**[Insert organisation name/logo]**

Opioid Overdose Response Template

***🖌Note\****

*This template provides an example of an opioid overdose response to ensure the effective assessment and treatment of clients with opioid overdose.*

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*\*Please delete this note when using the examples provided to develop a response for your organisation.*

Overview

This template outlines the procedure to follow to ensure the effective assessment and response to clients who experience an opioid overdose.

Please note that, while every effort has been made to present all information accurately, NADA, its employees and related parties, accept no liability for, and do not indemnify against, any loss, damage or injury that may result from any actions taken based on the information contained in this document.

Considerations

Drug overdose is the most common cause of death among intravenous drug users in Australia.

Common risk factors for drug overdose include:

* the concurrent use of other central nervous system depressant drugs such as benzodiazepines and alcohol
* recent reduced tolerance to opioids, which may occur following detoxification/rehabilitation and spending time in prison
* health problems which make it harder for the body to deal with drugs such as liver or kidney problems, or
* using alone where no-one can get to them or knows where they are.

The signs/symptoms of opioid overdose include:

* Reduced respiratory rate
* Reduced consciousness/responsiveness
* Pin point pupils
* Cyanosis (bluish or purplish discolouration of the skin or mucous membranes due to the tissues near the skin surface having low oxygen saturation)
* Clamminess

Procedure Steps

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| 1. Assessment and Action |
| D – Danger  R – Response  S – Send for help  A – Airway  B – Breathing  C – Circulation  D – Defibrillator |

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| 2. Assess the scene |
| * Summon help – request that the Naloxone pack is brought as well as calling the ambulance. * Move other clients away from the immediate vicinity. * Ensure that sharps and other WH&S risks are safely removed (uncapped needles, sharp objects etc.). * Ensure that client is positioned such that they are easily accessible and preferably on the floor lying on their back **[Insert other action or review above content based on your service].** |

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| 3. Assess the client |
| * Are they responsive? Call the person’s name and shake their shoulders. * Are they breathing? Clear the person’s airway. * If **yes**, place in recovery position & continue to monitor. * If **no**, give 2 rescue breaths. * Call emergency services by dialing ‘**000**’ and ask for an ambulance. * Dispose of all needles, syringes and ampoules safely into a sharps container if possible. * Continue rescue breathing. * Await arrival of ambulance personnel. * If breathing commences, place in the recovery position and continue to monitor.   **[Insert if your organisation has implemented the use of Naloxone]**   * Administer Naloxone (1 minijet) intramuscularly into the upper arm or outer thigh. Note the time given. * Continue rescue breathing (1 breath every 5 secs). * If no response after 2 mins, administer further Naloxone (1 minijet) intramuscularly. |

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| 4. Follow up |
| * What paperwork may be required? * Who is responsible for completing this? * How will you follow up with the client? * **[Insert other action or review above content based on your service].** * Who is responsible for replenishing the Naloxone supply, and from where? |

**For more information on Naloxone go to:**<https://nuaa.org.au/wp-content/uploads/2016/11/T1.3.2-FINAL-Naxolone-card-FRONT-AND-BACK.pdf>