

# Arizona Peace Officer Standards and Training

## Basic Curriculum Lesson Plan

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LESSON TITLE: FIRST AID - NARCAN

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SUBJECT:	FIRST AID - NARCAN
HOURS:	1
COURSE CONTENT:	This course is designed to acquaint the student with the signs, and symptoms of an opioid overdose and how to administer Narcan/Naloxone to that person. The Student will be further instructed in other medical conditions not relating to an opioid overdose. The student will further learn mandatory state reporting requirements.
PERFORMANCE OBJECTIVES:	Upon completion of this course of instruction, Students using notes, handouts, and other support materials as references, within the allotted time, will: <ul style="list-style-type: none"><li>8.1.24.1 Identify the signs and symptoms of an opioid overdose and check for response.</li><li>8.1.24.2 Identify what other overdose situations are not affected by the administration of Narcan/Naloxone.</li><li>8.1.24.3 Demonstrate the administration of Narcan/Naloxone.</li><li>8.1.24.4 Demonstrate placing a subject in a recovery position until advanced medical assistance arrives.</li><li>8.1.24.5 Identify proper reporting procedures for the use of Narcan/Naloxone.</li></ul>

DATE FIRST PREPARED: September 2021

PREPARED BY: AZPOST/SME COMMITTEE  
AZDHS Opioid Prevention,  
Narcan first responder's roll call training

REVIEWED/REVISED: DATE:

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AZPOST APPROVAL: Lori Wait DATE: June 2022  
AZPOST APPROVAL: Lori Wait DATE: August 2023

INSTRUCTOR REFERENCES: AZDHS Opioid prevention, Narcan first responder's roll call training ARS 36-2228, ARS 36-782B, AZ Governor's executive order 2017-04, Standing Narcan order(s).

CLASS LEVEL: Student

TRAINING AIDS: Narcan training Devices, Practice mannequins.

INSTRUCTIONAL STRATEGY: Lecture, PowerPoint instruction, hands on instruction and class discussion.

SUCCESS CRITERIA: 70% or higher on a multiple choice written exam.

DATE RELEASED TO THE SHARE FILE: August 2023

**I. INTRODUCTION**

- A. Instructor- (self) introduction.
- B. Preview of performance objectives.
- C. In 2019, nearly 50,000 people in the United States died because of an Opioid-involved overdose. Some drugs such as Fentanyl and Carfentanil can readily be absorbed through the skin. Those exposures can be fatal. This presents an extreme danger for not only citizens, but also Law Enforcement who may encounter it in the field. We as first responders need the tools and the knowledge to save not only the public but also potentially ourselves.

**II. BACKGROUND**

- A. The Opioid epidemic is a serious national crisis that is thought to have originated in the 1990's. Abuse of prescription painkillers and the clandestine sales of illicit and prescription drugs have fueled this into epic proportions. Not only is the cost measured in human lives, but it can also be measured in the total economic burden it places on our society. The CDC estimates that in the United States, over \$78.5 billion a year is spent on healthcare, lost productivity, addiction treatment and the criminal justice system alone.
- B. From information from the Arizona Department of Health Services (DHS), as of August 2021, there were 10,320 suspected deaths attributed to opioid overdoses with 40,795 doses of Narcan/Naloxone distributed. Since June 2022, there has been a substantial drop in the number of suspected deaths, at 1,914 with 3,214 verified non-fatal opioid overdose events. However, there were 8,028 patients who visited Hospitals and emergency rooms for suspected overdose.
- C. ARS 36-2228.
  - 1. On June 5, 2017, Governor Doug Ducey declared a state of emergency concerning Arizona's growing opioid epidemic. This paved the way to legislation on the responsibilities, training, use, and reporting of opioid related encounters.
  - 2. The law mandates uniform training on the proper administration of Narcan/Naloxone before Law Enforcement or an EMT may administer it.
  - 3. Allows Law Enforcement or an EMT to administer Narcan/Naloxone.
  - 4. States that Law Enforcement or an EMT may administer to a person if they believe that the person is suffering from an opioid related overdose.
  - 5. Provides immunity for Physicians and Nurses who issue the standing order and also for trained Law Enforcement and EMTs.

- a. Immune from civil, professional and criminal liability.
  - b. As long as those persons acted with reasonable care and good faith.
  - c. Exceptions are wanton or willful neglect.
6. Does not create a duty or standard of care for Law Enforcement to administer an opioid antagonist.

**III. OPIOIDS AND OPIATES**

- A. Opioids are synthetic drugs, opiates are naturally derived from poppy plants.
- B. Both naturally occurring and synthetic opioids are clinically used to act as a narcotic analgesic for pain control.
1. Acts on the Central Nervous System (CNS) or brain function.
  2. Respiratory system.
  3. Cardiovascular system.
- C. Common Opioids.
1. Heroin.
  2. Oxycodone.
  3. Hydrocodone.
  4. Hydromorphone.
  5. Methadone.
  6. Morphine.
  7. Fentanyl.
  8. Codeine.
  9. Buprenorphine.
  10. Carfentanil.
  11. Sufentanil.

D. How do opioids kill?

1. Respiratory and CNS depression.
2. Slows everything down.
3. Decreased level of consciousness.
4. Decreased respiratory drive.
5. Decreased heart rate and blood pressure.

E. Effects of an opioid overdose.

**P. O. 8.1.24.1**

1. Respiratory drive is taken away. (no urge to breath)
2. Aspiration of vomit.
3. Lack of oxygen. (Hypoxia)
4. Cardiopulmonary arrest.
5. Can have increased effects when combined with;
  - a. Alcohol.
  - b. Benzodiazepines or other medications.

F. Methods of administration.

1. Oral.
2. Intravenous.
3. Snorting.
4. Smoking.
5. Subcutaneous. (under skin or skin popping)
6. Rectal insertion. "Boofing"

7. Transcutaneous. (patches)

**IV. SIGNS AND SYMPTOMS OF AN OVERDOSE**

- A. A person exhibiting the following signs and symptoms may be experiencing or about to experience an opioid overdose.
  1. Altered level of consciousness.
  2. Slow heartbeat or pulse.
  3. Respiratory depression or apnea.
    - a. Slow, shallow breathing. (less than 10 breaths per minute)
    - b. Apnea. (not breathing)
  4. Unable to wake up with painful stimuli.
    - a. Sternum rub.
    - b. Pinch.
    - c. Shake.
  5. Constricted or pinpoint pupils. (1mm to 3mm or the size of the side of a dime)
  6. Profuse sweating.
  7. Pale skin.
  8. Blue lips or fingertips.
  9. Needle/track marks.
- B. There are other reasons that a person may exhibit signs of an opioid overdose but are not having one. These include but are not limited to: **P. O. 8.1.24.2**
  1. Cardiac arrest.
  2. Low blood sugar.
  3. Head injury.

4. Stroke.
5. Shock.
6. Hypoxia. (low oxygen)

C. Keeping the above section “B” in mind, there are other indicators that may assist you in determining if this is an opioid overdose or some other kind of medical emergency.

1. Information from your original dispatch.
2. Opioid drugs found on scene.
3. Opioid drug paraphernalia found at the scene.
4. Witnesses state the victim was taking some sort of drug prior to the event.
5. Known heroin user location.
6. Physical marks. (needle)

**V. OTHER OVERDOSE SITUATIONS ARE NOT AFFECTED BY THE ADMINISTRATION OF NARCAN/NALOXONE.**

A. Narcan/Naloxone is used specifically to slow and/or temporarily reverse the effects of an opioid overdose. It does not assist in the following other forms of overdose.

1. Sedatives.
  - a. Valium.
  - b. Ativan.
  - c. Xanax.
  - d. Alcohol.
2. Stimulants.
  - a. Cocaine.
  - b. Amphetamines.

**VI. PROPER ADMINISTRATION OF NARCAN/NALOXONE AND SAFETY CONSIDERATIONS**

- A. If you have identified a person you believe is experiencing an opioid overdose, the dose should be given right away. The use of the Narcan/Naloxone does not take the place of emergency medical care. Get emergency medical help right away after giving the first dose, even if the person wakes up. Narcan/Naloxone's effects are short lived and the person may go back into a medical emergency without proper medical care. Repeat doses may be necessary before emergency medical care can arrive. If the officer suspects an opioid overdose, immediately administer Narcan/Naloxone. If it is later discovered an opioid overdose was not the initial medical issue, the administration of the Narcan/Naloxone was still appropriate. The Narcan/Naloxone will not harm them.
- B. Officers should take care to protect themselves from possible exposure to substances that can be absorbed through the skin or sharps considerations. Remember, you can become a secondary victim. Proper personal protective equipment can further protect you from communicable diseases. (Blood borne pathogens)
1. Use rubber/latex gloves.
  2. If performing CPR, use a mouth shield.
  3. Watch for open needles. Do not attempt to recap needles.
  4. BE AWARE of your surroundings.
- P. O. 8.1.24.3**
- C. Narcan/Naloxone is safe and effective in children as well as adults if opioid overdose is suspected.
- D. Narcan/Naloxone is designed to be nasally administered. Narcan/Naloxone is not designed to be inhaled by the person. The medication is absorbed through the nasal membranes into the bloodstream.
- E. Narcan/Naloxone is pre-filled in a self-contained device that does not require priming.
- F. Narcan/Naloxone freezes at temperatures below 5 degrees Fahrenheit. If this happens, the device will not spray. Get emergency medical help right away if this happens. Do not wait for the Narcan to thaw. Narcan may still be used if it has been thawed after being previously frozen.
- G. If you suspect someone is experiencing an opioid overdose you must:
1. Check for response and observe.
  2. Shake their shoulders.
  3. Sternum rub.

4. Ask them if they are ok.
  5. Check for a pulse or pulse rate.
  6. Check their breathing.
    - a. Snoring.
    - b. Gasping breath.
    - c. Labored breathing.
  7. Do they have blue fingernails or lips?
- H. If you suspect an opioid overdose, it is appropriate to administer Narcan/Naloxone.
1. Do not remove or test the Narcan spray until ready to use.
  2. Each Narcan spray has one dose and the device cannot be reused.
- I. How to administer.
1. Lay the person on their back to receive a dose of the Narcan/Naloxone spray.
  2. Remove the Narcan/Naloxone spray from the box; peel back the tab with the circle to open the Narcan/Naloxone spray.
  3. Hold the Narcan/Naloxone spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle.
  4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
  5. Press the red plunger firmly to give the dose of Narcan/Naloxone.
  6. Remove the Narcan/Naloxone spray from the nostril after giving the dose.
  7. If no improvement in breathing or responsiveness has been observed, additional doses of Narcan/Naloxone may be required. Wait two to three minutes between doses and alternate nostrils. A new Narcan/Naloxone device must be used with each additional application.
  8. A maximum of four doses may be administered in one setting as necessary.

9. After administering the Narcan/Naloxone, make sure medical help in responding to your location is not already activated.
10. Dispose of Narcan/Naloxone appropriately after use.

**J. Recovery position.**

**P. O. 8.1.24.4**

1. To aid and ease the breathing efforts of the individual;
  - a. Roll the person onto their side.
  - b. Move the leg on top out to the side, bent at the knee to keep them from rolling onto their stomach.
  - c. Move the arm on top with their hand under their face to help support the head.
  - d. Monitor the person for breathing and pulse.
  - e. Begin CPR if necessary.

**K. Narcan/Naloxone considerations.**

1. Store between 68 and 77 degrees. (Yes, we are in Arizona and the temperatures routinely exceed those limits. This is a manufacturer's storage recommendation and they are aware police work is done in extreme environments both hot and cold)
2. Do not intentionally freeze.
3. Keep in the original box until use.
4. Replace before the medication expires. Check your container's expiration often.
5. Keep this and all medications out of the reach of children.

**VII. REPORTING**

**P. O. 8.1.24.5**

- A. Arizona Governor's Executive order 2017-04 commands Law Enforcement officers and EMTs to provide data to the Arizona Department of Health Services per Arizona Revised Statute 36-782B.
- B. The order requires Law Enforcement Officers and EMTs to report the following information.
  1. Agency reporting.
  2. If Narcan/Naloxone was administered and how much was used.

3. Incident details.
  4. Opioid overdose indicators.
  5. Patient information.
  6. Patient disposition.
  7. Patient destination.
  8. Who administered Narcan/Naloxone.
- C. Data can be collected and documented via DHS form 20180827 (electronic or paper copy) or any proprietary department form. The information can be accessed via the electronic web-based Arizona Pre-hospital Information and EMS Registry System (AZ-PIERS) or a paper version can be used if/when the use of an electronic version is not feasible. Paper copies can be sent to:
- Fax to: (602) 364-3568. Include a cover sheet.  
Mail to: 150 N. 18th Ave, suite 540, Phoenix AZ  
85007-3248.
- D. For the latest instructions for reporting and its requirements visit the below link.

[opioid-overdose-reporting-field.pdf \(azdhs.gov\)](#)

## **VIII. CONCLUSION**

- A. Performance objectives:
- B. If this lesson plan is being taught at the Basic Academy level or first time users, practical hands-on instruction utilizing Narcan Trainers and practice mannequins are required. Hands on instruction can be found in and utilized from Section VI of this lesson plan. If this lesson plan is being utilized as the framework for a refresher course, no hands-on instruction is required.
- C. Final questions and answers.
- D. Instructor closing comments.