



You(th) Can Prevent Overdose A Toolkit

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Should youth be involved in our community initiatives?
Why Teach Kids to Administer Naloxone?

Specific questions to ask before training teens or children in Naloxone administration
(from [Should Children be Taught to Administer Naloxone?](#))

“I watched helplessly several times as a child as my mother overdosed on meds. We waited for the ambulance and just sobbed. What I would’ve given to have Naloxone.”
-Anonymous Elizabethton, TN Resident

In one study, it was shown that an estimated 11% of all U.S. children under the age of 14 live with at least one family member (parent, grandparent, sibling, cousin, uncle, etc.) who was or is substance dependent. As many as one in four are raised around an adult who misuses or is dependent on a substance. While exposure to addiction naturally creates trauma, it also exposes children to the risk of losing a family member to an overdose.

Teaching children to administer Naloxone could be life-saving for many including:

- Parents, siblings or friends who misuse
- Elderly community members who may be confused or suffering from dementia
- Community members battling cancer or other immunosuppressive diseases who have been prescribed opioids
- Community members in town, church, stores, playgrounds, etc. affected by opioid misuse

What about the trauma?

Administering Naloxone, and potentially saving the life of a family member or friend, is considerably less traumatic, even for young children, than being unable to do anything as a loved one dies from an overdose.

Most training programs focus on teaching children to find an adult first, call 911, and administer Naloxone themselves if there is no adult available. This method works to remove the responsibility of being forced into care – while empowering the child to possibly save a family member’s life. Administering Narcan does not remove all possible forms of trauma but the trauma of a family member or friend suffering from an overdose is present in either case.

There is a concern that teaching children to administer Naloxone will result in more children being left with drug dependent and potentially abusive parents but this often is not the case.

Drug misuse is the second most common reason for children removed from their parents and instances are on the rise. In 2015, the United States Social Services removed more than 85,000 children from homes across the United States, a 45% increase from 2011. However, many still live with parents, siblings, and other family members who misuse substances. Many people misuse prescription drugs, which contribute to a majority of overdose-related deaths. And many others use occasionally, exposing them to a possible overdose, without raising flags for Social Services. Teaching children to administer Naloxone would not change how and when children are moved into foster care – only their ability to react to an overdose when still living with a family member who may be misusing substances.

While teaching children to administer overdose reversal drugs is controversial, it can be another beneficial and living saving tool a child can easily learn. 2.1 million Americans report an Opioid addiction. An average of 115 Americans die each day from Opioid-related overdose. By giving children the power to act, they have the opportunity to understand how dangerous misusing drugs can be, and to potentially save a person's life.

Training resources created specifically for kids and teens:

1. "Drugs are Scary" murder mystery.
2. [*Timbi Talks About Addiction*](#)
3. *An Elephant In the Living Room Workbook* and *An Elephant In the Living Room Leader's Guide* By Marion H. Typpo. Ph.D. and Jill M. Hastings Ph.D.
 - a. An illustrated workbook story to help children understand and cope with the problem of alcoholism or other drug addiction in the family.
 - b. Leader guide is perfect for individual use or in group settings, professionals and other adult helpers will learn basic information in order to help children cope with an addicted parent or sibling. Offers practical guidance to education and health care professionals who help young people cope with a family member's chemical dependency as it explains the disease of chemical dependency and the psychology of child development.

4. *My Dad Loves Me, My Dad Has a Disease: A Child's View: Living with Addiction* by Claudia Black
 - a. Written from a child's point of view, *My Dad Loves Me, My Dad Has a Disease* gives children ages five to twelve the opportunity to work through their feelings of loss, loneliness, fear, and frustration, both verbally and through drawing exercises.
 - b. Through sharing their thoughts and feelings, children can develop a better understanding of addiction and how it affects their parent(s).
5. *Addie's Mom Isn't Home Anymore* by Genia Calvin
 - a. Imagine being the child of an addict, confused as to why your mom is acting so differently. Addie is a young girl facing this problem. If she can't trust her mom, who can she trust? Should she tell someone about mom's strange behaviors? Does her mom even love her anymore? Scared, angry, and feeling unloved, she reaches out to her favorite teacher for help, but in Addie's eyes, this only made things worse.
 - b. is the first of Addie's four-part journey to answer this question, told through her own eyes and from her perspective. Addie's story is one of courage, trust, and learning to overcome fear to help someone you love, and is designed to help guide parents, guardians, and professionals through the process of educating children about addiction.
 - c. Author Notes can be found in the back of this book to further assist adults in helping children to understand the disease of addiction

General Naloxone Information

What does Naloxone do?

Opioids bind to specific sites in the brain that affect breathing, as well as minimize the perception of pain. Naloxone reverses the effects of opioids by binding to these same sites more closely (stronger affinity) than opioids. It knocks the drug off these sites for a period of time so that breathing can be restored.

Is Naloxone safe?

Naloxone is an extremely safe medication that only has a noticeable effect in people with opioids in their systems. Naloxone can (but does not always) cause withdrawal symptoms which may be uncomfortable, but are not life-threatening whereas an opioid overdose is extremely life-threatening. Withdrawal symptoms may include headache, changes in blood pressure, rapid heart rate, sweating, nausea, vomiting, and tremors. (NIH)

Does Naloxone enable users?

Critics of Naloxone may state that it potentially enables drug use by making it easier and safer to do so. However, statistically, this is not true and does not happen. While arguments suggest that it is dangerously close to condoning drug use in the first place, and that educating adults is a better strategy, data shows that it does not increase use. Naloxone use does little to impact opioid misuse in communities other than to reduce the level of opioid-related deaths.

What is an opioid?

Examples of opioids include:

- Illegal drugs such as Heroin
- Prescription medications used to treat pain which include:
 - Codeine
 - Morphine (Avinza®, Kadian®, MS Contin®)
 - Oxycodone (OxyContin®, Percocet®)
 - Oxymorphone (Opana®)
 - Hydrocodone
 - Hydromorphone (Dilaudid®, Exalgo®)
 - Methadone (Medication Assisted Treatment)
 - Fentanyl (Actiq®, Duragesic®, Fentora®)
 - Buprenorphine

- Suboxone/Subutex (Combination of Buprenorphine and Naloxone)

Developing & Implementing Naloxone Policies & Procedures:
Questions to Consider

1. Are there any state laws related to Naloxone administration in your community?
 - a. For info on Naloxone laws across the US, visit:
<http://pdaps.org/datasets/laws-regulating-administration-of-naloxone-1501695139>
 - b. In Tennessee, The "Good Samaritan" Law protects you (see Public Chapter 623)

In July 2014, Tennessee became the 18th state to pass and support a "Good Samaritan" civil immunity law centered on the lifesaving medicine, Naloxone.

The legislation has four key components:

- i. Grants immunity from civil lawsuit to providers who prescribe Naloxone to a patient, family member, friend or other person in a position to assist giving the medicine Naloxone.
 - ii. Allows the Department of Health to provide training and instruction on how to use Naloxone.
 - iii. Requires you to receive basic instruction, including taking the quiz and printing the certificate, on how to give Naloxone.
 - iv. Grants a "Good Samaritan" civil immunity for administering the medicine to someone they reasonably believe is overdosing on an opioid.
- c. The Tennessee Addiction Treatment Act protects you. Under this bill, any person who in good faith seeks medical assistance for a person experiencing or believed to be experiencing a drug overdose, the person for whom such medical assistance is requested, or any person experiencing a drug overdose who in good faith seeks medical assistance will not be subject to the following, if related to the seeking of medical assistance:
 - i. Arrest, charge, or prosecution for simple possession and casual exchange or possession of drug paraphernalia, if the evidence for such arrest, charge, or prosecution resulted from seeking such medical assistance;

- ii. Penalties for a violation of a permanent or temporary protective order or restraining order; or
 - iii. Sanctions for a violation of a condition of pretrial release, condition of probation, or condition of parole based on a drug violation. (From TN.gov)
2. Are you, as an individual or organization at risk to be in contact with someone with risk factors for an overdose?

Risk factors include (but are not limited to):

- a. Anyone who uses opioids for long-term management of chronic cancer or non-cancer pain is at risk for opioid overdose
 - b. Substance misuse, dependence, as are persons who use any opiate not prescribed by a physician
 - c. Accidental exposure and unintentional opioid misuse (mixing opioids with other drugs or CNS depressants, alcohol or benzodiazepines (Xanax, Valium, etc.)
 - i. Includes members of a patient's household who may discover and use the prescribed opioid inappropriately
 - d. A morphine-equivalent dose (MED) ≥ 20 mg per day
 - e. Switching to another opioid
 - f. Chronic pulmonary disease, Sleep apnea or Asthma, Chronic kidney and/or liver impairment
 - g. Specific populations, like teens and veterans, are experiencing troubling rates of addiction and overdose, yet no group of Americans is exempt from the effects of Opioid addiction.
3. Do local EMS, fire department and/or law enforcement personnel carry naloxone?
- a. For assistance developing law enforcement policies on Naloxone, visit: <http://www.nchrc.org/law-enforcement/sample-law-enforcement-naloxone-policy/>
4. Do schools in your community have policies about Naloxone?
- a. For assistance in developing sample school nurse policies, visit: <https://www.pathlms.com/nasn/courses/3353>
 - i. Saint Clair, Pennsylvania Medication Policy with Naloxone addendum- <http://www.boarddocs.com/pa/stcl/Board.nsf/goto?open&id=A7MJA-U4BF3E5>

- ii. PE Lebanon, Pennsylvania Sample Policy-
<http://www.lebanon.k12.pa.us/wp-content/uploads/2015/03/Policy-806.2-Naloxone.pdf>
- b. School procedures (from <https://www.pathlms.com/nasn/courses/3353>)
 - i. Kentucky Department of Education Sample Protocol-
[http://education.ky.gov/districts/SHS/Pages/Epinephrine-and-Naloxone-\(Narcan\)-Protocols.aspx](http://education.ky.gov/districts/SHS/Pages/Epinephrine-and-Naloxone-(Narcan)-Protocols.aspx)
 - ii. Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution-
<http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf>
 - iii. New York State Department of Health Opioid Overdose Prevention Guidelines for Policies and Procedures-
http://www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/opioidprevention/programs/guidelines/docs/policies_and_procedures.pdf
- 5. Do businesses or organizations in your community have Naloxone policies?
 - i. Naloxone Sample Policy: It is the policy of the _____ to provide assistance to any person(s) who may be suffering from an opioid overdose following protocols and procedures of the school district. Staff members trained in accordance with the policy shall make every reasonable effort, to include the use of Naloxone combined with rescue breaths, to revive the victim of any apparent drug overdose.
 - ii. CDC Business toolkit:
<https://www.cdc.gov/niosh/docs/2019-101/pdfs/2019-101.pdf>
- b. Carter County specific policies:

Carter County Board of Education			
Monitoring: Review: Annually, in April	Descriptor Term: Opioid Antagonist	Descriptor Code: 6.4052	Issued Date: 08/16/18
		Rescinds:	Issued:

1 *General*

2 The district shall maintain an opioid antagonist at each school in at least two (2) unlocked, secure
3 locations to be administered to any student believed to be having a drug overdose.¹ School nurses and
4 other school personnel expected to provide emergency care to students shall be trained according to the
5 Tennessee Department of Health guidelines. The school nurse or other trained school personnel may
6 utilize the school's supply of opioid antagonists to respond to a drug overdose, under a standing
7 protocol from a physician.

8 **PARENTAL NOTIFICATION**

9 The school system shall notify the parent(s)/guardian(s) of any student to whom an opioid antagonist
10 has been administered.

11 **PROCEDURES**

12 The director of schools shall develop procedures for the maintenance and usage of opioid antagonists
13 as well as procedures regarding record keeping and reporting after any incident.

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Other things to consider:

1. What is the average response time in the community for emergency medical services (EMS)? Has EMS had to administer Naloxone in the area surrounding our organization?
2. What education and training should be provided regarding the potential side effects that can be expected? What education will be provided on supportive care to be provided before and after Naloxone has been administered? How often and by whom will education and training be provided to staff?
3. Who will be responsible for procuring and maintaining Naloxone? Where will Naloxone be stored?
4. Are there other groups/individuals working on Naloxone access and administration issues in your community? Have you connected with them to collaborate efforts and receive support?

Education about Naloxone Administration

*This toolkit uses Narcan nasal spray as the medication of choice. Other types may be available including, but not limited to injection forms. Please follow guidelines provided with the type of medication you have on hand.

1. How do we identify an overdose? (Adapted from Naloxone guidelines published by SAMSHA, NaloxoneInfo.org, TowardTheHeart.com, and the DOPE Project)

An overdose happens when a toxic amount of a drug (or combination of drugs) overwhelms the body and causes it to shut down. Opioid drugs or “downers” cause this by slowing or stopping breathing, which will eventually cause the heart to stop

- i. SIGNS OF OVERDOSE

1. Unresponsive to shouting, pain stimulation
2. Unconsciousness
3. Slow and shallow breathing or NOT breathing
4. Pale, clammy skin, loss of color
5. Blue, purple, or gray face, especially around lips/fingernails
6. Faint or NO pulse

- ii. SIGNS OF OVERMEDICATION

1. Heavy nodding, sleepiness, but responsive
2. Difficulty staying awake
3. Slurred or slow speech

2. What happens next?

Step 1: Try to Maintain Responsiveness

- Call the person’s name
- Shake the person and/or use the “sternum rub” (Make a fist and use the middle joints of your fingers (not the knuckles) to firmly rub the center of the person’s chest to wake them up)

Step 2: Dial 911 & Give Chest Compressions

- No response=Begin CPR
- Tell 911:
- Address or location of where to find the person
- If they are not breathing
- If you gave Naloxone and how much

- What medications the person took if you know

Provide support to help blood circulation and oxygen delivery

- Put them on their back
- Repeatedly compress the chest at least 2 in (5 cm) for 2 minutes
- Pull the chin forward to keep the airway open put one hand on the chin, tilt the head back, and pinch the nose closed
- Make a seal over their mouth with yours and breathe in two breaths. The Chest, not the stomach, should rise.
- Repeat this cycle until consciousness is regained or emergency personnel arrives.

Step 3: Administer Naloxone

NOTE: DO NOT REMOVE OR TEST THE NARCAN® NASAL SPRAY UNTIL READY TO USE. EACH PACKAGE HAS 1 DOSE AND CANNOT BE REUSED

- Lay the person on their back to administer dose
- Remove the spray from the box. Peel back the tab with the circle to open
- Hold the spray with your thumb over the bottom of the plunger and your first and middle fingers on either side of the nozzle
- Tilt the person's head back and provide support under the neck with your other hand. Gently insert the tip of the nozzle into one nostril until your fingers on the nozzle are against the bottom of the person's nose
- Press the plunger firmly to deliver the dose
- If the person's symptoms return after the first dose of Naloxone, an additional dose may be given after 2 to 3 minutes. If another dose needs to be given, a new nasal spray must be used.

Step 4: Post Naloxone Administration Support

- If the person is still not breathing on their own, continue providing chest compressions and rescue breathing until the Naloxone starts working or paramedics arrive
- If the person is breathing, turn the person onto their side as seen in the picture below. This position will help prevent the person from potentially inhaling vomit.

NOTE: Using Naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goosebumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or

trembling, abdominal cramps, weakness, and increased blood pressure. Risk of adverse reaction should not be a deterrent to administration of Naloxone.

Step 5: Stay and Watch Individual

- The person may have no memory of overdosing and you may have to explain that you've just given them Naloxone
- Comfort the person being treated, as withdrawal symptoms triggered by the Naloxone can feel unpleasant
- Help the person to remain calm
- Discourage the person from using more opioids for at least 2 hours. Continued opioid use will not help with withdrawal sickness
- Encourage the person to receive treatment from paramedics
 - To prevent another overdose
 - To receive care for withdrawal symptoms

Step 6: Inform Paramedics

- When emergency medical services arrive tell them that Naloxone was given and how much was administered
- If known, tell them what the person took and how much.
- If possible, provide all medications found on or near the victim.

Step 7: Provide treatment resources.

How to find overdose resources in Northeast Tennessee:
Family Resource Guide:

<https://www.scadcoalition.org/family-resource-guide>

NARCAN: THE SAFE DRUG

BY JOCELYN MARR

WHAT IS NARCAN?

NARCAN is an opioid reversal drug. Narcan is a simple nasal spray or injection containing naloxone hydrochloride. Each nasal spray contains one dose of narcan. Do not try to use the same cartridge more than once. Narcan is a prescription drug used for the treatment of an opioid overdose. Narcan does not replace emergency medical help.

HOW DO YOU USE NARCAN?

1. If possible, lay the person flat on their back.
2. Open the nasal spray and hold with your thumb on the bottom of the plunger, and middle fingers on either side of the nozzle.
3. Insert the tip of the nozzle into one nostril until your fingers hit the bottom of their nose.
4. Press the plunger firmly to spray the narcan.
5. Call 9-1-1 and roll the person onto their side
6. If they do not respond by waking up or breathing normally in under one minute, administer a second dose.
7. If you have more than two doses you may continue administering every two to three minutes until medical personnel arrives, or the person responds.
8. If a person is not breathing, and you can't feel a heartbeat, try giving them CPR.

WHAT HAPPENS AFTER I ADMINISTER NARCAN?

1. When you administer narcan, it immediately removes the opioids from the nerve receptors in the brain.
2. This sends the person into a feeling of withdrawal.
3. When a person goes into withdrawal they may become angry and will do anything to get more drugs.

4. Take a step back and protect yourself, but do not leave them.
5. As far as we know, no one has been injured by someone who has just received narcan.

WHERE CAN I GET NARCAN?

1. Carter County Drug Prevention
2. Any regional Drug Prevention Coalition
3. Regional Overdose Prevention Specialists
4. Any pharmacy across tennessee

HOW TO KNOW IF SOMEONE HAS OVERDOSED

Check for these signs in a person you think has overdosed

1. Loss of consciousness
2. Awake but unable to speak
3. Breathing is very slow and shallow, erratic, or has stopped
4. Vomiting
5. Body is limp
6. Skin is pale
7. Lips and fingernails have turned blue
8. Pulse is weak, erratic, or not there

WHY IS TEACHING PEOPLE TO USE NARCAN IMPORTANT?

According to MedlinePlus, From 1996 to 2014, at least 26,500 opioid overdoses in the United States were reversed by laypersons using narcan.

By teaching more people how to use narcan, we are providing more opportunities for people to enter recovery. According to new statistics from the Centers for Disease Control and Prevention, at least 1,837 people died of drug overdoses in Tennessee in 2018. Each one of these deaths could have potentially been prevented if someone around them was trained to use narcan. Teaching Narcan is the equivalent to teaching CPR or Stop Drop and Roll.

