



Trainer Guide

2025



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INTRODUCTION

Welcome to the REVIVE! Trainer Guide, specifically designed to train Basic Lay Rescuer Instructors how to help others recognize and respond to an opioid overdose emergency. As an instructor, you play a crucial role in our goal to reach and educate individuals throughout the Commonwealth of Virginia. Your diverse backgrounds and experiences enrich our program, and we all share a common purpose: to combat the opioid crisis and save lives.

The REVIVE! program is built on three primary objectives:

- **Naloxone Administration:** Training individuals on how to correctly administer naloxone, a life-saving medication that can reverse the effects of an opioid overdose.
- **Breaking the Stigma:** Addressing and dismantling the stigma associated with substance use, fostering a more understanding and supportive community.
- **Providing Second Chances:** Equipping people with the tools, resources, and knowledge they need to assist those affected by opioid use disorders, extending help beyond the initial intervention.

Your role as a trainer is essential in ensuring that our message and training reach every corner of Virginia, empowering communities and making a real difference in the lives of those affected by the opioid crisis. Thank you for your dedication and commitment to this critical cause.

It is important to review this guide in its entirety before leading any training sessions. Familiarize yourself with all the content and structure to ensure a comprehensive understanding and refer back to this guide to maintain the quality and consistency of your training.

Notice: Please be aware that this guide will be periodically updated. To ensure you have the most current information, regularly check our website for any revisions or additional resources.

1. WHY REVIVE! ?

On November 21, 2016, Dr. Marissa Levine, the former State Health Commissioner, declared the opioid crisis in Virginia a Public Health Emergency. This declaration came as a response to the alarming rise in opioid-related fatalities. Since 2013, fatal drug overdose has been the leading cause of unnatural death in the Commonwealth, with opioid overdoses being the primary driver.

The opioid epidemic in Virginia is not confined to any one area; it permeates urban, rural, and suburban communities alike. This widespread impact underscores the pervasive nature of the crisis and the urgent need for comprehensive intervention strategies.

Opioids, including fentanyl, heroin, prescription opioids, and synthetic opioids, have been the main culprits behind the surge in fatal overdoses. In 2019 alone, there were 1,289 deaths attributed to opioid use in Virginia. This marked increase highlights the evolving and escalating nature of the opioid epidemic over the years.

In response to the growing crisis, in 2013, Virginia implemented the REVIVE! program, an initiative focused on Opioid Overdose and Naloxone Education (OONE). REVIVE! aims to equip individuals with the knowledge and skills necessary to recognize and respond to opioid overdose emergencies. The program provides training on the administration of naloxone, a life-saving medication that can reverse the effects of an opioid overdose. Through these efforts, REVIVE! seeks to empower communities across the Commonwealth to take proactive steps in combating the opioid crisis and saving lives.

Despite these measures, the opioid crisis remains a significant public health challenge for Virginia. Continued efforts and resources are essential to address this epidemic effectively and to reduce the devastating impact it has on individuals, families, and communities throughout the state.

2. TRAINER REQUIREMENTS

Instructor Requirements for Basic Lay Rescuer Instructors

To become a certified REVIVE! Basic Lay Rescuer Instructor, individuals must meet the following requirements and adhere to the guidelines outlined below:

Prerequisites

1. Complete REVIVE! Basic Lay Rescuer Training:

- Before attending the Trainer of Lay Rescuers (TLR) training, individuals must successfully complete the REVIVE! Basic Lay Rescuer training.
- This training ensures that trainers are well-versed in the core competencies required to assist in opioid overdose situations.

2. Hold a Position in Leadership, Management, or Coordination:

- Prospective trainers should hold a relevant position that demonstrates their capability to lead and manage training sessions.

Training and Certification

1. Complete the REVIVE! Training of Lay Rescuers:

- Facilitated by a certified Master Trainer, this advanced training session is mandatory for all prospective trainers.
- Participants must be present and active for the entire duration of the training to be eligible for certification.

2. Training Agreement:

- Before conducting any training sessions, trainers must sign a Training Agreement, which outlines their commitment to the program's standards and objectives.

Trainer Responsibilities

1. Fluency with Training Materials:

- Trainers must be thoroughly familiar with the information provided in the training slides and other materials.

2. Curriculum Fidelity:

- Trainers must maintain fidelity to the curriculum, ensuring that the information is delivered accurately and consistently.

3. Training Commitment:

- Trainers are expected to lead a minimum of four training sessions per year to maintain their trainer status. Training sessions that qualify to maintain trainer status must include the Full PowerPoint Basic REVIVE! Training.
- Training sessions must be provided free of charge.

4. Data Submission:

- Trainers must submit training data via the link provided on the REVIVE! website, under Trainer Resources.

5. Preparation and Engagement:

- Trainers should arrive early and well-prepared for each session.
- Engaging participants and involving them in the training process is crucial.

6. Sensitivity and Awareness:

- Trainers must be aware of their language and be sensitive to potential triggers.
- Understanding the audience and being respectful of their experiences is vital.

Stigmatizing Terms

- Substance abuse
- Addict
- Relapse
- Alcoholic

Non-Stigmatizing Terms

- Substance Use
- Person with a substance use disorder
- Return to Use
- Intoxicated

Training Agreement Form:

- If you intend to serve as a REVIVE! trainer and undertake a minimum of four training sessions annually, please complete and submit the virtual Training Agreement form.

By following these guidelines and meeting the requirements, trainers will be well-equipped to deliver effective and impactful REVIVE! training sessions, helping to combat the opioid crisis and save lives across the Commonwealth of Virginia.

3. REVIVE! TRAINING AGREEMENT

Please review this **sample** training agreement for your reference. This is for you to view only. The official training agreement link is sent via email to those who have completed trainer training. Submitting this sample will not be accepted.

REVIVE! TRAINER CONTACT INFORMATION

Full Name: Title:

Organization:

Email Address:

Work Phone (Direct Number): Cell Phone:

Type of Agency:

- ☐ Community Services Board
 - ☐ School Nurse
 - ☐ Local Health Department
 - ☐ Public Health Professional
 - ☐ Community Member
 - ☐ First Responder
-

1. Are you willing / able to conduct REVIVE! trainings for individuals outside of your organization? ☐ Yes ☐ No

2. Are you willing / able to conduct REVIVE! Lay Person trainings in your community? ☐ Yes ☐ No

REVIVE! TRAINER AGREEMENT

The Virginia Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Association of Chiefs of Police (VACP) believe it is essential to ensure all individuals certified as Trainers have a shared understanding and investment in the outcome of the program. DBHDS and VACP recognize that the success of this program depends on successful implementation. Consistent, quality training is an essential component of the implementation of REVIVE!, and DBHDS and VACP are grateful for the time and expertise of the professionals who volunteer their time and talents to help make REVIVE! a success.

Organizations eligible to receive FREE naloxone include Community Services Boards (CSB) and behavioral health authorities (BHA), local health departments, authorized Comprehensive Harm Reduction (CHR) sites, approved naloxone partners, law enforcement agencies, fire service organizations, licensed Emergency Medical Services (EMS) agencies, and public schools located in the Commonwealth of Virginia. It is noted no cost naloxone is reserved for underinsured, underserved, indigent individuals.

Trainer Requirements

1. Trainers must successfully complete the REVIVE! Train-the-Trainer program.
2. Trainers must renew their certification every two years.
3. Trainers must conduct a REVIVE! Lay Rescuer training at least once per year to maintain their certification.
4. Trainers must submit training records and required documents through Trainers Report of training link (provided under trainer resources on REVIVE! Website) within 30 days following a training. Failure to do so may result in termination of Trainer certification.
5. Repeated failure to properly complete or submit training records and required documents to DBHDS may result in termination of Trainer certification.
6. REVIVE! training events are provided free of charge. Trainers are prohibited from charging fees for trainings or naloxone supplies.
7. There is a maximum of 30 participants per Trainer allowed at a single training event.
8. It is the Trainer's responsibility to download updated materials from the Trainers Resource page prior to conducting a training.
9. Trainers shall regularly check for updates to the program policies, procedures, rules, and guidelines established by DBHDS.

10. Trainers shall check for updates to the training materials at least one day prior to conducting a training and use only the most recent training materials and resources provided by DBHDS.

11. Alterations to the PowerPoint presentation and training materials are not authorized without prior written notice from the DBHDS.

a. If you find resources you think would be helpful, please send them to the REVIVE! program at revive@dbhds.virginia.gov.

12. Trainers shall have a duty to protect any confidential or sensitive information that may be disclosed by any training participants, unless otherwise required by law to do so.

13. Trainings can be conducted in person and virtually.

14. Trainers must adhere to Virginia Department of Health (VDH) guidelines pertaining dispensing of Naloxone. (<https://www.vdh.virginia.gov/naloxone/naloxone-distribution-to-community-partners/>)

15. Training participants must be at least eighteen (18) years of age.

Failure to adhere to terms of this agreement, the REVIVE! Opioid Overdose and Naloxone Education (OONE) program policies, procedures, rules and guidelines may result in the suspension or revocation of Trainer certification.

Wherefore, I acknowledge that I have read and understand the above and voluntarily accept the duties and obligations set forth herein.

Printed Name of REVIVE! Trainer

Signature of REVIVE! Trainer Date

4. TRAINING MATERIALS

Training Materials for Instructors

This guide outlines the materials needed for conducting the REVIVE! Basic Lay Rescuer training. The training session will take between one to one and a half hours and will utilize a combination of slide presentations, discussions, and demonstrations. Depending on the availability of audiovisual (AV) equipment at the training location, the required materials will vary.

Materials for Locations with AV Setup

- Laptop or Computer
- Projector (Audio Visual Equipment)
- PowerPoint Slides



Materials for Locations without AV Setup (Rapid REVIVE!)

If the training location does not have AV materials, the following items are required:

- REVIVE! Brochures
- Naloxone Nasal Spray Demonstrator Device
- REVIVE! Kit: This includes a face shield and an instructional card to demonstrate and go over the vital steps of naloxone administration.

Additional Information of Materials for all trainings (Optional)

- Naloxone: If available, or at least knowledge of community referral sources for naloxone.
- Naloxone Demonstration Device: Optional but beneficial for practical demonstrations. demonstrators can be ordered from Bioemergent Solutions directly at 844-4-NARCAN or (844) 462-7226, follow the prompts and there is no charge.
- REVIVE! Kit: For hands-on demonstration and practice.
- Mannequin: To practice rescue breathing and naloxone administration techniques.

By ensuring that you have the appropriate materials based on the training location's capabilities, you can deliver a thorough and engaging REVIVE! training session, equipping participants with the knowledge and skills necessary to respond effectively to opioid overdoses.

5. TRAINING OUTLINE

Section	Key Topics	Time	Slide #
Introduction	<ul style="list-style-type: none"> • Introductions • Learning objectives 	2 minutes	Slide 1-2
Understanding Substance Use Disorders	<ul style="list-style-type: none"> • Addiction Definition • Cycle of Addiction • Nuggets Video 	9 minutes	Slide 3 -5
Opioids and Opioid Overdose	<ul style="list-style-type: none"> • Opioid definition • Common Opioids • Fentanyl • Fatal Opioid Overdose Data • What is an Opioid overdose? 	10 minutes	Slide 6-11
Q&A	<ul style="list-style-type: none"> • Risk Factors • High vs. Overdose • Opioid Overdose Reversal Myths 	10 minutes	Slide 12-17
Naloxone	<ul style="list-style-type: none"> • What is Naloxone/How Naloxone works • Safety of Naloxone • How to administer Naloxone • Storing Naloxone 	5 minutes	Slide 18-26
Steps of opioid overdose response	<ul style="list-style-type: none"> • Signs of overdose • Respiration support • Administration of naloxone (demonstration) • Monitoring and follow up 	15-20 minutes	Slide 27-38
Naloxone FAQ	<ul style="list-style-type: none"> • Where/how to obtain Naloxone 	3 minutes	Slide 39


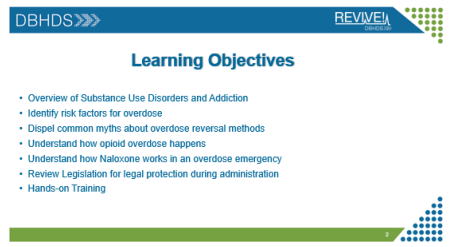

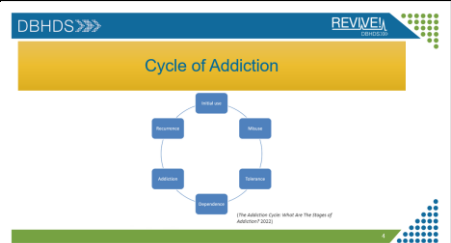
Virginia Laws for Overdose Response	<ul style="list-style-type: none"> • Good Samaritan law • Safe Reporting of overdoses 	10 minutes	Slide 40-41
Hands – On training	<ul style="list-style-type: none"> • Review Steps to respond to an Opioid overdose with attendees’ participation 	4 minutes	Slide 42
Wrap-up	<ul style="list-style-type: none"> • Q+A discussion • QR Codes • Additional Resources 	5-10 minutes	Slide 43

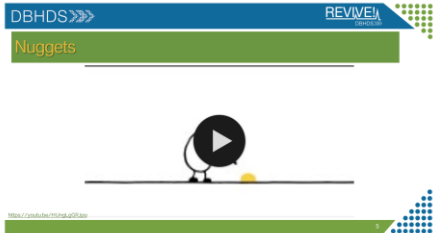
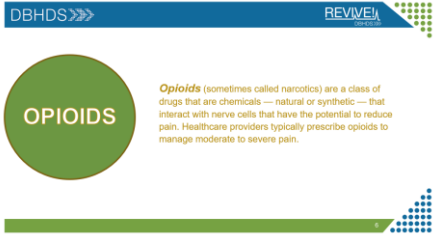

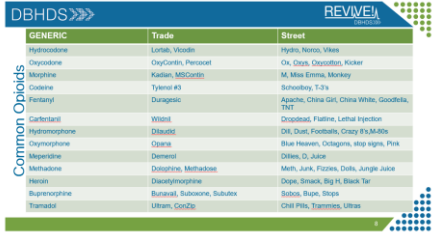



Total length of training about 75 – 90 minutes.


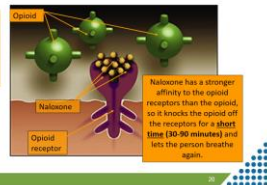
6. CURRICULUM/TRAINER NOTES

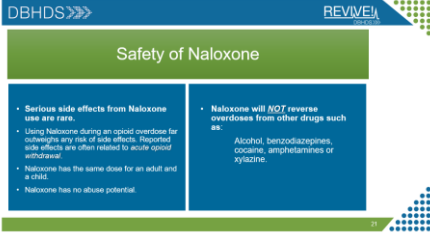


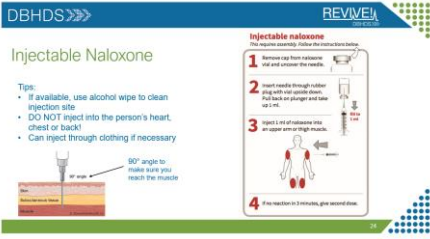

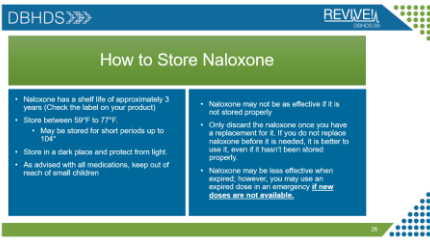
The following slides are DBHDS State Documents and should not be altered.



Slide 1	 <p>DBHDS»»»</p> <p>REVIVE! DBHDS»»»</p> <p>Virginia's Opioid Overdose and Naloxone Education Program Lay Rescuer Training</p>	<p>Welcome Participants to the training. Introduce yourself and your role and ask any co-presenters to introduce themselves. “The REVIVE! Training contains descriptions/live discussion, of substance use disorders and overdose specific to Opioids. We strive to make our trainings a safe space to engage empathetically and thoughtfully. With the possibility of participants not completing the course due to content, there are always one-on-one training options available.”</p>
Slide 2	 <p>DBHDS»»»</p> <p>REVIVE! DBHDS»»»</p> <p>Learning Objectives</p> <ul style="list-style-type: none"> • Overview of Substance Use Disorders and Addiction • Identify risk factors for overdose • Dispel common myths about overdose reversal methods • Understand how opioid overdose happens • Understand how Naloxone works in an overdose emergency • Review Legislation for legal protection during administration • Hands-on Training 	<p>Brief overview of the objectives.</p>
Slide 3	 <p>DBHDS»»»</p> <p>REVIVE! DBHDS»»»</p> <p>Understanding Substance Use Disorders</p> <p><i>No single factor can determine whether a person will become dependent on a substance.</i></p> <p>Peoples first intake of a drug, could initially feel like a positive experience. As time goes on with continuous use, the things they used to enjoy aren't as positive and the use of the drug is how taken to feel "normal".</p> <p>There is no specific timeline of dependency, as every person is different and can occur in the early stages of use.</p> <p>Addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. People with addiction use substances or engage in behaviors that become compulsive and often continue despite harmful consequences. Prevention efforts and treatment approaches for addiction are generally as successful as those for other chronic diseases.</p>	<p>It's impossible to understand addiction in the time it takes for this training.</p> <p>As defined by the American Society of Addiction Medicine, addiction is a chronic brain disease that affects the brain's reward, pleasure, memory, and motivation.</p>
Slide 4	 <p>DBHDS»»»</p> <p>REVIVE! DBHDS»»»</p> <p>Cycle of Addiction</p> <p>Relapse Tolerance Withdrawal Cravings Denial Denial</p> <p>The Addiction Cycle: What are the Stages of Addiction? (2021)</p>	<p>Relay contents of slide.</p> <p>The process of developing addiction tends to occur over a series of stages and, like other chronic illnesses, often turns into a cycle of addiction, treatment, abstinence, and relapse.</p>

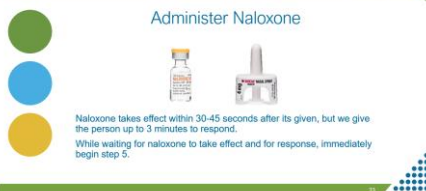
		The multiple stages of addiction can occur over a short period of time, or they can take months or even years to develop. Important to note that these stages do not necessarily occur in this order.																																										
Slide 5		<p>Trainer note:</p> <p>Ask participants what they gained from that video and how it made them feel. Did it change how they think of SUD?</p>																																										
Slide 6		Review slide as written																																										
Slide 7		<p>Review slide as written.</p> <p>In preparation for next slide, ask participants what opioids they know about. It can be generic, trade or street names.</p>																																										
Slide 8	 <table border="1"> <thead> <tr> <th>GENERIC</th> <th>Trade</th> <th>Street</th> </tr> </thead> <tbody> <tr> <td>Hydrocodone</td> <td>Lorab, Vicodin</td> <td>Hydro, Neros, Vikes</td> </tr> <tr> <td>Oxycodone</td> <td>OxyContin, Percocet</td> <td>On, Oxy, Oxycotin, Kicker</td> </tr> <tr> <td>Morphine</td> <td>Kadian, MSContin</td> <td>M, Miss Emma, Monkey</td> </tr> <tr> <td>Codine</td> <td>Tylenol #3</td> <td>Schoolboy, T-3s</td> </tr> <tr> <td>Fentanyl</td> <td>Duragesic</td> <td>Apache, China Girl, China White, Goodfella, TNT</td> </tr> <tr> <td>Carfentanyl</td> <td>Walon</td> <td>Doodlad, Flatline, Lethal Injection</td> </tr> <tr> <td>Hydromorphone</td> <td>Dilaudid</td> <td>DM, Duet, Fooballs, Crazy B's, M-Abs</td> </tr> <tr> <td>Codeine</td> <td>Opium</td> <td>Blue Heaven, Ockagons, stop signs, Pink</td> </tr> <tr> <td>Megadone</td> <td>Demoral</td> <td>Onies, D, Juice</td> </tr> <tr> <td>Methadone</td> <td>Doloxone, Methadone</td> <td>Meth, Junk, Fozies, Dials, Jungle Juice</td> </tr> <tr> <td>Heroin</td> <td>Diacetylmorphine</td> <td>Dope, Smack, Big H, Black Tar</td> </tr> <tr> <td>Buprenorphine</td> <td>Bunavail, Suboxone, Subutex</td> <td>Sabos, Ruks, Slaps</td> </tr> <tr> <td>Therapist</td> <td>Ultram, Contrid</td> <td>Gold Pills, Trainers, Ultra</td> </tr> </tbody> </table>	GENERIC	Trade	Street	Hydrocodone	Lorab, Vicodin	Hydro, Neros, Vikes	Oxycodone	OxyContin, Percocet	On, Oxy, Oxycotin, Kicker	Morphine	Kadian, MSContin	M, Miss Emma, Monkey	Codine	Tylenol #3	Schoolboy, T-3s	Fentanyl	Duragesic	Apache, China Girl, China White, Goodfella, TNT	Carfentanyl	Walon	Doodlad, Flatline, Lethal Injection	Hydromorphone	Dilaudid	DM, Duet, Fooballs, Crazy B's, M-Abs	Codeine	Opium	Blue Heaven, Ockagons, stop signs, Pink	Megadone	Demoral	Onies, D, Juice	Methadone	Doloxone, Methadone	Meth, Junk, Fozies, Dials, Jungle Juice	Heroin	Diacetylmorphine	Dope, Smack, Big H, Black Tar	Buprenorphine	Bunavail, Suboxone, Subutex	Sabos, Ruks, Slaps	Therapist	Ultram, Contrid	Gold Pills, Trainers, Ultra	<p>Read off two rows of your choice and highlight the trade and street name for Oxycodone.</p> <p>Trainers note: Ask them if there is an opioid on the list that they didn't know is an opioid. Ask why it might be important to know these names.</p>
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Slide 9		<p>Emphasize that fentanyl (an opioid) can be mixed in illicitly made pressed pills and other illicit substances as well.</p> <p>Trainers note: Ask the participants “Does it look like there’s anything in the fentanyl vile?” Then reiterate how small of an amount is lethal.</p>																																										

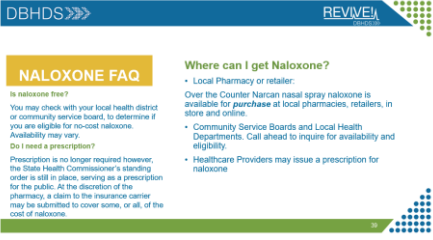
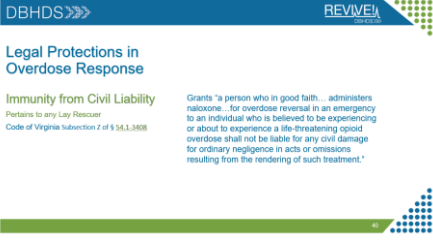
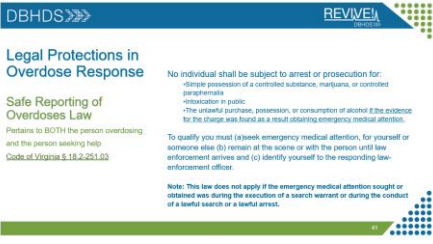
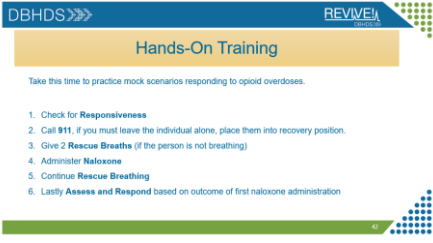
Slide 10		Trainer's notes: Point out increase in 2015 and then point out increase from 2019-2020 and ask participants what happened during that time. Explain that it was the introduction of Fentanyl.														
Slide 11		Review slide as written														
Slide 12		Ask participants this question.														
Slide 13		Review slide as written.														
Slide 14		Ask participants this question.														
Slide 15	<table><tr><th>Really High</th><th>Overdosed</th></tr><tr><td>Muscles become relaxed</td><td>Face is very pale or clammy</td></tr><tr><td>Speech is slowed or slurred</td><td>Breathing is infrequent or has stopped</td></tr><tr><td>Sleepy-looking, "nod out"</td><td>Deep snoring or gurgling (death rattle)</td></tr><tr><td>Responsive to shouting, sternal rub or ear lobe pinch</td><td>Unresponsive to any stimuli</td></tr><tr><td>Normal heart rate and/or pulse, normal skin tone</td><td>Slow or no heart rate and/or pulse</td></tr><tr><td>Pupils will contract and appear small "pinpoint pupils"</td><td>For lighter skinned people, the skin tone turns bluish purple; for darker skinned people, it turns grayish or ashen</td></tr></table> <p>If someone is making unfamiliar sounds while "sleeping" it is worth trying to wake him or her up. Many loved ones of active users think a person was snoring, when in fact the person was overdosing. These situations are a missed opportunity to intervene to save a life.</p>	Really High	Overdosed	Muscles become relaxed	Face is very pale or clammy	Speech is slowed or slurred	Breathing is infrequent or has stopped	Sleepy-looking, "nod out"	Deep snoring or gurgling (death rattle)	Responsive to shouting, sternal rub or ear lobe pinch	Unresponsive to any stimuli	Normal heart rate and/or pulse, normal skin tone	Slow or no heart rate and/or pulse	Pupils will contract and appear small "pinpoint pupils"	For lighter skinned people, the skin tone turns bluish purple; for darker skinned people, it turns grayish or ashen	Review slide as written. Trainer's note: Read information in yellow box verbatim.
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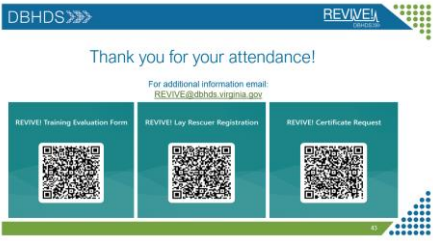
Slide 16	<p>DBHDS»»» REVIVE! <small>opioid reversal</small></p> <p>What are some myths you have heard about ways to reverse an opioid overdose?</p>	Ask participants this question.
Slide 17	<p>DBHDS»»» REVIVE! <small>opioid reversal</small></p> <p>There are many myths about how to reverse an opioid overdose. Here are some, and why you should <i>NOT</i> do them.</p> <ul style="list-style-type: none"> • DO NOT put the individual in a bath. They could drown. • DO NOT induce vomiting or give the individual something to drink. They could choke. • DO NOT put the person in an ice bath or ice in their clothing or in any body orifices. Cooling down the core temperature of someone who is experiencing an opioid overdose emergency is dangerous because it can further depress their heart rate. • DO NOT try and stimulate the individual in a way that could cause harm, such as slapping them hard, kicking them, or other more aggressive actions that may cause long-term physical damage. • DO NOT inject them with any foreign substances (e.g., salt water or milk) or other drugs or force them to eat or drink anything. It will not help reverse the overdose and may expose the individual to bacterial or viral infection, abscesses, endocarditis, cellulitis, choking, etc. 	<p>Review slide as written.</p> <p>Trainer's note: You may have participants who insist that one of these reversal methods work because they have used or witnessed it. It is important for participants to understand that naloxone is the only effective, safe reversal method. Instead of saying, "Well, they probably weren't actually overdosing, then" or "I'm glad that worked," instead say something like "I'm glad that situation had a good outcome."</p>
Slide 18	<p>DBHDS»»» REVIVE! <small>opioid reversal</small></p> <p>Naloxone is the only effective response to an opioid overdose emergency!</p>	Review slide as written
Slide 19	<p>DBHDS»»» REVIVE! <small>opioid reversal</small></p> <p></p> <p>What is Naloxone?</p> <p>Naloxone is a medication designed to rapidly reverse opioid overdose.</p> <p>Available in two FDA-approved formulations: Injectable and prepackaged nasal spray.</p>	Review slide as written.
Slide 20	<p>DBHDS»»» REVIVE! <small>opioid reversal</small></p> <p>How Naloxone Works</p> 	Review slide as written.

Slide 21		Review slide as written.
Slide 22		Review slide as written.
Slide 23		Show video.
Slide 24		Review slide as written. Trainer's note: Most organizations provide the nasal formulation, but it's important for participants to know how to use both.
Slide 25		Show video.
Slide 26		Review slide as written.

Slide 27	<p>DBHDS REVIVE! <small>DEBUNKING DRUG OVERDOSE</small></p> <p>Steps to Respond to an Opioid Overdose</p> <ol style="list-style-type: none"> 1. Check for Responsiveness 2. Call 911, if you must leave the individual alone, place them into recovery position. 3. Give 2 Rescue Breaths (if the person is not breathing) 4. Administer Naloxone 5. Continue Rescue Breathing 6. Assess and respond based on outcome of first naloxone administration <p><i>"If you must leave an unresponsive person at anytime, put them in recovery position"</i></p>	Briefly go over steps.
Slide 28	<p>DBHDS REVIVE! <small>DEBUNKING DRUG OVERDOSE</small></p> <p>Check for Responsiveness</p> <ul style="list-style-type: none"> • Try to stimulate them. <ul style="list-style-type: none"> • Shout their name, tap their shoulder, or pinch their ear lobe. • Give a sternum rub. <ul style="list-style-type: none"> • Make a fist and rake your knuckles hard up and down the front of the person's sternum (breastbone). This is sometimes enough to wake the person up. • Check for breathing. <ul style="list-style-type: none"> • Put your ear to the person's mouth and nose so that you can also watch their chest. Feel for breath and watch to see if the person's chest rises and falls. • If the person does not respond or is not breathing, proceed to step 2. 	Review slide as written.
Slide 29	<p>DBHDS REVIVE! <small>DEBUNKING DRUG OVERDOSE</small></p> <p>Call 911</p> <p>Calling 911 immediately when responding to an overdose is vital. An individual who has overdosed needs to be assessed by medical professionals.</p> <ul style="list-style-type: none"> • If there is more than one person around, instruct another individual to call 911. Avoid the bystander effect. • If you have a phone, call 911, put call on "speakerphone" and place phone on the ground. • Give the exact location. • Report that the person's breathing has slowed or stopped, that he/she/they are unresponsive, and it is a suspected overdose. 	Review slide as written. Trainer's note: Explain that they should designate a specific person to call 911. Say: "You, in the blue hat", instead of just saying "someone call 911."
Slide 30	<p>DBHDS REVIVE! <small>DEBUNKING DRUG OVERDOSE</small></p> <p>RECOVERY POSITION SETUP</p>  <p><i>"If you must leave an unresponsive person at anytime, put them in recovery position"</i></p>	Review steps to put someone in the recovery position.
Slide 31	<p>DBHDS REVIVE! <small>DEBUNKING DRUG OVERDOSE</small></p> <p>Give 2 Rescue Breaths</p> <ol style="list-style-type: none"> 1. Place the person on their back. 2. Tilt their chin up to open the airway. 3. Plug/pinch their nose with one hand, and give two even, regular-sized breaths. Blow enough air into their lungs to make their chest rise. If you do not see their chest rise out of the corner of your eyes, tilt the head back more and make sure you're plugging/pinching their nose. 	Review slide as written. Trainer's note: Some participants may be hesitant to perform rescue breathing on a stranger. Explain that there are face shields in the REVIVE! kits.
Slide 32	<p>DBHDS REVIVE! <small>DEBUNKING DRUG OVERDOSE</small></p> 	Show video.

Slide 33	<p>DBHDS REVIVE! <small>RECOVER</small></p> <h3>Administer Naloxone</h3>  <p>Naloxone takes effect within 30-45 seconds after its given, but we give the person up to 3 minutes to respond. While waiting for naloxone to take effect and for response, immediately begin step 5.</p>	Review slide as written.
Slide 34	<p>DBHDS REVIVE! <small>RECOVER</small></p> <h3>Rescue Breathing or CPR (if rescuer is CPR trained or instructed to do so by 911)</h3> <ol style="list-style-type: none"> 1. Place the person on their back. 2. Tilt their chin up to open the airway. 3. Plug/princh their nose with one hand, and give 2 even, regular-sized breaths. Blow enough air into their lungs to make their chest rise. If you don't see their chest rise out of the corner of your eye, tilt the head back more and make sure you're plugging/prinching their nose. 4. Give 1 breath every 5 seconds. Repeat this step until the person begins breathing on their own. <p>PLEASE NOTE: You may have heard that recent CPR guidelines recommend "hands-only CPR," or only chest compressions instead of rescue breathing and chest compressions. The CPR guidelines are for layperson response to cardiac arrest, and NOT overdose. It is still recommended that you perform rescue breathing for an overdose, where the primary issue is respiratory depression, and not cardiac arrest. Brain damage can occur after three-to-five minutes without oxygen. Rescue breathing gets oxygen to the brain quickly. Once you give naloxone, it may take some time to take effect, so the person may not start breathing on their own right away. Continue rescue breathing/CPR for them until the naloxone takes effect or until emergency medical services arrive.</p>	Review slide as written. Trainer's note: Read information in red box verbatim.
Slide 35	<p>DBHDS REVIVE! <small>RECOVER</small></p> <h3>Assess and Respond</h3> <p>Most individuals will recover after a single dose of naloxone is administered. Ideally, while performing step 5 the person will begin breathing on their own.</p> <p>However, there are two cases in which you may need to administer a second dose of naloxone.</p>	Review slide as written.
Slide 36	<p>DBHDS REVIVE! <small>RECOVER</small></p> <h3>When to give a 2nd dose of Naloxone</h3> <p>Situation A: The individual has NOT responded to the initial dose within three minutes.</p> <p>After waiting the three minutes, if still no response, administer the second dose of Naloxone.*</p> <p>If person remains unresponsive after the second dose is administered, continue rescue breathing/CPR until emergency response services arrives.</p> <p><small>*Can administer 2nd dose in opposite nostril if using nasal spray or if administering the injectable naloxone, please use another designated injection site.*</small></p>	Review slide as written. Trainer's note: You can suggest the individual set the used naloxone delivery device down on the side of the body it was used on to more easily remember to use the other side if a second dose is needed.
Slide 37	<p>DBHDS REVIVE! <small>RECOVER</small></p> <h3>When to give a 2nd dose of Naloxone</h3> <p>Situation B: The individual suffers a relapse into an overdose again after having previously recovered with the initial Naloxone dose.</p> <p>Naloxone has a short half life – 30-90minutes. In some cases, there is an excessive amount of opioids in the system that the person can relapse back into overdose after the naloxone has worn off.</p> <p>If this occurs:</p> <ul style="list-style-type: none"> • Repeat steps 1-5. • Continue rescue breathing/CPR until person recovers or until emergency medical services arrive. 	Review slide as written.
Slide 38	<p>DBHDS REVIVE! <small>RECOVER</small></p> <h3>Aftercare of a Recovered Person</h3> <p>People wake up from an overdose differently. While people are often confused and anxious, they are rarely violent or combative. This is a person in psychological distress. Give them space.</p> <p>Explain to them what happened and emphasize the importance of waiting for emergency medical services to arrive so they can be assessed.</p> <p>Let them know that once naloxone wears off, they could potentially relapse into an overdose again if opioids are still in their system.</p> <p>If the person is dependent on opioids, they will experience acute withdrawal symptoms like:</p> <ul style="list-style-type: none"> Disorientation, nausea and vomiting, sweating, shaking etc. 	Review slide as written.

Slide 39		Review slide as written.
Slide 40		<p>Review slide as written.</p> <p>Trainer's note: Participants may recognize this as a "Good Samaritan" law.</p> <p>Example: "Discovering someone unconscious in a public area and administering naloxone based on overdose symptoms, can be deemed as acting in good faith"</p>
Slide 41		<p>Review slide as written.</p> <p>Example: A suspected overdose occurs and an individual calls for help from first responders. They identify themselves and remain at the scene. There is no unlawful activity outside of the parameters of what's listed, in the safe reporting of overdoses law occurring during this event. Only the person overdosing and the person who calls for help are legally protected.</p>
Slide 42		<p>Trainer's note: If you are giving an in-person training with mannequins, you can use volunteers to demonstrate the steps, either one person doing them all or a different person doing each step.</p> <p>If you are doing a virtual training, you can ask participants to put the steps in the chat, as you list each step.</p>

<p>Slide 43</p>		<p>Ask for questions. Thank participants for attending and explain the QR codes.</p>
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7. NALOXONE & REVIVE!

This training is most effective when participants are given naloxone at the time of training. If naloxone is not distributed at the training, participants must be provided information for how to receive naloxone in their community.

- **Naloxone and Virginia's Standing Order:** Under Virginia's Standing Order, a prescription is not required to obtain, purchase, or administer Naloxone. This policy aims to increase access to Naloxone and empower individuals and organizations to respond to opioid overdoses effectively.
- **Guidelines for Trainers and Organizations:**
 - Adherence to VDH Guidelines:
 - Trainers must follow the Virginia Department of Health (VDH) guidelines when distributing Naloxone.
 - Storage of Naloxone:
 - Organizations possessing Naloxone must store it in a central location that is easily accessible to primary staff members in case of an opioid overdose emergency.
 - Distribution of Naloxone:
 - Trainers must contact their local health department or VDH to arrange for an authorized representative to distribute Naloxone if it is to be provided at training events.
 - Not all REVIVE! trainings require Naloxone distribution; however it is highly recommended to distribute Naloxone if it is available through the local health department or VDH.

- **Applying for No-Cost Naloxone:** Organizations and trainers can apply for no-cost Naloxone to distribute if they meet VDH requirements. To apply, please email OpioidReversal@vdh.virginia.gov.
 - No-Cost Naloxone:
 - Reserved for underinsured, underserved, indigent individuals at risk, those in active recovery, and their immediate social circles.
 - Over-the-Counter Naloxone:
 - Name brand Narcan (Naloxone) is available for purchase over the counter at most local pharmacies.

8. TYPES OF TRAININGS YOU MAY LEAD

- **Basic REVIVE! Lay Rescuer Training:**

- This comprehensive training provides a full presentation on:
 - Understanding opioids and their effects
 - How overdoses occur
 - Risk factors for overdoses
 - Responding to an opioid overdose emergency with Naloxone administration
- **Who should attend:**
 - Laypersons, community members, and anyone interested in learning how to respond to an opioid overdose.
 - Suggested 30 participants per trainer
- **Duration:** 75-90 minutes

- **Rapid REVIVE! Training:**

- A brief, focused training that covers essential topics from the full curriculum, including:
 - Recognizing the signs of an opioid overdose
 - Administering Naloxone effectively
- This training is designed for:
 - Peer-to-peer learning
 - Quick training at high-volume events
 - Pairing with Naloxone dispensing for high-risk individuals (If available)
- **Duration:** 5-15 minutes

- **Requirements:** Essential topics must be covered, and a handout must be provided to participants.

- **Field REVIVE! Training:**

- This specialized training focuses on engaging with vulnerable, high-risk, and highly impacted individuals in their communities. Key points include:
 - Recognizing signs of an opioid overdose
 - Properly administering Naloxone
- **Important Note:**
 - Field REVIVE! Training should be voluntary and not forced upon individuals as a requirement to receive Naloxone.
- **Duration:** 2-5 minutes