

CERTIFICATE OF COMPLETION

This certificate is awarded to



*In recognition of Overdose and Naloxone Education training
to Save A Life*

BC Harm Reduction Program

YYYY / MM / DD

Educator's Signature

Date

Educator's Name (Print)

Organization

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THE **heart.com**
WORKING TOGETHER
REDUCING HARM

TAKE HOME NALOXONE: PARTICIPANT KNOWLEDGE CHECKLIST

This checklist provides a guideline to assess the knowledge of the participant following the training session. As the Educator you should be confident that each knowledge objective was covered in the training and that the participant understands each of the objectives.

Participant's Name: _____

Date: YYYY / MM / DD

Educator's Name (Print): _____

Initials	Knowledge Objective
	<p>Overdose Prevention</p> <ul style="list-style-type: none"> • Demonstrates clear knowledge of causes, contributing factors, and prevention strategies to overdoses • Demonstrates understanding of stimulant overdose – there is no antidote • Knows the application of <i>myths</i> in responding to overdose can be harmful
	<p>Signs of Opioid Overdose</p> <ul style="list-style-type: none"> • Understands the signs of an opioid overdose: <i>breathing is very slow/ erratic or not there at all, fingernails/lips blue or purple, unresponsive to stimulation/sternal rub, deep snoring/gurgling sound, body is limp, unconscious</i> • Understands that naloxone does not work for non-opioid overdoses
	<p>Recovery Position and Calling 911</p> <ul style="list-style-type: none"> • Can demonstrate the recovery position and knows to put the person in this position if they have to leave them alone to keep airway clear • Understands the importance of calling 911, knows what to say to the 911 operator and knows to debrief EMS when they arrive
	<p>Stimulation & Application of Breaths</p> <ul style="list-style-type: none"> • Demonstrates understanding of how to provide stimulation: <i>Sternal Rub/Say the person's name/Tell them to breathe</i> • Demonstrates understanding of how to provide breaths and use 1-way face mask
	<p>Naloxone Administration</p> <ul style="list-style-type: none"> • Demonstrates understanding, including: 1 mL into muscle of upper shoulder, upper thigh, or upper-outer quadrant of buttocks. If no change in condition within 3-5 minutes – should give another dose of naloxone
	<p>Evaluation & Aftercare</p> <ul style="list-style-type: none"> • Demonstrates knowledge that the effect of naloxone only lasts 30-90 minutes and the overdose can return • Knows to stay with person to communicate to that person: what happened, not to let person take more drugs; sickness will go away, more opioids will have no effect while naloxone is active, and more drugs will make OD more likely to return when effect of naloxone wears off • Knows to watch for OD symptoms returning
	<p>Care of Naloxone Vial, Program Evaluation, Refill</p> <ul style="list-style-type: none"> • Demonstrates knowledge how to store naloxone at room temp and away from light • Watch expiry date on ampoules • Keep naloxone in a regular place and let others know where it is in case of an emergency • Knows how to get a repeat prescription, and if need more information to go to www.towardtheheart.com • Knows the importance of completing and returning the Administration Information form