



Opioid Overdoses & Naloxone for BLS

Since 2016, thousands of Canadians have died as a result of opioid-related overdoses, with the majority being accidental (96% in 2020). In 2017 the Government of Canada declared opioid-related deaths as a public health crisis and has taken a harm reduction approach to help combat the problem which includes:

- Approval of additional safe-injection sites,
- Passing the Good Samaritan Drug Overdose Act,
- Improving access to naloxone,
- Encouraging medication-assisted treatment, and
- Public education initiatives.

Opioids are psychoactive substances that affect the mental processes of the user and induce euphoria (the feeling of being 'high'), creating the potential for improper use. Opioids produce a morphine-like effect and are frequently prescribed for pain relief. Common examples of opioids include morphine, hydrocodone, oxycodone, codeine, and fentanyl which are marketed under names such as Vicodin®, OxyContin® and Percocet®.

Opioids such as fentanyl and carfentanyl are particularly dangerous as they have a very rapid onset and can be fatal in very small amounts.

Overdose is a risk to everyone using opioids: those taking prescribed opioids for pain management (accidental overdose), youth (experimentation) and people who use illegally produced opioids.

Naloxone* has successfully reversed thousands of opioid overdoses across Canada and is safe for use on all ages as it only affects individuals with opioids in their system.

Signs and Symptoms of an Opioid Overdose

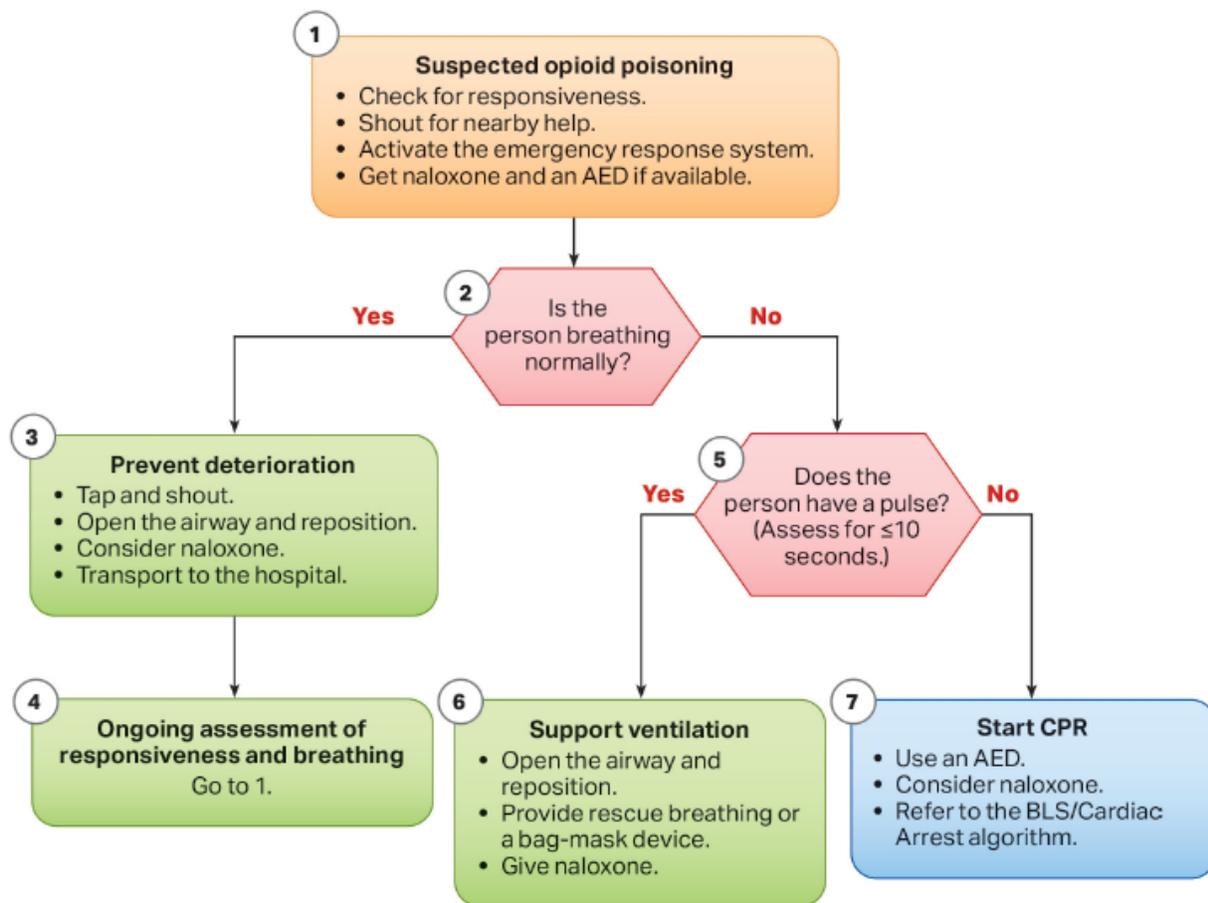
A responsive victim can exhibit a variety of signs and symptoms (e.g. difficulty walking, talking, staying awake, dizziness and confusion) that can be common to a variety of other medical conditions, especially if the history is not known. Rescuers need to be concerned when an opioid overdose results in respiratory or cardiac arrest and should look for the following signs:

- Extreme drowsiness or unconsciousness
- Slow, irregular or absent breathing
- Pale, cold and clammy skin with blue lips or nails
- Constricted or very small pupils (may not be present if the victim has taken multiple drugs)

Treatment of an Opioid Overdose

1. If possible, determine the history of the incident (as reported by bystanders or evidence of drug use as the scene) and assess the scene for hazards.
2. Emergency Response System activated at earliest possible moment.
3. Assess breathing and pulse for 10 seconds
 - If breathing is present and effective, a trained responder can immediately administer naloxone.
 - If breathing is absent or abnormal, but a pulse is present, provide rescue breaths. A trained responder can administer naloxone while the first rescuer delivers rescue breaths.
 - If breathing is absent or abnormal and a pulse is not present, immediately start CPR. A trained responder can administer naloxone while the first rescuer performs CPR.

Opioid-Associated Emergency for Healthcare Providers Algorithm



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