

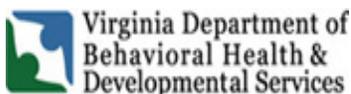
REVIVE!

OPIOID OVERDOSE AND NALOXONE EDUCATION FOR VIRGINIA

Law Enforcement Officer (LEO) Training Guide

Version 2.0, Revised: November 1, 2016

Understanding and Responding to Opioid Overdose Emergencies Using Naloxone



Frequently Asked Questions

How have opioids impacted Virginia?

The Centers for Disease Control and Prevention has declared opioid use disorders and opioid overdoses as an epidemic in the United States. Virginia has been severely impacted by opioid abuse, particularly the abuse of prescription drugs. In 1999, the first year for which such data is available, approximately 23 people died from abuse of fentanyl, hydrocodone, methadone, and oxycodone (the leading prescription opioids abused, commonly referred to as FHMO). By 2013, the most recent year for which complete data is available, 386 individuals died from the abuse of FHMO, an increase of 1,578%, with fentanyl being the primary substance fueling this increase. In 2013 alone, there was an increase of more than 100% in deaths attributed to fentanyl use. In 2013, as before in 2011, drug-related deaths happened at a higher per capita level (11.0 deaths per 100,000) than motor vehicle crashes (10.1 per 100,000, data provided by the Virginia Office of the Chief Medical Examiner). The rates of abuse of prescription opioids remain consistent, and the rates of heroin abuse are rising.

Since 2014 the Department of Behavioral Health and Developmental Services has operated REVIVE! a program to train laypersons and professionals on how to recognize and respond to an opioid overdose emergency with the administration of Naloxone. REVIVE! has trained more than 750 people to date. To expand the availability of naloxone in order to address this epidemic, LEOs can carry and administer naloxone to individuals experiencing an opioid overdose emergency to lower the incidence of overdose deaths.

What should I do if I have cause to suspect an opioid overdose but cannot confirm?

If the person is unresponsive and you have cause to suspect it is due to an opioid overdose, administer naloxone. This is standard practice among emergency medical personnel. It will have no adverse effect if administered to someone who does not have opioids in their system.

What if the reversal is unsuccessful? Am I or my Department liable?

No. The Code of Virginia stipulates (§ [8.01-225](#)) that anyone who prescribes, dispenses, or administers naloxone is immune from any claims for civil damages as a result of adverse consequences or unsuccessful administration. Furthermore, there is no record in the United States of an individual being sued because they administered naloxone to someone.

Why should law enforcement officers (LEOs) be trained in naloxone administration?

There are a number of reasons why LEOs are a logical group of professionals who should be trained in administering naloxone. These include:

1. LEOs are often the first of the emergency medical personnel to arrive on the scene of an overdose, before emergency medical technicians, especially in rural areas.
2. The longer it takes to administer naloxone, the more likely the person will suffer permanent brain damage as a result of oxygen deprivation.
3. Naloxone is a proven effective response to opioid overdose emergencies, saving the lives of more than 10,000 people in the United States since 1992.

4. Naloxone administration involves no needles, eliminating the risk of exposure to blood-borne pathogens.
5. Naloxone has no potential for abuse, poses no danger as a result of inadvertent administration, and requires the same dose for an adult or child.
6. Naloxone does not serve as a safety net that allows people to engage in riskier behavior. Data suggest that those who survive an opioid overdose emergency are more likely to subsequently engage in treatment for their opioid use disorder.
7. The availability of naloxone for LEOs can strengthen bonds with the community.

How do law enforcement agencies start the process of being able to carry and administer naloxone?

The Code of Virginia (§ [54.1-3408](#)) allows LEOs (and firefighters) as defined in § [9.1-101](#) to carry and administer naloxone if they have completed a training program. There are a number of logistical details that agencies should consider before they have their officers trained. These include, but are not limited to:

- Determining what formulation of naloxone officers will carry (intranasal, EVZIO, etc.)
- Purchasing the naloxone from a wholesale distributor
- Obtaining kits to store/carry naloxone and related necessary supplies
- Working with a prescriber who can issue an oral, written or standing order for the agency to carry naloxone so that each individual officer does not have to obtain a prescription
- Methods for storing the naloxone, distributing it to officers for use, and tracking its usage
- Developing policies/procedures under which officers will carry and administer naloxone
- Determining how often officers should be recertified in naloxone training

DBHDS offers training to law enforcement agencies that has been approved by the Board of Pharmacy and developed in consultation with the Department of Criminal Justice Services.

How should naloxone be stored?

Naloxone is fairly tolerant to light and heat. The official product label states that intranasal naloxone should be kept at room temperature. However, studies have shown it to be tolerant to cold temperatures. Naloxone is less tolerant to heat and light, so it should be kept out of direct sunlight and not stored in patrol vehicles during the summer months (studies have indicated that naloxone degraded by heat or light is still effective when used, but this is recommended only in emergency situations when no other naloxone is available). The intranasal naloxone is packaged in glass vials, so those boxes should be handled with care and should not be crushed. EVZIO has been tested and found to be tolerant of temperatures up to 104 degrees.

LEOs are not emergency medical technicians. Why should we be carrying naloxone?

There are a number of collateral benefits to the officers, implementing agencies, as well as to the public at large that are associated with implementing a law enforcement overdose response program. First and foremost, the program can lead to the reversal of possibly fatal overdoses in the community. Additionally, individual officers have cited improved job satisfaction rooted in improved ability to “do something” at the scene of an overdose. Implementing departments report improved community relations, leading to better intelligence-gathering capabilities.

Similarly, collaboration between law enforcement, public health, drug treatment, and other sectors on law enforcement overdose response initiatives lead to improved cross-agency communication, and helps take a public health approach to drug abuse.

Have other law enforcement agencies tried this? If so, what were the results?

More than 500 law enforcement agencies in the United States train their officers on how to administer naloxone. Here are some of their stories.

Quincy, MA, Police Department

The Quincy, MA, Police Department (QPD) launched its law enforcement overdose reversal program in 2010. Created in partnership with the Massachusetts Department of Public Health, this initiative consisted of training patrol officers how to recognize and reverse opioid overdoses, and equipping them with naloxone. To date, QPD officers have reversed over 280 opioid overdoses. This program has served as a model for a growing number of law enforcement overdose reversal initiatives across the United States.

Suffolk County (NY) Police Department

In May 2012, the Suffolk County (NY) Police Department began a naloxone Pilot program in conjunction with the New York State Department of Health, initially training 400 officers in several precincts. In the first five months there were 32 opioid overdose reversals. Because of this unanticipated success, the naloxone program was quickly expanded to the entire patrol and support divisions. Currently more than 1,200 officers are certified and officers have administered 244 doses resulting in 233 successful reversals. In April 2014, the New York State Attorney General recognized the outstanding success of the Suffolk County Police naloxone Program, which he used as a model for implementation to all law enforcement agencies in the state of New York, an effort currently funded by his office.

Lummi Nation Police Department (WA)

In response to the increase in the number of reported overdose deaths on tribal lands and 20-minute ambulance response times, the Lummi Nation Police Department (WA) requested permission to participate in the overdose prevention program sponsored by the Lummi Nation Tribe. The program trained community members to use naloxone as well as 20 officers in the department and command staff. In the first six weeks of the program, Lummi officers successfully reversed three overdoses. In addition to training the remaining Lummi officers, the Lummi Nation Police Department training is growing to encompass Lummi Housing Security and neighboring First Nations police agencies.

Where can my department go for more information?

The REVIVE! Website has more information about the program and trainings that are being offered, as well as contact information for program staff - <http://dbhds.virginia.gov/individuals-and-families/substance-abuse/revive>.

For more information about law enforcement carrying and using naloxone, the Bureau of Justice Assistance has created a Toolkit with a wide variety of information as well as document templates and model policies and guidance - <https://www.bjatrainng.org/tools/naloxone/Naloxone-Background>

I. Welcome and Introductions

Sign in and complete registration forms if needed.

Training Objectives

- Understand the REVIVE! program, including lay administration of naloxone, protection from civil liability, and the safe reporting of overdoses law
- Understand how opioid overdose emergencies happen and how to recognize them
- Understand how naloxone works
- Identify risk factors that may make someone more susceptible to an opioid overdose emergency
- Dispel common myths about how to reverse an opioid overdose
- Learn how to respond to an opioid overdose emergency with the administration of naloxone

II. REVIVE! Program Laws

In 2013, the Virginia General Assembly passed House Bill 1672, directing the Virginia Department of Behavioral Health and Developmental Services (DBHDS), in conjunction with the Virginia Department of Health, the Virginia Department of Health Professions, law enforcement and the recovery community, to conduct a pilot project on the administration of naloxone to counteract the effects of an opioid overdose emergency. In 2015, the General Assembly passed House Bill 1458, which expanded REVIVE! to a statewide program; broadened civil liability protection to include anyone who prescribes, dispenses, or administers naloxone; allowed for an oral, written, or standing order; and explicitly allowed law enforcement officers and fire fighters to carry and administer naloxone. Virginia is one of 26 states (plus the District of Columbia) that has enacted laws to allow for some form of naloxone access.

The 2015 General Assembly also passed House Bill 1500 and Senate Bill 892 which allows for the safe reporting of overdoses (also known as a Good Samaritan law). These bills allow a person to assert an affirmative defense against the following charges:

- unlawful purchase, possession, or consumption of alcohol pursuant to § 4.1-305
- possession of a controlled substance pursuant to § 18.2-250
- possession of marijuana pursuant to § 18.2-250.1
- intoxication in public pursuant to § 18.2-388, or
- possession of controlled paraphernalia pursuant to § 54.1-3466.

An affirmative defense is a defense that alleges additional facts that defeats or mitigates the legal consequences of otherwise unlawful activity. You can still be charged with these crimes, but you can assert an affirmative defense against them if you are responding to an overdose emergency. To be able to assert an affirmative defense, ALL of the following criteria must be met:

1. You must in good faith seek or obtain medical attention for yourself or someone else experiencing an overdose emergency by reporting the event to a firefighter, emergency medical services personnel, a law enforcement officer, or an emergency 911 system;
2. You must remain at the scene of the overdose or an alternate location which you or the person who suffered the overdose has been transported until a law enforcement official

responds to the reported overdose. If no law enforcement officer responds, you must cooperate with law enforcement as indicated and described in the other sections;

3. You must identify yourself to the law enforcement officer who responds;
4. If requested by a law enforcement officer, you must substantially cooperate in any investigation of any criminal offense reasonably related to the controlled substance or alcohol that led to the overdose; and
5. The evidence for the prosecution of an offense was obtained as a result of the individual seeking or obtaining emergency medical attention.

Finally, an affirmative defense may not be asserted if you sought or obtained emergency medical attention during the execution of a search warrant or during a lawful search or arrest.

III. Understanding and Identifying Opioid Overdose Emergencies

An opioid overdose emergency happens when an excessive amount of an opioid, or a combination of opioids and other substances overwhelms the body and causes it to shut down. Drugs such as heroin and prescription pain medications cause the central nervous system to become depressed, leading to breathing and heart rate slowing down and eventually ceasing entirely. Opioids include heroin as well as prescription pain medications that have generic, trade, and slang or street names:

Generic	Trade	Street
Hydrocodone	Lortab, Vicodin	Hydro, Norco, Vikes, Watsons
Oxycodone	Oxycontin, Percocet	Ox, Oxys. Oxycotton, Kicker, Hillbilly Heroin
Morphine	Kadian, MSContin	M, Miss Emma, Monkey, White Stuff
Codeine	Tylenol #3	Schoolboy, T-3s
Fentanyl	Duragesic	Apache, China Girl, China White, Goodfella, TNT
Hydromorphone	Dilaudid	Dill, Dust, Footballs, D, Big-D, M-2, M-80s, Crazy 8s, Super 8s
Oxymorphone	Opana	Blue Heaven, Octagons, Oranges, Pink, Pink Heaven, Stop Signs
Meperidine	Demerol	Dillies, D, Juice
Methadone	Dolophine, Methadose	Meth, Junk, Fizzies, Dolls, Jungle Juice
Heroin	N/A	Dope, Smack, Big H, Black Tar
Buprenorphine	Bunavail, Suboxone, Subutex, Zubsolv	Sobos, Bupe, Stops, Stop Signs, Oranges

The main difference between someone who is high and someone who is overdosing is that someone who is overdosing is **UNRESPONSIVE**. Other differences:

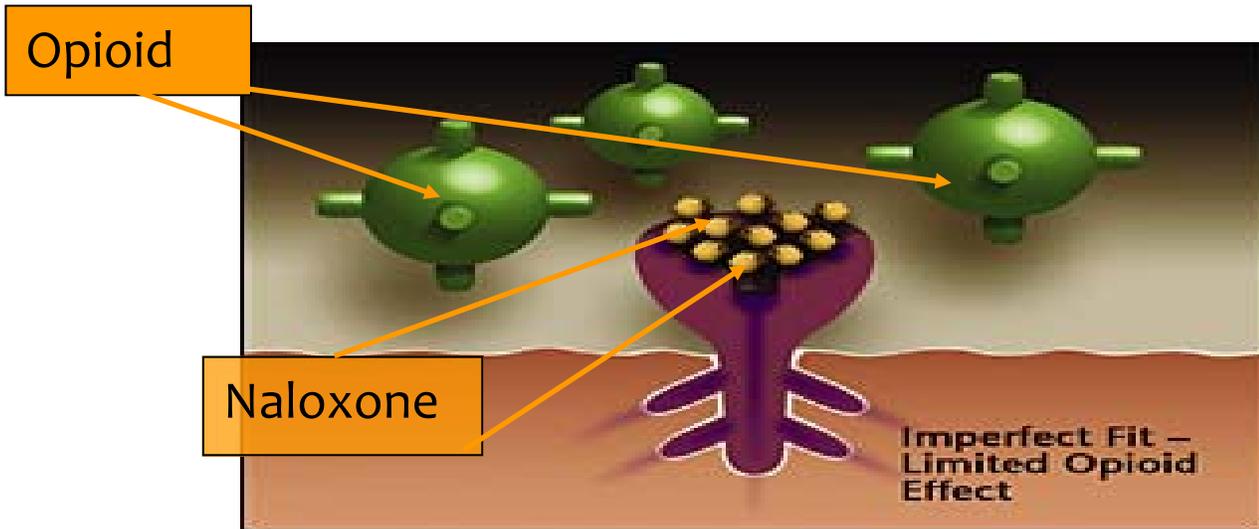
REALLY HIGH	OVERDOSED
Muscles become relaxed	Pale, clammy skin
Speech is slowed or slurred	Breathing is infrequent or has stopped
Sleepy-looking	Deep snoring or gurgling (death rattle)
Responsive to shouting, ear lobe pinch or sternal rub	Unresponsive to any stimuli
Normal heart rate and/or pulse	Slow or no heart rate and/or pulse
Normal skin tone	Blue lips and/or fingertips

Keys to look for if you suspect someone has overdosed:

- Unresponsiveness to verbal or physical stimulation, such as pinching their ear lobe or rubbing your knuckles up and down the person’s sternum. Whether or not they respond to this stimulation effectively draws the line between being really high versus overdosed.
- Slow, shallow, or no breathing
- Turning pale, blue or gray (especially lips and fingernails)
- Snoring, gurgling or choking sounds
- Very limp body
- Vomiting

If the person shows any of these symptoms, especially lack of response to stimulus or no breathing/pulse, the person may be experiencing an opioid overdose emergency. Today you will learn how you can use naloxone to respond to an opioid overdose emergency and save someone’s life.

IV. How does naloxone work?



Naloxone has a stronger affinity to the opioid receptors than the opioid, so it knocks the heroin off the receptors for a short time and lets the person breathe again.

V. Risk Factors for Opioid Overdose Emergency

There are a number of factors that can place someone at increased risk for an opioid overdose emergency. These include:

- Prior overdose
- Reduced tolerance – previous users who have stopped using due to abstinence, illness, treatment, incarceration, etc.
- Mixing drugs – combining opioids with other drugs, including alcohol, stimulants or depressants. Combining stimulants and depressants DO NOT CANCEL EACH OTHER OUT.
- Using alone
- Variations in strength/quantity or changing formulations (e.g., switching from quick acting to long lasting/extended release)
- Medical conditions such as chronic lung disease or kidney or liver problems

VI. Responding to a Suspected Opioid Overdose Emergency

1. Check for responsiveness and administer initial rescue breaths if person is not breathing.
2. Call Emergency Medical Personnel.
3. Continue rescue breathing if person is not breathing on their own.
4. Administer naloxone.
5. Resume rescue breathing if the person is not breathing on their own yet.
6. Conduct follow-up and administer a second dose of naloxone if no response after three minutes.

* If you are by yourself and have to leave the person alone to call Emergency Medical Personnel, put the person in the recovery position (described below).

VII. Responding to an Opioid Overdose Emergency

1. **Check for responsiveness and administer rescue breaths if person is not breathing.**
 - a. Try to stimulate them. You can shout their name, tap their shoulder, or pinch their ear lobe.
 - b. Give a sternal rub. Make a fist and rake your knuckles hard up and down the front of the person's sternum (breast bone). This is sometimes enough to wake the person up.
 - c. Check for breathing. Put your ear to the person's mouth and nose so that you can also watch their chest. Feel for breath and watch to see if the person's chest rises and falls.
 - d. If the person does not respond or is not breathing, proceed with the steps listed below.
 - e. Put on latex-free gloves from the REVIVE! kit.
 - f. Tilt the person's forehead back and lift their chin (see diagram below).
Place breathing mask on person's face, covering their mouth and nose. Ensure that the plastic piece is in the person's mouth. The mask has a nose printed on it to guide proper placement. Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
 - g. Give three breaths, one breath every five seconds.



Image courtesy of the Chicago Recovery Alliance

2. **Report the Overdose so that Emergency Medical Services can respond** [If you have to leave the person alone to call Emergency Medical Personnel, put the person in the recovery position – see details below].

- a. Quiet down the scene, or move to a quieter location. Speak calmly and clearly. State that someone is unresponsive and is not breathing.
- b. Give the exact address and/or location. If you're outside, use an intersection or landmark.
- c. When emergency medical personnel arrive, tell them it is an overdose and what drugs the person may have used.



1. CALL 911

PLEASE NOTE: Complications may arise during or as a result of opioid overdose emergencies. Also, naloxone only works on opioids, and the person may have overdosed on something else, e.g., alcohol or benzodiazepines. **Calling Emergency Medical Personnel to request Emergency medical services is critical.**

* If you have to leave the person while they are still unresponsive, put the person in the **recovery position**.

- a. If necessary, place the overdose victim flat on their back.
- b. Roll the person over slightly onto their side.
- c. Bend their top knee.
- d. Put the person's top hand under their head for support.
- e. This position should keep the person from rolling onto their stomach or back and prevent them from asphyxiation in case of vomiting.
- f. Make sure the person is accessible and visible to emergency medical personnel; don't close or lock doors that would keep emergency medical personnel from being able to find or access the person.



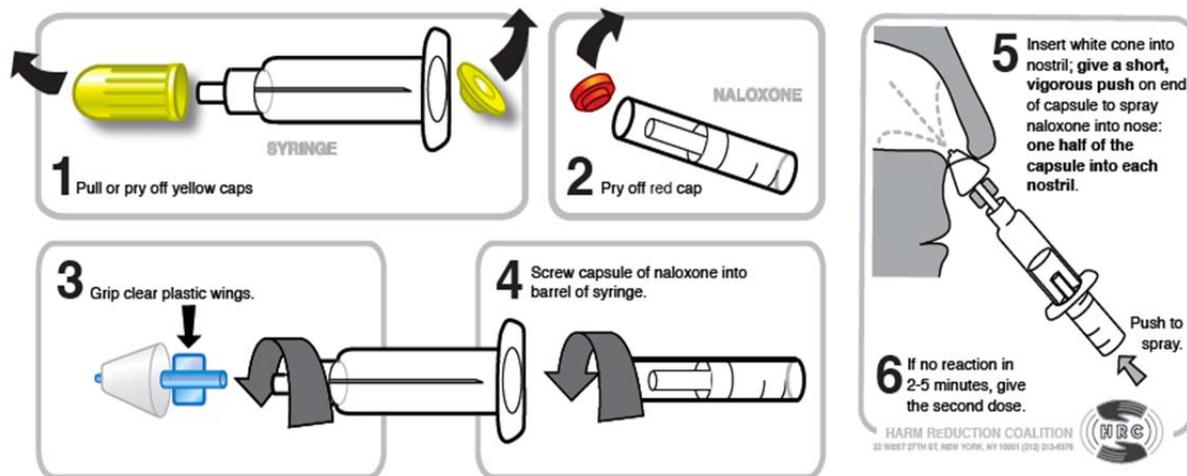
3. **Continue rescue breathing** if the person is not breathing on their own.
 - a. Tilt the person's forehead back and lift chin (see diagram above, page nine)

- b. Place breathing mask back on person's face, covering their mouth and nose. Ensure that the plastic piece is in the person's mouth. You can still do mouth-to-mouth rescue breathing if a mask is not available.
- c. Pinch the person's nose and give normal breaths – not quick or overly powerful breaths.
- d. Give one breath every five seconds for approximately 30 seconds

4. Administer naloxone.

INTRANASAL

- a. Pull the yellow caps off the syringe.
- b. Pull the red (may also be purple or gray) cap off the naloxone capsule.
- c. Screw the atomizer, which looks like a white cone, onto the threaded end of the syringe.
- d. Gently screw the naloxone capsule into the syringe, open end first.
- e. Put the tip of the spray device into one nostril and push on the capsule to spray half of the naloxone into the nostril; immediately switch to the other nostril and spray the other half of the naloxone into the nostril (see diagram below). The capsule has gradient marks to indicate when you have sprayed half of the medication.



Video Presentation

How to Prepare Naloxone for Administration - <https://www.youtube.com/watch?v=Uq6AxxEY3Vk>

EVZIO

EVZIO is designed to be easy to use for patients, their family members, and other caregivers. It contains the Intelliject® Prompt System (IPS™) with visual and voice instructions that help guide the user through the injection process. You should use EVZIO exactly as prescribed by your healthcare provider. Each EVZIO auto-injector contains only one dose of medicine. Caregivers should pinch the thigh muscle when injecting EVZIO into a child under the age of one.



Pull EVZIO from the outer case.

Do not go to Step 2 (Do not remove the **red** safety guard.) until you are ready to use EVZIO.

If you are not ready to use EVZIO, put it back in the outer case for later use.



Pull off the red safety guard.

To reduce the chance of an accidental injection, do not touch the **black** base of the auto-injector, which is where the needle comes out. If an accidental injection happens, get medical help right away.

Note: The **red** safety guard is made to fit tightly. **Pull firmly to remove. Do not replace the red safety guard after it is removed.**



Place the black end against the middle of the outer thigh, through clothing (pants, jeans, etc.) if necessary, then press firmly and hold in place for 5 seconds.

If you give EVZIO to an infant less than 1 year old, pinch the middle of the outer thigh before you give EVZIO and continue to pinch while you give EVZIO.

Note: EVZIO makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and means that EVZIO is working correctly. Keep EVZIO firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound. The needle will inject and then retract back up into the EVZIO auto-injector and is not visible after use.

ADAPT Narcan Nasal Spray

ADAPT Narcan Nasal Spray is designed to be easy to use for patients, their family members, and other caregivers. It contains 4mg of Naloxone that is administered into one nostril. You should use ADAPT Narcan Nasal spray exactly as prescribed by your healthcare provider. Each ADAPT Narcan Nasal Spray contains only one dose of medicine.



We will watch video on use of NARCAN product.

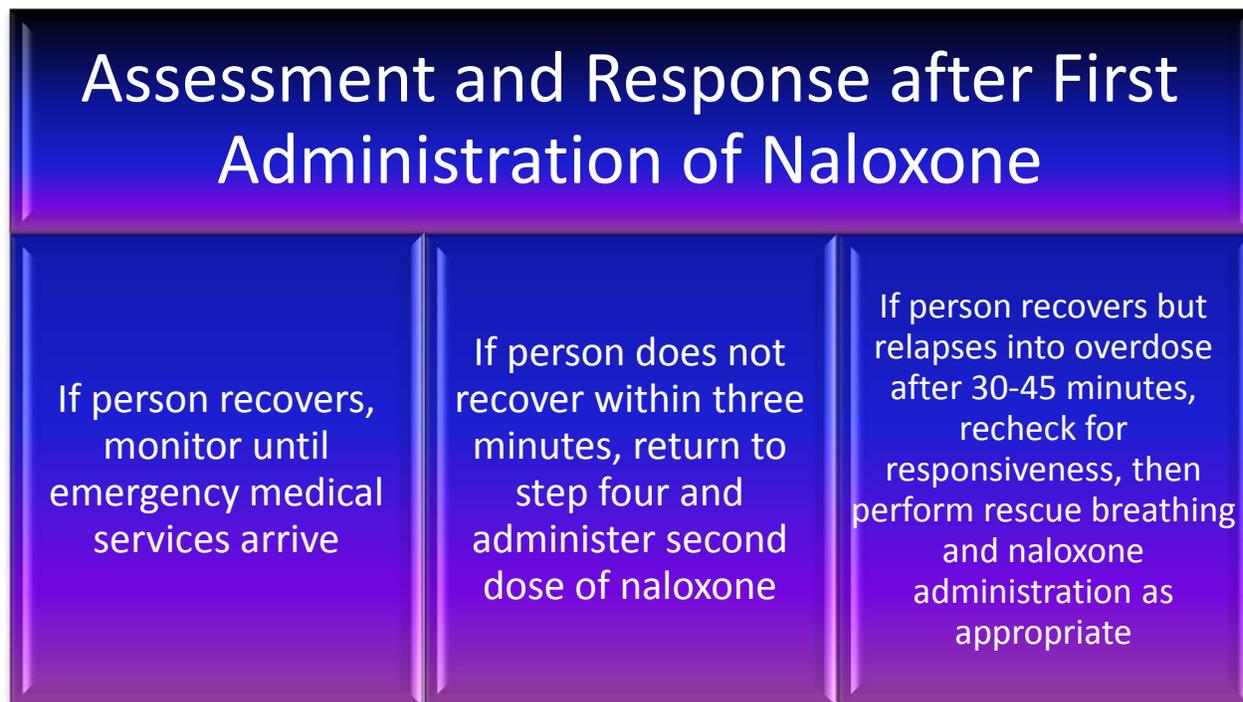
How to administer ADAPT Narcan Nasal Spray: <http://www.narcannasalspray.com/>

Resume rescue breathing if the person has not started breathing on their own.

PLEASE NOTE - Brain damage can occur after three to five minutes without oxygen. Rescue breathing gets oxygen to the brain quickly. Once you give naloxone, it may take some time for it to take effect, so the person may not start breathing on their own right away. You may have to keep breathing for them until the naloxone takes effect or until emergency medical services arrive.

5. Assessment and response

Most individuals will recover after a single dose of naloxone is administered. When this occurs, the person will be in withdrawal, which may include abrupt waking up, vomiting, diarrhea, sweating, and nausea. They may not remember overdosing. In rare cases, the person may recover into acute withdrawal, which in addition to the above, may include aggressive, combative, or violent behavior. In this case, the LEO needs to ensure their own safety.



If person recovers after the first dose of naloxone, continue to monitor them until emergency medical services arrive.

- Do what you can to calm and soothe them
- They may be agitated and will want to take more drugs
- Do not allow them to take more drugs or eat or drink anything
- Emphasize the importance of waiting for emergency medical services to arrive so they can be assessed

- Tell them that opioid withdrawal is not life-threatening and that naloxone will wear off in 30-45 minutes
- Depending on what substances they were taking, they could relapse into overdose once the first dose of naloxone wears off.

There are **two cases** in which you may need to administer a second dose of naloxone:

SITUATION A: If the individual has not responded to the initial dose within three minutes

SITUATION B: If the individual has relapsed into an overdose again after having previously recovered with the initial dose.

SITUATION A: The individual has not responded to the initial dose within three minutes

When this occurs:

- Naloxone should take effect within 30-45 seconds but may take longer
- Wait three minutes (continue rescue breathing during this time)
- At three minutes, administer second dose of naloxone

If person remains unresponsive after the second dose is administered, continue rescue breathing until emergency medical services arrives.

SITUATION B: The individual has relapsed into an overdose again after having previously recovered with the initial dose.

Naloxone has a very short half-life – 30-45 minutes. In some cases, there is so much opioid in the system that the person can relapse back into overdose after the naloxone has worn off.

When this occurs:

- Recheck person for responsiveness as described in Step 1 above.
- If unresponsive, administer second dose of naloxone
- Continue rescue breathing until person recovers or until emergency medical services arrives.

6. Summary

The administration of naloxone to an individual **is not the last step in responding to an opioid overdose emergency.** Further attention and action are necessary.

- Withdrawal is awful but not life-threatening. Try to keep them calm, let them know what happened, and explain that help is coming and they need to wait for emergency medical personnel to respond.
- Monitor the individual to see that they start to breathe and become responsive.

- Resume rescue breathing if the person has not started breathing on their own.
- Naloxone takes several minutes to kick in and wears off in 30-45 minutes. The person may relapse into an opioid overdose emergency after the naloxone wears off. Therefore, it is **STRONGLY RECOMMENDED** that you watch the person for at least an hour or until emergency medical services arrive.
- Do not let them ingest food, drinks, or more drugs.
- Apply the “I’ve Received Naloxone” sticker from the REVIVE! kit somewhere visible on the person which can let emergency medical personnel know that the person has experienced an overdose and received naloxone. If the person is in withdrawal, their skin may be sweaty or clammy. To ensure it stays, apply the sticker to the person's clothing or hair.

VIII. Hands-On Training

IX. Complete Evaluation and Receive Card

Thank you for attending this REVIVE! Training!

ACKNOWLEDGEMENTS:

DBHDS would like to acknowledge the New York State Division of Criminal Justice Services for providing their law enforcement training curriculum that served as the basis for this Training Guide. Furthermore, REVIVE! would not be possible without the assistance of many other public and private partners, who DBHDS would like to acknowledge for their invaluable assistance.

Boston Public Health Commission
 Bureau of Justice Assistance
 Chicago Recovery Alliance
 Delegate John O’Bannon, R-73
 Joanna Eller
 Harm Reduction Coalition
 Kaléo
 The McShin Foundation
 Massachusetts Department of Public Health
 Multnomah County (OR) Health Department
 New York City Department of Mental Health and Hygiene
 Ed Ohlinger
 One Care of Southwest Virginia

Project Lazarus
SAARA Recovery Center of Virginia
San Francisco Department of Health/DOPE Project
University of Washington Alcohol and Drug Abuse Institute
Virginia Department of Criminal Justice Services
Virginia Department of Health
Virginia Department of Health Professions