Naloxone and Opioid Overdose Response

A training for law enforcement in Washington State

Trainer’s Guide

2017
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Content of this training curriculum has also been reviewed and endorsed by the **Washington Association of Sheriffs & Police Chiefs**.
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BACKGROUND

Opioid abuse and overdose are significant public health problems in Washington State that affect individuals of all ages and backgrounds. More than one person dies each day from an opioid overdose in Washington State and overdoses occur in urban, rural, and suburban communities across the state.

Washington State RCW 69.41.095 permits any individual or entity to lawfully obtain, possess, and administer the overdose antidote medication naloxone. This applies to private citizens and professional first responders, including non-medical personnel such as law enforcement. Law enforcement officers are frequently the first to arrive at the scene of an overdose, placing them in the best position to administer this life-saving intervention in time to prevent death and injury. Equipping law enforcement with the knowledge and resources to assist in reversing an overdose and saving lives also helps to foster trust and collaboration between public safety professionals and the community at large.

TRAINING OVERVIEW

This course is designed to prepare law enforcement and other non-medical public safety professionals to recognize and respond to an opioid overdose, teach these skills to their public safety peers, and serve as resources within their departments. It is appropriate for use with sheriffs and police departments, state patrol, tribal police, university/campus police and other public safety entities.

This course can be led by law enforcement commanders, designated staff trainers, or community overdose prevention educators with experience working with law enforcement. When possible, the training team should also include an emergency medical services professional who can address medical questions and a unit commander who can address issues of protocol.

Training Objectives and Content

At the end of this training, participants will be able to:
• Understand how the Good Samaritan Overdose Law applies to overdose victims, lay responders, and law enforcement.
• Identify risk factors for opioid overdose.
• Recognize the signs of opioid overdose.
• Respond effectively to an opioid overdose.
• Correctly administer intranasal naloxone.

This training can be delivered in an hour or less. It utilizes slide presentation, discussion, and demonstration to cover the following essential topics:
• Good Samaritan Overdose Law
• Risk factors for overdose
• What is naloxone
• Signs of opioid overdose
• Steps of opioid overdose response
• Administration of naloxone
• Naloxone logistics and resources
Materials needed for this course include:
- Laptop and LCD projector
- PowerPoint slides
- Naloxone kits
- Naloxone demonstration model (if available)
- Pocket resuscitation mask (optional)
- Copy of relevant protocols
- Training evaluation forms

Using the Trainer’s Guide
This curriculum contains the following materials to prepare and conduct the training:
- Materials
- Preparation
- Agenda
- PowerPoint slides with trainer notes and key talking points
- Appendices:
  - Frequently Asked Questions about Naloxone and Opioid Overdose
  - Overdose Training Evaluation Form
  - Narcan® Nasal Spray Quick Start Guide
  - WASPC Naloxone Policy Letter
  - Additional Resources

While this is a complete training package, trainers can tailor the content, talking points, and instructional approaches to fit the specific needs of the audience and time available for training.

BEFORE THE TRAINING

Coordination with Emergency Medical Services (EMS)
It is critical to communicate with local EMS about which law enforcement units will be trained and equipped with naloxone and to coordinate overdose response protocols between first responder entities. Including EMS staff in overdose response training for law enforcement will support agency cooperation and response efficiencies in the field.

Protocols
Each agency should develop a written protocol for overdose response procedures in consultation with relevant labor unions and local emergency medical services. These should align with protocols relevant to emergency first aid or activities at the scene of an overdose such as searches and arrests. Before the training, be sure protocols have received final approval and that copies are available at the training for participants.

Naloxone kits
This training is most effective when participants have naloxone kits in hand at the time of training. Law enforcement agencies and trainers should ensure that a sufficient number of naloxone kits are available for distribution to officers at the training event.
**Training Agenda**

Below is an outline and sequence of sections, key topics, and the estimated time needed to cover each section.

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50-60 minutes

**PowerPoint Slides and Trainer Notes**

The following trainer notes contain key talking points and tips for delivering the presentation.
Welcome participants to the training. Introduce yourself and your role and ask any co-presenters to introduce themselves. The purpose of this training is to give you more information, skills, and a tool naloxone to better respond to overdoses and to save lives in your community. The Washington Association of Sheriffs & Police Chiefs has endorsed naloxone for law enforcement and supports the use of this training to prepare officers for overdose response.

**TRAINER NOTE:** Trainers from outside the law enforcement unit may find it useful to ask a few brief questions to get familiar with the audience’s experience with opioid overdose:

- How many of you have been at the scene of an opioid overdose?
- About how many dispatch calls do you get a week or month for a suspected drug overdose?
- What are you seeing in your community regarding opioid use or overdose?

Benefits of law enforcement naloxone

- Earlier intervention - without oxygen, every minute counts.
- Positive community relationships.
- Improved morale.
- Risk of occupational exposure.

**TRAINER NOTE:** Officers may have very different opinions about carrying naloxone. As you review this slide, gauge reaction in the room.

There are many reasons law enforcement entities in WA State are training and equipping officers with naloxone. Law enforcement officers often arrive at the scene of an overdose before emergency medical services, especially in rural areas. Since brain damage from lack of oxygen can begin in just minutes, every minute without intervention really counts. By treating overdose events as health emergencies, officers can also foster a culture of trust with the community. Many law enforcement officers who have intervened with naloxone also report their work feels more satisfying and rewarding. And while rare, officers themselves may be exposed to high potency opioid substances in the field. The person you save may be in uniform.
After this training, you will be able to:

- Understand how the Good Samaritan Overdose Law applies to overdose victims, lay responders, and law enforcement.
- Identify risk factors for opioid overdose.
- Recognize the signs of an opioid overdose.
- Respond effectively to an opioid overdose.
- Correctly administer intranasal naloxone.

To actually get you to the scene of an overdose, people need to call 911 or seek help. Many individuals, however, are reluctant to call 911 or seek help because they want to avoid law enforcement involvement. To address this concern, WA State passed the Good Samaritan Overdose Law in 2010 to provide protections for both citizens and first responders in the case of an opioid overdose.

**TRAINERS NOTE:** If you have Internet and enough time for a 6-minute video, explain that you will show a brief roll-call training video prepared by Seattle Police Department to educate officers on the Good Samaritan Overdose Law. Click on the link to access the video online and then use the following slides to review key points. If you don’t have Internet or time, mention that this video is available at www.stopoverdose.org and proceed to the following slides.

WA State law RCW 69.50.315 states that a person who seeks medical help at an overdose (e.g., calling 911, rescue breathing, giving naloxone) AND the person who has overdosed, cannot be prosecuted for minor drug use and possession. The law does not offer protection from outstanding warrants, parole or probation violations, controlled substances homicide, drug manufacture or delivery, or other crimes beside drug possession. The law also does not prevent seizure of any illegal drugs at the scene. Naloxone, however, is a legal medication for anyone to possess and should never be confiscated.
In WA State, licensed providers can prescribe naloxone to law enforcement agencies. Law enforcement agencies and their officers acting in good faith and with reasonable care are immune from criminal and civil liability for administering naloxone or if the reversal was unsuccessful. Law enforcement officers also cannot be held liable for not administering naloxone, although you may still be subject to any administrative discipline for violating standard operating procedures.

Opioids include heroin and prescription painkillers including *(read the list)*. These medications may be prescribed to the individual or used illicitly.

The brain has many receptors for opioids. While their effect is to block transmission of pain messages, opioids can also cause sleepiness and euphoria and suppress breathing, which is why overdose can be fatal. An opioid overdose is a respiratory crisis.
An overdose occurs when the brain gets more opioid than its receptors can handle. While an overdose can be sudden, most are a slow process. During this time, breathing progressively slows down, the person slips into unconsciousness, oxygen levels drop, carbon dioxide builds up, breathing stops completely, and the person can die. This process can take up to 1-2 hours, which means there is a window of opportunity for intervention. There is time to respond, but also no time to waste given how soon brain damage can begin.

Overdose happens in all age groups and in all contexts of opioid use – from long-term heroin users, to patients prescribed painkillers, to young people experimenting with drugs. But there are some common risk factors for overdose besides just using too much opioid.

One of the most frequent causes of overdose is when a person resumes opioid use after a break in use, like after incarceration or being in treatment or not using for a while. After a break from opioids, tolerance to opioids goes down and the body can’t handle as much as it did before. If a person uses the same amount that they did when their tolerance was higher, they may now have an overdose. The majority of opioid-related overdoses also involve at least one other substance, especially other drugs that slow down breathing like benzodiazepines (anti-anxiety medications like Valium and Xanax), sleep medications, and alcohol. However, in WA State, a growing number of opioid-related overdoses now also involve methamphetamine. Illicit opioids are often stronger than expected or are not actually the drug the person thought they were taking. People who have overdosed before are more likely to overdose again. Finally, using opioids when no one else is present does not cause an overdose, but increases the likelihood that the overdose will be fatal as no one is there to help.
At this point, it’s common to ask, “ Wouldn’t it be better to just stop using opioids?” Yes, but doing so may not be simple or easy for a person who is dependent or who has opioid use disorder. Anyone who takes opioids for a while will develop tolerance (needing more drug to get the same effect) and will experience withdrawal (extreme physical discomfort when the drug is removed). This is called “dependence” and it is a normal and expected biological reaction to ongoing opioid use. Some people (but not all) will develop “opioid use disorder” (commonly called “addiction”) which is this physical dependence plus a psychological component of compulsive use, craving, and pre-occupation (always thinking about) even in the face of increasing social problems in relationships, work, school, or legal systems. About 1 in 4 people who use heroin will develop opioid use disorder. Over time, these physical and psychological patterns lead to powerful changes in opioid receptors in the brain that can be long-lasting. While a person may make choices to use opioids initially, these brain changes make it hard or impossible to simply make a choice to stop. In other words, people may behave their way into the condition, but it can be very difficult to simply behave their way back out of it. Fortunately, there are medications available to help treat the physical aspect of opioid use disorder while counseling and other social supports can address the psychological and social components.

For law enforcement, dealing every day with the consequences of addiction is frustrating and re-arresting the same people can feel counterproductive. Effective treatment with opioid use disorder medication cuts the risk of overdose death by half, reduces criminal recidivism, and helps people exit the cycle of overdose and criminal justice involvement.
Law enforcement can help reduce stigma and improve public safety by promoting access to treatment for opioid use disorder. In fact, many law enforcement units are even going beyond naloxone to implement embedded social worker and other treatment referral and engagement models to play a more impactful role in reducing substance use in their communities. Getting people started on treatment medications while in the criminal justice system makes managing their behavior easier for staff, makes the opioid user feel better, and supports a stable transition to recovery.

**What is naloxone?**

*TRAINER NOTE: While the term “narcan” was broadly used years ago, it is now the registered brand name of one particular naloxone product. Trainers should use the term naloxone when speaking about the medication in general.*

There is a medication used to reverse opioid overdoses called naloxone. Ask officers: Has anyone ever seen naloxone used in an overdose? Has anyone given someone naloxone? What was that like?

Naloxone is a prescription medication that temporarily blocks the effects of opioids. It has no effect on someone who has not used opioids and causes no harm. Naloxone does not have any effect on other drugs such as alcohol, benzos, or methamphetamine, but it can still reverse the effect of opioids even if these other drugs are present. Naloxone is very safe and easy to use and can be given to children and women who are pregnant or breastfeeding. It usually takes effect in 1-3 minutes and lasts for 30-90 minutes. Because it blocks the effects of opioids, it cannot be used to get high. Pregnant women may be more likely to miscarry if an overdose is reversed so they should receive a medical evaluation quickly.
Naloxone works by kicking opioids off their receptors in the brain and taking over their place (something like a game of King of the Mountain). This doesn’t destroy the opioids, it just pushes them aside and blocks their effect so respiration can resume. But naloxone can hold that dominant place for only 30-90 minutes. After the naloxone wears off, the opioids (which usually last longer than naloxone) can bind back to those receptors and produce their effects. Naloxone provides a temporary window of opportunity to get the victim safely to follow-up medical care.

Individuals, including first responders, are fully permitted by WA State law to obtain, carry, and administer naloxone. It is not a controlled substance. Although it is a prescription medication, there are several mechanisms in WA State that enable access to naloxone where the prescription itself may not be attached to the naloxone kit but it still remains “behind the scenes” with the prescriber.

Naloxone comes in a few forms, including those that you inject into a muscle (left column) and those that you spray into the nose (right column). Community members can get naloxone from a number of sources including a prescriber, a pharmacy, or an entity that gives out naloxone such as a syringe exchange, housing program, jail, or emergency department. Therefore, you may see any of these products in the field. Remember that it is legal in WA State for anyone to possess and administer naloxone in any form. Don’t stop someone if they say they are giving naloxone to an overdose victim and do not confiscate or destroy naloxone, overdose rescue kits, or special syringes included in rescue kits needed to administer the injectable form. These syringes are not considered drug paraphernalia.
Basic steps of opioid overdose response

*TRAINER NOTE: This section reviews the basic steps of overdose response. Since specific protocol guidelines can vary between law enforcement entities, distribute copies of your relevant protocol and adapt instructions in this training as necessary.*

**Step 1: Assess response and breathing**

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Signs of opioid overdose:
- Gray, pale, clammy skin
- Blue lips, fingernails
- No or very slow breathing
- Deep snoring, gurgling
- Won’t wake up

The key sign is lack of response, even to a vigorous sternal rub.
Make sure EMS is on the way.

Because an opioid overdose is a respiratory crisis, the signs of an opioid overdose are exactly what you would expect for someone who isn’t getting enough oxygen — gray or pale skin color (noticeable on darker skin also), blue lips or fingernails, slow or no breathing. You might hear gurgling or snoring noises as the body attempts to get oxygen. But the primary sign to assess is lack of response. If someone is too high or overmedicated, chances are they will respond in some way (e.g., slow movement, slurred verbal response) to stimulation like gentle shaking or ear pinch. If the person does not respond to a sternal rub (rubbing your knuckles hard over their chest bone) you may have an overdose.

You do not need to know for certain what drugs someone may have taken. Even for medical professionals, it is not always easy to tell if someone is overdosing on opioids, overmedicated on something else, or having another medical problem. Your essential role is to recognize that someone isn’t conscious and isn’t breathing and to make sure EMS is on its way.
Step 2. Start respiration support

- Lay the person on his/her back if possible.
- Ensure an open airway (e.g., lift chin).
- Give oxygen support per protocol (bag valve mask or rescue breaths with face shield or pocket mask).
- Ventilation should last 1 second and be given every 5 seconds. Watch for the chest to rise and fall.

Brain damage can occur after 3-5 minutes without oxygen. Rescue breathing gets oxygen to the brain quickly. Before you use naloxone, give 2 rescue breaths according to your protocol (bag valve mask or rescue breaths with face shield or pocket mask). If there are multiple responders at the scene, one can begin respiratory support while another gets the naloxone kit or contacts EMS (if haven’t been dispatched already). Sometimes a person will wake up after a couple of rescue breaths, either because it stimulates them or it displaces carbon dioxide in their lungs.

**TRAINER NOTE:** Officers will commonly ask about the need to do chest compressions. Refer to the protocol. See the Frequently Asked Questions section in the Trainer’s Guide for additional information on this topic.

Step 3. Administer naloxone

- If you suspect opioids might be involved, give a dose of naloxone.
- It will either help, or it won’t hurt.

This product works even when someone isn’t breathing. It is absorbed through the mucous membranes.

If you have any reason to believe that opioids might be involved, give one dose of naloxone. Remember naloxone will have no effect if opioids are not present. It will either help, or it won’t hurt. This product works even when someone isn’t breathing because it is absorbed through the mucous membranes, not the lungs.

**TRAINER NOTE:** At this time, distribute boxes of naloxone and/or pass around a demonstration model so officers can get familiar with the product as you demonstrate its use.

The steps to administer naloxone nasal autospray are easy: Peel – Place – Press.

Remove the foil pack from the box and PEEL back the foil to remove the device. Hold the device with your thumb on the bottom of the plunger and 2 fingers on the nozzle. Be careful not to press your thumb too hard at this point. PLACE and hold the tip of the nozzle in either nostril until your fingers touch the bottom of the victim’s nose. Now PRESS the plunger firmly to release the spray into the nose.
Step 4. Monitor for response

- Naloxone can take up to 3 minutes for effect. Continue respiratory support. Watch to see if they start to breathe and become responsive.
- After 3 minutes, administer a second dose if the person has not started breathing.
- Continue respiratory support until the person begins to breathe on their own or EMS arrives.

Naloxone should take effect within 1-3 minutes. Continue respiratory support while you watch to see if they start to breathe and become responsive; otherwise they may get brain damage. After 3 minutes, administer a second dose if the person has not started breathing on their own. Continue respiratory support until the person begins to breathe on their own or EMS arrives.

Step 5. If positive response, provide support until EMS takes over.

- Withdrawal symptoms can be mild to strong.
- Calmly explain to them what has happened.
- Stay with them until EMS arrives.
- Encourage follow up medical monitoring.

If the person wakes up or you must leave them for any reason, roll them onto their side into the recovery position to support respiration and prevent choking.

Since naloxone blocks the effects of opioids, the person may feel symptoms of opioid withdrawal including pain, sweating, nausea or vomiting. Withdrawal symptoms can vary between mild and uncomfortable and very strong and awful. But withdrawal is not life-threatening. Severity of the symptoms depends on the opioids involved, amount of naloxone given and other factors. Some people will not have withdrawal.

The individual will not know what is going on and may not believe they had an overdose. Calmly explain what has happened and stay with them until EMS arrives. Because the individual may feel withdrawal after receiving naloxone, they may want to use again to relieve some of these symptoms. Explain that the original drugs that caused the overdose are still in their system, so when the naloxone wears off in 30-90 minutes, the person could slip back into respiratory distress. If the individual refuses transport by EMS, encourage them to stay with someone for at least 2-4 hours and to not use more opioids during this time.
Responding to victim distress

While people who wake up from naloxone are often confused and anxious, they are rarely violent or combative. This is not a person who is being intentionally violent. This person is in psychological distress. Your presence is a surprise and may feel frightening to someone who isn’t thinking clearly and who may have unpleasant past experiences with law enforcement. Excess restraint or force may aggravate the situation. Effective de-escalation techniques can help the person orient to what is happening and calm down while you ensure the safety of everyone at the scene.

Review the steps.

Naloxone kits need to be stored out of direct light, so keep the naloxone in its original box. Naloxone should be stored around room temperature. Interior air conditioning in the summer and heat in the winter is generally sufficient to store naloxone safely inside a patrol car for limited periods of extreme temperatures. Naloxone expires in about 18 months.

TRAINER NOTE: Refer to the protocol for guidelines on naloxone kit storage, expiration and replacement.
The website www.stopoverdose.org is WA State’s main source of overdose education, local resources (including where to find naloxone), training videos, etc. There is also a section specifically for first responders that includes training materials and a list of law enforcement units in WA State currently carrying naloxone.

The Bureau of Justice has also produced a toolkit for law enforcement agencies with information about naloxone, standard operating procedures, training guides, community outreach materials, and memoranda of agreement – all of which can be downloaded and customized by local agencies.

Answer questions, thank officers for their participation, and distribute training evaluations.
Appendix A: Frequently Asked Questions about Naloxone and Opioid Overdose

How does the naloxone actually work if the person isn't breathing to inhale it?
When you spray naloxone into the nose, it gets absorbed by the mucosal lining in the nostril. It is not inhaled or breathed into the lungs.

Does naloxone work on cocaine, methamphetamine, benzodiazepines, or alcohol?
No. Naloxone only works on opioids (heroin, morphine, fentanyl, methadone, etc). It will not have any effect on someone overdosing on another type of drug. However, if someone has used opioids along with other drugs like meth, alcohol, or cocaine, naloxone may still block the effect of the opioids and help the person start breathing.

Will naloxone work on fentanyl or other synthetic opioids?
Yes. Overdoses involving high-potency opioids like fentanyl and fentanyl analogs often happen more quickly than with other opioids, so naloxone can work if given soon enough.

Can I use naloxone if it's expired?
Naloxone is still likely to be effective even past the expiration, yet the effectiveness of any drug slowly decreases the longer it goes past expiration. How effective it will be and for how long depends on the product, how it's been stored, the length of time and other variables. Many people have used expired naloxone to successfully reverse an overdose, but it’s best to replaced expired naloxone when possible.

How many doses are necessary?
For most individuals, one dose is enough to help the victim start breathing again. Some people may need more than one dose depending on their tolerance, what type of opioid(s) they used and how much. Don’t be afraid to give additional doses if the person isn’t responding. Additional doses will not harm a person, but they may help.

Can I give naloxone to someone who is still breathing and in a really heavy nod, just “in case” he might overdose later?
You should only give naloxone if someone is really not responsive and not (or barely) breathing. You should not give naloxone to “prevent” a future overdose. In fact, this could actually increase the risk of overdose if the person uses more opioids to counteract any withdrawal effects of the naloxone. It’s better to watch the person for a few hours to make sure they continue to breathe.

Can it hurt someone to give them naloxone?
Side effects are extremely rare. Naloxone can cause withdrawal symptoms, which can be unpleasant but not life-threatening. Naloxone is safe for children and women who are pregnant. For someone who is not on opioids, giving them naloxone has no effect at all. For someone who has overdosed, their biggest risk is lack of oxygen.
Can I give naloxone to my dog? (a common concern among law enforcement K-9 officers).
Yes. There have been several documented successful reversals involving family pets who accidentally ingested opioids in a home or K-9 dogs who were exposed to high-potency opioids at a crime scene. You administer the naloxone to animals the same way you do for humans.

Will a person wake up violent after naloxone?
This is more myth than fact. Individuals commonly wake up from an overdose feeling confused, anxious or agitated, but rarely combative. Erratic behavior, attempts to flee, and anger are understandable for a person in psychological distress who may feel frightened by the sense of possible arrest or forced trip to the hospital. Be calm and reassuring and give the person time and physical space to absorb what is happening.

If someone has received naloxone for an overdose in the past, will it be effective if they overdose again?
People do not develop tolerance to naloxone as they do to opioids, so naloxone can always be effective.

Is rescue breathing 100% necessary?
People die from opioid overdose because of a lack of oxygen (hypoxia) caused by slow or absent breathing. The only way to prevent permanent brain damage and death is to get oxygen into the person. Naloxone helps do this by allowing them to breathe on their own, but it takes 1-3 minutes to work. Permanent brain damage can occur after as little as 4 minutes without oxygen. Rescue breathing can provide oxygen until the person can breathe on their own. Using a mask or barrier device will help avoid contact with body fluids.

Should I do CPR/chest compressions?
The most recent American Heart Association guidelines for CPR state that compressions-only CPR is effective for adults who have a cardiac arrest. Those same guidelines also state that rescue breathing is still necessary for people who have a primary respiratory problem (versus primary cardiac problem). This is most likely for children, drowning, carbon monoxide poisoning, and drug overdose. In the case of an opioid overdose, the individual’s heart is often still beating. They just aren't breathing effectively.

Medical professionals who have more training to assess pulse and cardiac function may have compressions in their response protocols. For lay persons, however, the beneficial impact of chest compressions in an opioid overdose is less certain. Experts do agree that respiratory support/rescue breathing is essential.

Shouldn’t drugs only be administered by EMS?
Naloxone comes in simple to use, single-dose containers and does not cause any problems if given to someone not experiencing an opioid overdose. When given to someone who needs it, in a timely manner, naloxone can save a life. For these reasons, public safety and lay responders are ideally suited to carry and administer naloxone. Such programs have been instituted across the country and internationally and have shown that with a minimum amount of training, non-medical personnel can identify an overdose and administer naloxone effectively, leading to many lives saved.

Can I be sued for administering (or NOT administering) naloxone?
The Good Samaritan Overdose Law (RCW 69.50.315) provides civil and criminal immunity to a first responder who administers naloxone to another person “in good faith” and “with reasonable care” or if the reversal was unsuccessful. Law enforcement officers also cannot be held liable for not administering naloxone, although you may still be subject to any administrative discipline for violating standard operating procedures.
Doesn’t giving people naloxone make them more likely to use more drugs?
There is no evidence that giving people naloxone makes them more likely to use more drugs. Going through withdrawal is painful and unpleasant. In fact, there are several research studies that show people who use heroin and are trained as overdose responders actually use less heroin over time as they assume new “peer leader” roles in their networks. Naloxone distribution programs that have been studied have shown a DECREASE in risky drug use and an INCREASE in access to drug treatment programs.

Isn’t it better to give people drug treatment than to give them naloxone?
Drug treatment is also a form of long-term overdose prevention and is the most effective way to reduce the risk for overdose. Research has shown that maintenance on methadone or buprenorphine for people with opioid use disorder cuts their risk of dying in half. In addition, treatment is not always available, or people are not ready to get treatment. It is also important to remember that treatment itself can inadvertently increase a person’s risk for overdose if he/she relapses after a period of abstinence (tolerance has dropped). For this reason, it is best practice now in substance use treatment agencies to provide overdose education in relapse prevention discussions and even to connect clients with naloxone upon discharge.

Naloxone is just a small piece of the work to prevent overdose deaths. Other pieces include efforts to change prescribing practices, increase access to treatment, and educate the public about how to recognize and respond to overdose.
# Appendix B: Overdose Training Evaluation Form

Please indicate your response to the items listed below.

<table>
<thead>
<tr>
<th>Item</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The training met my expectations.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. I will be able to apply the knowledge learned.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>3. The content was organized and easy to follow.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>4. The materials were pertinent and useful.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>5. The trainer was knowledgeable.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>6. The trainer was engaging.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>7. The trainer encouraged participation and interaction.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>8. There was enough time for questions and discussion.</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

How would you rate this training overall?  
- Excellent: ○  
- Good: ○  
- Average: ○  
- Poor: ○  
- Very poor: ○

What aspects of the training could be improved?

Other comments?

**THANK YOU FOR YOUR PARTICIPATION!**
Appendix C: Narcan® Nasal Spray Quick Start Guide

QUICK START GUIDE
Opioid Overdose Response Instructions

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.
Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response
   - Ask person if he or she is okay and shout name.
   - Shake shoulders and firmly rub the middle of their chest.

2 Give NARCAN Nasal Spray
   - Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
   - Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
   - Gently insert the tip of the nozzle into either nostril.
     - Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.
   - Press the plunger firmly to give the dose of NARCAN Nasal Spray.
     - Remove the NARCAN Nasal Spray from the nostril after giving the dose.

3 Call for emergency medical help, Evaluate, and Support
   - Move the person on their side (recovery position) after giving NARCAN Nasal Spray.
   - Watch the person closely.
   - If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

   Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

For more information about NARCAN Nasal Spray, go to www.narrcannasalspray.com, or call 1-844-4NARCAN (1-844-462-7226).

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Appendix D: WASPC Naloxone Policy Letter

WASHINGTON ASSOCIATION OF SHERIFFS & POLICE CHIEFS
3060 Willamette Drive NE Lacey, WA 98516 ~ Phone: (360) 486-2380 ~ Fax: (360) 486-2381 ~ Website: www.waspc.org

Serving the Law Enforcement Community and the Citizens of Washington

TO: WASPC Members
FROM: James McMahan, Policy Director
DATE: Tuesday, June 02, 2015
RE: Opioid Overdose Antagonist (Naloxone)

The information contained in this communication is intended to serve as an educational resource to law enforcement administrators. It is not intended, nor should it be used as, legal or medical advice.

There has been recent interest and discussion by law enforcement executives, the U.S. Department of Justice, and the Washington State Legislature regarding the availability and use of medication to reverse the effects of an opioid overdose (naloxone). Recent actions by the State Legislature and interpretations by state healthcare regulators have enabled easier access to Naloxone by law enforcement agencies and other first responders. The purpose of this communication is to provide Sheriffs and Police Chiefs with information about naloxone and how to equip officers with Naloxone, should you determine it to be appropriate for your agency.

Executive Summary: Effective July 24, 2015, licensed physicians can prescribe and dispense naloxone to law enforcement agencies. Law enforcement agencies and law enforcement officers acting in good faith and with reasonable care are immune from criminal and civil liability for possessing, storing, distributing, or administering an opioid overdose antagonist. WASPC recommends that agencies interested in equipping officers with naloxone contact their county medical program director to obtain supplies of naloxone.

About Naloxone

Naloxone is a Schedule II legend drug under Washington law. Naloxone is commercially available under the brand name “Narcan” and “Evzio.” Naloxone is in a class of medications designed and used to prevent and/or counteract an opioid overdose – known as opioid antagonists. Opioids, such as heroin, morphine, and oxycodone, act on opioid receptors in the brain and nervous system, causing depression of the central nervous system and respiratory system. Naloxone blocks these opioid receptors and reverses the effects of the opioid. Naloxone may be injected in muscle or intravenously, or sprayed into the nose. Naloxone is said to be remarkably effective in reversing the effects of an opioid overdose. Naloxone is also said to be a ‘no harm’ drug – meaning that it causes no harm if administered to a person who is not suffering from an opioid overdose.

Accessing Naloxone

While current law provides immunity to those who would administer, dispense, prescribe, purchase, acquire, possess, or use Naloxone (RCW 69.50.315), its protections only applied to individual persons, and was not applicable to an entity (such as a law enforcement agency). Physicians were still required to have a doctor/patient
relationship with a person to prescribe a legend drug. Therefore, there were no appropriate means by which a physician could prescribe any legend drug to an agency, because a physician cannot establish a doctor/patient relationship with an entity.

In the Fall of 2014, WASPC began working with the Washington State Department of Health (DOH) to obtain policy interpretations from various DOH boards governing medical practitioners to establish clear authority for a physician to prescribe and a pharmacist to dispense opioid antagonists to law enforcement agencies. WASPC has obtained such interpretations from the Washington State Medical Quality Assurance Commission, and the Washington State Board of Osteopathic Medicine and Surgery. Each of those interpretations are provided below under “Additional Resources.”

In January, 2015, State Representative Brady Walkins Shaw invited WASPC to partner on legislation (HB 1671) to amend the law to establish clear authority and protections for the prescription, dispensing, and administration of opioid antagonists. The 2015 Washington Legislature enacted HB 1671, which, among other things, provides clear authority, and protection, for physicians to prescribe opioid antagonists to any person at risk of experiencing an opioid overdose and to a first responder, family member, or other person or entity in a position to assist a person at risk of experiencing an opioid-related overdose. The legislation also provides clear authority for a pharmacist to dispense an opioid overdose antagonist pursuant to a prescription authorized in the bill. Finally, the legislation provides criminal and civil immunity to any person (including law enforcement agencies and law enforcement officers) who possesses, stores, distributes, or administers an opioid overdose medication in good faith and with reasonable care. HB 1671 becomes effective on July 24, 2015.

Other Considerations:

Cost: While WASPC believes that there is now clear authority and protections for a law enforcement agency to acquire Naloxone and authorize its officers to administer Naloxone, this medicine is not free. Narcan, the commercial brand of Naloxone available in a nasal spray, is said to cost approximately $42 per dose. Agencies considering equipping its officers with Naloxone should consider the resources available to purchase Naloxone.

Shelf Life: Naloxone is said to have an 18-24 month shelf life. Agencies considering equipping its officers with Naloxone should consider a schedule to replace and replenish Naloxone that is not administered prior to its expiration date.

Training: Proper administration of Naloxone requires proper training. Agencies considering equipping its officers with Naloxone should establish clear and sufficient training requirements using qualified trainers.

Additional Resources

- Law Enforcement Naloxone Toolkit, U.S. Department of Justice, Bureau of Justice Assistance
- www.stopoverdose.org, University of Washington, Alcohol and Drug Abuse Institute
- First Responders and Naloxone, Washington State Medical Quality Assurance Commission
- Possession and Administration of Naloxone, Washington State Medical Quality Assurance Commission
- Use of Naloxone by Law Enforcement Officers, Washington State Board of Osteopathic Medicine and Surgery
Appendix E: Other Resources

Center for Opioid Safety Education, University of Washington, Alcohol and Drug Abuse Institute:
www.stopoverdose.org

Bureau of Justice Training and Toolkit on Naloxone:
www.bjatraining.org/tools/naloxone/Naloxone-Background

Police Assisted Addiction and Recovery Initiative:
http://paariusa.org

Harm Reduction Coalition:
http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics

Narcan® Nasal Spray:
www.narcan.com

Centers for Disease Control:
www.cdc.gov/drugoverdose

SAMHSA toolkit:
http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742