

Facility Letterhead

Opioid Overdose Prevention Training Skills Checklist for Schools

Directions to trainer: Review the items with the trainee. Upon successful completion add trainees name to the Opioid Overdose Prevention Staff Training Log Summary and sign their certificate of completion.

| | |
|--|-------|
| Trainee Name: | |
| Trainer Name: | Date: |
| Trainer Title : <input type="checkbox"/> RN <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> MD/DO | |
| School Name: | |
| NYSDOH Registered Opioid Overdose Program Name: <input type="checkbox"/> NA | |

| Knowledge Check Completed By Trainee | Trainer Name | Date |
|--|--------------|------|
| Provides a copy of Opioid Overdose Prevention Training post-test which indicates 100% accuracy | | |
| Identifies location and contents of naloxone kit | | |
| Describes documentation and reporting process per policy | | |

| Skills Check for Administering Naloxone | Trainer Name | Date |
|---|--------------|------|
| Assesses the victim by Shake, Shout, Sternal Rub | | |
| Calls/instructs someone to call 911 and activate school emergency response per policy | | |
| Obtains and correctly administers naloxone following manufacturer’s directions or steps below for Narcan® Nasal Spray | | |
| <input type="checkbox"/> Take Narcan® Nasal Spray out of box. Peel back tab with the circle to open. <input type="checkbox"/> Hold the device with your thumb on the bottom of the plunger and two fingers on the nozzle. Do NOT press the plunger. <input type="checkbox"/> Tilt the person’s head back and provide support under the neck with your hand. <input type="checkbox"/> insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person’s nose <input type="checkbox"/> Press the plunger firmly to give the dose of Narcan® Nasal Spray. <input type="checkbox"/> Remove the Narcan® Nasal Spray from nostril after giving the dose. <input type="checkbox"/> Place victim in recovery position. <input type="checkbox"/> If no or minimal response after 2-3 minutes, repeat with other dose of Narcan® Nasal Spray in box. <input type="checkbox"/> If not breathing, provide two slow breaths, then one rescue breath every 5 seconds. | | |

**Training is valid for 2 years. Annual review is highly recommended.
 Maintain this record for 2 years unless superseded by updated training.**