

**DOPE(Drug Overdose Prevention & Education)
Response Team: Staff Training Log**

Name:

Item	Sources	Dates Trained
Roles	<ol style="list-style-type: none"> 1. New Staff Orientation-SW 2. Harm Reduction Department Program Overview 3. SW Committee review and opportunities 4. Review of Peer Work roles 5. Review Employee Handbook 	
Oxygen Administration	<ol style="list-style-type: none"> 1. Oxygen Therapy & Airway Management 	
Naloxone Administration	<ol style="list-style-type: none"> 1. Naloxone Training 2. Naloxone Medical Directive 	
Clinical Assessment & Forms	<ol style="list-style-type: none"> 1. Typical & Atypical OD & Response 2. DOPE-Emergency Medical Response Form 	
Overdose & Emergency Response	<ol style="list-style-type: none"> 1. SCS 1-01 Opioid OD Protocol 2. SCS 1-04 Stimulant OD Protocol 3. CPR & First Aid 4. Overdose & Other Medical Scenarios 5. Keep it Simple Stages 	

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	<ul style="list-style-type: none">6. Good Samaritan Act	
Safety & Security	<ul style="list-style-type: none">4. Non-Violent Crisis Intervention Certification6. Emergency Equipment:<ul style="list-style-type: none">I. Oxygen Saturation MonitorII. Naloxone higher dose for no pulseIII. Naloxone (nasal and IM)	
IPAC & Procedures	<ul style="list-style-type: none">1. INF 06 Infection Prevention and Control2. INF 01 Disposal of Sharps3. Harm Reduction Gear Training4. Body Substances Precautions/Needlestick	

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Other Training	<ol style="list-style-type: none">1. Motivational Interviewing2. Safer Injection Practices3. Community Resources4. Ontario Harm Reduction Database	
Special Scenarios	<ol style="list-style-type: none">1. Injection into the jugular, PICC or PIV3. Pregnancy4. Youth5. Intoxication	

I certify that I have reviewed and understood the information identified above.

Staff sign off :

Name & Signature

Date: _____

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Manager sign off:

Name & Signature

Date: _____
