


Implementation of a leave-behind naloxone program in San Francisco:
A one-year experience

Appendix 2. Slide deck presentation of Project FRIEND project implementation



1

Overall Mission & Goals 

- Reduce opioid related deaths through prevention, treatment, and recovery activities in San Francisco
- **Goal: to increase naloxone utilization in San Francisco**
 - Training of first responders
 - Training in naloxone administration and distribution
- **Goal: to increase referrals and resource utilization for patients with opioid use disorder**
 - Contact & give resources to all patients either *administered* or *distributed* naloxone by certified first responders
 - Increase access to treatment programs
- Good for patients, good for providers, no cost, low time commitment


2

Partners/Sponsors 

- SF Fire Department
- American Medical Response
- King American
- Office Based Induction Clinic
- Syringe Access Services
- SF AIDS Foundation
- And many more...





3

Objectives 


- Recognize risk factors for opioid overdose
- Identify an overdose and indications for naloxone
- How to respond to an overdose
- How/when to distribute naloxone
- How to train others to use naloxone
- Questions

4

Case 1 

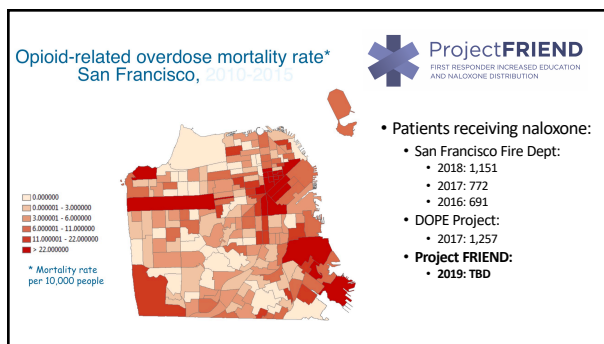


5

Experience 

- Who has witnessed/treated an opioid overdose?
- What went well/could be improved in Case #1?
- Do you think we are making a difference?

6



7

Risk Factors for Overdose

- Mixing drugs
 - Opioids + other sedative-hypnotic drugs/medications (alcohol, benzodiazepines, etc)
- Reduced tolerance
 - Frequent use
 - Rehab/detox
 - Jail/prison
 - Sickness/hospitalization
- Increased dependence
 - Chronic or acute pain
- New/different supply
- New route (IV instead of pills/snorting)
- Using alone or injection by partner

8

Identifying Opioid Overdose

- Unresponsive
- Slowed or irregular respirations/apnea
- Pinpoint pupils
- Cyanosis
- Clammy skin
- Hypoxia

9

Opioid and Naloxone

Mechanism of Action

Opioid receptor binding: Opioids fit exactly on receptor.

Naloxone: competitive antagonist: Naloxone fits a stronger affinity for receptor.

How long does naloxone last?

10

Treatment of Overdose

- Initial actions:
 - Assess scene safety
 - Verbal/tactile stimulation
 - Reposition airway
 - BVM as needed
- Indications for naloxone:
 - Apnea
 - Hypoxia
 - Inability to protect airway
 - Concern for dangerous co-ingestion (e.g. acetaminophen) or comorbid medical problems


11

Considerations

- Dose:
 - Range: 0.04mg → 2mg → 4mg → more?
 - Available formulations: IV, IM, IN, IO
 - Give enough to resume spontaneous respirations +/- regain consciousness
 - if witnessed overdose/no other concerns, not necessary to completely reverse
 - May precipitate immediate withdrawal → vomiting, confusion/aggression, severe pain, refusal of additional medical care
- Pre-packaged intranasal naloxone (Narcan): 4mg
- May need to re-dose

12

Eligibility for Project FRIEND Naloxone Distribution




FIRST RESPONDER INCREASED EDUCATION AND NALOXONE DISTRIBUTION

- Patients with any of the following conditions are eligible for Project FRIEND naloxone distribution:
 - Opioid overdose (requiring naloxone administration or supportive care and monitoring)
 - History or physical exam with evidence of illicit drug use or paraphernalia (e.g. history of IV drug use, track marks, needles present in belongings, etc.)
 - History or physical exam with prescription opioid use (prescribed or recreational)
 - Physical environment with multiple or high-dose prescription opioids present

13


After Naloxone Treatment



FIRST RESPONDER INCREASED EDUCATION AND NALOXONE DISTRIBUTION

- Supportive and caring environment
 - Common reactions: emergence reaction, fear of EMS or Police, past trauma
- Recommend transport to ED
- If patient refuses:
 - Assess medical decision making capacity (consider co-ingestions)
 - ZSFG Base Hospital contact (Case 1 MD response)
 - Patient requesting to AMA
 - Patient agrees to a follow-up call after ED visit/hospitalization or AMA
 - Educate: Naloxone only lasts up to 90 min → can re-overdose → death

14




FIRST RESPONDER INCREASED EDUCATION AND NALOXONE DISTRIBUTION

- Offer leave behind naloxone to patient and/or appropriate bystander(s)
 - Perform teaching and direct recipient to visual aids on naloxone kit
 - Distribute naloxone kit with Project FRIEND information
 - Register distribution with Project FRIEND by scanning QR code and following prompts
- Encourage safe use/harm reduction practices:
 - Use with friend, don't mix drugs, have naloxone ready, etc.

15

NARCAN[®] Nasal Spray QUICK START GUIDE

Opioid Overdose Response Instructions




FIRST RESPONDER INCREASED EDUCATION AND NALOXONE DISTRIBUTION

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in children and adults.

Important: For use in the nose only. Do not inhale or inject the NARCAN Nasal Spray until ready to use.

- Identify and Check for Response**
 - Identify: Ask someone else to stay and check on you.
 - Check for Response: Check for signs of opioid overdose. If you are alone, check for response every 2 minutes. If someone else is present, check for response every 2 minutes. If no response, repeat steps 1-2.
- Give NARCAN Nasal Spray**
 - Remove the cap from the spray.
 - Hold the spray upright with your thumb on the bottom of the spray and your index finger on the side of the spray.
 - Gently insert the tip of the nozzle into either nostril.
 - Press the plunger firmly against the skin at the bottom of the spray. Breathe normally and watch for response. Do not breathe into the person's face.
- Call for emergency medical help**
 - Place the person on their side (recovery position).
 - Watch the person closely.
 - If the person does not respond to using the spray or is not breathing, call 911 immediately.
 - Repeat Step 2 using a new NARCAN Nasal Spray to give another dose to the other nostril if a second dose is needed. Do not use more than 2 doses.

16



FIRST RESPONDER INCREASED EDUCATION AND NALOXONE DISTRIBUTION


EMT / paramedic to complete when handing out leave-behind Narcan kits

Scan QR code (on box of each kit) →

- Kit number
- Were you on scene for an overdose?
- Location of distributed naloxone
- Who was the kit given to?
- Recipient demographic information: name, sex, age/DOB, race/ethnicity
- EMS personnel information: name, email, EMS company affiliation

17

End of Shift Procedures



FIRST RESPONDER INCREASED EDUCATION AND NALOXONE DISTRIBUTION

- Re-stock ambulance with Project FRIEND naloxone kits
 - Can ask your operations manager with assistance
- Register kits that were distributed during your shift

18

Legal Considerations




- Project FRIEND is a federally funded project by SAMHSA
- California state laws protect those administering and distributing naloxone
- San Francisco EMS Agency issued standing order for ALS/BLS administration and distribution
- Good Samaritan laws for bystanders
- Naloxone available without physician prescription (dispensed by pharmacists)

19

Review



- Case 2 
- Would you administer naloxone?
- What are your other options?

20

Questions/discussion



21