

## Frequently Asked Questions

### — Responding to Atypical Overdose Presentations in Community —

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In recent months the drug supply has become increasingly unpredictable. As a result, OPS sites and community partners are seeing an increase in atypical overdose presentations that may require additional measures beyond the standard [SAVE ME](#) protocol for opioid overdose. This FAQ provides answers to some common questions and links to additional information.

**1. Is there a risk if I give naloxone to someone who appears to be overdosing but is actually experiencing a different medical emergency such as a heart attack or stroke?**

*The very first step when initiating an overdose response is to call 911. If the person's medical emergency is related to something other than an overdose you can count on emergency medical services to guide you appropriately. If you do administer naloxone to someone who is not experiencing an opioid overdose it will not cause harm.*

**2. If someone becomes agitated and is experiencing uncontrolled movements with the potential for injury, should I restrain them and give them Naloxone?**

*Naloxone is only indicated when a person is unconscious and their breathing is low, always follow the steps in the SAVE ME protocol to assess the situation. A good rule of thumb is that if they are talking or responding they do not need naloxone.*

*Agitation and involuntary movements are distressing for everyone but DO NOT attempt to restrain the individual. These symptoms could also be indicators that an overdose is imminent so continue to monitor and respond as per the SAVE ME protocol.*

*If the person is unable to follow verbal commands, is combative or is likely to cause physical injury to themselves or others:*

- *Create immediate safety: have everyone (clients and staff) leave the area; remove any chairs, tables or other equipment that may get in the way.*
- *Monitor at a safe distance.*

*Call emergency services (911) and explain the following:*

- *The client is in medical distress*
- *Their movements are becoming less predictive and there is a potential for self-harm or harm to others*
- *Note any signs of opioid overdose (respiratory depression or shortness of breath, confusion, etc.)*

**3. What do I do if someone starts having a seizure?**

- *Stay with the person and monitor.*
- *Do not attempt to restrain or restrict their movements. Do not put anything in their mouth.*
- *Remove any hazards surrounding the person.*
- *When the seizure is over place them on their side (in recovery position), check their airway and breathing.*
- *If not breathing or if breathing is low begin rescue breathing after sweeping the mouth and clearing any obstructions.*
- *Initiate remaining steps in SAVE ME protocol, if required.*

**4. Because the drug supply is so toxic should I be drawing up and giving two doses of Naloxone instead of one as recommended in the SAVE ME protocol?**

*The regular SAVE ME protocol will still work in the context of increased toxicity of the drug supply – the key is to ensure that breaths are given as required and that an appropriate time (between 3 and 5 minutes) is given between doses. Provincial guidelines are now advising that two doses of naloxone can be given prior to starting breaths - if needed - but that should be followed by giving breaths and waiting the recommended 3-5 minutes before giving additional doses.*

**5. Is it ok to give a combination of nasal Naloxone and injectable Naloxone in the same response? (i.e. if only have two doses of nasal, but client doesn't come around after the two doses).**

*It's ok to combine nasal and injectable Naloxone. Remember that breaths should come before giving naloxone and should continue through the response. Even if naloxone is not available when responding to an overdose providing breaths can save a life. Breathes should be given at a rate of one breath every 5 seconds in between naloxone doses as per the SAVE ME protocol.*

**6. What do I do if the person still hasn't come around and I have run out of Naloxone?**

*Continue to provide breaths at a rate of 1 breath every five seconds. Watch for the chest rising and remember to breath for yourself as well! One breath for them, one for you until the ambulance arrives.*

**7. If the ambulance is taking a while to arrive and the person is not coming around – do I just keep giving more naloxone?**

*As per the SAVE ME protocol, it is essential to call 911 when responding to an overdose. They will guide you through assessing and responding. When a person is unresponsive to naloxone it is likely there is something else on board such as a benzo. Benzos do not respond to naloxone – continuing to give breaths is the most important intervention and should continue until care can be transferred to Emergency Medical Services. Follow the advice of the Emergency Medical Services (911) while waiting for the ambulance to arrive.*

**8. Where can I find more information on responding to atypical overdoses?**

*The [Overdose Prevention Manual](#) has additional information on responding to atypical overdoses. See pages 9-12 for more information on fentanyl induced muscle rigidity, assessing and responding to benzo overdoses, and recognizing and responding to stimulant overdoses.*

**9. Should giving breaths be part of overdose response in the context of COVID-19?**

*The risk of brain injury or death during an overdose is much higher than the risk of infection with COVID-19. Breaths are a very important part of the overdose response process. Taking basic precautions will minimize the risk of infection of both the person who overdoses and the responder. Remember your SAVE ME steps, and use the personal protective equipment that you have as well as the gloves and face shield in the kit.*

*More information can be found here:*

<https://towardtheheart.com/assets/uploads/1591216211PaTa0wINCdIEvhFbOiAsZD43qGerdFbB5buSSqQ.pdf>