HOW TO RESPOND
OPIOID POISONING

Street Cats YYC

SIGNS & SYMPTOMS OF OPIOID POISONING

- SLOW OR NO BREATHING (WHERE "SLOW" BREATHING MEANS LESS THAN 12 BREATHS PER MINUTE)
- UNRESPONSIVE TO VERBAL OR PAINFUL STIMULI
- PALE FACE / SKIN
- LIPS OR NAILS APPEAR BLUE
- GURGLING OR SNORING SOUNDS
- CHOKING OR VOMITING
- COLD OR CLAMMY SKIN
- CONSTRICTED OR TINY PUPILS
- EXCESSIVE NASAL MUCUS (SNOT)
- SEIZURE-LIKE MOVEMENTS OR RIGID POSTURE

NEVER USE ALONE

NORS is a peer-run, peer-led overdose prevention hotline. NORS makes overdose support available to Canadians 24/7.
Call (Canada only): 1-888-688-NORS(6677)

The Digital Overdose Response System (DORS): Mobile app allows Albertans using opioids or other substances to summon emergency response to their location if they become unconscious.

RESPONDING

STEP 1: Check for signs of poisoning

STEP 2: Try to wake the person by yelling their name, using a sternum rub, or a trap squeeze. If they're unresponsive & you're unfamiliar with poisoning response, call 9-1-1

STEP 3: Check breathing + pulse
- If they're not breathing normally, start rescue breaths
- If there's no pulse, start CPR & call 9-1-1 immediately

STEP 4: Inject naloxone (can be done through clothing) and begin rescue breathing

STEP 5:
- If there's no improvement after 2–3 minutes, give another dose of naloxone & continue rescue breathing
- If they wake up but aren't breathing enough to stay alert, continue rescue breaths
- If they're breathing on their own, encourage slow deep breaths & place them in recovery position until help arrives

DRAWING UP NALOXONE

A. Prepare the naloxone vial by pulling white plastic cap off the top

B. Remove the Vanish Point safety syringe from its packaging and take the cover off the needle. The syringe can be accessed easily by pushing it through the white paper

C. Pull the plunger of the syringe back to bring air into the barrel

D. Insert the needle into the rubber top of the naloxone vial until the tip is visible in the neck of the vial. Ensure the tip of the needle isn't too far in - you want it to remain in the liquid

E. Draw up the naloxone. Push the plunger slightly to inject air into the vial - ~~do NOT push the plunger all the way in.~~ If the plunger is fully depressed, the needle will retract into the syringe, making it unusable & requiring a new syringe. After injecting air, pull back on the plunger to draw up the naloxone. Watch the liquid enter the barrel of the syringe. As the liquid level lowers, ensure the needle tip remains in the liquid by slightly adjusting the needle position to keep it submerged

F. Check the dose. Confirm that there is at least 1 mL of naloxone in the syringe. Naloxone vials may contain slightly more than 1 mL - you do not need to retrieve all of the liquid. In an emergency, prioritize timely administration over drawing up the entire vial. Pull the vial off of the needle and then your syringe is ready for injection

RESCUE BREATHING

- Place the person on their back
- Tilt their head back, lifting their chin to open the airway
- Open their mouth and place the face shield as instructed in the pictures + text on the mask. It's right side up if you can read the text. Pinch the nostrils with one hand & blow into the mouthpiece of the mask
  - **If the airway is clear,** the breaths will make the chest rise & fall
  - **If the airway is not clear,** the chest will not rise and fall, but the person's cheeks may puff out with air. If this happens, readjust their head by lifting at the back of the neck. Make sure it's tilted back with the chin pointing at the sky or ceiling. Repeat two test breaths and continue to readjust until the airway is clear
- Provide one rescue breath every five seconds by blowing into the mouthpiece while pinching the person's nostrils. Do this for two minutes before giving another dose of naloxone

STIMULI

Verbal Stimulation
- Speak loudly, ask them if they're okay & encourage them to breathe. Always inform the person before making any contact: "*I'm going to put my hand on your shoulder. Can you hear me? Try to take a breath.*" If there's no response to verbal stimulation, move to painful stimulation

Physical Stimulation
- Rub your knuckles firmly up & down the sternum (breastbone) to create a pain response. Tell the person what you're about to do: "*I'm going to rub my knuckles on your chest.*"
- Do a trap squeeze (top of the shoulder)
- Pinch the back of their arm

Acknowledge that what you're doing is painful & apologize

AFTERCARE

Waking up after recieving naloxone can feel extremely intense & disorienting.

Someone might:
- Wake up confused, scared, or panicked
- Feel sudden withdrawal symptoms, pain, or sickness
- Become upset, defensive, or angry
- Want to leave right away

These reactions are normal and don't mean the person is "violent" or "ungrateful." Naloxone can trigger immediate withdrawal and emotional distress, especially in folks who use opioids regularly. Offer the person choices instead of commands. Ask what they need. Don't force a big conversation right away.

Briefly explain what happened & what you did:
"I found you unconscious and not breathing. I gave you rescue breaths and naloxone to help you breathe again. You're safe right now & help is on the way."

Provide simple, relevant information:
- Naloxone lasts 30 - 90 minutes
- Many opioids last longer than naloxone & the effect of opioids can return when naloxone wears off, risking re-poisoning

Not everyone will want emergency services or additional support after revival. Focus on reducing harm, maintaining trust, & supporting safety rather than escalating the situation. Encourage medical follow-up when possible.

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HARM REDUX PUNX
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