

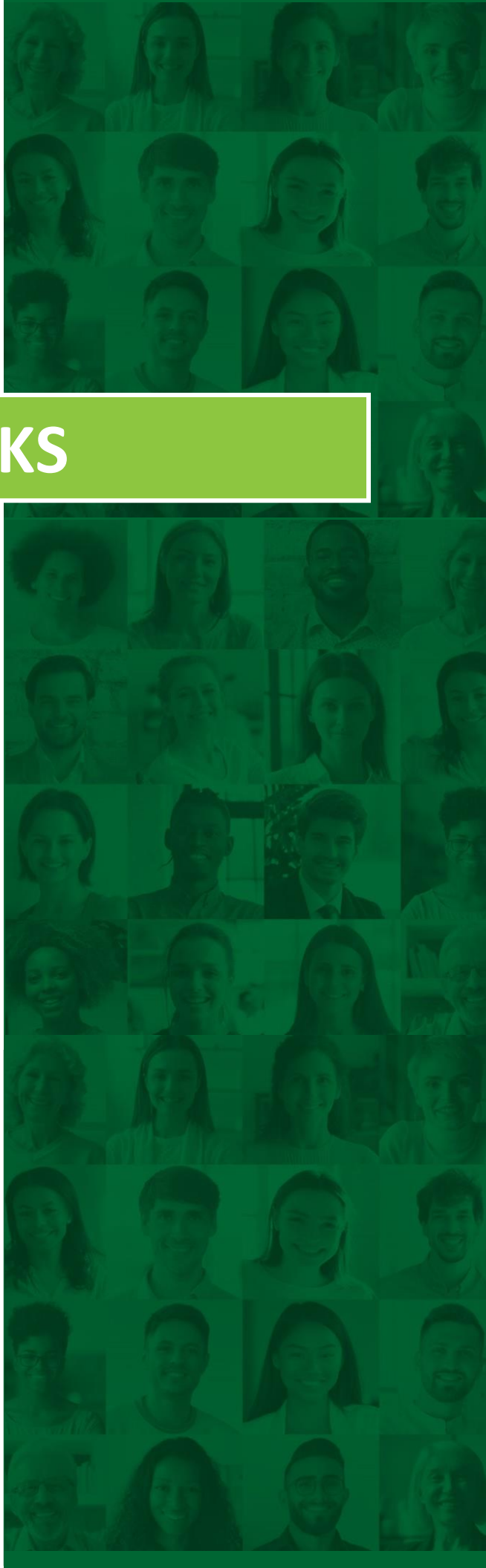


St. John Ambulance

SAVING LIVES
at work, home and play

TOOLBOX TALKS

Nasal Naloxone Administration



INTRODUCTION

With widely increasing numbers of opioid poisonings across Canada, St. John Ambulance (SJA) has partnered with Ontario Building Trades (OBT) to provide opioid poisoning awareness training to support employees in the trade industry in Ontario and their families. This series of three Toolbox Talk topics supplements the instructor-led course focusing on the ecosystem of opioid addiction and managing an opioid poisoning emergency.

These Toolbox Talks are intended to be delivered as just-in-time training in a 'stand-up', informal setting to inform the OBT community on the key topics of pain management, drug stigmatization and nasal naloxone administration.

LEARNING OBJECTIVES

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Objectives	After completing Toolbox Talk – Nasal Naloxone Administration, participants will be able to: <ul style="list-style-type: none">• Recognize that training and awareness is required to help combat Canada's opioid crisis and its impact on Ontario's construction industry.• List locations in Ontario where you can obtain a kit.• Recognize new Ontario high-risk workplaces naloxone kit legislation.• Administer nasal naloxone using the SAVE ME steps.
Approx. facilitation time required	20 - 25 minutes
Materials/Activities	Instructor-facilitated delivery, Q&A

FACILITATION CONSIDERATIONS

Instructors should consider the following during their facilitation:

- Be aware of your own feelings and experiences about mental health, poverty, drug use and other possible factors that may pose a bias in your instruction. Sometimes this awareness can help you appreciate some participants' struggles, but sometimes it can also impede your ability to impart this type of content through a compassionate lens.
- Be aware that many of the participants may have some level of lived experience regarding this topic, so remember to be respectful of how content is delivered.
- Encourage participants to actively listen to the content delivery and perspectives of other participants. Model respect for differences in perspectives and in the pace in which people absorb the material presented. Remember to keep the training environment a safe place where everyone's opinions are valued.
- Be aware of when you might be missing or avoiding material that should be presented. When we are dealing with our own perspective and comprehension of the ecosystem of drugs, our own understanding of mental health challenges or our own entitlement and privilege from our socio-economic status, it may pose a challenge in delivering this material. If this happens, you may want to consider seeking support and reflecting while taking a break from instructing this material.

Required Materials

The following is a list of materials required to give this talk:





- Instructor's training nasal naloxone kit with a pre-opened, demonstration dispenser
- White sheet of paper (used as a background to better display face shield markings)

How to Use this Guide

This guide features guide icons, tips and key concept notes to help guide the instructor’s training practice.

Guide Icons


The following are the icons used throughout the lesson plans to identify content delivery types and prompts.

Icon	Description
	Instructor-facilitated content
	Class discussion
	Important information
	Demonstration

Tips and Concept Notes

Tips provide suggested instructional techniques for content. Concept notes highlight the key objectives or concepts that need to be conveyed for that topic. Both tips and concept notes have been developed and implemented by the St. John Ambulance, National Curriculum Lead who developed and delivered the original iteration of the course for audiences in the social services sectors across Canada.

TOOLBOX TALK – NASAL NALOXONE ADMINISTRATION

Tips & Key Concepts	Instructor Script
<p>Key Concepts: It is important to provide the overall goal of the discussion - that in order to assist in a situation where you encounter an opioid poisoning emergency, having an understanding of the ecosystem of the</p>	<p>Introduction and welcome</p> <p> Welcome to this Toolbox Talk about Nasal Naloxone Administration. This is the third in a series of three talks to support the Ontario Building Trades (OBT) opioid poisoning awareness training.</p>

<p>opioid crisis in Canada is crucial to this type of training.</p> <p>It is also important to note in response to why participants are here is that workplace education can help to reduce employee substance use (Meister, 2018), for example by:</p> <ul style="list-style-type: none"> -Informing of rights, support/treatment options, harm reduction and normalization. -Health and Safety is <u>health and safety!</u> 	<p>With widely increasing numbers of opioid poisonings across Canada, St. John Ambulance (SJA) has partnered with Ontario Building Trades (OBT) to provide opioid poisoning awareness training to support employees in the trade industry in Ontario. To supplement the two-hour instructor-led course focusing on the ecosystem of opioid addiction and managing an opioid poisoning emergency, these talks will focus on key aspects of this ecosystem including pain management, stigma and nasal naloxone administration.</p> <div data-bbox="446 430 527 556" data-label="Image"> </div> <p>Introduce yourself and briefly highlight your experience with this subject matter and other training that relates to supporting people who use drugs (PWUD) and/or health and wellness. If you have had experience with opioid poisoning emergencies, you may want to provide details and the approximate number of emergencies for which you have been on the scene.</p>
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Objective 1: Recognize that training and awareness is required to help combat Canada’s opioid crisis and its impact on Ontario’s construction industry


<p>Tip: It is important to preface the discussion with this overview of ‘why’ we are here today engaging in these topics.</p>	<p>Canada’s opioid crisis</p> <div data-bbox="422 871 470 997" data-label="Image"> </div> <p>Did you know that the current opioid crisis has claimed more Canadian lives in some provinces than the COVID-19 pandemic? This is an extremely shocking fact and is often overshadowed by other world events covered in the media.</p> <p>Between January 2016 and June 2020, more than 17,000 Canadians from different demographics have died from opioid poisonings.</p>
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<p>Key Concept: Recognize the impact of Canada’s opioid crisis in the construction community.</p>	<p>Opioids and the construction community</p> <div data-bbox="422 1144 470 1270" data-label="Image"> </div> <p>In the recent report, Changing Circumstances Surrounding Opioid-Related Deaths in Ontario during the COVID-19 Pandemic, of the nearly 2,500 opioid-related deaths reported in Ontario, 30% were employed in the construction industry.</p>
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Objective 2: List locations in Ontario where you can obtain a kit


	<p>Get a kit. Save a life.</p> <div data-bbox="406 1417 454 1543" data-label="Image"> </div> <p>Get a naloxone kit and carry it with you at all times. You can obtain a free naloxone kit from designated pharmacies and community organizations across the province of Ontario. To find out where you can obtain a free naloxone kit in your area, go to the www.ontario.ca website and search for ‘where to get a free naloxone kit’ (https://www.ontario.ca/page/where-get-free-naloxone-kit).</p> <div data-bbox="446 1627 527 1753" data-label="Image"> </div> <p>Remember to also inquire whether your pharmacy provides nasal or intramuscular (IM) naloxone. Many locations distribute IM naloxone kits and nasal naloxone kits. Your local public health unit or pharmacist will be able to provide training on administering IM naloxone. It’s best to call ahead to determine which type they carry.</p>
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Objective 3: Recognize new Ontario job site naloxone kit legislation

<p>Tip: At the time of writing this material, the legislation has yet to be passed. Keep up to date on the latest workplace requirements in your organization and share this information during your talks.</p>	<p>New Ontario safe workplaces legislation</p>  <p>On March 1, 2022, the Government of Ontario announced that legislation would soon be introduced that would mandate high-risk workplaces to have naloxone kits on-site. If this law is passed, high-risk workplaces such as construction sites, bars and clubs would be mandated to have on-site kits. At this time, this legislation has yet to be passed so remember to check with your workplace supervisor and/or Health and Safety representatives to determine the availability of naloxone kits supplied by your employer and how they are distributed.</p>
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Objective 4: Administer nasal naloxone using the SAVE ME steps

<p>Tips: To supplement your training, refer to the demo training videos “Introduction to the naloxone kit” and “Administer naloxone”.</p> <p>During this talk, show the contents of your teaching nasal naloxone kit. Be as detailed as possible and demonstrate the proper placement of the face shield.</p>	<p>What’s in a kit?</p>  <p>This is an example of a typical naloxone kit. The look of the kit and the contents may vary according to the province or territory or even within the same province depending on the provider.</p>  <p>In your kit, you will find:</p> <ul style="list-style-type: none"> • Two doses of nasal naloxone or Narcan™. • One face shield (also called a face barrier or a breathing barrier). • One pair of non-latex gloves. • One card that identifies the person who is trained to give the naloxone, when the naloxone expires, and a brief description of the Good Samaritan Overdose Act on the back. <p>One set of instructions on how to use the kit with which you should familiarize yourself before an emergency occurs.</p>
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<p>Tip: Have your training naloxone kit available with a pre-opened naloxone applicator so that you can demonstrate the Peel, Place and Press demonstration. You may also acquire a demonstration model of the nasal naloxone adapter. Be mindful not to depress the plunger while the adapter is in your nose. However, if you do accidentally inject the medicine it will cause a stinging sensation but will not cause you any medical harm.</p>	<p>Administer nasal naloxone using the SAVE ME steps</p>  <p>St. John Ambulance’s Opioid Poisoning Response Training (OPRT) adheres to the SAVE ME step-by-step procedure to manage an opioid poisoning emergency. SAVE ME is a mnemonic used to help you remember these steps:</p> <ul style="list-style-type: none"> • STIMULATE and call 911 • Check the AIRWAY • VENTILATE • EVALUATE • Administer MEDICATION (naloxone) • EVALUATE again <p>This talk presents an abbreviated version for the purposes of the OBT and for timing. To build on your learning from this discussion, we recommend registering for St. John Ambulance’s free, instructor-led or e-learning OPRT training which fully details managing a poisoning emergency using the SAVE ME procedure. To register for the instructor-led or e-learning course you can visit their website: reactandreverse.ca.</p>
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Although there are many procedures outlined in the SAVE ME steps, the actual time to perform the steps Stimulate through Medication is only approximately 30 – 40 seconds. Naloxone lasts 20 – 30 minutes so it's important to adhere to these procedures and call 9-1-1 as soon as possible to ensure a successful rescue.

To administer naloxone using the SAVE ME steps, you will complete the following procedures.

Attempt to stimulate the casualty

If the casualty is conscious, ask them for their consent to provide help. If they do not respond, you have permission to help.

If the casualty is unconscious or in a heavy nod, attempt to stimulate the casualty using verbal or physical stimulation. Examples of stimulation include shouting their name or tapping the ground near their ear. Do not shake the casualty as they may have suffered head or spinal injuries when they fell.

Call 9-1-1

If you have someone with you, ask them to call 9-1-1 or use your speaker phone. You will provide 911 dispatch with as much information as possible such as your name, exact location, any visible signs and symptoms you are seeing and the sounds you are hearing, and that you have a naloxone kit and are in the process of administering naloxone.

Check their airway

1. Check the position of the casualty.

- a) If the casualty is seated, try to move them onto the ground and onto their back being mindful of anything you found that could be a potential hazard.
- b) If the casualty is on the ground and on their stomach, move the casualty onto their back.

If you are not able to move the casualty, you will need to manage the emergency in the current position in which the casualty is in.

2. Make an initial evaluation.

On your initial evaluation, you may or may not be certain that the casualty is suffering from an opioid poisoning. Even if you are certain that this is an opioid poisoning, proceed with putting on your gloves (if you have not already done so) opening their airway and checking their breathing. Regular breathing is approximately 1 breath every 5 seconds.

3. Open their airway.

You will tilt the casualty's head up by placing one hand on their forehead and then lifting on their chin with your other hand.



4. Check the casualty's breathing.

If the casualty is not breathing or experiencing very shallow and laboured breathing, you will begin to ventilate.

Ventilate

1. **Position the face shield.**



The face shield has an illustration indicating exactly how it is to be placed on the casualty's face and where your hands should be placed. Place the positioning indicator (white circle) over the casualty's mouth.

2. **Pinch the casualty's nose with your free hand and make a seal with the shield and your lips against their lips.**

3. **Deliver one breath every five seconds ensuring the chest rises for a total of 5 breaths.**

This step is critical before you administer naloxone as the brain requires oxygen first.



At this point in the procedure in a typical rescue, approximately 30 seconds will have passed from the stimulate step through to ventilate and the provision of 5 rescue breaths.



First Aid and COVID-19

St. John Ambulance has taken the stance that CPR in a COVID-19 environment remains unchanged and the ventilation step is a crucial, life-saving step in this type of emergency. As the COVID-19 virus is transmitted through droplets that are released from your respiratory system, St. John Ambulance advises using as much PPE as is available to protect yourself and the casualty. This includes using the face shield that is in your naloxone kit.

Note: St. John Ambulance guidelines do not override local public health or organizational directives.

Evaluate

Determine whether the rescue breathing is helping.

If there is no breathing or breathing continues to be shallow, you will administer naloxone.

Medication – Administer naloxone

1. **Peel**



Peel back the package to remove the device. Hold the device with your thumb on the bottom of the plunger and two fingers on the nozzle.




NOTE: Do not spray the naloxone to test it as each packet only contains a single dose.

2. **Place**

Tilt the casualty's head back. Place and hold the tip of the nozzle in either nostril until your fingers touch the bottom of their nose.

3. **Press**

Press the plunger firmly to release the dose into the casualty's nose.

	<p>Evaluate again</p> <ol style="list-style-type: none"> 1. After you have administered the first dose of naloxone, stop and evaluate. <ol style="list-style-type: none"> a) If the casualty is still not breathing, begin CPR for the next 2-3 minutes. b) If breathing continues to be shallow or laboured, continue to ventilate at 1 breath every 5 seconds. Continue this cycle while waiting for the naloxone to take effect. <p> Naloxone takes approximately 2 to 3 minutes to take effect depending on the body composition of the casualty. Therefore, you must continue to breathe for them to deliver oxygen to their brain.</p> <p>Signs that naloxone is working</p> <p>The casualty will show the following signs that naloxone is working:</p> <ul style="list-style-type: none"> • Pupils return to normal size. • Colour starts to return. • Breathing rate increases. • Casualty starts to wake up. • Withdrawal symptoms such as pain, confusion or vomiting. <ol style="list-style-type: none"> 2. If there are no signs of improvement, you will administer a second dose of naloxone and continue CPR or ventilation until EMS arrives or the casualty regains consciousness. <p> Complicating factors - what if naloxone does not revive the casualty?</p> <p>The following are some reasons that the first dose of naloxone does not revive the casualty:</p> <ul style="list-style-type: none"> • The first dose may not have been administered properly and/or there was a blockage in the nostril passage causing the medication to leak out. • The dose may have been delivered too late and the casualty's heart has already stopped. • There are no opioids in the casualty's system. • The opioids are unusually strong and require more naloxone. This can occur with fentanyl, for example. If the naloxone has worked and revived the casualty, its effectiveness is approximately 20-40 minutes. Once the effects of naloxone start to wear off, the casualty may experience all the symptoms of an opioid poisoning again.
<p>Tip: At this time, participants may process their own trauma associated with an opioid poisoning. They may wish to ask questions or share an anecdote. Be prepared to make space for this discussion. Assure participants that although you are not able to provide</p>	<p>Q&A</p> <p> Discussion: Welcome participants to ask questions. You can also refer them to the reac-tandreverse.ca website which includes a FAQ section.</p>

<p>advice as a professional counsellor, you are able to actively listen. Some participants may be comfortable sharing with the group or may remain after the session to discuss with you privately.</p>	
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