

Facility Overdose Recognition and Response

Record of Employee Competencies

TOPIC	COMPETENCIES
A OVERDOSE (OD) PREVENTION	<input type="checkbox"/> Knows factors that increase the risk of OD <input type="checkbox"/> Understands the risks associated with using drugs alone, but also accepts and supports that some people prefer to use alone for many reasons. <input type="checkbox"/> Knows key prevention messages that give people options to improve their safety, including options for using more safely alone.
B SIGNS & SYMPTOMS OF STIMULANT OVERDOSE	<input type="checkbox"/> Can list common stimulants <input type="checkbox"/> Knows signs and symptoms of stimulant OD <input type="checkbox"/> Knows how to respond to a stimulant OD
C SIGNS & SYMPTOMS OF OPIOID OD	<input type="checkbox"/> Can list common opioids and differentiate them from non-opioid depressants <input type="checkbox"/> Knows signs and symptoms of an opioid OD
D NALOXONE	<input type="checkbox"/> Understands how naloxone works, and what types of ODs it is effective against <input type="checkbox"/> Knows how long it takes for naloxone to work, and how long it works for <input type="checkbox"/> Knows how to store naloxone, and how to check the expiry date
E OPIOID OD RESPONSE	<input type="checkbox"/> Knows the steps involved in responding to an opioid OD with and without naloxone <input type="checkbox"/> Understands the importance of rescue breathing and knows when compressions may be needed <input type="checkbox"/> Demonstrates ability to put someone in the recovery position <input type="checkbox"/> Demonstrates skill in rescue breathing <input type="checkbox"/> Demonstrates skill in preparing and administering an intramuscular injection of naloxone <input type="checkbox"/> Demonstrates skill in delegating tasks and utilizing coworkers and clients
F AFTERCARE	<input type="checkbox"/> Understands the importance of medical care following an opioid OD <input type="checkbox"/> Knowledgeable of the organization's critical incident documentation requirements <input type="checkbox"/> Aware of options for debriefing following naloxone administration <input type="checkbox"/> Familiar with additional avenues of support for employees

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G OD PREPAREDNESS	<input type="checkbox"/> Knowledgeable of how the organization incorporates OD prevention into day-to-day operations <input type="checkbox"/> Demonstrates skill in communicating non-judgementally with clients about their substance use <input type="checkbox"/> Familiar with strategies for monitoring high risk areas to facilitate early identification of ODs <input type="checkbox"/> Understands the role of practice drills in maintaining competencies
H YOUR ORGANIZATION'S OPIOID OD RESPONSE POLICY	<input type="checkbox"/> Has read and understands the organization's policy on opioid overdose response <input type="checkbox"/> Knows the organization's policy on responding to OD off-site or on outreach (if applicable) <input type="checkbox"/> Understands what tasks untrained staff members or clients can assist with <input type="checkbox"/> Familiar with the organization's shift change checklist
I FACILITY OD RESPONSE KIT	<input type="checkbox"/> Knows where naloxone is stored at the site <input type="checkbox"/> Knowledgeable about the contents of the Take Home Naloxone

This employee meets the competencies to repond to a facility Overdose.

EMPLOYEE NAME:	_____	SUPERVISOR NAME:	_____
EMPLOYEE SIGNATURE:	_____	SUPERVISOR SIGNATURE:	_____
DATE:	_____		
REFRESHER COURSE COMPLETION DATES:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____