

SOG: PROJECT DAWN TRAINING FOR OVERDOSE PREVENTION EDUCATORS AND OPIOID OVERDOSE RESPONDERS

Section 4731.941 of the Ohio Revised Code permits a physician to authorize one or more individuals to personally furnish a supply of naloxone pursuant to a protocol. This Standard of Guidance supports the Protocol for Personally Furnishing Naloxone. It describes the training process and requirements for individuals who are authorized by their Medical Director to furnish naloxone, and describes the training requirements for individuals receiving naloxone.

A physician may authorize one or more individuals to personally furnish a supply of naloxone pursuant to a protocol to either of the following:

1. An individual who there is reason to believe is experiencing or is at risk of experiencing an opioid-related overdose; or
2. A family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

Individuals Authorized to Furnish Naloxone are Referred to as Overdose Prevention Educators and must:

1. Attend a mandatory training conducted by the Project DAWN Project Manager or an approved Trainer; and
2. Work under the supervision/oversite of a Medical Director and under the direct supervision of the Project Manager.

Mandatory training for Overdose Prevention Educators must address all of the following:

1. Risk factors for opioid overdose
2. Prevention strategies
3. Signs of an overdose
4. Calling 911
5. Rescue breathing
6. Administering intranasal naloxone
7. Completion of proper documentation
8. Proper storage of naloxone
9. Post-exposure care
10. Refill procedure

Overdose Prevention Educators will assure that Opioid Overdose Responders:

1. Have successfully completed an Opioid Overdose Prevention Training within the last two years
2. Receive training presented by an approved Project DAWN Prevention Educator, and
 - a. A Project DAWN Registration Form is completed with each Opioid Overdose Responder as part of the training session, that includes a brief risk assessment, and is completed accurately
 - b. Training consists of the components listed above, as well as training methods such as live demonstrations from participants to assess their understanding and ability to respond, and instructional DVDs or videos.
 - c. Trainings may be conducted in a variety of settings. Trainings may be conducted one-on-one, in a small group, or in community settings. The duration of the training will depend on the number of responders in the class and their familiarity with drug administration and overdose.
 - d. Opioid Overdose Responders who complete the training will be issued a naloxone kit to take with them that contains – two prefilled syringes of naloxone 2 mg/2ml (two vials per kit); two mucosal atomization devices; two face shields; an instruction card; a prescription label; an ID number.

Opioid Overdose Responder Training must address the following:

1. Overdose prevention techniques
2. Recognizing signs and symptoms of overdose
3. Calling 911
4. Airway and breathing assessment/Rescue breathing/Recovery position
5. Naloxone storage, carrying, and administration in an emergency situation
6. Reporting of overdose and refill procedures
7. Post-overdose follow-up care

Who may be trained as an Opioid Overdose Responder?

1. The Ohio Revised Code Section 4731.941 permits a physician to authorize one or more individuals to personally furnish a supply of naloxone pursuant to a protocol to either of the following:
 - a. An individual who there is reason to believe is experiencing or is at risk of experiencing an opioid-related overdose;
 - b. A family member, friend, or other person **in a position to assist an individual** who there is reason to believe is at risk of experiencing an opioid-related overdose.
 - c. Many individuals work in environments where they may be **in a position to assist an individual** experiencing an overdose, including, but not limited to, the following:
 - i. Colleges (residence life staff) and schools (school nurses, administrators, teachers, etc.)
 - ii. Substance abuse treatment programs (residential and nonresidential)
 - iii. Halfway houses
 - iv. Homeless shelters
 - v. Home healthcare agencies
 - vi. Probation officers
 - vii. Social workers and home visitors
2. The Medical Director must:
 - a. Specify in protocol which individuals may be furnished naloxone, including the number of refills an individual may receive, and;
 - b. Be available to be directly consulted if there are questions.

How to Conduct an Opioid Overdose Responder Training

1. Set a date.
2. Advertise; send out press release; share information with other agencies.
3. Have people call to reserve a space or an appointment. [Training may be provided one-on-one, in small groups, or in community settings.]
4. On the day of the training:
 - a. Set up your computer for power point and video. May use DVD player for training DVD.
 - b. Make sure you have a wireless connection available for web-based training video, if needed.
 - c. Have the following forms:
 - i. Sign in sheet
 - ii. Prescription Labels
 - iii. Instruction Cards
 - iv. Registration forms
 - v. Refill forms
 - vi. Agency data collection forms (for participants representing an agency and working with individuals at risk).
5. Have enough naloxone kits for number of participants expected, plus a few extra.
6. If class is large, consider having an assistant to help with registration.
7. Have each participant sign in.
8. Determine whether a registration or refill form is needed.
 - a. Instruct participant to complete the entire form.
9. Determine whether participant is seeking training and a naloxone kit to have available in a work setting. In this case, use the Project DAWN Data Collection Form for Agencies as the registration form.
10. While participant completes registration form, fill in prescription label with the date, name of participant, name of prescribing physician (medical director), and location.
11. Review and make sure each registration form is completely filled in.
 - a. Write in the Site Number.
 - b. Assist participant with completing the registration form if needed.
12. Provide the training using the power point and video provided.
13. Allow for demonstration, questions, and comments.
14. Once training is completed, furnish one naloxone kit to each participant (Opioid Overdose Responder).
15. **Note: the number on the naloxone kit will be used as the Client ID Number on the registration and refill forms. Before handing the participant a naloxone kit, enter the kit number as the Client ID Number in the space provided on the participant's registration form. Each Opioid Overdose Responder will have a unique Client ID Number that will be used for registration and subsequent refills.**

16. Training follow up:
 - a. File sign in sheets and registration and refill forms in locked area according to policy for personal health information (HIPAA).
 - b. Enter data from registration and refill forms into data forms provided, and submit to ODH by the 5th of each month.
17. For individuals who work in environments where they may assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose, and are seeking training and a naloxone kit for general use (not for a specific individual),
 - a. Use the Project DAWN Data Collection form for Agencies (paper form), and the Project DAWN Data Entry form for Agencies (electronic data submission).

Attachment A: Forms

1. Training Sign-in Sheet
2. Prescription Labels
3. Instruction Cards
4. Registration Forms
 - Paper
 - Project DAWN (PD) Registration final 4-28-16
 - PD Refill final 4-28-16
 - PD Data Collection form for agencies
 - Electronic Submission
 - PD data collection tool_registration_intake form_distributed
 - PD data collection tool_refill form_distributed
 - PD data entry form for agencies_distributed
5. Morrow County PD Reporting Form

Attachment B: PD Power Point Presentation

Attachment C: PD Training Video

Attachment D: Understanding Addiction Video