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**Maryland Department of Health and Mental Hygiene**  
**Overdose Response Program**

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**Public Health**  
Prevent. Promote. Protect.

**Harford County  
Health Department**

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# **Naloxone Recertification**

Health General Article, §13-3101

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**Harford County Health Department**  
**Division of Behavioral Health**  
**120 S. Hays Street · 3<sup>rd</sup> Floor · Bel Air, MD 21014**  
**410-877-2340**

### **Directions**

To be recertified under the Overdose Response Program (ORP), you must review the information in this packet and complete and return the attached Proficiency Assessment and Trainee Application.

When completing the Trainee Application please check the box in the upper right corner to identify the application as a “renewal” and enter your current certificate number on the space provided.

Please return the completed Trainee Application and Proficiency Demonstration to:

Wendy Kanely, ORP Coordinator  
Harford County Health Department  
Division of Behavioral Health  
120 S. Hays Street, 3<sup>rd</sup> Floor  
Bel Air, Maryland 21014

**Faxes and Emails accepted:**

Fax: 410-638-4954

Email: [Wendy.Kanely@Maryland.gov](mailto:Wendy.Kanely@Maryland.gov)

**If you have any questions, please contact:**

Wendy T. Kanely, Coordinator (P) 410-877-2355

**Additional Contacts:**

Beth Jones, LCADC, Division Director

[Beth.Jones@Maryland.gov](mailto:Beth.Jones@Maryland.gov) (P) 410-877-2360

Dr. Julie Stancliff, D.O., Medical Director

[Julie.stancliff@Maryland.gov](mailto:Julie.stancliff@Maryland.gov) (P) 410-877-2351

**Recertification Denial:** A recertification denial may occur based on incomplete or incorrect responses to the Proficiency Assessment and Trainee Application. If the denial is based on a review of the Proficiency Assessment, the applicant may be required to attend a full training, in accordance with the ORP guidelines.

## ORP Updates

In 2015, the following revisions were made to the ORP's Curriculum:

**1. Order of response:**

- |                             |                              |
|-----------------------------|------------------------------|
| Step 1: Rouse and Stimulate | Step 4: Rescue Breathing/CPR |
| Step 2: Call 9-1-1          | Step 5: Care for the Person  |
| Step 3: Give Naloxone       |                              |

- 2. CPR:** Chest compressions should only performed by someone who is CPR certified, after giving naloxone.
- 3. New formulation of Naloxone:** The Evzio Autoinjector and the NARCAN® Nasal Spray 4mg were introduced as viable options to the traditional intramuscular and intranasal Naloxone.
- 4. Shortened wait time for giving second dose of naloxone:** If after giving the first dose of naloxone breathing is not restored within 2-3 minutes, give another dose.
- 5. Legal updates: Added protection for certificate holders and the Good Samaritan law:** A person who, in good faith, seeks, provides or assists a person experiencing an alcohol or drug related medical emergency shall be immune from arrest and prosecution for **certain crimes**, if the evidence was obtained solely as a result of the person's actions in rendering or obtaining aid for the victim. This immunity extends to the person experiencing the medical emergency.

Certain crimes include:

- §5-601: possessing/administering a controlled substance;
  - §5-619: use of/intent to use drug paraphernalia;
  - §10-114: underage possession of alcohol;
  - §10-116: obtaining alcohol for underage consumption; and
  - §10-117: furnishing alcohol for underage consumption.
- 6. Statewide standing order:** On December 14, 2015, DHMH's Deputy Secretary for Public Health Services issued a statewide standing order allowing Maryland-licensed pharmacists to dispense naloxone without a prescription to individuals certified under the ORP. Certificate holders need only present their certificate at participating pharmacies to receive naloxone. (At cost, most insurance accepted)

## **Training Highlights**

### **What is Naloxone?**

- Naloxone only reverses opioid overdose
- Naloxone is not addictive
- Naloxone cannot be abused
- Naloxone does not get you high
- Naloxone has no effect on someone who hasn't taken opioids
- Naloxone side effects are minimal and rare
- Naloxone is safe for children and pregnant women
- Naloxone wears off in 30 - 90 minutes
- Naloxone is only effective in reversing opioid overdoses

### **Naloxone Side Effects**

After receiving naloxone, a person may:

- Feel physically ill/vomit;
- Experience withdrawal symptoms, which can be unpleasant, but not life-threatening;
- Become agitated and upset; or
- Have a seizure, though this is rare.

### **Signs and Symptoms of an Overdose**

- Loud snoring or gurgling noises
- Body very limp
- Unresponsive
- Skin pale/gray, clammy
- Lips/fingertips turn blue(ish)
- Pulse slow or erratic
- Breathing very slow, shallow, or not at all
- Unconscious

## Administering Naloxone

### Intranasal

- Step 1:** Remove caps from needle-less syringe.
- Step 2:** Screw nasal atomizer into top of syringe.
- Step 3:** Remove cap from prefilled vial of naloxone.
- Step 3:** Gently twist naloxone vial into delivery device until you feel it “**catch.**”
- Step 4:** Tilt back the head
- Step 5:** Spray **one-half** (1cc) of the naloxone up each nostril.
- Step 6:** Allow 1-3 minutes for the naloxone to work.
- Step 7:** If breathing is not restored after 2-3 minutes, *give another dose* of naloxone.



### Intramuscular

- Step 1:** Pop off the flip-top from naloxone vial.
- Step 2:** Insert needle into vial and draw up **1cc** into syringe.
- Step 3:** Use alcohol wipe to clean injection site: shoulder, thigh or buttocks.
- Step 4:** Inject needle straight into muscle, then push in plunger.
- Step 5:** Allow 1-3 minutes for the naloxone to work.
- Step 6:** If breathing is not restored after 2-3 minutes, give another dose of naloxone.
- Step 7:** Stay with person and provide care until medical help arrives.



## Administering Naloxone

### Evzio Autoinjector

- Step 1:** Pull off the red safety guard. Note: The red safety guard is made to fit tightly. Pull firmly to remove.
- Step 2:** Place the Black end of EVZIO against the outer thigh.
- Step 3:** Press firmly and hold in place for 5 seconds.  
Keep EVZIO firmly pressed on the thigh for 5 seconds after you hear the click and hiss sound. EVZIO makes a distinct sound (click and hiss) when it is pressed against the thigh. This is normal and means that EVZIO is working correctly. The needle will inject and then retract back up into the EVZIO auto-injector and is not visible after use. EVZIO cannot be reused. After use, place the auto-injector back into its outer case. Do not replace the red safety guard.



### NARCAN® Nasal Spray 4mg

NARCAN Nasal Spray is for intranasal use only.

- Step 1:** Administer a single spray of NARCAN Nasal Spray into **one** nostril.
- Step 2:** Administer additional doses of NARCAN Nasal Spray, using a new nasal spray, if the person does not respond within 2 to 3 minutes.
- Step 3:** Additional doses of NARCAN Nasal Spray may be given every 2 to 3 minutes until emergency medical assistance arrives.



## **Rescue Breathing**

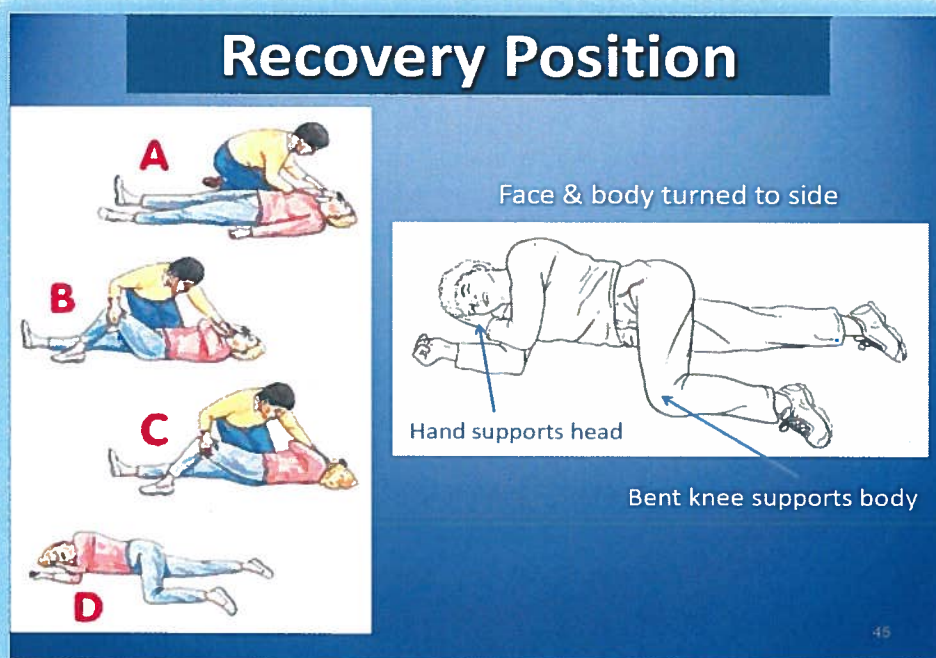
If rescue breathing is indicated, follow these steps:

- Step 1:** Lay the person on his/her back on a flat surface.
- Step 2:** Tilt the chin to open the airway.
- Step 3:** Remove anything blocking the airway.
- Step 4:** Pinch the person's nose closed completely.
- Step 5:** Cover his/her mouth with your mouth and blow 2 regular breaths, about 1 second each.
- Step 6:** If needed give additional breaths. Give 1 breath every 5 seconds.

## **Follow-up care**

After giving naloxone:

1. Stay with the person until medical help arrives;
2. If they are unable to sit up, put person in recovery position;
3. Keep person calm and encourage them not to take more opioids;  
and
4. If overdose re-occurs, give another dose of naloxone.



DIVISION OF BEHAVIORAL HEALTH  
NALOXONE TRAINING & CERTIFICATION PROGRAM

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**Proficiency Assessment**

**Applicant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

1. Number the following overdose response steps from 1-5:

- \_\_\_ Call 911
- \_\_\_ Get their attention (sternum rub)
- \_\_\_ Rescue breathing or CPR
- \_\_\_ Give naloxone
- \_\_\_ Care for the person

2. **Fill in the blank:** When doing rescue breathing, give 1 breath every \_\_\_ second(s).

3. **Circle Best Answer:** (T) True or (F) False

After giving Naloxone you should:

- T / F Use ice to cool down body.
- T / F Put person in bath/shower.
- T / F Place the person in the recovery position.
- T / F Give drink/induce vomiting.
- T / F Call Poison Control

4. Place an  $\checkmark$  next to the signs of an opioid overdose:

- Seizure
- Slow or stopped breathing
- Loud snoring
- Loud talking
- Blue fingertips
- Unresponsiveness



# OVERDOSE RESPONSE PROGRAM (ORP) TRAINEE APPLICATION FOR CERTIFICATE

€ Original  
 € Renewal:  
 Original  
 Cert. #: \_\_\_\_\_  
 Issuing Entity: \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (Applicant must be at least 18 years old) **AGE:** \_\_\_\_  
 (Month/day/year)

**E-mail Address (optional):** \_\_\_\_\_ **Phone Number (optional):** \_\_\_\_\_

**Sex (optional):**  Male  Female  Not Stated

**Race/Ethnicity (optional) check all that apply:**

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

**Are you Hispanic or Latino?**  Yes  No

White or Caucasian

**Please check which category best describes your reason to receive a certificate:**

Occupation  Volunteer Work  Family Member  Social Experience  Law Enforcement

*I hereby certify that the information contained in this application is complete and accurate to the best of my knowledge.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR ORP USE ONLY:**

Trainee eligible to receive: € Certificate € Prescription for naloxone € Naloxone

Certificate Serial Number: _____  Certificate Issuance Date: _____  Certificate Expiration Date: _____	<i>Prescription (if applicable):</i>  Prescriber Name: _____  Prescription Number: _____	<i>Naloxone (if applicable):</i>  Naloxone Lot Number: _____  Naloxone Expiration Date: _____  # Doses: _____ € Intranasal € Intramuscular  Dispensed by: _____
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**Date of Training:** \_\_\_\_\_ **Location of Training:** \_\_\_\_\_