



First Responder Administration of Intranasal Naloxone to Reverse Opioid Overdose



Trainer's Guide

Prepared by
New York State Department of Health
in conjunction with
Regional Emergency Medical Organization

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Training Rationale

Drug overdose is a significant problem in New York State. Recent data from New York City indicate that more than 900 fatalities resulted from accidental overdoses during 2003. Close to 70% of these deaths involved the use of opioids/heroin.

The New York State Opioid Overdose Prevention Program authorizes community based organizations to prepare lay-responders to administer naloxone in cases of known or suspected opioid overdose. Between April, 2006 and December 2013, lay-responders performed over 850 overdose reversals as reported to the State by registered programs. As of March 2015, there are approximately 210 registered programs across the state. While the NYSDOH has made significant progress promoting Opioid Overdose Prevention Programs, many areas of the state are without adequate availability of trained overdose responders. In these areas, emergency responders are likely to be the first on the scene with the potential to play a role in reversing an opioid overdose.

In December, 2013 the Commissioner of Health approved the administration of intranasal naloxone as a part of the scope of practice for certified Basic Life Support EMS providers in New York State. Further, in June of 2014, Governor Cuomo outlined a statewide plan to address opioid overdose that includes preparing first responders (EMS, law enforcement and fire fighters) to respond to opioid overdose. Adding intra-nasal application of naloxone to the scope of practice of any first responder in NYS is highly desirable for the following reasons:

1. The life-saving benefits of naloxone in reversing opioid overdose are clearly documented;
2. By definition, first responders are the first to arrive at the scene of an overdose placing them in the best position to administer this time-sensitive, life-saving intervention;
3. Delay in administering naloxone can lead to unnecessary morbidity and mortality;
4. Advanced EMS providers that can administer naloxone via IM or IV are not available for patient care in many areas of NYS, in particular, rural regions;
5. Administration via nasal atomizer by emergency response staff has become standard in other states and cities;
6. Use of a nasal atomizer reduces the potential for occupational exposure via needlestick;
7. Widely available evidence exists to indicate there is comparable medication efficacy when administering naloxone intra-nasally;
8. Widely available evidence suggests no negative health outcomes after years of practice in other states and cities;

Training Agenda

Total training time: 90 minutes

	Activity	Time	Rationale
1	Pre-training Survey	5 minutes	Optional
2	Introductions and Training Goals and Objectives	5 minutes	Describe purpose of training and get to know participants
3	Scope of the Problem and Overview of NYS Opioid Overdose Programs in the Community	10 minutes	Provide participants with information about rates of opioid overdose and information about community lay responders
4	Training Video	25 minutes	Provides comprehensive information about opioid overdose and use of naloxone.
5	Question and Answer Period	10 minutes	Provides participants an opportunity to ask questions, clarify information and inquire about implementation issues unique to their setting.
6	Practice Session	20 minutes	Provides an opportunity to practice the process of assembly and administration of the medication.
7	Question and Answer Period	10 minutes	Provide participants an opportunity to have final questions answered.
8	Post-test survey	5 minutes	Optional

Activity 1:

Pre-Training Survey - 5 minutes

Pre-Training Survey (optional)

A pre and post training survey has been developed to assess changes in attitudes and confidence related to first responder administration of naloxone to reverse opioid overdose. Trainers are welcome to, but not required to, administer this survey to training participants. Reviewing the results of the pre and post training survey may assist the trainer in improving his or her delivery of the training materials or may point to additional training needs for participants.

Activity 2:

Introductions and Training Goals and Objectives - 5 minutes

Introduce yourself to the participants (if needed) and, as appropriate, have participants introduce themselves to the group.

GOAL:

The goal of this training is to prevent loss of life related to opioid overdose by preparing first responders, specifically BLS providers and non-EMS First Responders, including fire fighters, to administer intranasal naloxone.

OBJECTIVES:

By the end of this training participants will be able to:

- I. Recall the names of at least 3 different opioids
- II. Recognize signs of overdose
- III. Recall basic information about community based opioid overdose prevention programs that train community lay responders and identify whether such a program exists in their community
- IV. Assemble a mucosal atomizer device for administering IN naloxone
- V. Implement opioid overdose prevention activities in accordance with NYSDOH guidelines

Activity 3:

Scope of the Problem and Overview of NYS Opioid Overdose Prevention Programs in the Community - 10 minutes

Scope of the Problem

Explain that drug overdose is a significant problem in New York State. Recent data from New York City indicate that more than 900 fatalities resulted from accidental overdoses during 2003. Close to 70% of these deaths involved the use of opioids/heroin. Review additional highlights from the Training Rationale on page 2.

NYS Opioid Overdose Prevention Programs in the Community:

On April 1, 2006, New York State law went into effect which allows for non-medical persons in the general community to administer Naloxone to another individual to prevent an opioid/heroin overdose from becoming fatal. These programs must register with the New York State Department of Health to operate an Opioid Overdose Prevention Program. Eligible providers are licensed health care facilities, health care practitioners, drug treatment programs, not-for-profit community-based organizations, local health departments, institutions of higher learning, business, trade or technical schools or a registered pharmacies. These programs train community members (lay responders) in how to respond to suspected overdoses including the administration of naloxone. For more information on how community organizations can become opioid overdose prevention programs, please contact the New York State Department of Health, AIDS Institute at (212) 417-4770. It may be helpful for EMS providers and first responders to be aware of any community opioid overdose prevention programs. To view the Directory of Registered Opioid Overdose Prevention Programs, select the Directory of Registered Programs link on this page: <http://www.health.ny.gov/overdose>.

Activity 4:

Training Video - 25 minutes

Show the video titled: **Reversing Opioid Overdose: Training for EMS and Public Safety**

Provide participants with copies of the slideset and point out that participants are able to take notes on the handouts.

Activity 5:

Question and Answer Period - 10 minutes

Solicit questions from the group. Note that an important resource for answering participant questions is the FAQ document that is included in the Participant Packet.

Activity 6: Practice Session: 20 minutes

It is important that trainers are aware of the qualifications of participants because there are different protocols for BLS providers and non-EMS First responders. BLS providers should use the Altered Mental Status Protocol and non-EMS First responders should follow the Suspected Opioid Overdose Protocol for Non-EMS First Responders. Trainers should direct participants to the appropriate protocol for the practice session.

Provide participants with samples of the medication to inspect and have participants:

- I. Check for expiration date
- II. Practice opening the box
- III. Practice assembling the device
- IV. Review the importance of dividing the dose between both nostrils
- V. Practice pushing down the delivery device to feel the level of resistance required to administer the medication in the appropriate dose

INSTRUCT PARTICIPANTS: WHEN RPACTICING, DO NOT ADMINISTER THE MEDICATION INTO ANOTHER PERSON'S NOSE

Activity 7: Question and Answer - 10 minutes

Provide an opportunity to participants to ask any final questions.

Activity 8: Post-training Survey (Optional)

An optional pre and post-training survey has been developed to assess changes in attitudes and confidence related to BLS and Non-EMS First Responders administration of naloxone to reverse opioid overdose. Trainers are welcome to, but not required to, administer this survey to training participants. Trainers may choose to administer the post-training survey only to evaluate responses after completion of the training without comparing them to pre-training responses.