

Overdose Awareness and Naloxone Administration Frontline Workers Manual



DRUGS.ie
Drug and Alcohol Information and Support

Purpose of the Overdose Awareness and Naloxone Administration Front Line Workers Manual:

This manual is only to be used by frontline workers who have received Overdose Awareness and Naloxone Administration training provided by the HSE or by a trainer trained through the HSE National Social Inclusion Office.

- The manual should be used in conjunction with Videos on www.drugs.ie/naloxone which all frontline workers must view.
- The manual has been designed to assist each trainer in delivering Overdose Awareness and Naloxone Administration training to frontline workers and for delivery to people who use drugs, peers and family members.
- The flashcards available on www.drugs.ie/naloxone should be used during training for people who use drugs, peers and family members.
- The manual also contains the below forms in the appendix which are available to download [here](#)

Form Number	Description	Completed by	Submitted to
1.	Service Participant Training Checklist	Trainer	GP for prescription
2.	Staff Participant Training Checklist	Trainer	Training record kept by Service
3.	Record of Naloxone Training	Trainer	Jennifer.smyth2@hse.ie
4.	Peer Naloxone Administration Data Template	Addiction Services, Level 1 GP's and UISCE	Jennifer.smyth2@hse.ie
5.	Naloxone Administration Data Template	Each Service	Jennifer.smyth2@hse.ie

All frontline workers are required to watch the videos which are available on www.drugs.ie/naloxone .

We do encourage people who use drugs, peers and family members to also view the videos that are on www.drugs.ie/naloxone - the QR code card should be provided during the training for ease of access.

These videos can be downloaded onto a computer or to a smart phone but best practice is to watch them directly from the webpage which will contain the most up to date guidance, the QR code can be used for ease of access.

It is essential that all training includes:

1. Overdose risk factors
2. What an opioid overdose is
3. How to identify an opioid overdose
4. ABC response to an overdose
5. Calling an Ambulance
6. What naloxone is
7. How to use naloxone
8. Advise on procedures to obtain resupplies of used, lost or expired naloxone
9. What to do if someone gets a needle stick injury
10. How to use the training flashcards
11. Data to be submitted to the HSE National Social Inclusion Office

1. Overdose Risk Factors?

- Polydrug use (more than one substance being in a person's system at the same time), particularly when mixing depressant drugs such as heroin, methadone, with alcohol, and benzodiazepines.
- Using Synthetic Opioids (such as fentanyl, isotonitazene and butonitazine), some synthetic opioids are more potent than natural opioids so they can be effective at very small doses which can make it easier to take too much
- Variable quality of street drugs
- Injecting Opioids
- Reduced Tolerance

People may use multiple substances or use too much in the following circumstances:

- 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
- Changes in physical health
- Loss/reduction of tolerance, if you have stopped taking opioids for a while and start taking them again for example 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
- Difficult life events, such as bereavement, loss of contact with children, separation or divorce.

The two key risk factors for overdose are polydrug use (mixing drugs) and reduced tolerance.

These risks are heightened when using alone as there is none there to help.

Practice Harm Reduction if you use opioids:

- Go slow and use less, test your product.
- Try not to use alone.
- If you're using in a group, stagger your use so someone is always alert.
- If you're using alone have someone check on you, try to smoke rather than inject.
- Avoid mixing opioids with alcohol, or other drugs.
- Know the signs of an opioid overdose.
- Carry naloxone and know how to use it.
- Look out for each other.

2. What is an opioid overdose?

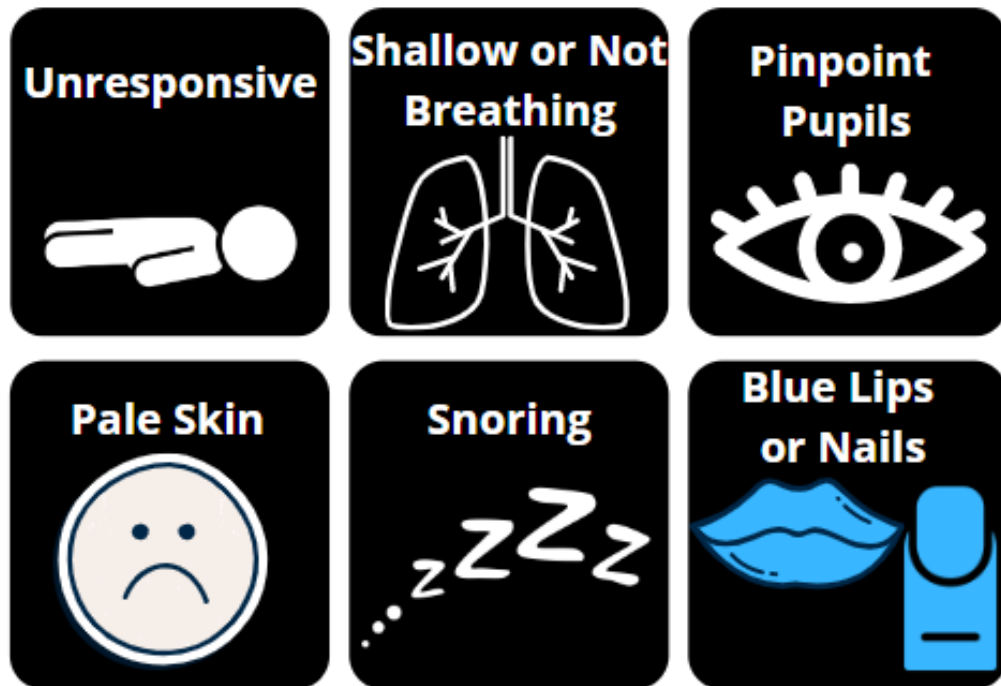
Opioid use can lead to death due to the effects of opioids on the part of the brain which regulates breathing.

- In cases of fatal overdose, the persons 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 (the heart stopping).
- 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”.
- Death following opioid overdose can be preventable if the person receives basic life support and the timely administration of the drug naloxone.

3. Observable signs of an opioid overdose:

Opioids affect how your brain controls your breathing. If more opioids are taken than a body can handle, it will start to show signs and symptoms of an overdose, such as:

- Heavy intoxication, lethargy
- Pale skin, lips/fingernails 'bluish' tinge (or a grey tinge in those with black skin)
- Pinpoint pupils (not with everyone)
- 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 using the drug(s) and slipping into an overdose varies from a few minutes to several hours, this is dependent on what drugs have been taken and how much have been used.

What are the myths to reverse an overdose?

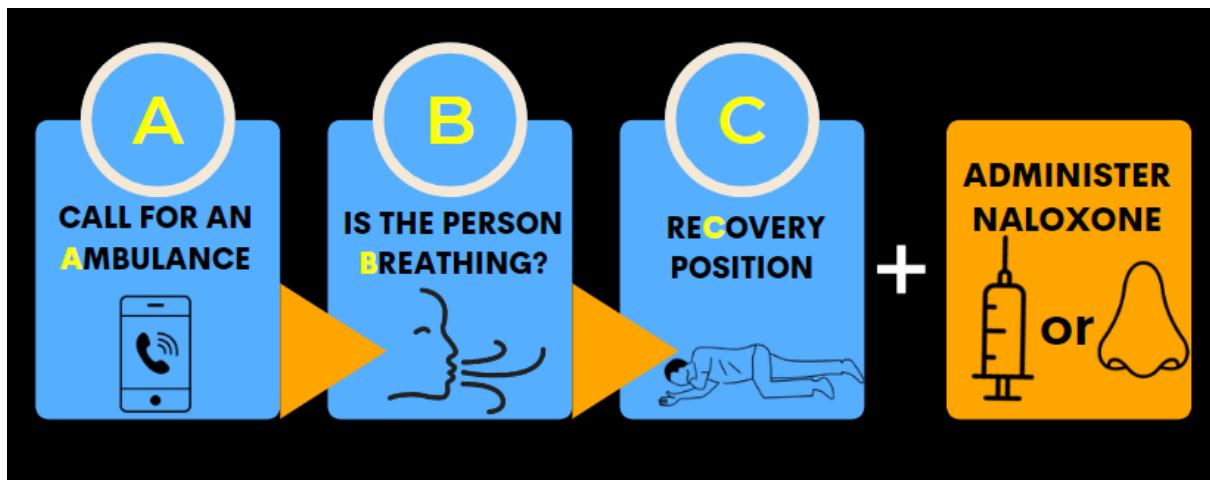
- Shooting salty water or a stimulant
- Let them sleep it off
- Putting the person into a cold shower, ice bath, etc.
- Trying to make the person vomit
- Slapping them
- Shaking them vigorously
- Trying to walk them around to walk it off

None of these are going to reverse an overdose, remember you may be the difference between a person living and dying.

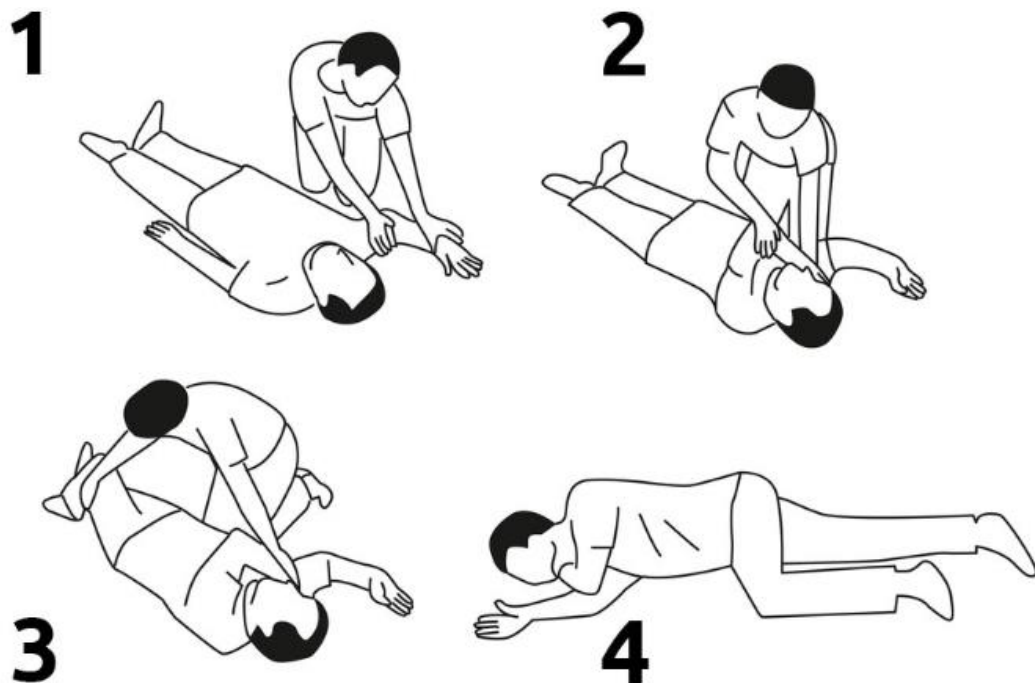
Death following opioid overdose can be preventable if the person receives basic life support and the timely administration of the drug naloxone.

4. How to respond to an opioid overdose

Video How to Respond to a suspected opioid overdose

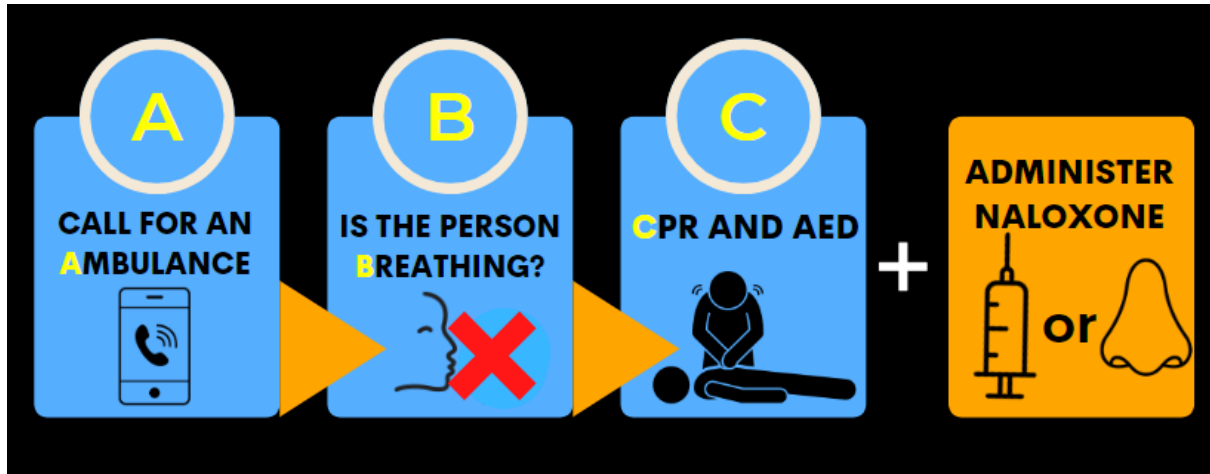


How to move a person into the recovery position:

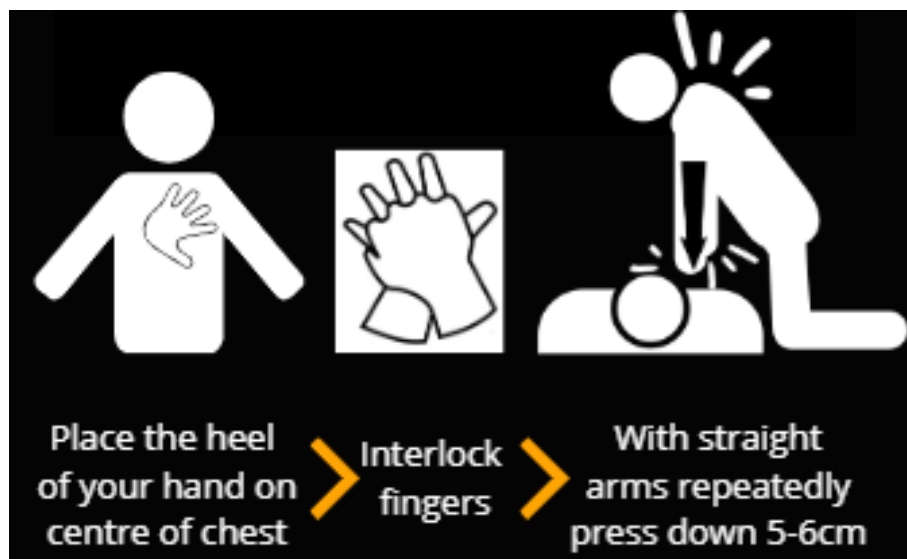


- When someone is put into the recovery position their airway is kept open and any vomit will drain away without interfering with their breathing.
- Kneel by the person and straighten their legs.
- Place the person's right arm at a right angle to their body, with the elbow bent and their palm facing upwards – like they are waving
- Bring their left arm across their chest and place the back of their hand against the cheek nearest to you and hold it there.
- With your other hand, pull their left knee up so that their foot is flat on the floor.

- Keeping the back of the person's hand pressed against their cheek, pull on the far leg to roll the casualty towards you on to their side.
- You can then adjust the top leg so that it is bent at a right angle.
- Gently tilt the person's head back and lift their chin to make sure their airway stays open. You can adjust the hand under their cheek to do this.



How to carry out CPR chest compressions:



Chest compressions will do the work of the heart by ensuring blood continues to be pumped around the body.

Lean over the casualty, place the heel of your hand on the centre of their chest, interlock your fingers and with your arms straight, press down on the centre of the breastbone 5–6 cm, then release the pressure.

Initially administer 30 chest compressions then the first dose of naloxone.

Please note that the current guidelines during covid-19 do not include rescue breaths.

If you have an AED (automated external defibrillator) use it to check the person's heart's rhythm.



When someone suffers a sudden cardiac arrest it delivers a shock to the heart to allow it to resume its normal rhythm.

Follow the instructions of the AED. These devices are portable and designed to be used by anyone, so they are very simple and straightforward to use.

The electric shock is the only way to restart a heart but it won't be applied unless the machine detects a sudden cardiac arrest event, so you don't have to worry about hurting the person.

5. Calling an Ambulance

If you witness a suspected overdose call 112 or 999 without delay and STAY WITH THEM until the ambulance arrives.

- The wellbeing of the person experiencing the overdose is the first priority for all emergency services, including the Gardaí.
- Naloxone is short acting for about 20 minutes and after 20 minutes it's possible the person can go back into an overdose due to the opioids in their system.
- Medical professionals can help provide the necessary treatment to prevent the person going back into another overdose and help save their life.

Why might there be fear around calling 112 or 999?

- Stigma around drug use.
- Previous negative experience.
- Fear of the consequences if the person dies.
- Fear of the consequences if the Gardaí attend.
- Fear of the consequences if their drug treatment service find out.
- Fear that homes may be lost if tenancy agreements include “no drug use”.
- Fear that they may lose their children if social services are informed.

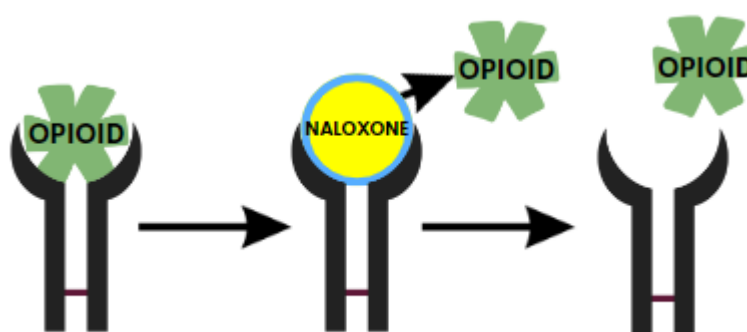
6. What is Naloxone?

Naloxone (pronounced na-LOX-own) is a prescription medication that will temporarily reverse the effects of an opioid overdose if administered in time.

- Examples of opioids include heroin, morphine, codeine, methadone and fentanyl.
- Naloxone is not a cure but can help along with CPR to keep a person alive until an ambulance arrives.
- Naloxone is short acting and the effects of naloxone can last between 20 and 90 minutes depending on what opioids the individual has used.
- Naloxone only temporarily reverses the effects of overdose and therefore there is a risk that the person can return back into an overdose after 20 minutes especially if the duration of the opioid is long acting for example Methadone.
- Naloxone has virtually no effect in people who have not taken opioids.
- Naloxone itself has no psychoactive properties and “no intoxicating effects or misuse benefits.

How does Naloxone work?

Naloxone works by displacing opioid molecules from their receptors in the brain, see below diagram:



- The opioid fit into the brains receptors.
- The brains signals are blocked.
- Breathing slows and stops.
- The person becomes unconscious.
- Naloxone replaces the opioid in the receptor.
- Brain signals resumes and breathing resumes.
- The person wakes up from the overdose.
- Naloxone is only temporary so remaining opioids can return to the receptors.

There are two types of naloxone available in Ireland: Intramuscular Naloxone and Intranasal Naloxone

Intramuscular Naloxone (brand name Prenoxad™) a pre-filled syringe and needle which once assembled is injected into the middle third outer thigh. It comes in a yellow box, sealed by a clear wrapper with a red tear strip to pull to open and contains;

- A pre-filled syringe containing 2mg/ml of a clear, colourless solution.
- Two individually packaged needles with blue fittings in protective sheaths.
- An extra needle is in the box in case the other needle gets damaged during administration.
- A patient information leaflet, which has pictogram for administration of the device.
- **Each pack is for SINGLE INDIVIDUAL USE only**
- **5 doses of 0.4mg per dose**



Intranasal Naloxone (brand name Nyxoid™) is a needle-free device that requires no assembly. A box of Intranasal Naloxone contains;

- Two nasal sprays.
- Each nasal spray is sealed individually in a blister pack.
- A Package Leaflet with information about the product and stepwise instructions for use.
- **Each nasal spray is for SINGLE INDIVIDUAL USE only**
- **1.8mg per dose**
- If both doses are required they are sprayed into alternate nostrils.



7. How to use Naloxone – theory and practical

How to administer Intramuscular Naloxone step by step:

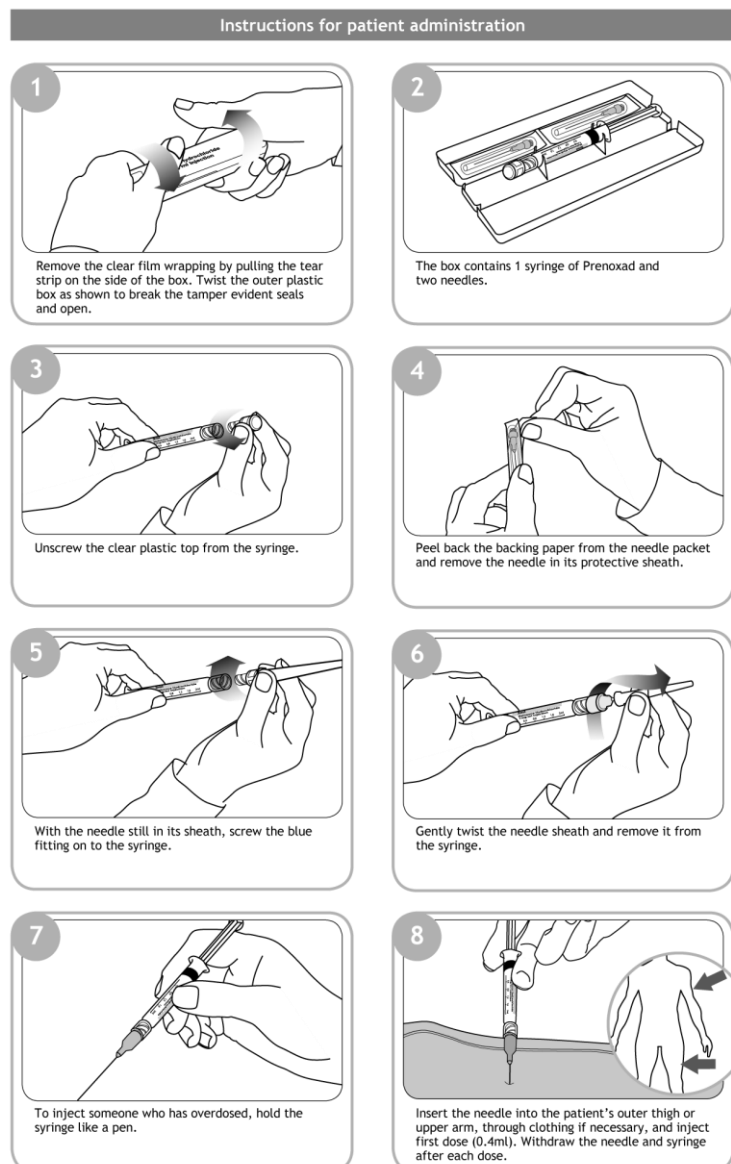
Please watch the Video How to Administer Intramuscular Naloxone (Prenoxad™)

THIS PRODUCT IS FOR SINGLE USE ONLY

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

Used Prenoxad™ Injection, any left-over product, including used and unused needles, should be given to the attending ambulance crew or by handing it into a pharmacy or any needle exchange service.



How to administer Intranasal Naloxone step by step:

Please watch the video How to Administer Intranasal Naloxone (Nyxoid™)

Each nasal spray is for **SINGLE INDIVIDUAL USE** only

DO NOT REMOVE the nasal spray from the sealed pack unless you need to use the Naloxone

Peel off the back of the blister from the corner to **remove the nasal spray** from the container. Place the nasal spray within easy reach.

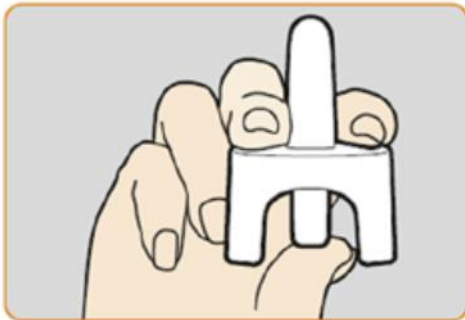


Lay the person on their back. Support the back of the neck and allow the head to tilt back. Clear away anything blocking their nose.



Hold the nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Do not prime or test the Nyxoid™ nasal spray before use as it contains only one dose of Naloxone and cannot be reused.



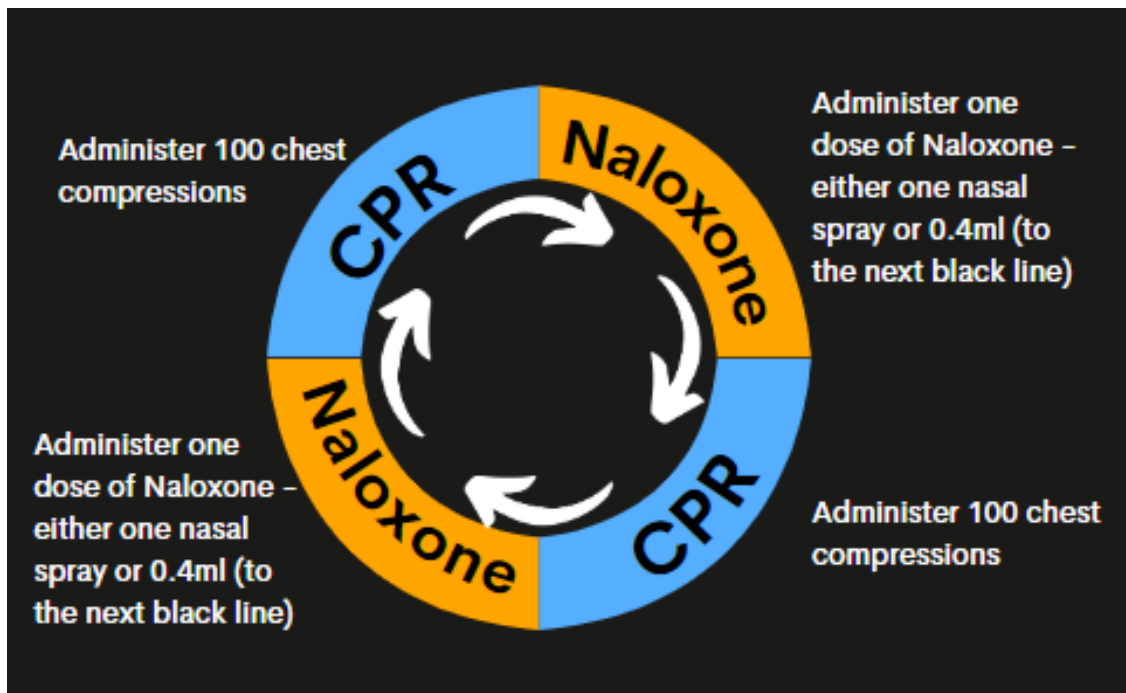
Gently insert the device nozzle in **one nostril**. **Press firmly** on the plunger **until it clicks** to give the dose.

Remove the nasal spray nozzle from the nostril after giving the dose.



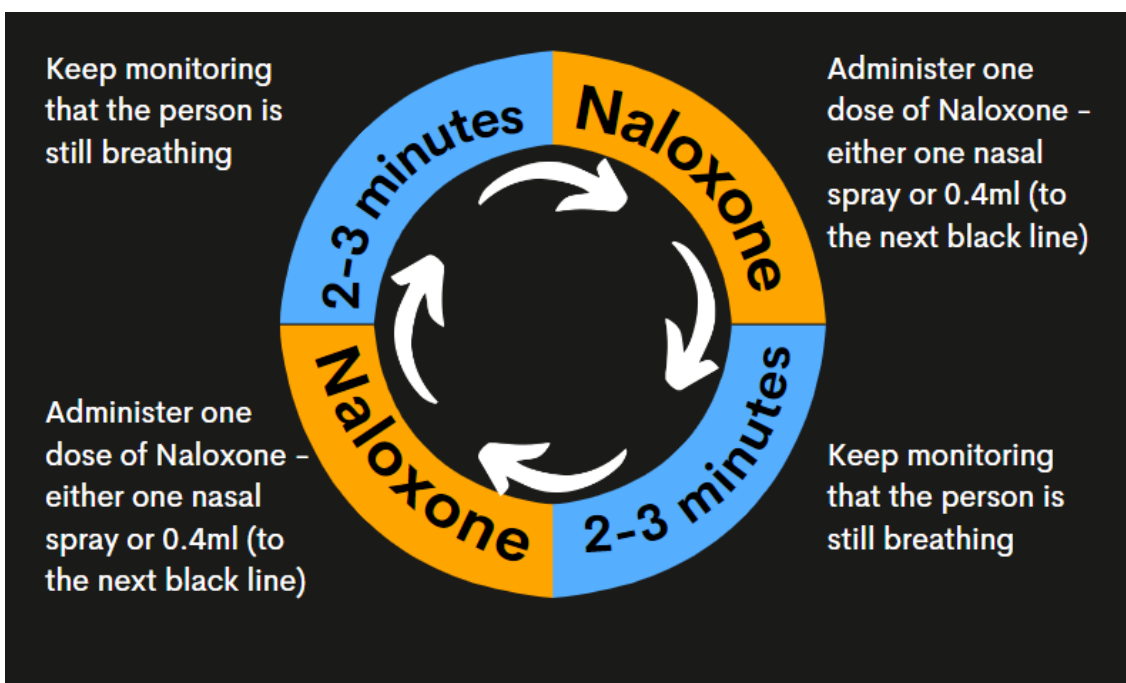
Opioid Overdose Response Cycle

If the person is not breathing repeat the below cycle until the person wakes up or the ambulance arrives. If they start to breath normally again put them into the recovery position.



If the person is breathing repeat the below cycle until the person wakes up or the ambulance arrives. **Naloxone can be administered while the person is in the recovery position so you do not need to move them onto their back to administer additional doses.**

If they stop breathing normally start chest compressions (CPR).



8. Advise on procedures to obtain resupplies of used, lost or expired naloxone

- There is an expiration date of three years on naloxone, check the individual date on the product given.
- To get a replacement for used, lost or expired naloxone advise the person to go back to where the original one was provided and ask for a new one.
- GP/support services may ask if it was lost or used to understand the circumstances if it was administered but there is no requirement to provide details if the person is uncomfortable doing so.

9. What to do if someone gets a needle stick injury

To prevent needle stick injuries assess the area the person is in to make sure it is safe for you before approaching them.

If administering Prenoxad™ do not resheath the needle

The yellow box is designed as a sharps box so put the needle/syringe back in the box between administering doses.

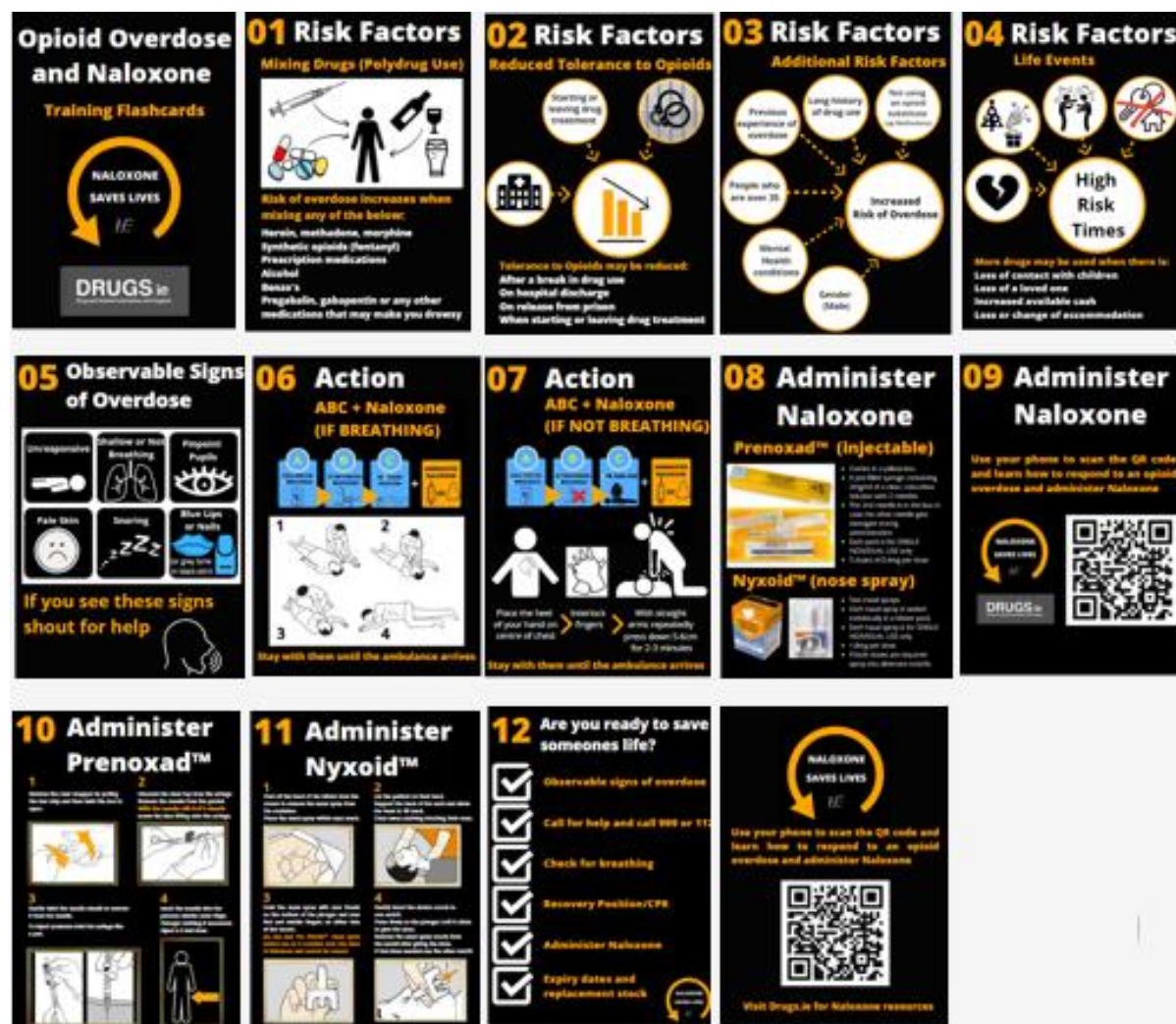
Hand the Prenoxad™ box to the ambulance crew on arrival

- Encourage bleeding of the wound by gently pressing around the area under running water.
- Wash the wound with liquid soap and warm running water and dry (do not suck the wound, scrub or use a nailbrush).
- Cover the wound with a waterproof dressing.
- Report the injury immediately and seek medical guidance.
- At the hospital be prepared to give blood samples, receive a tetanus shot or other shots (as necessary), and follow processes as outlined by hospital staff.



10. How to use the training flashcards

The below Opioid Overdose and Naloxone training flash cards are provided during the face to face training session, they can also be downloaded from the Naloxone page on drugs.ie. <https://www.drugs.ie/resources/naloxone/>



These have been designed to assist you to deliver Overdose Awareness and Naloxone Administration training to people who use drugs, peers and family members.

For support please refer to the Naloxone FAQ's which can be accessed through the below link; <https://www.drugs.ie/resources/naloxone/>

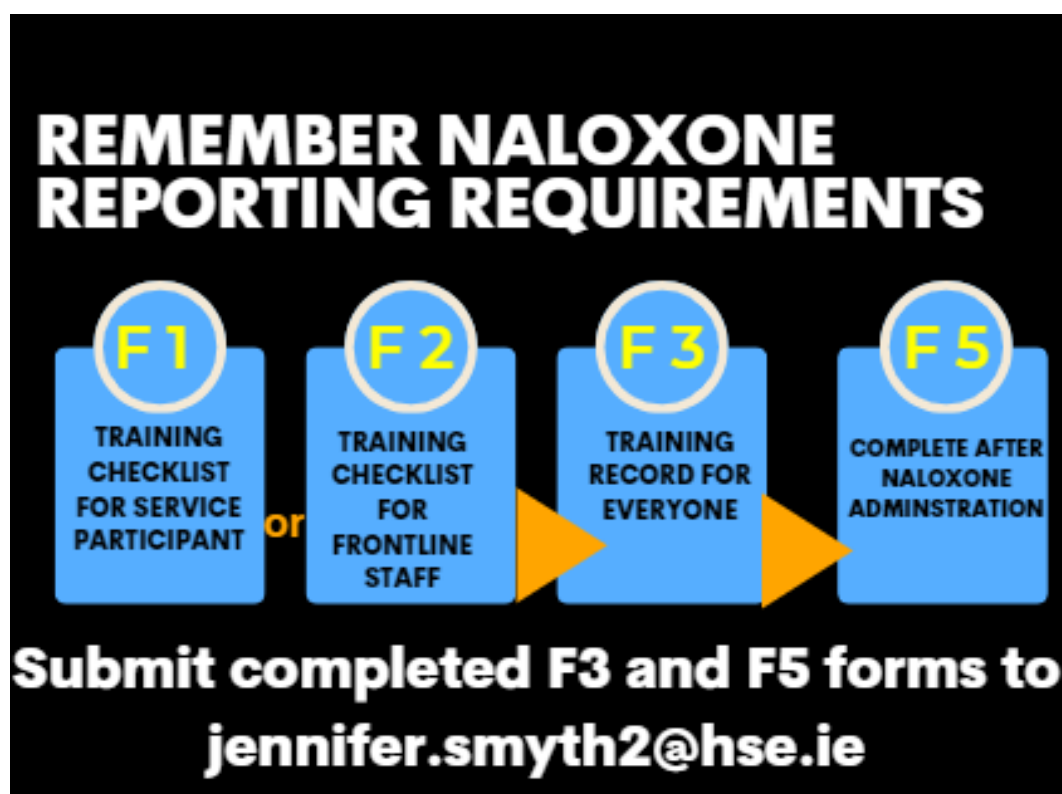
11. Data to be submitted to the HSE National Social Inclusion Office

The National Social Inclusion Office (NSIO) collates the records of all naloxone training and Naloxone administration.

Five forms have been provided to facilitate services submitting the required data, these are available to download [here](#)

The NSIO review and produce reports using the data submitted by each service on the use and training of naloxone. The reports are used to identify emerging trends and gaps in the provision of training and evaluate the implementation of the strategic actions in the Reducing Harm, Supporting Recovery "A health-led response to drug and alcohol use in Ireland 2017-2025.

To enable the HSE to continue to expand the availability of naloxone and improve the health outcomes for people who use drugs it is essential that all services complete the requested data on the forms and submit them by email to jennifer.smyth2@hse.ie at the end of each month.



Contact details for any questions or feedback

Jenny Smyth
Naloxone Project Lead
087 4516005
jennifer.smyth2@hse.ie

Please return all completed F3 and F5 forms by email to jennifer.smyth2@hse.ie

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

Further information on Nyxoid™ can be found
<https://www.nyxoid.com/ie>

Appendix Forms

All forms are available to download [here](#)

Form Number	Description	Completed by	Submitted to
1.	Service Participant Training Checklist	Trainer	Prescribing GP
2.	Staff Participant Training Skills Checklist	Trainer	Training record kept by each Service
3.	Record of Naloxone Training	Trainer	Jennifer.smyth2@hse.ie
4.	Peer Naloxone Administration Data Template	Addiction Services, Level 1 GP's and UISCE	Jennifer.smyth2@hse.ie
5.	Naloxone Administration Data Template	Each Service	Jennifer.smyth2@hse.ie

Form 1. Service Participant Training Checklist

Name: _____ DOB: _____

Name of Prescribing GP: _____

The person must be trained in the following:

	Trainer to
	<input checked="" type="checkbox"/>
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)	
When to call 112 or 999 (when person won't wake with shout/shake, status of person and location)	
The recovery position (person on side, airway open)	
30 Chest compressions then administer naloxone	
Shown when and how to administer naloxone (unconscious but breathing – admin when in recovery position then every 2-3mins, unconscious but NOT breathing – administer after 30 chest compressions then after every 100 chest compressions. Dose – 0.4mls into outer middle thigh muscle via clothing. Assembly of syringe and/or use of one nasal spray)	
Advised that naloxone is short acting (the effects of naloxone wear off after 20-90 minutes so it is possible that overdose may return)	
The importance of staying with the person (advise the person not to use any other drugs if they gain consciousness)	
The importance of not re using the product or the needle once the pack has been opened	
To hand the used naloxone product to the Ambulance crew	
What to do in case of a needle stick injury (not to resheath the needle)	
Advised that a new pack of naloxone can be re supplied if it has been used	
Given a QR card to access naloxone information, including FAQ and videos	

The above trainee has been shown the videos and has an understanding and awareness of opiate overdose, the use of naloxone, calling 112 or 999, the recovery position and basic life support.

Trainer Name & Signature: _____

Date: _____

Service Name & Location: _____

Form 2. Staff Participant Training Skills Checklist

Competence (Pre-Administration): The worker must demonstrate that they are able to conduct an appropriate assessment of the scene, taking into account the safety of the patient and themselves, in order to make a diagnosis and respond appropriately. The following behaviours demonstrate the workers' competence.

	Please <input checked="" type="checkbox"/> the applicable box	
	Yes	NO
Response: Did the worker put on the correct PPE Equipment before approaching the patient?		
Primary Survey: Did the worker check for evidence of blood, needles, vomit to ensure it was safe to intervene?		
Diagnosis: Did they check for responsiveness to sound and touch? (Calling the patient's name and shaking their shoulders?)		
Diagnosis: Did they observe breathing for approx. 10 seconds to detect signs of breathing?		
Diagnosis: Did they check for other signs and symptoms suggestive of opioid overdose? (Pinpoint pupils, pale skin, blue lips)		
Response : Was a barrier applied to the patient to cover their mouth and nose to reduce the risk of any possible Covid – 19 transmission (if required/current guidelines at the time of test)		
Response: Once they established the patient was unconscious and not breathing did they get someone to call for an ambulance/AED immediately? (There should not be any delay here – this is always the first step)		
Response: Did the worker make an attempt to engage the assistance of the staff team? (For example to get Naloxone, AED and PPE if needed)		
Response: Did the worker start CPR/use AED immediately?		

Competence (Intramuscular Naloxone Administration): The worker must demonstrate competence in the principles of safe administration of Intramuscular naloxone, compliance with the guidelines for naloxone and safe disposal of needles.

	Yes	No
Response: Was the worker able to open the naloxone pack quickly?		
Response: Did the worker demonstrate the principles of safe administration by injection when assembling the naloxone in accordance with the guidelines? (Did they remove the plastic cap on the pre-filled syringe? Did they put the needle on the syringe before removing the protective cap? Did they twist the protective sheath when removing it to avoid needle stick injury?)		
Response: Was the worker able to identify the correct place on the thigh to administer the intramuscular injection?		

Response: Did the worker hold the injection like a pen and inject at a 90 degree angle? (Note: injecting aid will be provided for the participant to inject at this stage)		
Response: Did the worker take care that they could see the black line on the syringe and did they inject the appropriate dose of naloxone? i.e. 0.4 mls		
Response: Did the worker demonstrate the principles of safe administration by injection after administering the first dose? Consider what they did with the naloxone after administration. Did they put the used injection back into the Prenoxad™ box? Did they replace the protective cap (not recommended)?		

Competence (Intranasal Naloxone Administration): Here the assessor must explain that the appropriate assessment of the scene has taken place, taking into account the safety of the patient and themselves, in order to make a diagnosis and respond appropriately. The worker must demonstrate competence in the principles of safe administration of Intranasal Naloxone.

	Yes	No
Response: Did the worker check the expiry date on the pack?		
Response: Did the worker lay the person on their back?		
Response: Support the back of the neck, and let the head tilt back?		
Response: Clear away anything you see blocking their nose?		
Response: Did the worker hold the spray with the first two fingers either side of the nozzle, thumb ready to push the plunger?		
Response: Did the worker insert the spray nozzle into one nostril, pressing firmly on the plunger until it clicks and gives the dose?		

At this point, the assessor will explain to the participant that they have select one of two scenarios for the participant:

Scenario 1 the patient comes around after one dose of IM naloxone, is frustrated and wants to go home	Yes	No
Response: Did the worker demonstrate skill in dealing with the frustrated patient?		
Response: Did the worker explain to the patient the need for medical supervision?		
Response: Did the worker use clear, understandable language when communicating with the patient?		
Scenario 2 the patient does not come around after one dose of IM naloxone.	Yes	No
Response: Did the worker administer 100 chest compressions before administering a second dose?		

Response: Did the worker demonstrate principles of safe administration during the repeat administration? (For example take care when taking the syringe out of the box to avoid needle stick injury) Note: they should not replace the needle unless the first needle is contaminated		
Response: Did the worker dispose of the used naloxone safely by placing back in the naloxone case?		

Competence (Post- administration): The worker must demonstrate competence in the post-administration stage of the process for the supply and administration of naloxone, including documenting the overdose and administration

At this point the assessor will tell the participant that the ambulance has arrived.	Yes	No
Response: Did the worker discuss with the individual what had happened to them and what was going to happen?		
Response: Did the worker give the empty naloxone box to the ambulance crew?		
Response: Was all equipment used (e.g. gloves, masks, needles) disposed of safely?		
Response: Was the procedure followed to record the overdose and administration?		

Total Score	/28	
Did the participant pass the skills assessment? (minimum score 20/28)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Form 4. Peer Naloxone Administration Data Template for use by Addiction Services, Level 1 GP's and UISCE

The following form details the questions to be asked and then submitted to Jennifer.smyth2@hse.ie by Addiction Services, Level 1 GP's and UISCE if a peer advises they have administered naloxone.

The excel template is available to download [here](#)

	Name of the Addiction Service, Level 1 GP or UISCE submitting the Data	
1	Name of the peer who administered the Naloxone	
2	Date that you administered the Naloxone	
3	Street Name/City where you administered it	
4	Did the person survive the overdose?	Yes/No/Don't Know
5	Did you administer Prenoxad (injection) or Nyxoid (nose spray)?	Prenoxad/Nyxoid
6	How many doses of Naloxone were administered?	
7	Gender of the person you administered the Naloxone to	Male/Female
8	Name of the person you administered Naloxone to (If known)	
9	Do you know what drug(s) the person had taken? (please note type if known)	
10	Did you call for an Ambulance?	Yes/No
11	Did you wait for the Ambulance to arrive?	Yes/No
12	Replacement Naloxone received?	Yes/No

Form 5. Naloxone Administration Data Template

The following sample form details the data to be completed in the excel document and submitted by each service at the end of each month to Jennifer.smyth2@hse.ie

The excel template is available to download [here](#)

Service Name	<i>Insert Text</i>	<i>Select from dropdown (in the excel document) /Insert Text</i>
1	Date of Naloxone Administration	
2	Street Name	
3	County	
4	Eircode	
5	Fatal Overdose At Site of Administration	
6	Naloxone Type	
7	Number of Naloxone Doses Administered	
8	Administered By & Relationship to PWUD	
9	Administered By (If Required)	
10	Gender of PWUD	
11	Birth Year of PWUD	
12	Is the PWUD in receipt of OAT?	
13	Substance Used (Select from List)	
14	Other Substances (Not Listed)	
15	Did PWUD Inject Substance?	
16	Observable Signs	
17	Were Gardaí Present?	
18	Ambulance Called?	
19	Waiting time for Ambulance (Note in Minutes)	

20	Did PWUD go with Ambulance to Hospital	
21	If No, What was the Outcome?	
22	Did You Wait for Ambulance?	
23	Did You Carry Out CPR?	
24	Did You Place in Recovery Position?	
25	Resupply of Naloxone for Service	
26	Additional Information	