**Form 1. Service Participant Training Checklist**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Prescribing GP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| The person must be trained in the following: | Trainer to  |
| **The most common drugs identified in a drug-related death** (heroin, methadone, diazepam & alcohol – all CNS depressant drugs) **and the physical effects these drugs have** (slow, shallow, irregular breathing, slow heart rate, feeling less alert,unconsciousness, not feeling pain) |  |
| **The main causes of drug overdose** (low tolerance, polydrug use, using too much, usingalone, injecting drug use, purity levels) |  |
| **High risk times** (release from prison, leaving rehab or hospital, recent detox, recentrelapse, poor physical or mental health, recent life events, cash windfall, longer-term user, festive periods, weekends or holidays) |  |
| **The signs & symptoms of suspected opiate overdose** (pinpoint pupils, breathingproblems, skin/lip colour, no response to noise or touch, loss of consciousness) |  |
| **The common myths** (don’t inflict pain, give other drugs e.g. stimulants, put inbath/shower, walk person around, leave person on own) |  |
| **When to call 112 or 999** (when person won’t wake with shout/shake, status of personand location) |  |
| **The recovery position** (person on side, airway open) |  |
| **30 Chest compressions then administer naloxone** |  |
| **Shown when and how to administer naloxone** (unconscious but breathing – admin when in recovery position then every 2-3mins, unconscious but NOT breathing – administer after 30 chest compressions then after every 100 chest compressions. Dose – 0.4mls into outer middle thigh muscle via clothing. Assembly of syringe and/or use of one nasal spray) |  |
| **Advised that naloxone is short acting** (the effects of naloxone wear off after 20-90 minutes so it is possible that overdose may return) |  |
| **The importance of staying with the person** (advise the person not to use any other drugs if they gain consciousness) |  |
| **The importance of** not re using the product or the needle once the pack has beenopened |  |
| **To hand** the used naloxone product to the Ambulance crew |  |
| **What to do in** case of a needle stick injury (not to resheath the needle) |  |
| **Advised** that a new pack of naloxone can be re supplied if it has been used |  |
| **Given** a QR card to access naloxone information, including FAQ and videos |  |

**The above trainee has been shown the videos and has an understanding and awareness of opiate overdose, the use of naloxone, calling 112 or 999, the recovery position and basic life support.**

Trainer Name & Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_