



OPIOID POISONING RESPONSE TRAINING (OPRT)

FAQs

Nasal Naloxone Administration

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Intramuscular (IM) Naloxone Administration

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2. What are the recommended sites for IM naloxone administration?
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How many doses of naloxone can be given? Is there a maximum?

The human body can absorb up to 10mgs of Naloxone before it has no real effect beyond what is already in the system. A dose of nasal Naloxone is 4mgs, but not all of this 4mgs will be absorbed through the nose and into the system, due to the blood-brain barrier. With that in mind, a person will typically max out at around 6 doses of naloxone, after which you will need to wait the 20-40-minutes it takes for the body to metabolize the naloxone, continuing with CPR and ventilation until EMS arrives, so the brain continues to receive oxygen. After the 20-40-minute window has passed, you will be able to deliver more doses. Be mindful of the symptoms of precipitated withdrawal you may also have to manage, and be sure to only continue administering doses of naloxone if they are needed.

What happens if I run out of naloxone and the casualty has not woken up yet?

Keep providing CPR until EMS arrives.

Do we need to plug the casualty's other nostril when administering the naloxone?

Technically, no, but it is recommended.

What if there is damage to the casualty's nasal cavity?

Nasal naloxone is absorbed through the mucous membranes in the nasal passage. Factors including past injuries to the nasal cavity, septal abnormalities, medical conditions, excessive mucus, and intranasal damage from snorting substances can all impact the efficacy of the absorption of intranasal medications, including naloxone. The type and location of an injury to the nasal cavity may impact the amount of nasal naloxone that is absorbed into the body. In cases where it's possible that damage to the nasal cavity is reducing the effective absorption of nasal naloxone, we recommend the following:

- Administer another dose of nasal naloxone in the alternate nostril in an effort to bypass the damage
- Administer injectable/intramuscular naloxone, if available
- Proceed with rescue breaths and chest compressions (CPR) until EMS takes arrives

Can you spray nasal naloxone into the casualty's mouth if their nose is broken?

No, the nasal naloxone must be sprayed into the nose. The 911 operator should be able to instruct you on what to do if the nasal cavity is not accessible.



What if the casualty is unconscious and not breathing, but still has a strong pulse? Do I continue with CPR?

Someone who is not breathing will lose their pulse very soon, so the cue to begin CPR is if the casualty is unresponsive and not breathing, or if their breathing rate remains inadequate, at a rate of one breath every 10-15 seconds.

Someone who is trained as a healthcare provider (nurse, paramedic, fire fighter), and has been trained to the BLS CPR level, should know what to do if the casualty is not breathing but has a pulse.

If the casualty isn't breathing, will nasal naloxone still work? Furthermore, does it need to be inhaled through the nose to be effective?

Remember, when a poisoning occurs, respiration slows down or has stopped. Nasal naloxone is then introduced to restore the body's ability to breathe. Therefore, nasal naloxone does not need to be inhaled for it to function. Instead, nasal naloxone is absorbed through the blood brain-barrier when administered into the nose.

Can you administer naloxone to someone who is still conscious?

If the person gives consent, naloxone can be administered to a person in a semi-conscious state where respiration is continuing to decrease and signs of a poisoning are visible. This is an effort to prevent someone from losing respiration and consciousness if that is the trajectory they are on.

How can I tell the difference between someone having a seizure, and someone experiencing an opioid poisoning?

The visual presentation of a seizure is the same whether it is opioid related or non-opioid related. One thing to note is that in withdrawals (alcohol, stimulants, opioids), the seizures can be more physically aggressive (more intense movements of the body). The lack of breathing during a seizure is constant across the board, regardless of the mechanism (if it is substance related, brain injury, epilepsy, etc.). The big difference between the two would be noted during the recovery stage. For a "typical" seizure, the person's breathing and natural skin colour should return to normal whereas with a potential poisoning, the person's breathing may or may not return to normal and the signs of cyanosis may remain present. With all seizures, the recommendation is to do a quick vital sign check, check for injuries, and update/call 911 if needed.



When the naloxone wears off, will the casualty begin to experience the symptoms of feeling high again?

While the experience will vary depending on the person and the drugs that are involved, typically if that person has an intimate relationship with opioids, they will go through the following phases: First, they will experience precipitated withdrawal. The withdrawal symptoms will last for as long as the naloxone is in their body, and will wear off once the naloxone has been metabolized. Then, as the naloxone wears off, the opioids will once again bind to the receptors in their brain. The symptoms of withdrawal will dissipate, and they will experience temporary feelings of being high. However, due to the amount of opioids in their system, they will likely return to a state of poisoning shortly afterwards.

I have heard that when people come out of an overdose, they become violent. Is this true?

Although there have been some instances of violence reported after an opioid poisoning reversal, it is incredibly rare. The potential reasons for this violence typically have nothing to do with the opioid or the naloxone, but instead have to do with the confused, afraid, disoriented, or often embarrassed state of the community member. They may be fearful of arrest or of having their supports cut off from an organization that is one of their only community supports. In any case, this instance of violence from an opioid poisoning reversal is complex and nuanced. The best way to prevent this type of action is to develop a strong rapport and trust with your community members, and create a rescue environment that is calm, safe, and compassionate. Using slow and soft tones to explain what has happened, letting the person know they are safe along with their belongings, clearing out crowds, and respecting the person's personal space are all recommended tips.

If my hands are sweaty, could touching fentanyl cause it to be absorbed into my skin and risk poisoning me?

It is doubtful, but that is why it is important to always wear gloves.

Could I be poisoned if I touch fentanyl with my bare hands?

Most likely no. Fentanyl needs to contact a mucus-y membrane or open wound to enter the body. If contact is made with a suspected drug and your skin:

- Wash with soap and water. Do not use hand sanitizer, alcohol, or bleach to clean contaminated skin. Hand sanitizers may contain alcohol, which may increase the absorption of fentanyl through the skin.
- Remove contaminated clothing or rinse it off.
- Notify a co-worker. Monitor closely for any signs of opioid exposure.



What is the difference in dosage between intramuscular (IM) and nasal naloxone?

IM has 0.4mg of naloxone while nasal has 4mg per application/applicator.

What precautions can be taken if hazardous drugs are suspected?

General safe work practices include:

- Assess for hazards and risks before performing activities.
- If you are not sure, do not touch or handle any product.
- Notify a supervisor where possible.
- Move away from the area.
- Do not allow the product to become air-borne or aerosolize.
- Do not eat, drink, smoke, or use the bathroom while working in an area with known or suspected fentanyl.
- Do not touch your eyes, mouth, or nose after touching any surface that may be contaminated with fentanyl.
- Know how to recognize opioid intoxication in yourself and others.

What if I am not trained in CPR?

Good Samaritan Act protects anyone responding to an emergency, regardless of whether they are trained in First Aid or not. Whether they are trained in First Aid, those who wish to provide help should follow the SAVEME steps as outlined in the Opioid Poisoning Response Training, keeping in mind that bad CPR is better than no CPR. The best approach, if you are untrained in CPR, is to administer the naloxone and follow the advice of the 911 operator, who can support you through the process if you ask them.



What is moderate level risk drug handling?

Moderate level risk involves situations where drugs are found in quantities larger than when pre-packaged for street level distribution.

- Wear properly fitting personal protective equipment.
- Be trained on how to wear, use, and remove the PPE. “FentanylSafety.com” recommends:
 - nitrile gloves (double up is possible)*
 - disposable coveralls*
 - a fit tested air purifying respirator**
 - safety goggles or safety glasses
- Always work with a second person when handling suspected drugs.

What is low level risk handling?

Low level risk handling involves situations where the drugs are in tablet form and less than 1 gram.

- Be cautious when handling any suspected drug.
- Wear properly fitting personal protective equipment. Be trained on how to wear, use, and remove the PPE. FentanylSafety.com recommends:
 - wrist and arm protection*, including nitrile gloves (wear thick or two sets of gloves, if possible) and long sleeves, a water resistant jacket, or disposable coveralls
 - a fit tested N95** mask or air purifying respirator
 - safety goggles or safety glasses
- Do not taste, feel, or smell suspected drugs.

Can I inject naloxone if there are air bubbles inside the syringe?

There may be a small amount of air bubbles inside the syringe. The syringe does not have to be 100% air free, but you should try your best to remove as much as possible.

*NOTE: Wrist or arm protection may include on-duty uniform with sleeves, sleeve covers, gowns, or coveralls.

**NOTE: NIOSH recommends an N, R, or P100 mask in moderate “Pre-hospital patient care” and “Law enforcement routine duties” situations.

These recommendations can be exceeded if the hazard identification and risk assessment process indicates areas of concern. No matter which type of PPE is used, it is essential to have a PPE program in place. For more information about PPE programs, please see [Designing an Effective PPE Program](#).



What are the recommended sites for IM naloxone administration?

The recommended sites for IM naloxone administration are:

- **Upper Leg:** IM administration of naloxone into the vastus lateralis muscle (mid outer thigh) is the recommended site because the rate of absorption in this muscle is far quicker (on average 8 minutes). The vasculature is much richer compared to the deltoid muscle, which has an average absorption rate of 34 minutes.
- **Upper Arm:** Alternate sites for IM injection (if the upper thigh area is not accessible or appropriate for the patient) include the deltoid (upper outer arm)
- **Buttocks:** If the other sites are not accessible, this is another option

Can I inject IM naloxone through clothing?

Yes! You can inject naloxone through clothing into the sites of a body discussed during training.

What are some complicating factors to consider when administering IM naloxone?

Some complicating factors to consider when administering IM naloxone are as follows:

- Needlestick injuries can arise when recapping syringe
- The needle can break
- Inaccessibility to common sites of administration

How do you dispose of a used needle?

There are a few ways to dispose of a used needle and are:

- Recap if needle is a non-retractable syringe
- Discard needle into a safe disposable container or Tupperware container and seal the lid
- Lean needle against wall or curb out of the way if there is no container available



Which form of naloxone is more efficient, IM naloxone or nasal naloxone?

IM naloxone is more efficient in comparison to nasal naloxone due to the differences in the proportion of naloxone that's able to reach the intended destination. A higher proportion of naloxone will reach the intended destination when using IM naloxone.

However, these differences may be mitigated when a responder is more comfortable administering nasal naloxone versus intramuscular.

What is the liability surrounding administering IM naloxone?

Liability varies across Canada by provinces and workplace settings, including insurance policies. Please check in with your local bylaws and employer for more information.

What do I do if I am having technical issues accessing the Teams class?

When you register for the OPRT course, you will be given access to documents, one of which is our Technical Setup Guidelines. This document will provide you with some solutions to technical issues you may be experiencing.

How long does it take for my nasal naloxone kit to be shipped to me?

It can take up to 7 business days vis FedEx to arrive. Please note, we cannot ship to P.O. boxes.

Will I receive a certificate upon completion of the OPRT training?

Yes. A certificate will be e-mailed to you (the e-mail you indicated on your registration) upon completion of the training.

Who do I email if I have follow-up questions about the OPRT class or receiving nasal naloxone?

If you have any questions about the OPRT class or nasal naloxone, please email us at OPRT@sj.ca.

