

Responding to Drug Poisoning

Instruction cards to support sites participating in
BCCDC's Facility Overdose Response Box (FORB) Program

For additional training and other resources visit

www.towardtheheart.com

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IDENTIFY

1

SIGNS OF OPIOID POISONING

Before approaching **CHECK THAT THE AREA IS SAFE** for you to respond. Identify hazards and take precautions (e.g. put on gloves) to reduce harms.

3 Key signs of opioid poisoning:

1. Slow or no breathing- less than 1 breath every 5 seconds (less than 12 breaths per minute).
2. Unresponsive- does not wake up or respond when called or touched.
3. Tiny pupils.

Other signs of opioid poisoning:

- Unusual breath sounds like snoring, gurgling, or choking.
- Nose, mouth, or fingernails appear grey/ashen in dark skin tones or blue/purple in light skin tones.
- Skin may be cool or clammy (sweaty).
- Stiff neck, chest, or body.

TAKE CHARGE

2

DELEGATE TASKS

1. **Phone 911. Follow their instructions.**
2. Direct someone to meet emergency responders and guide them to the drug poisoning location.
3. Get FORB kit.
4. Keep bystanders back. Clear the area.
5. Read the instructions on each card out loud to the responder.



CALL 911



3

PHONE 911

- Say it's a **medical emergency** and the person is not breathing. **Request an ambulance immediately.** Say you suspect an opioid poisoning.
- Report if the person is breathing and if they have a pulse (if you are trained).
- Give the **ADDRESS** and your **EXACT LOCATION** to the dispatchers
- Tell the dispatcher about your training and experience:

“There is a medical emergency. The person is not breathing and [does/ does not] have a pulse. I think it is an opioid poisoning. I am a trained overdose responder. I am located at _____”

- Send someone to the main entrance or street to meet emergency responders and guide them to the poisoning location.



**EVERYONE SHOULD CALL 911
AND FOLLOW THEIR ADVICE.**

RESCUE BREATHING

4

CLEAR AIRWAY & GIVE RESCUE BREATHS

1. **Check the airway.** Look in the person's mouth for anything blocking the airway (e.g., gum, needle caps). If you see something, remove it carefully using gloves.
2. **If you're trained in CPR:** Check for a pulse (heartbeat) for no more than 10 seconds. -If there's no pulse, start chest compressions immediately.
3. **Prepare to give rescue breaths:** Use the face shield from your FORB kit. Place the raised oval mouthpiece in the person's mouth between their teeth.
4. **Open the airway:** Tilt their head back and lift the chin up (head-tilt, chin-lift). Pinch their nose shut.
5. **Give 1 breath every 5 seconds.** Watch for the chest to rise and fall. If the chest doesn't rise, reposition the head and check the mask seal.
6. **Continue rescue breaths** and compressions (if needed), even after giving naloxone, until: The person is breathing normally (at least 12 breaths per minute and no unusual sounds), or paramedics arrive and take over.

GIVE NALOXONE

Injectable pt1

5a

INJECTABLE NALOXONE

Give 1 dose (0.4mg ampoule) of INTRAMUSCULAR
(injectable) naloxone

Prepare a dose of naloxone for injection:

1. Move fluid to bottom

- Tap or swirl the ampoule to move all fluid below the neck.

2. Place ampoule breaker

- Locate or place the plastic ampoule breaker over the ampoule head.

3. Open the ampoule

- Hold the ampoule upright,
- Apply firm, steady pressure away from you to snap the neck

4. Draw up naloxone into the syringe:

- Tilt the ampoule to a 45-degree angle.
- Insert the needle into the bottom corner of the ampoule.
- Pull the plunger to draw the fluid into the VanishPoint syringe.

5. Remove large air bubbles

- Hold the syringe with the needle pointing upward.
- Tap the syringe to move air bubbles to the top.
- Gently push the plunger until a drop of fluid appears at the needle tip.

GIVE NALOXONE

Injectable pt2

5b

INJECTABLE NALOXONE

Continued

Give 1 dose (0.4mg ampoule) of INTRAMUSCULAR (injectable) naloxone

Inject Naloxone

1. Locate injection site

- Choose a large muscle:
 - Outer thigh (vastus lateralis) — preferred
 - Upper arm (deltoid)

2. Administer injectable naloxone

- Hold the syringe with the bevel up.
- Insert the needle at a 90° angle using a smooth, dart-like motion.
- Push the plunger fully until you hear or feel a click (needle retracts automatically).
- Inject through clothing if needed.

3. Safely dispose of used materials

- Place the used syringe and ampoule(s) into a sharps container or other container if not available.

4. Keep giving rescue breaths

**GIVE
NALOXONE
Nasal**

NASAL NALOXONE

Give 1 dose (4mg) of INTRANASAL (nasal) naloxone

Spray into one nostril

- Insert device into one nostril and press plunger firmly.
- Give time (3 minutes) for the naloxone to work in the body before giving subsequent doses regardless of the formulation used.

Keep giving rescue breaths

5c

EVALUATE

6

Evaluate. Another Dose?

- Check breathing again
- Check responsiveness

Still not breathing normally?

- Give another dose of naloxone **every 3 minutes** until breathing normally.
- Keep giving 1 breath every 5 seconds until the person is breathing normally.
- Stop giving naloxone once the person is breathing normally, even if they are not waking up or responding.
- Once they are breathing normally, place them in the recovery position (on their side).
- After 3 minutes (35-40 breaths) of rescue breathing, re-check breathing and responsiveness.

AFTER CARE part 1

7a

After Care

- **Recovery Position.** If the person does not wake up but is breathing normally, put the person in the recovery position and stay with them until help arrives. Re-position the person every 30 minutes and re-start SAVE ME Steps if their breathing slows, stops, or becomes irregular.
- **Stay with the person.** It's important to stay with the person until additional help arrives. After the person has woken up, they may not remember what has happened or they may be experiencing opioid withdrawal symptoms.
- **Inform the person.** Tell the person who you are, and what has happened. Tell them how much naloxone you gave them and how this was administered (i.e., injection or nasal spray).

AFTER CARE part 2

7b

After Care

- **Encourage** the person to wait 30 minutes to 2 hours for naloxone to wear off before taking more opioids:
 - Will not produce feeling of euphoria.
 - Will not reduce withdrawal symptoms.
 - Can cause another opioid poisoning when naloxone wears off.
- **Give Space.** Sometimes people can feel confused or agitated. Remain calm and give the person space. Reassure them that withdrawal symptoms are temporary.
- **Monitor.** Encourage them to go to the hospital for further monitoring. Once the naloxone wears off, another poisoning could occur. This is due to the opioids lasting longer in the body than naloxone.

DOCUMENT & DEBRIEF

DOCUMENT & DEBRIEF

- 1. Inform paramedics;** provide a report on all emergency care provided, including the number of naloxone doses given, the time of the last naloxone dose, how long the person was unresponsive, and substances used (if known) or any known medical conditions
- 2. If the person does not go to the hospital:**
 - Monitor them for at least 2 hours after last naloxone dose.
 - Encourage them to avoid using more opioids until naloxone wears off.
 - Encourage person connect with their health care provider
 - Extended monitoring (up to 12 hours) may be necessary if long-acting opioids were ingested or multiple naloxone doses were given.
 - Call the BC Drug and Poison Information Centre (Poison Control) at **1-800-567-8911** for guidance.
- 3. Complete Required Paperwork:**
 - Forms or reports required by your organization
 - Facility Overdose Response Box Naloxone Administration Information Form
- 4. Debrief:** Debrief with your supervisor. Access additional support from your organization or community.