

## **Overdose Recognition & Naloxone Administration Toolkit Introduction**

Thank you for your interest in helping educate your community on overdose recognition and naloxone administration. The Arizona Center for Rural Health, under a project funded by the Arizona Department of Health Services and Center for Disease Control and Prevention, developed this toolkit for communities to use freely. In Arizona more than five people a day die from an overdose. We want to help eliminate this number through training community health workers and other community members how to respond.

This training covers opioids, substance use disorders and their connection to trauma and stigma. It also covers opioid overdose recognition and response, community resources, and harm reduction tips. It was created with Community Health Workers/Representatives and Promotores in mind but has since been adapted for other groups. We kept most of our materials open for editing so that these tools can meet the needs of the populations you serve.

The information in this training is designed for educational purposes only. This information does not substitute, nor does it replace, the advice of a medical professional, including diagnosis or treatment. Always seek the guidance of a qualified health professional with questions you may have regarding any medical condition. Naloxone can and should be administered if you think someone is overdosing.

Additional resources can be found on the AzCRH Naloxone Training website here:

<https://crh.arizona.edu/programs/naloxone>

Thank you again for educating your community on the importance of opioid overdose response,

AzCRH Overdose Data to Action Team

[crh.arizona.edu/programs/naloxone](https://crh.arizona.edu/programs/naloxone)

[azcrh-od2a@arizona.edu](mailto:azcrh-od2a@arizona.edu)

The material presented here was supported by Grant number CDC-RFA-CE19-1904 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

**Overdose Recognition and Naloxone Administration Training Toolkit User Guide**

This toolkit is intended to be used as a starting point. Feel free to make changes and additions to better suit the populations you are training.

While making these changes, be sure to provide medically and socially accurate information so the communities have the best available information. We think this toolkit is and will remain up to date through August 2024. Given the rapid changes in the types of drugs use, widespread availability of naloxone, and other community issues the toolkit will need a review and update after a year.

In the toolkit you will find:

1. **Training Slide Deck:** This is what learners view during a training session. Slides cover the learning material, activities, and prompts for questions. It is helpful to designate one facilitator to share these slides on their screen.

The training can be shortened by removing slides (these are usually the activities) or lengthened with information or resources specific to the group.

Please be sure to check for any technical issues by sharing the screen before the training. Some groups may request the slides after the training, feel free to send them or direct them to the [AzCRH Naloxone Training Website](#).

- a. You may want to use the **Activity Worksheets** to make training activities more interactive. These files can be dropped into the Zoom Chat Box to be completed virtually or sent beforehand to the learners in an email. Previous groups have printed them before the training to complete as a hard copy.
  - b. Make sure facilitators are comfortable with naloxone demonstrations, consult the **Facilitator Checklist** for extra guidance.
  - c. Feel free to add current data from your county health department or the [ADHS Opioid Page](#)
2. The **Training Lesson Plan** is a script for the training. It includes prompts to interact with learners while facilitating activities. It can be edited to include links to the workbook and an evaluation of the training. Please feel free to adjust examples and other language to better suit the needs of your audience. We recommend making sure that any change made to the lesson plan is reflected in the slide deck and vice versa to ensure that the tools match each other.
3. The **Training Workbook** is referenced in the training. This is a workbook of resources and copies of training activities that the learners can reference after the training. It was last updated in August of 2023.

**Note on editing/updating materials:** Usability considerations, provide instruction to people that modify the materials to “Save As” and rename the file. This preserves the original in case you want to return to it. Date materials for data metrics, recommend toolbox users to look for updates regularly.

### **Facilitating the Training**

- **At least two** facilitators are recommended per 20 participants.
- Practice sessions are helpful for facilitators to become comfortable with the material and identify content that might need to be edited/added/deleted. Pay special attention to the naloxone administration demonstration. Facilitators should be comfortable demonstrating at least one form of naloxone. Use the **Facilitator Checklist** for guidance.
- Be prepared for misguided, stigmatizing, or not factual input. Address points professionally using evidence-based knowledge.
- Address some points made in the intramuscular naloxone video:
  - Stick to waiting two minutes for a response before administering additional doses
  - Do not recap your needle, place it in a clearly marked container (if one is available), but primarily away from people if possible.
- If naloxone videos are no longer available, consider these criteria
  - No longer than 9 minutes
  - From a reputable creator
  - Covers the steps to respond to an opioid overdose and providing naloxone

### **In-Person Training Considerations:**

This training was initially created for in-person training but has been modified for virtual facilitation. If you intend to modify the toolkit for an in-person training, keep a few considerations in mind:

- Sign-in sheets, evaluations, and workbooks should be printed (if using). If it is not possible to print workbooks, printing the activity sheets and naloxone administration steps (how to handle and overdose) is advised.
- Edit the lesson plan to reflect in-person facilitation

- There should be at least 1 facilitator per 20 learners to assist with activities (if using), answer questions, and provide demonstrations of naloxone administration.
- To demonstrate using naloxone, consider the use of mannequins or a designated volunteer. Be sure to sanitize demonstration equipment before and after use.
- The slide deck should be visible to all learners in the room, consider multiple screens if available
- Depending on the group size and room layout, microphones may be necessary