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# Opioid Overdose Rescue

## Facilitator Guide

### Last Updated April 2024

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# **Overview of Training**

## Part 1: Opioid Overdose Rescue

1. Learning Objectives
2. Welcome and Context Setting
3. Technology Overview
4. Language Matters
5. Opioids and Risk Factors
6. How to Assess/Recognize and Opioid Overdose
7. What is Naloxone and How does it work?
8. Where and How to Access Naloxone
9. Responding to an Overdose

# **Part 1: Opioid Overdose Rescue (120 minutes) - *Start at 9:30***

## 

## Trainer technical Notes

* [ONLINE] - Describes how to deliver certain activities in each section in a virtual format
* [IN PERSON] - Describes how to deliver certain activities in each section for in-person format

## Learning Objectives:

1. Name 5 risk factors for opioid overdoses
2. Distinguish between someone who is “really high” versus overdosing
3. Describe how to assess for opioid overdose
4. Explain how Naloxone works to reverse opioid overdoses
5. Practice how to administer Naloxone

## Welcome and Agenda Review (*9:30-10:00;* *30 min*)

Trainer Note*: [ONLINE]Before the training begins, allow participants to login and enter the meeting space 5-10 minutes early to orient themselves and address any tech issues. Plan to play music during this time.*

### **[FACILITATOR 1]** Introduction and Welcome (*20 mins*)

1. Introduction of trainers and context setting:
   1. Introduce yourself, your role and your background as a trainer.
   2. Context setting*:* Trainer explains that they are from the Behavioral Health and Racial Equity, or BeHERE Initiative. BeHERE is an initiative of Health Resources in Action (HRiA), a non-profit organization working in public health and racial equity initiatives around the country with strong roots in Massachusetts. These opioid overdose prevention training courses are provided for free by the Massachusetts Department of Public Health’s Bureau of Substance Addiction Services which comes from a larger Federal Grant through SAMHSA (Substance Abuse and Mental Health Services Administration).
2. [ONLINE]
   1. Online training protocols/tech review
      1. Provide a brief overview of the technology that folks will need to be familiar with and have access to in order to participate in the training.
   2. *Say: We recognize that we are all in different parts of the process in learning how to adjust to this new online format and navigate these platforms. To ensure your successful participation in this training today, we’d like you to understand:*
      1. How your name shows up on screen like a name tag (how you’d like to be referred to; you can add pronouns too)
      2. How to switch from speaker view to gallery view and back
      3. Where the chat box is, and how to use it – have them put their role and organization in the chat box
      4. How to turn your camera off/on (you should be muted unless you need to get up/move around and then turn camera off so as not to distract others);
      5. How to use Annotate function including text and stamps
      6. Know that we are going to call on you – not to single you out, but because it helps keep the conversation moving when we’re working in this format;
      7. We will be recording this training today;
      8. Take care of yourself today – make sure you have what you need at your desk/computer: water, charger, blanket, notepad/pen, headphones, etc.
3. Participant Introduction Activity: Ask participants to introduce themselves
   1. [ONLINE]: Ask each participant to write their role in the chat box, then have them practice annotating on a blank slide by asking them to type what strength they bring to their team/organization.
   2. [IN PERSON]: Popcorn or call on participants to introduce themselves with their name, pronouns, their role or what bring them there, and icebreaker question (options on sample icebreakers slide)
   3. Quickly review group agreements for the time that we will be together
   4. Review the agenda and learning objectives
   5. Explain that we will be in this training from X time to X time, and name when a break will be taken.
   6. Say that Part 1 of the training will focus on opioid overdose rescue and Part 2 will focus on overdose prevention.
   7. Then review the learning objectives of Part 1 ONLY.
   8. Provide a trigger warning: Explain that this training focuses on a topic that can affect us both personally and professionally; it’s a heavy topic so if needed, feel free to step out of the room, get some air, take a break and come back when you feel ready.

### **[FACILITATOR 2]** Review “Language Matters” (*10 mins*)

1. Say that it is important to talk about the language and stigma associated with those diagnosed with substance use disorder. We need to discuss how to shift the conversation about substance use and overdose prevention past stereotypes. People want to be seen and treated as whole people and not just as their disorder—we are trying to move towards a “person first” or person-centered approach.
2. Read aloud the ‘Say This’ side of the slide
   1. Ask the group if they have any questions or if they see any terms that are missing
3. Note: Boston Medical Center conducted a study of healthcare providers and the language they used. Providers who used language similar to the “Say This” side had patients who stayed in treatment longer and exhibited better long-term health outcomes.
4. Share links to the study referenced above as well as the [Addiction-ary](https://www.recoveryanswers.org/addiction-ary/) resource in the chat and/or after the training.

Trainer’s Note: *It’s important to emphasize that this handout is not meant to shame anyone currently using the “old” language but to simply raise our awareness of how language can be stigmatizing or empowering. Language is impactful. BMC recently did a study looking at people with substance use disorder (SUD) in medical settings. They looked at medical professionals (nurses, doctors, etc.) who used “Person-Centered Language” and found that providers who used it engaged and retained people with SUD in treatment longer, and ultimately those people had better health outcomes. Language has real world impacts. Fortunately, we’ve gone from incarcerating people to now treating people.*

*Transition by saying to remember throughout the day how language impacts our work*

## Opioids and Risk Factors (*10:00-10:45;* *45 mins*)

### **[FACILITATOR 1]** What are opioids? (10 mins)

1. Review “What are Opioids”with the group.
2. As you discuss the slide here are points to make:
   1. We like to start the training by covering the basics – what are opioids?
   2. Opioids can be very helpful in medical situations-end of life care, chronic illness/pain, and surgery. We’ve all likely had an opioid prescribed at some point in our life. We have also responded to this drug crisis very differently from others. We know have gone from a model of incarcerating people to treating people, which is probably how it always should have been. Then go into the different types of opioids.
   3. There are 3 different categories of opioids:
      1. Natural: opiates derived from the poppy plant

* Read aloud examples from the handout – they are listed in the handout from strongest to weakest
  + 1. Semi-synthetic: taking opiates and adding man-made compounds
* Read aloud examples from the handout
  + 1. Synthetic: does not use any material from the poppy plant; these are fully man made and fully synthetic
       - Read aloud fentanyl, methadone, and tramadol
       - These are all legal and prescribed in medical settings
       - What we’ve been seeing with rising rates of overdose deaths in this state and around the country is that fentanyl is being illicitly manufactured
       - Fentanyl is super potent, fast acting, and doesn’t last very long in the body
       - Fentanyl has 36 known analogs, and it has totally saturated the drug markets in MA
       - Note: According to a [recent CDC study](https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm), fentanyl use has recently expanded significantly in the U.S. west of the Mississippi River, challenging meth as the most prominent drug in the western and midwestern regions. Meanwhile, [data from MADPH](https://www.mass.gov/files/documents/2019/08/21/Opioid-related-Overdose-Deaths-among-MA-Residents-August-2019_0.pdf) showing the rise of methamphetamine use in MA indicates an eastward expansion for the drug commonly associated with rural areas in the Midwest and West Coast.
  1. Fentanyl: Now explain why fentanyl is so different and more dangerous than other opioids, and debunk myths about fentanyl
     + 1. 50x stronger than heroin, 100x more powerful than morphine
       2. Binds faster than any other opioid
       3. Most people don’t know they are using fentanyl
          - Can be pressed into pills and looks like heroin.
       4. Fentanyl has propelled the crisis given its potency
       5. Easily created and from an economic standpoint its much cheaper.
       6. Share these two links debunking fentanyl overdose by touching and fentanyl contamination of cannabis.
          - <https://www.forbes.com/sites/chrisroberts/2021/07/31/fentanyl-tainted-marijuana-is-still-mostly-a-myth/?sh=69d50211280d>
          - <https://harmreduction.org/blog/fentanyl-exposure/>
       7. Ask Participants to look at graph from MA DPH:
          - Point out the trends in overdose deaths in MA.
          - **Trainer Note on Xylazine:** *You can see there is an enormous gap between overdose deaths with fentanyl vs. Overdose deaths from other drugs. Deaths from fentanyl overdoses have remained at roughly 90% of all overdose deaths in MA since 2017. I also want to highlight in the bottom right corner of the graph, you will see a small line starting to tick up labeled “Xylazine.” We are going to look at our next slide which contains some helpful information on Xylazine.*
          - **[TECH]** [**Drop link to full data report from MDPH**](https://www.mass.gov/doc/opioid-related-overdose-deaths-among-ma-residents-december-2022/download) **published in December 2022.**
       8. Xylazine
          - **Direct participants to this slide which contains information on Xylazine.**

**Xylazine** is marketed as a veterinary tranquilizer that produces sedative-like effects. It is becoming more frequently found in the drug supply. It is NOT an opioid.

Although naloxone can treat an opioid overdose, it does not affect xylazine. Always administer naloxone during suspected overdose events and call 911.

With large doses, xylazine depresses breathing, slows heart rate, and induces low blood pressure. There is an increased risk for overdose and death when xylazine is found in combination with other sedating drugs like opioids.

Since November 2021, about 1/3 of drug samples that have been tested in the Boston area have contained Xylazine. Nearly all cases where Xylazine was detected, fentanyl was present as well.

**[TECH]** [**Share link to BPHC advisory ON Xylazine.**](https://rentsmart.boston.gov/sites/default/files/file/2023/01/BPHC%2BXylazine%2BPublic%2BHealth%2BAdvisory_November%2B2022_1.pdf)

**Preventing Overdose from Xylazine**

HRiA advises people who use drugs to not use alone. Taking turns when using can prevent simultaneous overdose. In the event of an overdose, call 911, administer naloxone, give rescue breaths, and monitor until breathing resumes, even if the person remains unresponsive.

Xylazine appears as a brown or white powder. Providers should be mindful that xylazine cannot be detected by routine toxicology tests.

* + - * + **Trainer Note:** Due to an unregulated and inconsistent drug market, this has led to things like fentanyl and xylazine becoming more and more present in the drug supply. Xylazine **causes really bad skin ulcers when injected**, even beyond the site of injection, **like anywhere with a bite or cut**. Missed shots can make **skin ulcers worse. Ensuring adequate wound care is vital for people who are using drugs (beyond those who just inject their drugs).**
        + **Trainer Note:** **Xylazine can give fentanyl “legs”** so people don’t feel sick/withdrawal symptoms in ~2 hours like they usually would with just fentanyl – it can be very dangerous when it shows up in dope unexpectedly. It may cause a life-threatening drop in your blood’s ability to carry oxygen to tissues (low blood iron, but we don’t know a lot about this yet).
  1. Ask the group to write their reactions to this information in the chat box, or to unmute themselves and share their reactions with the larger group.
     1. What are you seeing in your work with clients?
     2. In their communities?

Trainer’s Note*: Several topics of conversation around opioid epidemic might come up in this conversation—addressing people’s concerns is important but also staying on track and emphasizing the objectives of this training which is to address overdose prevention.*

### **[FACILITATOR 2]** Risk Factors for Overdose (*15 mins*)

1. **Emphasize** the difference between risk factors for general substance use vs. OVERDOSE risk factors
2. Brainstorm in breakout rooms of 3-4 *(10 min):*
   * + 1. Ask the group to brainstorm answers to the following question: “For someone who is using opioids, what are some specific risk factors for overdose? ”
          - Say: *We know that there are various reasons why people might begin using drugs in the first place, but this is not what we’re trying to focus on in this activity. We’re talking about acute risk factors for overdose.*
          - Give an example: *Someone who doesn’t know what’s in their drugs may be at greater risk for overdose.*
       2. Designate one person to share back with the large group (or have the host identify people to call on from each breakout room or small group)
3. Large group discussion *(5 min):*
4. [ONLINE] Have slide entitled “overdose risk factors” with small box to put ideas generated that are “risk factors for substance use”
   1. Tech person writes the responses from each group in the two columns (one side substance use risk factors and the other side overdose risk factors)
   2. Once brainstorm is done, have them look at **the** slide and review the risk factors.
5. [IN PERSON] Place participants in small groups (3-4 people) to brainstorm risk factors. Provide flipchart paper and markers for each group if available.
6. Review the list of risk factors on the next slide and focus on any factors that groups did not name in their brainstorming.

\*Potential Break\* 10:35- 10:40

### **[FACILITATOR 1]** How to assess/recognize an opioid overdose? *(10 mins*)

1. How do you know if someone is really “high” or if someone is overdosing (8-10 mins)?
   1. Ask the participants to describe what it looks like if someone is high on opioids. Take some responses from the chat box or from the group.
      1. Then play the [video](https://www.youtube.com/watch?v=__AJv68xtxU) from the You Can initiative on the signs of an overdose.
      2. Refer the group to look at the slide on recognizing an overdose and reiterate the 3 main signs to look for.
      3. Say that the biggest distinction between the two is that someone who is really high will respond to stimulation like yelling, sternal rub, pinching, etc. and someone who is overdosing will not.
         1. *Explain how to do a sternal rub with your fist.*
         2. *Each person practiced doing a sternal rub with their fist.*
      4. Say that just because they’re high doesn't mean they won't overdose later which is why you need to continue to observe them if possible
      5. Add that sometimes there's another symptom called “Wooden Chest.” The “wooden chest” symptom is not common, but worth noting as it occasionally presents when someone has used synthetic opioids. It looks like:
         1. Seizing of the muscles of the upper body, neck, and jaw
         2. This is the result of using a synthetic opioid but does not always happen when using synthetic opioids.
         3. Rescue is performed in the same manner as more typical overdoses.
         4. Review the points on the right side of the slide.
   2. Emphasize the three main things to look for to recognize an active opioid overdose:
      1. *Extremely slow, labored breathing (death rattle) or no breathing*
      2. *Change of coloration in the skin, lips, and fingertips (White or fair skin: blue lip, eyelids, fingertips/Darker complexion: grey or purple lips, nailbeds vivid white)*
      3. *No response to stimulation*

## What is Naloxone and How to Respond to an Overdose? (*10:50-11:30; 40 mins*)

## A. **[FACILITATOR 2]** What is Naloxone? (10 mins)

1. Show a [video](https://www.youtube.com/watch?v=RcAaZQQqd50) of how naloxone works in the body (3-5 minutes)
   1. After the video, emphasize and review the following:
      1. *After administering the first dose of naloxone, wait 3-5 minutes before giving another. You want to save the doses you have and “stacking” doses one after the other will not increase the effectiveness of the medicine*
      2. *Naloxone reverses an OD by blocking opioid receptors for 30-90 minutes but with Fentanyl there are cases where it won’t last more than 30 minutes. Naloxone DOES NOT flush the opioids out of the system. So, there is still a risk of overdosing again even after the naloxone wears off.*
      3. *Advise the person who has overdosed against using more opioids later in the day as overdose could occur again once the naloxone/Narcan wears off.”*
      4. *Because of the standing order, you don’t need a prescription from your doctor to get it. Copays from insurance can vary from $0-$40.* Show participants what a kit of naloxone looks like if you have one.
      5. *Keep it on you or in a well-known location. Keep it at room temperature; not in your glove compartment or your refrigerator*
      6. *Naloxone lasts for two years*
         1. **Trainer’s Note: *Expired naloxone is better than no naloxone! And we have been seeing that expired naloxone is almost just as effective as non-expired naloxone.***
2. Now refer to [Overdose Education Naloxone Distribution (](file:///C:/Users/awing/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/D6W8Y6J6/OEND%20Flyer%20April%202020.pdf)OEND) sites slide, which is where you can find naloxone for your clients and ask the group to find the closest one to them**.** *Emphasize that OEND sites give complimentary naloxone, but really, these sites are for people actively using drugs or other folks who maybe cannot access a pharmacy.*

### **[FACILITATOR 1]** Responding to an Overdose (20 mins)

1. ‘What We Know’ Activity
   1. [IN PERSON] ***Trainer Note*** – Be sure to hide the virtual activity slides and put the in-person slides in the following order: Responding to an Overdose visual, Group Activity Role Play Scenario, Overdose Rescue Scenario (no blue box). Hide the slides for the online activity.
      1. Review the steps outlined in the Responding to an Overdose slide.
      2. Facilitator Role Play example: Facilitators will provide demonstrate a sample role play to prepare participants for the role play activity that they will do.
         1. Scenario: Facilitator(s) leave the HRiA office to grab a coffee. They see someone that looks a bit slumped over and sleepy, and they remember seeing them outside the office earlier this morning when they came in. They perform the steps described earlier in the training and assess for overdose (response to stimulus, breathing, skin color) and then proceed to follow the steps listed in the responding to an overdose slide.
      3. Group Activity – Role Play
         1. Ask a participant to read aloud the scenario on slide X.
         2. Share the directions on the next slide with the group. Assign participants into groups of 2-3 to role play how they would respond in the scenario in their groups and provide some guidelines for assigning roles (i.e., person with the shortest hair/shortest person will be the provider, etc.)
   2. [ONLINE] ***Trainer Note*** – Be sure to unhide and place the slides in the following order: Group Activity Order the Steps, Overdose Rescue Scenario (w/ steps in blue box), Responding to an Overdose visual. Hide the slides for the in-person activity.
      1. Instructions: *We’re now going to see what we know already with a brief activity around overdose rescue. In a minute we’ll break you up into 4-5 groups. Everyone will receive the same scenario in which someone is overdosing and needs to be rescued. We recommend you take a photo, but it will also be in the chat box. Also, in the chat box, we’ll place all the steps you will need to take to rescue the person. However, they will be out of order. With your group, you must determine what you think is the best order of overdose rescue steps. When we come back, we’ll have each group share their answer. Any questions?*
      2. Reveal the scenario and remind the participants to photograph it if they prefer. Then post the scenario, the steps, and the questions on slide 26 in the chat box. Steps below (out of order):
         1. Grab naloxone from the kit under the sink and administer it to Jason
         2. Assess Jason for symptoms of overdose (give him a shake while calling his name, administer a sternal rub, check his breathing, and look for discoloration in his lips, eyelids, and fingertips)
         3. Place Jason in the rescue position (rolled over on his side) while you meet first responders at the door
         4. Call 911 and give a detailed account of the situation, including your specific location (i.e. building address, floor, bathroom)
         5. Begin rescue breathing with the CPR face shield you have in your pocket
      3. Create the breakout groups and give the participants 10 minutes to discuss
      4. After 5 minutes, reconvene and take responses from a couple of groups (as many as time allows). Then review the correct overdose response procedure below
2. Review of Overdose Response Steps (4-5 min)
   1. Emphasize that while it’s helpful to have multiple people respond to an overdose, one person can respond/reverse an overdose by themselves.
   2. These are the five steps:
      1. One: First you must recognize the overdose: not breathing, discoloration of the lips and fingertips, no response to stimulation.
      2. Two: Immediately after recognizing the overdose, we are calling 911
      3. Three: After calling 911, you administer that first dose of naloxone.
         1. Emphasize to the group why having easily accessible naloxone is important here—you don’t want to waste time grabbing naloxone from the fifth floor of a building if the overdose is happening on the first floor.
         2. Remind participants to wait 3-5 minutes before administering another dose
         3. If you use up all your doses, continue rescue breathing (step 4) until medical help arrives. All police, fire departments, and EMTs carry naloxone
      4. Four: After you’ve administered the naloxone, start “rescue breathing” for three minutes.
         1. Tell the group that an overdose is a respiratory arrest, not a cardiac arrest, so it is essential that you are getting breath back into that person
         2. Explain that rescue breathing is one big breath every 5 seconds. These are the steps:
            1. Tilt the head back, make sure the airway is clear, pinch the nose, and breath in the person’s mouth one big breath, then rest for every 5 seconds and repeat.
            2. You should see the chest rise and fall, which is an indication that the breath has gone in.
            3. It will take the naloxone about 3 minutes to take effect, so continue rescue breathing during that time.
            4. If after 3 minutes, that person has not woken up, give another dose of naloxone, and resume rescue breathing.
      5. Five: If you need to leave an overdose victim for whatever reason or if they wake up and start breathing again, we need to put them in the recovery position:
         1. *Describe the recovery position: arm under head and knee rolled over to prevent the person from rolling onto their backs and potentially choking on their vomit.*
      6. Play the [video](https://www.youtube.com/watch?v=CHWQJfRz-jE) on rescue breathing and reiterate that this goes hand-in-hand with naloxone when responding to an overdose.
      7. Review “Good Samaritan” law. Tell the group:
         1. *These laws generally protect people when calling 911 or intervening during a medical emergency. Specifically, they typically grant immunity from arrest, charge, or prosecution for controlled substance possession and paraphernalia offenses, when a person overdoses or a person attempts to rescue another person overdosing by seeking help*
         2. *The Good Samaritan Law does have limitations. You can be arrested for possessing the following, also known as the “3 Ws”:* 
            1. *Weapons*
            2. *Warrants (out for someone’s arrest)*
            3. *Weights (large quantities of drugs)*
      8. \*\*Brief point about rescue breathing and covid-19\*\* - if it’s someone you’ve already been interacting with; rescue breathing is not going to increase your chances of getting the virus from that person
3. Ask the group for questions and or reactions (*5 min*)
   1. Then ask participants to look at the subsequent slides and emphasize that there are many roles that people can take in an overdose rescue. For example:
      1. One person calls 911
      2. One person gets the naloxone
      3. One person waits by the door to direct the EMTs into the building
      4. Taking time to debrief with staff after an overdose has occurred

## **[FACILITATOR 2]** Closing (3:20-3:30; 10 *mins*)

1. Ask for final thoughts, questions, and concerns
2. OPTIONAL Closing activity—ask each participant to say one word about what they are taking from today’s training or one word about how they’re feeling after the training.
   1. Depending on how many people are in the training, either have them write this in the chat box or call out names and have them unmute themselves and share their voice.
3. Share resources from the [**Helpline**](http://www.helplinema.org/) in addition to **the** [**Massachusetts Health Promotion Clearinghouse**](http://Mass.gov/MAclearinghouse)**, the RIZE MA** [**“Your Rights in Recovery” Toolkit**](https://www.rizema.org/yourrights/)**,** [**Community Naloxone Purchasing Program**](https://www.mass.gov/service-details/community-naloxone-purchasing-program-cnpp)**, the** [**You Can Initiative**](youcan.info)**, etc.**
4. Share information on BeHERE’s additional training offerings
5. Share a feedback survey link and ask participants to take *5 minutes* to fill it out before they leave
6. Thank the participants!