Spray
Atomizer



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*Click Home Button to
return to the lecture*

CPR for Opiate and Non-Opiate OD

- If no pulse start chest compressions
 - 100 per minute
 - Approx 2 inches down
 - Full release off the chest



Why CPR?

- CPR circulates the Narcan
- Without CPR the Narcan will not work



Why CPR?

- CPR circulates the Narcan
- Without CPR the Narcan will not work



What about breaths?

- Breathing is nice
- Breathing not necessary



CPR for Opiate and Non-Opiate OD

- If no pulse start chest compressions
 - 100 per minute
 - Approx 2 inches down
 - Full release off the chest



What about Breaths?

- EMTs with a BVM Should give breaths
 - High flow oxygen
 - 2 breaths : 30 compressions

