



TM

St. John Ambulance

# ONTARIO WORKPLACE NALOXONE TRAINING

# INTRODUCTION

**Welcome!**

## **Introductions**

**What is your name?**

**What do you do for work?**

**What do you hope to learn today?**

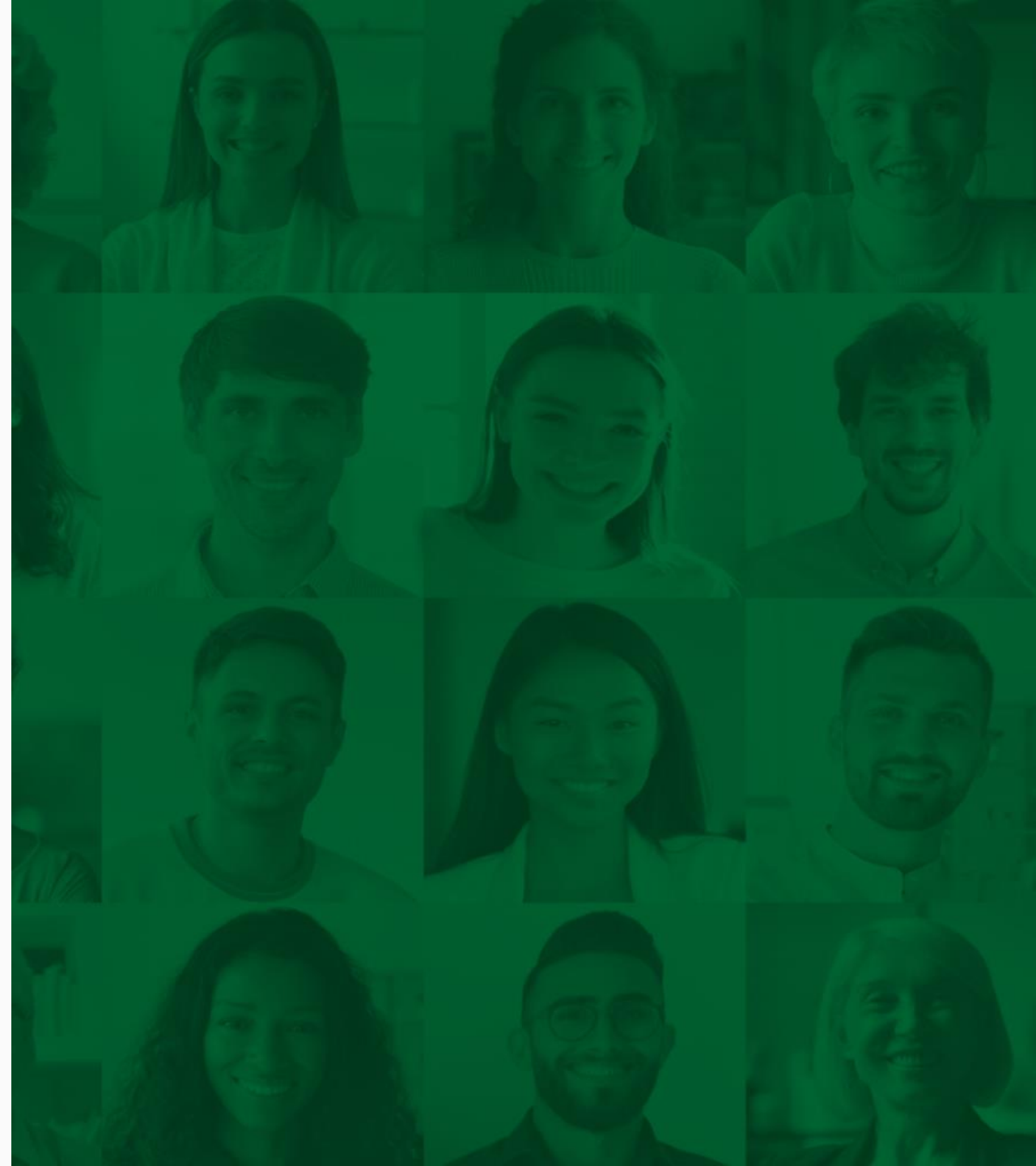
## **Before We Begin**

**Safe space**

**Sensitive subjects**

**Active listening**

**Let's Begin!**



---

# Land Acknowledgment

**Let's take a moment to recognize the history of North America and its original people by acknowledging their traditional custom of welcoming others onto Indigenous land**

---

# COURSE OBJECTIVES

**In accordance with the Occupational Health and Safety Act, after completing this course you will be able to:**

---

- 1 Define drug stigmatization and harm reduction**
  - 2 Recognize an opioid poisoning emergency**
  - 3 Administer naloxone, using the SAVEME Steps, and identify potential complications and hazards**
  - 4 Reflect on best self-care practices**
-

---

**MODULE 1:**  
**DEFINING DRUG STIGMATIZATION**  
**AND HARM REDUCTION**

---



**Dr. Glenn Doyle**  
@DrDoyleSays

You don't just "treat addiction."

You end up treating anxiety, depression, PTSD, loneliness, rage, despair, toxic secrets, regret, undiagnosed head trauma, untreated ADHD.

Then you realize addiction is often someone's best attempt to cope when they don't see other options.

1:01 PM · 10/7/20 · [Twitter Web App](#)

# TRAUMA *CAN* BE THE GATEWAY DRUG

**Self medicating with substances are often the results of Adverse Childhood Experiences (ACE) or untreated trauma**

## SYSTEMIC STIGMATIZATION

- **Stereotypes**
- **Labels**
- **Discrimination**
- **Informs perceptions of others**
- **Impacts how we treat groups**



# PERSON-FIRST LANGUAGE

**It's important to incorporate language that recognizes the person rather than a label**

INSTEAD OF:	USE:
Addict	<ul style="list-style-type: none"><li>• Person with a substance disorder</li><li>• Person with opioid use disorder (OUD) or patient</li><li>• Asking people how they identify</li><li>• Person who uses drugs or PWUD, as a word</li></ul>
User, drug abuser, junkie	
Former addict	
Drug overdose	<ul style="list-style-type: none"><li>• Drug poisoning</li></ul>







# HARM REDUCTION

## TRY TO BE PRAGMATIC

- What are existing realistic harm reduction practices within your organization ?
- Is policy causing more harm?
- What is the path of least resistance to help people?







# GOOD SAMARITAN ACT

**If you or someone call 9-1-1  
for medical help, you are  
NOT to be charged with:**

- Simple possession of an illegal substance (i.e., drugs)
- Breach of conditions regarding simple possession of illegal substances (i.e. drugs) in:
  - Pre-trial release
  - Probation orders
  - Conditional sentences
  - Parole
- This applies to workers who voluntarily administer naloxone at the workplace in an emergency response to an opioid poisoning

# 3 COMMON SIGNS OF SUBSTANCE USE STRUGGLES

If you notice an employee/coworker acting differently or having problems in various aspects of life, they may be struggling with substance use, like drugs or alcohol. Here are some signs you can look for:

## Personality Changes

- Isolating from family and friends
- Extreme changes in their behaviour and mood
- Trouble with memory and concentration
- Loss of interest in activities they once enjoyed



## Change in Habits

- Using substances more frequently or alone
- Spending more money on drugs or alcohol
- Using drugs or alcohol first thing in the morning, or while at work
- Hiding how frequently they use substances



## Difficulty Managing Life

- Downshift in work performance
- Decreased health
- Strained or tense relationships
- Lower self-esteem



# Occupational Health and Safety Act (OHSA)

**Not ALL employers need to comply with OHSA naloxone requirements, but some do...**

- **Here is a list of scenarios, when brought to their attention, where employers MUST provide a naloxone kit:**
  - **There is a risk of a worker opioid poisoning.**
  - **There is a risk that the worker may experience a poisoning in a workplace where they perform work for the employer.**
  - **The risk is posed by a worker who performs work for the employer.**

**Beginning June 1, 2023, this act will ensure naloxone availability at some workplaces**

- **Despite these OHSA requirements, employers may choose how to manage worker impairments from drugs or alcohol that may create a risk to workplace safety**

---

# **Opioid Myths & Facts**

---

# CHECK YOUR KNOWLEDGE

In the chat box state TRUE or FALSE for each question when the facilitator reads them out.

- 1. Touching fentanyl can cause an opioid poisoning, coma, or even death.**
- 2. There is no reported cases of injury or death from giving naloxone.**
- 3. Naloxone can cause a violent response in someone who has consumed an opioid.**
- 4. Calling 911 is the best – and only – response in a poisoning situation.**



# Opioid Myths & Facts

Myths	Facts
Touching Fentanyl can cause an opioid poisoning, coma, or even death	Accidentally getting powdered fentanyl on your clothes or hands is very unlikely to harm you, unless it comes in contact with a mucous membrane such as your eyes, nose or mouth.
If I administer naloxone incorrectly, I could injure someone	There is no reported cases of injury or death from giving naloxone. Naloxone also has no effect on someone who does not have opioids in their system.
Naloxone can cause a violent response in someone who has just consumed an opioid	Only a very small minority of people will react combatively after receiving naloxone
Calling 911 is the best – and only – response in a poisoning situation.	Don't just call 911. When someone stops breathing, brain damage can occur after only 3-5 minutes. Giving naloxone and ventilation can save lives.





---

# **MODULE 2:**

# **RECOGNIZING AN OPIOID POISONING EMERGENCY**

---

# **If an opioid crisis arises at the workplace, be sure you know...**

## **The training requirements**

- **Workers who administer naloxone should be trained to:**
  - **Recognize an opioid poisoning**
  - **Administer naloxone**
  - **Identify complications and hazards that may occur when administering naloxone**

## **The location of the naloxone kit**

- **The naloxone kit must always remain in the charge of a worker who works near the kit and who has the necessary training described above to administer it**



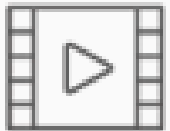
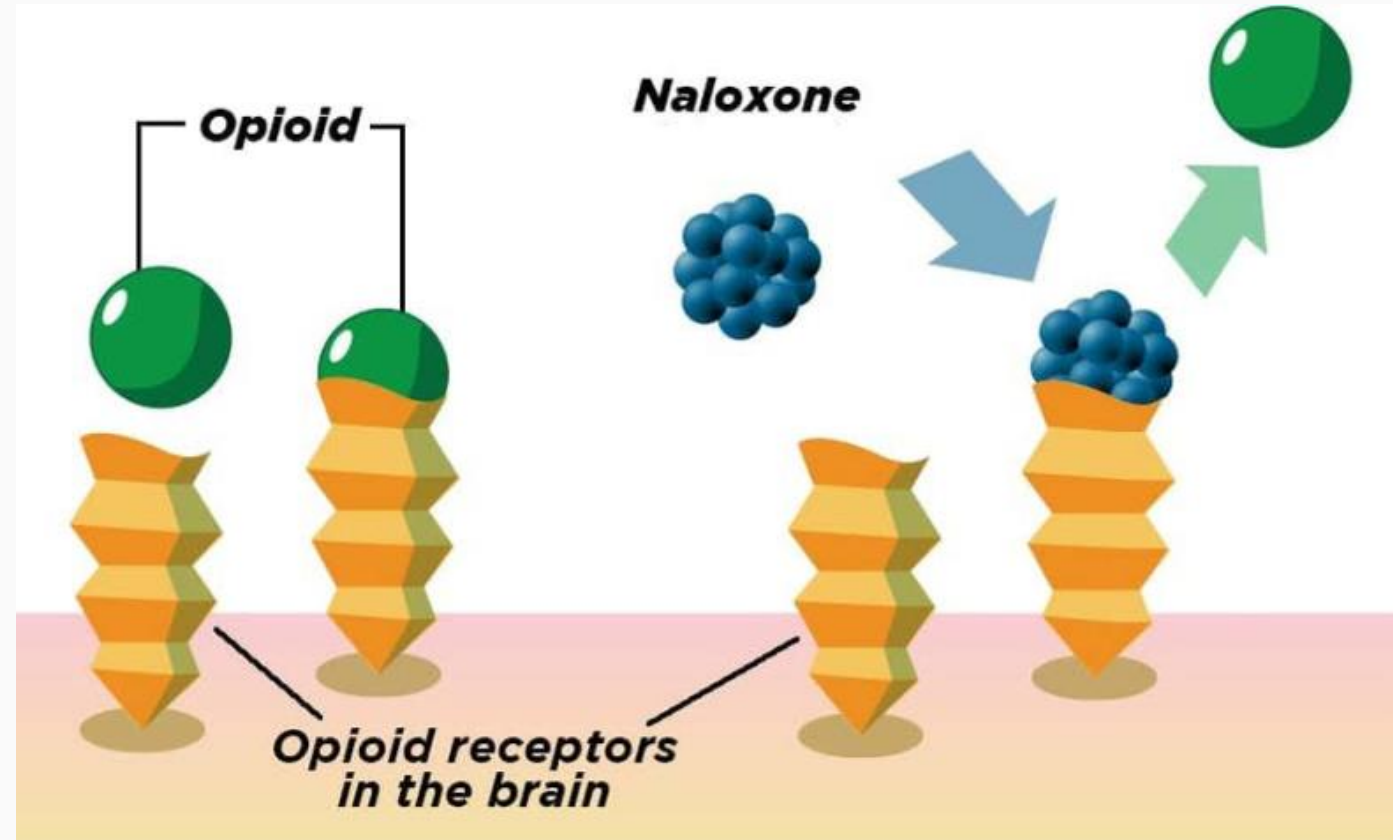
# WHAT IS AN OPIOID POISONING?

**Opioid Poisoning happens  
when a toxic amount of a drug,  
or combination of drugs  
overwhelm the body**

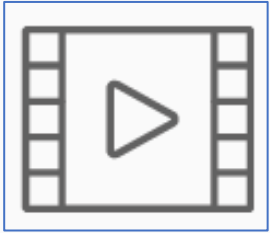


# HOW NALOXONE WORKS

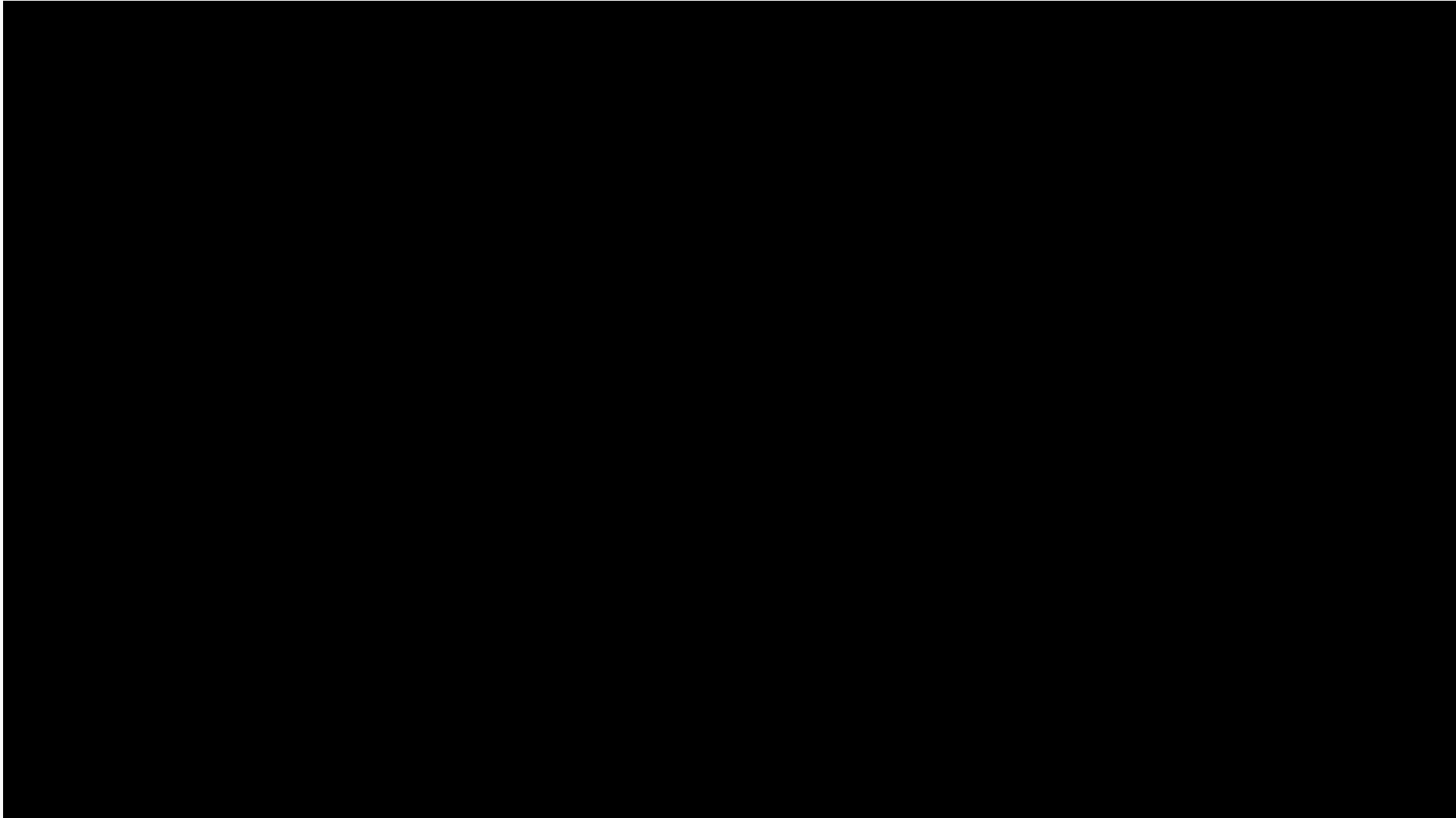
Opioid poisoning occurs when a toxic amount of a drug, or combination of drugs overwhelm the body.



# HOW NALOXONE WORKS



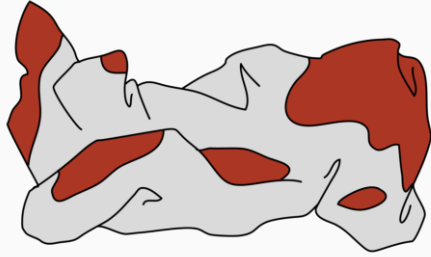
Click to open  
video link



How naloxone works.mp4



# Assess workplace scene for risks



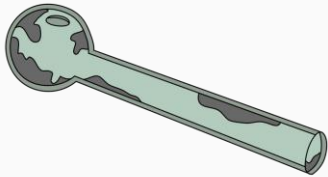
Bodily fluids



Colleagues



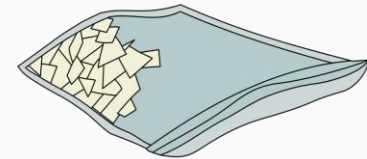
Head and neck injuries



Pipes



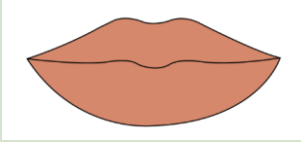



Sharps



Drugs



# SIGNS AND SYMPTOMS OF AN OPIOID POISONING

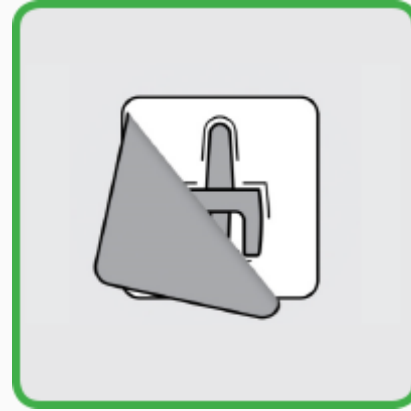
	Typical Poisoning – heroin or fentanyl	Dissociative Poisoning/Ugly Overdose – carfentanil or nitazenes	Atypical Poisoning/Soft Overdose – benzodiazepines or tranquilizers
<b>Mouth</b> 	<ul style="list-style-type: none"> <li>• BIPOC people – greying or purple lips</li> <li>• White presenting people – blue/purple/dark purple lips</li> <li>• Deep snoring or gurgling sounds – laboured breathing</li> </ul>	<ul style="list-style-type: none"> <li>• BIPOC people – greying or purple lips</li> <li>• White presenting people – blue/purple/dark purple lips</li> <li>• <b>Jaw is clenched shut</b></li> <li>• <b>Lips tight against mouth</b></li> </ul>	<ul style="list-style-type: none"> <li>• BIPOC people – greying or purple lips</li> <li>• White presenting people – blue/purple/dark purple lips</li> </ul>
<b>Fingers</b> 	<ul style="list-style-type: none"> <li>• BIPOC people – greying or purple fingernails</li> <li>• White presenting people – blue/purple/dark purple fingernails</li> </ul>	<ul style="list-style-type: none"> <li>• BIPOC people – greying or purple fingernails</li> <li>• White presenting people – blue/purple/dark purple fingernails</li> </ul>	<ul style="list-style-type: none"> <li>• BIPOC people – greying or purple fingernails</li> <li>• White presenting people – blue/purple/dark purple fingernails</li> </ul>
<b>Eyes</b> 	<ul style="list-style-type: none"> <li>• Pinpoint (tiny) pupils</li> </ul>	<ul style="list-style-type: none"> <li>• Pinpoint (tiny) pupils</li> </ul>	<ul style="list-style-type: none"> <li>• Pinpoint (tiny) pupils</li> </ul>
<b>Body</b> 	<ul style="list-style-type: none"> <li>• Limp</li> <li>• Slow, irregular, or nonexistent breathing (5-10+ secs between breaths)</li> <li>• Loss of consciousness/passed out (can't wake the person up)</li> </ul>	<ul style="list-style-type: none"> <li>• Slow, irregular, or nonexistent breathing (5-10+ secs between breaths)</li> <li>• Deep snoring or gurgling sounds – laboured breathing</li> <li>• Loss of consciousness/passed out (can't wake the person up)</li> <li>• <b>Muscles taut and flexed/strained</b></li> <li>• <b>Presents with rigor mortis-like appearance</b></li> </ul>	<ul style="list-style-type: none"> <li>• Slow, irregular, or nonexistent breathing (5-10+ secs between breaths)</li> <li>• Deep snoring or gurgling sounds – laboured breathing</li> <li>• Loss of consciousness/passed out (can't wake the person up)</li> <li>• <b>Hypoxia reappears after naloxone wears off and breathing becomes inadequate or nonexistent</b></li> </ul>



# WHAT'S IN THE KIT?

- 1 Hard case
- 2 Doses of nasal naloxone
- 1 Face barrier
- 1 Pair of non-latex gloves
- 1 Card indicating you are trained to give naloxone
- 1 Fold out instruction page

# HOW TO ADMINISTER NASAL NALOXONE



**PEEL** back the package to remove the device



**PLACE** and hold the tip of nozzle in either nostril



**PRESS** the plunger firmly to release the dose

# COMPLICATING FACTORS

## Naloxone does not appear to be working

- The dose may have been delivered too late and the employee's heart has already stopped
- There are no opioids in the employee's system
- The opioids are strong and require more naloxone
- The first dose of naloxone may not have been administered properly
- There may be a blockage in the nostril that causes the medication to leak out

## Address employee challenges

- Avoiding dope sickness
- They assume they were able to handle the dosage they had taken
- They want to be left alone
- They're high on something else and you are unaware
- They just spent their last few dollars on this substance, and they want to enjoy it

## How to navigate consent

- Advocate and Educate
- Implied Consent

**A colleague just  
experienced trauma  
in real time,  
treat it as such**



---

# **MODULE 3: STEPS OF THE RESCUE (SAVEME)**

---

# SAVE ME STEPS

Perform a scene survey to make sure the area is safe, and then perform the **SAVE ME** steps:



## **S** - Stimulate

Shout their name and/or tap their foot and call 911.



## **M** - Medication

If they are not waking up, administer a dose of nasal naloxone if you are trained. Begin CPR for the next 2-3 minutes.



## **A** - Airway

Put on your gloves and open their airway.



## **V** - Ventilate

Using your face shield, deliver 1 breath every 5 seconds ensuring the chest rises, for a total of 5 breaths.



## **E** - Evaluate

Are these steps helping? Is the casualty waking up?



## **E** - Evaluate Again

A) If the casualty begins breathing, place them in the recovery position and continue to watch them closely until EMS arrive.

B) If there is no response, continue CPR. Naloxone should work within 2-3 minutes. If it does not, deliver another dose of naloxone and continue CPR.

When the casualty begins breathing, place them in the recovery position and continue to watch them closely until EMS arrive.



# S - STIMULATE THE EMPLOYEE

If the employee is unconscious or in a heavy nod, try to wake them using *verbal* and/or *physical* stimulation.

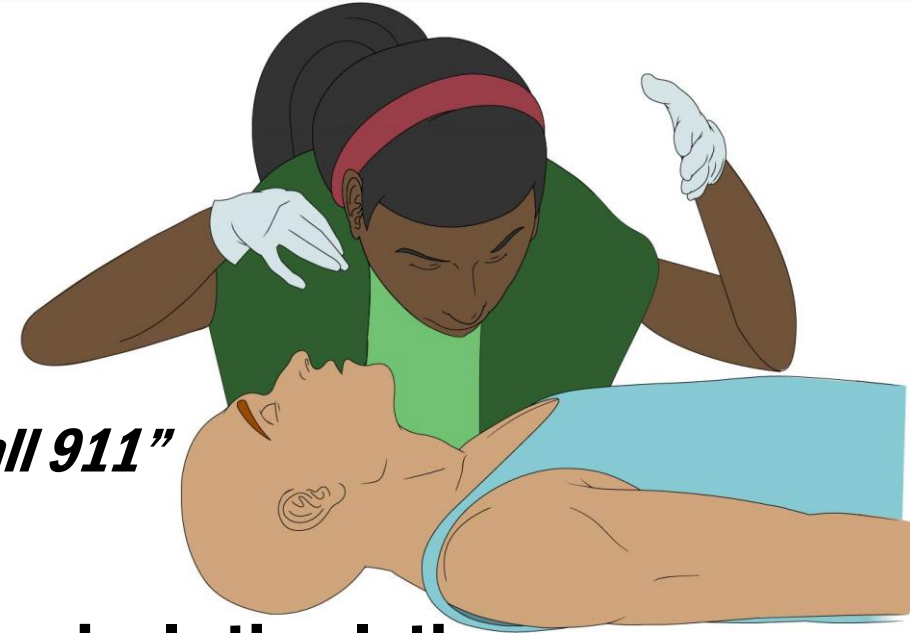
## Verbal Stimulation

- Call their name (if you know it)
- Start a conversation as loud as possible i.e. *“I’m going to call 911”* or *“I’m going to give you naloxone”*

If verbal methods do not work, try to wake them with physical stimulation.

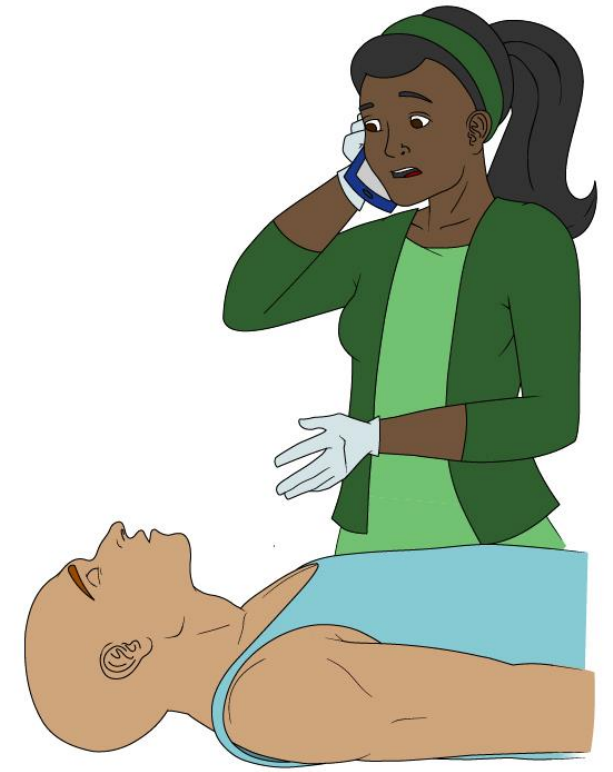
## Physical Stimulation

- Rub your knuckles into their clavicle
- Tap or kick their foot
- Pinch the back of their arm



# CALL 9-1-1

- **Tell the dispatcher:**
  - You and the employee's exact location
  - Every sign and symptom you can observe
  - That you suspect a poisoning (if drugs are present)
  - Where you are in the process of administering naloxone
- **Avoid diagnosing the situation, if possible. When EMS arrives:**
  - **DO** provide them with as much information as possible.
  - **DON'T** use terms such as *overdose*. attempt to identify the type of drug that was taken, or attempt to say anything else that is an assumption.



# NEXT, PERFORM REMAINING 'SAVE ME' STEPS

## A - Airway

- Check the position of the employee
- Make an initial evaluation
- Open their airway
- Check the employee's breathing

## V - Ventilation

- Position the face shield
- Pinch the employee's nose with your free hand and make a seal with the shield and your lips against their lips
- Deliver one breath every five seconds, ensuring the chest rises. Complete this cycle five times (a total of five breaths)

## E - Evaluate

- Determine whether the rescue breath is helping



## A - Airway

Put on your gloves and open their airway.



## V - Ventilate

Using your face shield, deliver 1 breath every 5 seconds ensuring the chest rises, for a total of 5 breaths.



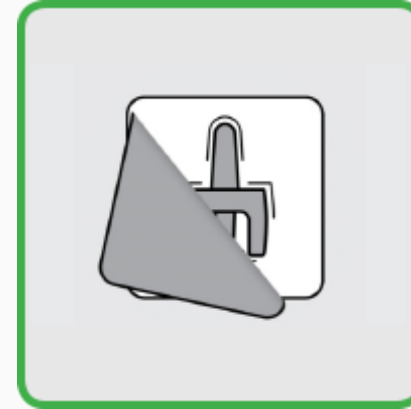
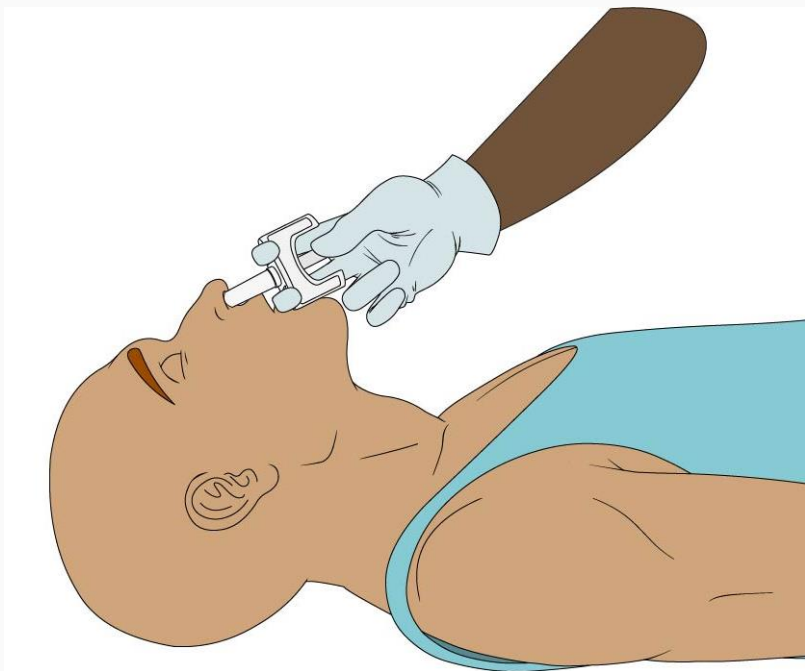
## E - Evaluate

Are these steps helping? Is the casualty waking up?

# M – MEDICATION

## HOW TO ADMINISTER

### NASAL NALOXONE



**PEEL** back the package to remove the device



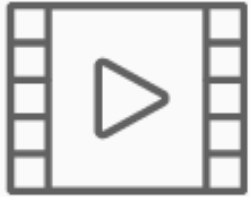
**PLACE** and hold the tip of nozzle in either nostril



**PRESS** the plunger firmly to release the dose



# HOW TO ADMINISTER NASAL NALOXONE - MARK BARNES PHARMACIST



Click to open  
video link

How to administer nasal naloxone.mp4





# E – EVALUATE AGAIN: SIGNS THAT NALOXONE IS WORKING



- A)** If the employee begins breathing, place them in the recovery position and continue to watch them closely until EMS arrives.
- B)** If there is no response, continue CPR. Naloxone should work within 2-3 minutes. If it does not, deliver another dose of naloxone and continue CPR.



**When the employee begins breathing, place them in the recovery position and continue to watch them closely until EMS arrives.**



## SIGNS THAT NALOXONE IS WORKING:

- Pupils return to regular size
- Normal colour returns to skin
- Breathing rate increases
- Employee starts waking up
- Potential withdrawal symptoms



# REVIEW: SAVE ME STEPS

S

**Stimulate:** Shout, squeeze, and activate EMS

A

**Airway:** Open the airway

V

**Ventilate:** Deliver one breath every 5 seconds ensuring the chest rises. 5 breaths total.

E

**Evaluate:** Are these steps helping?

M

**Medication:** Prepare and deliver a dose of naloxone if available and if you are trained.  
Then provide CPR for the next 2-3 mins.

E

**Evaluate:** Did the naloxone help? You *should* see improvement within 2-3mins

**Administer another dose of nasal Naloxone if no improvement is observed within 2-3mins of first dose – Continue CPR !**



---

# **MODULE 4:** **SELF-CARE PRACTICES**

---



**When We Don't Get The  
Results We Want**

# BE KIND TO YOURSELF

**You did everything you could, but it was out of your control**

**Where do we go from here?**

## Quick Best Practices

- **Debriefing**
- **Employment Assistance Program**
- **Taking some time and space**
- **Leaning on your community**
- **Create a self-care plan**

## What is a Self-Care Plan?

- **A thoughtfully constructed and intentionally engaged guide to encourage healing**
- **A roadmap to help your support network meet your needs**
- **A quick reference guide for you to meet your needs under duress**



# SELF-CARE PLAN

- **How do you know when you're upset?**
- **What can you do when you are upset that will be good for you?**
- **Who are the people to contact if you need support?**
- **What are affirming things to say instead of giving yourself a hard time?**
- **Who and what to avoid when you are having a hard time?**
- **Who do you want supporting you with this plan?**



# MENTAL HEALTH SUPPORT

- **Canadian Mental Health Association**
- **Centre for Addiction and Mental Health (CAMH)**
- **Hope for Wellness Help Line**
  - **Available to all Indigenous peoples across Canada who need immediate crisis intervention. Call 1-855-242-3310 (toll-free) or connect to the online Hope for Wellness chat.**
- **Kids Help Phone**
  - **Call 1-800-668-6868 (toll-free) or text CONNECT to 686868. Available 24 hours a day to Canadians aged 5 to 29 who want confidential and anonymous care from professional counsellors.**





St. John Ambulance

**SAVING LIVES**  
at work, home and play

# Post-Training Survey

**We would like to hear from you!**

**Your participation is voluntary, and your responses are confidential.**

**Please scan the QR code or click on the link in chat.**



**This Survey will take approximately  
5 minutes to complete!**



---

# Assessment

---

# Learner's Assessment

**Please complete this learning assessment with a passing grade of 75% to receive your Certificate of Completion. For any accommodations you may need, please private message the instructor. To access this assessment, please scan the QR code below:**



**Participants may also access the assessment by using this url: <https://www.flexiquiz.com/SC/N/OWNT>**





**St. John Ambulance**

# **Thank you for your participation**

This course was funded by a contribution from the Ministry of Labour, Immigration, Training and Skills Development of Ontario. The views expressed herein do not necessarily represent the views of the Ministry of Labour, Immigration, Training and Skills Development of Ontario.

Copyright ©2023, Priory of Canada of the Most Venerable Order of the Hospital of St. John of Jerusalem.  
ALL RIGHTS RESERVED.

No part of this publication may be reproduced, stored in a retrieval system or transmitted in any form or by any means, electronic, mechanical, by photocopying, recording, or otherwise, without the prior written permission of the copyright holder.

[OWNT@sja.ca](mailto:OWNT@sja.ca)