



TRAIN THE TRAINER CERTIFICATE

THIS CERTIFICATE IS TO CONFIRM THAT

NAME OF RECIPIENT

HAS DEMONSTRATED THE COMPETENCIES REQUIRED TO PROVIDE
TAKE HOME NALOXONE '*TRAIN-THE-TRAINER*' TRAINING ON BEHALF OF:

SITE NAME

TRAINER NAME

DATE

Learning Objectives Checklist

Here is a checklist that summarizes material covered by this manual.

| ☑ TOPIC | IMPORTANT DETAILS |
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| <input type="checkbox"/> Overdose Prevention | <ul style="list-style-type: none"> • MIXING: opioids with downers OR opioids with uppers (Prevention: don't mix, or if do, use drugs before alcohol) • TOLERANCE: also taking Rx drugs, after periods of non-use or lower use e.g. jail, detox/abstinence, hospital, new use (Prevention: use less at these times) • QUALITY OF STREET DRUGS: unpredictable (Prevention: do testers, go slow, use a consistent reliable dealer) • USING ALONE: behind closed locked door when no-one knows (Prevention: tell someone before you use, leave door unlocked) • HEALTH: liver, breathing problems, lack of sleep, dehydration, infections (Prevention: eat, drink, sleep, see doctor, carry inhaler) |
| <input type="checkbox"/> Signs and Symptoms of Opioid OD <i>(Naloxone only works for <u>opioid OD</u> – NOT for non-opioid depressants like alcohol or benzos BUT if you don't know, <u>naloxone won't hurt</u>)</i> | <ul style="list-style-type: none"> • e.g. heroin, morphine, fentanyl, oxy, Dilaudid, T3, methadone • opioid OD = too much drugs, breathing slows, not enough oxygen to the brain (less than 1 breath every 5 seconds) • Key feature: UNRESPONSIVE & SLOW/SHALLOW/IRREGULAR BREATHS • May also observe: (1) blue lips/ fingernails; (2) snoring/gurgling |
| <input type="checkbox"/> Signs and Symptoms of Stimulant Overdose <i>(or 'overamping')</i> | <ul style="list-style-type: none"> • e.g. crystal meth, cocaine, crack, MDMA, caffeine, nicotine • Chest pains, dizziness, rapid heartbeat, extreme agitation • Lots of sweat or no sweat • Seizures/convulsions, foaming at the mouth • Paranoia, delusions, psychosis • <u>MEDICAL EMERGENCY – CALL 911 – NALOXONE WON'T WORK</u> |
| RESPONDING TO AN OPIOID OD | |
| <input type="checkbox"/> CONFIRM UNRESPONSIVE | <ul style="list-style-type: none"> • Stimulate with: Noise (shout, use their name), Pain (ex. sternal rub) – Remember, tell person what you are doing before you touch them |
| <input type="checkbox"/> CALL 911 | <ul style="list-style-type: none"> • Put person in the recovery position if you have to leave them alone |
| <input type="checkbox"/> CLEAR AIRWAY & GIVE BREATHS | <ul style="list-style-type: none"> • Clear airway (is there anything in their mouth?), tilt head, lift chin • Pinch nose and give 2 breaths. • Continue 1 breath every 5 seconds until person is breathing again • If you do not know how long someone has been unconscious and not breathing, you should give both chest compressions and breaths. |
| <input type="checkbox"/> GIVE INTRAMUSCULAR NALOXONE <i>(demonstrate if possible)</i> | <ul style="list-style-type: none"> • Swirl ampoule, snap top off, draw up all of the naloxone, remove most of the excess air • Inject into large muscle – THIGH, upper arm or butt • Inject at 90°, push plunger until you hear a click (needle will retract) |
| <input type="checkbox"/> EVALUATE EFFECTS (for 4-5 minutes) & GIVE MORE NALOXONE IF NEEDED | <ul style="list-style-type: none"> • Continue to give breaths <u>FOR 3-5 MINUTES</u> (about 40 breaths) OR until they respond (are breathing again on their own). • <u>After 5 minutes, if still unresponsive, give a 2nd dose of naloxone</u> • Continue breaths until person breathing OR paramedics arrive |
| <input type="checkbox"/> AFTERCARE | <ul style="list-style-type: none"> • Naloxone wears off in 20-90 minutes • Person will not remember ODing – explain what happened • If person does NOT go to hospital monitor at least 2 hours and do NOT allow them to take more opioids (could OD again) |
| <input type="checkbox"/> CARING FOR NALOXONE | <ul style="list-style-type: none"> • Naloxone should be stored out of the light at room temperature • Be aware of the expiry date – it is on the ampoule |