



# ASSESSMENT AND TREATMENT OF SUSPECTED OPIOID OVERDOSE

Officer Steve Redmond, Safety Officer  
Officer Matthew Nichols, EMT Coordinator

Special Thanks To The Marah Project

# Objectives



- Define the term “opioid” and list substances classified as opioids
- Recognize the signs and symptoms of an opioid overdose
- Recognize other conditions that may demonstrate similar signs and symptoms to opioid overdose
- Understand the treatment priorities for individuals with suspected opioid overdose
- Understand the potential adverse effects following administration of Naloxone (Narcan)
- Learn the skills necessary to administer Naloxone (Narcan) to individuals with suspected opioid overdose
- Have a good understanding of the Good Samaritan Law
- Understand SPD’s Policy and Procedures in regards to Naloxone (Narcan)
- CPR refresher

# The problem...



- Overdoses from opioids have surpassed motor vehicle collisions as the leading cause of death in the United States
- More people are admitted into detox centers for opioids than for alcohol
- It is a recognized crisis impacting a much younger generation than ever before





# “Opioid”



Any psychoactive chemical that resembles morphine or other opiates in its pharmacological effects

- Opiate refers to natural chemicals found in the resin of the opium poppy
- Opioid refers to both natural (opiate) and synthetic substances.



# Opioid Substances

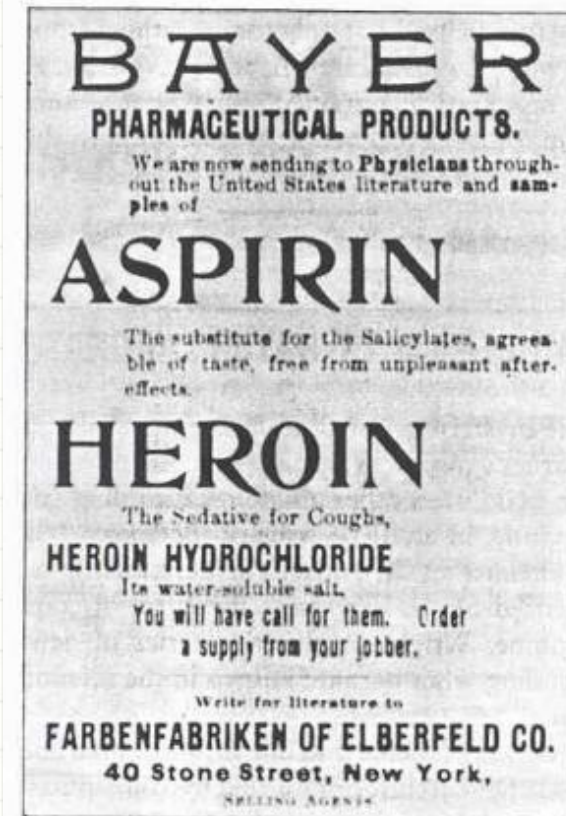


## Natural

- Opium
- Heroin
- Morphine
- Codeine

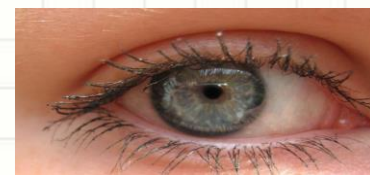
## Synthetic

- Semi-synthetic
  - Hydrocodone (Vicodin, Lortab)
  - Hydromorphone (Dilaudid)
  - Oxycodone (Percocet, Oxycontin)
  - Buprenorphine (Suboxone)
- Fully Synthetic
  - Fentanyl
  - Methadone
  - Tramadol



# RECOGNIZING POSSIBLE OPIOID OVERDOSES

- Obvious signs of recent opioid use
- Minimally responsive or unconscious
- Constricted pupils
- Abnormal or absent breathing
- Blue lips, greyish complexion
- Cardiac arrest





# OPIOID OVERDOSE LOOK-ALIKES...

## CAUTION

These conditions  
won't respond to Naloxone,  
but still need BLS care before  
arrival of EMS

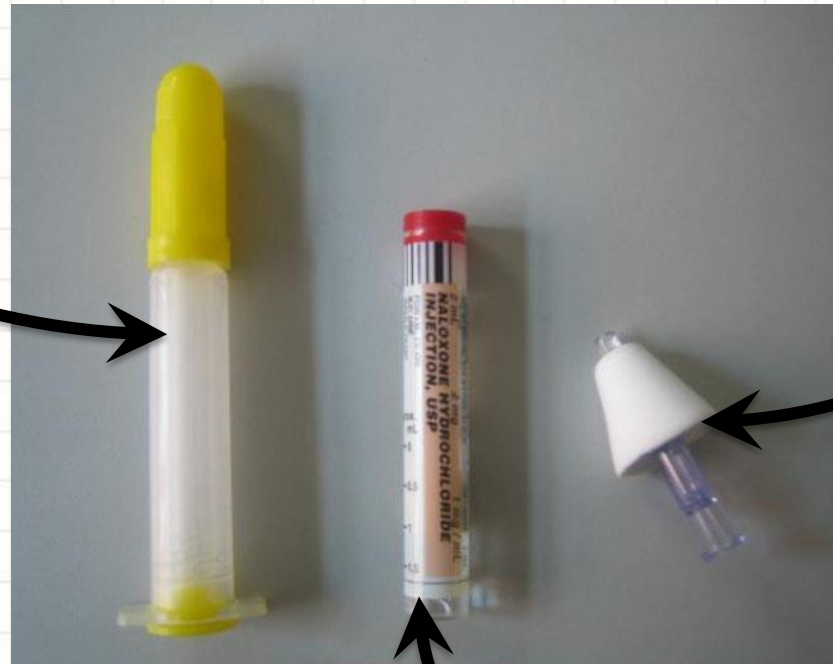
- Diabetic Reaction
- Stroke
- Heart attack
- Severe Traumatic Brain Injury
- Severe infection/Sepsis
- Other drug overdoses
  - “Sleeping pills” or
  - Anxiety pills such as Xanax, Ativan, or Valium
  - Severe Alcohol intoxication



# Naloxone (Narcan®) Intranasal Spray Kit



Plastic Needle-less  
Syringe with caps

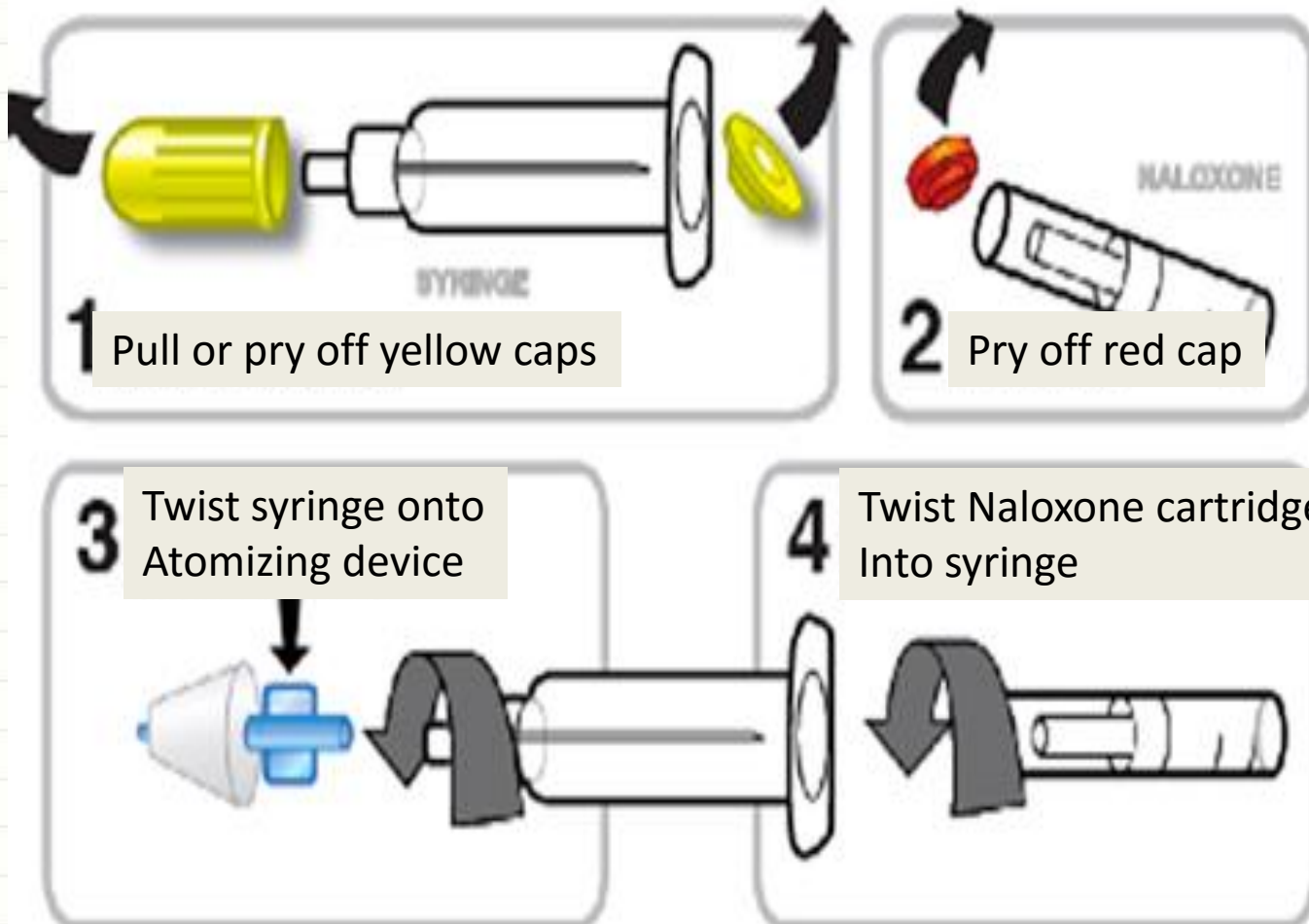


Mucosal  
Atomization Device  
(MAD®)

Naloxone (Narcan®) cartridge



# Naloxone (Narcan®) Intranasal Spray Kit



# Opioid Overdose Treatment



If a patient is not breathing, this is your most important task after you have requested Seattle Medics to respond:



# Opioid Overdose Treatment



- Notify Seattle fire and request Medics
- Check for responsiveness
- Check for signs of circulation
  - Coughing, movement, regular breathing
- Open the airway (head tilt, chin lift)
- If not breathing, provide manual ventilation with mouth-to-mask
- Manage the airway



# Opioid Overdose Treatment



**GIVE** Naloxone (Narcan) if:

- There are obvious signs of opioid drug use
  - Paraphernalia/known opioid abuser/witness statements
- Patient is unconscious or semi-conscious

AND

- Patient has abnormal or absent breathing
- Patient may or may not have pinpoint pupils

**Notify communications as soon as possible after Naloxone was administered**

**Once Naloxone (Narcan) is administered, it takes approximately 2 or more minutes for the Naloxone to begin to take affect.**

# Opioid Overdose Treatment



- DO NOT give Naloxone (Narcan) if:
  - There are no indications this is a Opioid overdose
  - Patient is breathing normally
  - Patient is conscious



# Potential Adverse Effects of Naloxone (Narcan)

- **May precipitate acute opioid withdrawal**
  - Nausea/Vomiting
  - Hypertension and tachycardia
- **Patients may awaken with severe agitation or aggressive behavior**
- **Risk of under-treating other conditions that are not caused by opioid overdose**





# Good Samaritan Law RCW 69.50.315

- (1) A person acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance pursuant to RCW [69.50.4013](#), or penalized under RCW [69.50.4014](#), if the evidence for the charge of possession of a controlled substance was obtained as a result of the person seeking medical assistance.
- (2) A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged or prosecuted for possession of a controlled substance pursuant to RCW [69.50.4013](#), or penalized under RCW [69.50.4014](#), if the evidence for the charge of possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance.
- (3) The protection in this section from prosecution for possession crimes under RCW [69.50.4013](#) shall not be grounds for suppression of evidence in other criminal charges.

# Policy and Procedures





# CPR REFRESHER





# PulsePoint





# Final points

- Look for obvious indications of an opioid overdose
- Always request Seattle Fire and Medics
- Supporting an opioid overdose patient's breathing is the most important treatment
- Naloxone (Narcan) administration is a secondary treatment
- Many other conditions appear similar to opioid overdose but will not improve with Naloxone administration alone. Basic first aid and Airway management remain integral to surviving such conditions.



# Contact Info

**Officer Steve Redmond**

**Safety Officer, SPD Human Resources**

**206.707.2422**

**[Steven.redmond@seattle.gov](mailto:Steven.redmond@seattle.gov)**

**Officer Matthew Nichols**

**SPD Lead EMT, Harbor Patrol**

**2333333**

**Matthew.nichols@seattle.gov**