

PDO DATA COLLECTION

A Protocol for the Collection of Narcan/Naloxone
Training and Distribution Data

Fiscal Year 2020

ABSTRACT

This protocol was created to accompany and assist data collection for the Center for Substance Abuse Prevention (CSAP) Grant to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO Grant) funded by the New Mexico Office of Substance Abuse Prevention (OSAP). It should be studied and used by anyone conducting Narcan/Naloxone – related trainings under the PDO grant in any of the PDO grantee communities, Bernalillo County, Dona Ana County, Rio Arriba County, Santa Fe County and their partners.

Pacific Institute for Research and Evaluation



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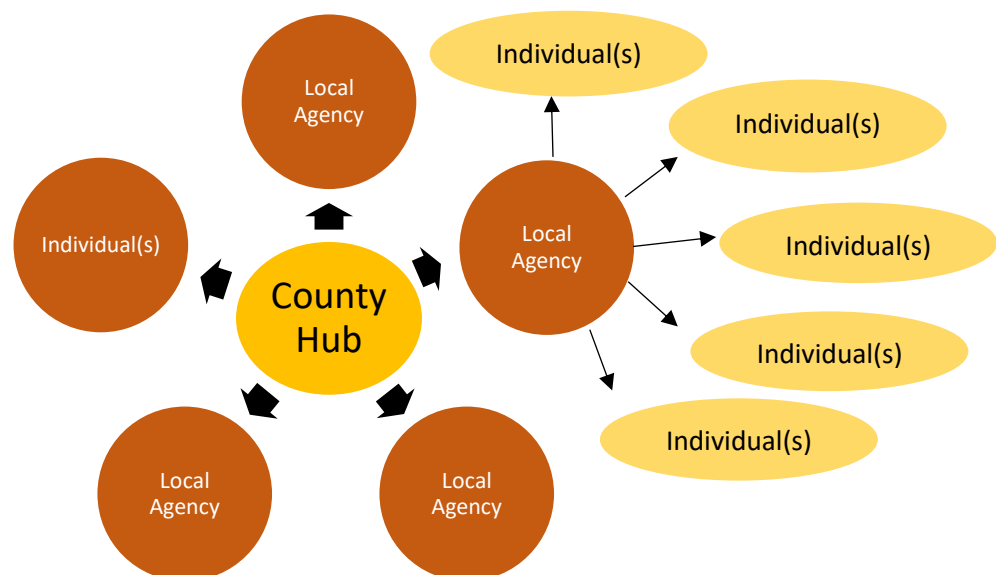
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Introduction

The Center for Substance Abuse Prevention (CSAP) within the Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the New Mexico Office of Substance Abuse Prevention (NM OSAP) the Grant to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) in the Fall of 2016. The goal of the PDO grant is to expand access to life-saving Narcan (naloxone) and reduce overdose deaths from prescription drugs/opioids. Four counties were selected to receive PDO funding: Bernalillo County, where Albuquerque, the largest population hub in New Mexico is located, Santa Fe County, Rio Arriba County, and Doña Ana County.

The approach used to train and distribute Narcan (naloxone) is based on the “hub and spoke model.” Each county has a hub, which is the funded agency. The agency then identifies local entities and individuals in the community to train and supply with Narcan (naloxone). These additional entities and individuals are the “spokes” originating from the original “hub,” yet they can also serve as hubs as well, providing further training and distribution of Narcan (naloxone). A simplified example of this model is in Figure 1 below. The County Hub is the funded agency that oversees and manages the training and distribution of all Narcan (naloxone) purchased by PDO funding. There are three main hubs: one in Bernalillo County, one in Doña Ana County, and one for Santa Fe and Rio Arriba Counties. Remember, these main hubs then identify organizations and individuals in the counties to train to use, train others, and distribute Narcan (naloxone). These organizations and individuals may then administer Narcan (naloxone) directly, or train others to administer Narcan, and distribute Narcan. **All agencies who are trained to distribute Narcan, must also be trained to collect the data required by the grant to stay in compliance with the grant.**

Figure 1: The Hub and Spoke model of training and distribution for naloxone/Narcan in New Mexico.



Why is data collection so important? Data collection is a critical component of implementing this grant for several reasons. Perhaps the most straightforward reason is that the conditions of the grant require it. In other words, the federal government, who provides the grant funding, requires data collection. Furthermore, the funding to purchase Narcan is dependent on us collecting the required data. But beyond the fact that it is required, collecting the data will tell us whether we were successful in accomplishing what we set out to and whether we are actually saving lives. Further, the data let us know who we're saving, at least with respect to their gender, race/ethnicity, age range, and other demographic information. We can compare information about who is being trained to use Narcan and who is receiving Narcan, with who is surviving overdoses and who is not surviving. This information will help us figure out how to better target who is trained and who is given Narcan, and hopefully increase the survival of many more opioid overdose victims. Having no data, means that we send the Narcan into a metaphorical "black hole" and are unable to determine if there was any benefit to all the effort and money that went into training and getting it out there.

Data Collection Tools

Both process and outcome data are collected for the PDO project. Data collection occurs at both the training stage and at the Narcan (naloxone) replacement stage. Data may be collected via paper forms or may be collected via the on-line forms. **The following documents are collected by Hub agencies and any other agencies involved in Narcan training and distribution:**

Training Data Collection Tools

Training data collection documents include the following:

1. Training and First Distribution Form (Excel Spreadsheet)
2. Trainee Contact form (Word file)
3. Demographic form (PDF and on-line) (<https://tinyurl.com/PDOdemos>)
4. Post-test (PDF and on-line) (<https://tinyurl.com/PDOposttest>)
5. Follow-up test (PDF and on-line) (<https://tinyurl.com/Narcan-Follow-up>)

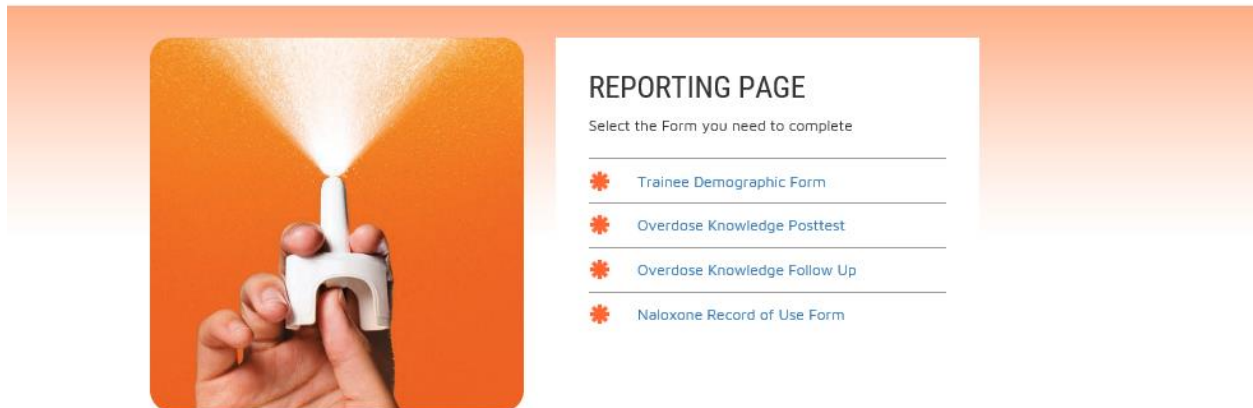
Narcan/Naloxone Replacement Data Collection Tools

Data collection occurs again once the naloxone is administered and needs replacing. These documents include:

1. Medication (Narcan (naloxone) Replacement Form (Excel Spreadsheet)
2. Narcan Record of Use Form (PDF and on-line) (<https://tinyurl.com/narcan-report>)

All of the on-line forms can be located at the PDO data entry landing page here:
<http://www.nm-pdo.org/>

New Mexico Office of Substance Abuse Prevention (NM OSAP) Prescription Drug Overdose (PDO) Grant

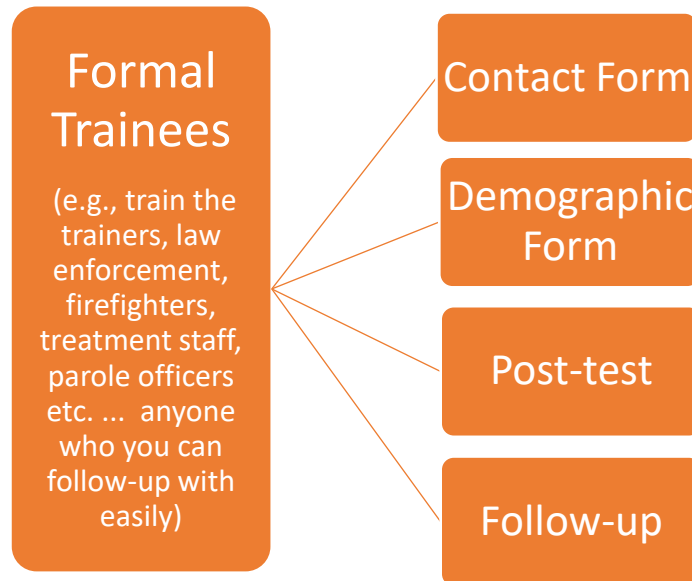


Every person trained to administer Narcan (naloxone) and use rescue breathing *ideally* will also complete the following forms either on-line or in person. We say *ideally* because, we know that many people who are trained via outreach efforts are unlikely to complete all the forms for any number of reasons. Therefore, we distinguish between “formal” trainees and “informal” trainees. We use the term **formal trainees** when referring to non-substance using (we assume) and literate (we assume) trainees that are trained in settings that allow for data collection with relatively minimal effort. This may include police, firefighters, nurses, ED staff, shelter staff, and even family members and those incarcerated if you have a captive audience. **Informal trainees** include anyone who is difficult to collect data from. This might include active substance users, parolees, illiterate, mentally ill, etc. Every trainer must use her or her own judgement on whether a person or group of persons can provide data based on his or her experience of a given situation. Also, it is important to consider when making this decision the context or situation in which the training takes place. A training taking place on a catch-as-catch-can basis does not lend itself well to collecting good data regardless of the person’s characteristics or qualities. On the other hand, you may train a group of grandparents or elderly who come together on a regular basis, and data collection is possible, despite not being professional first responders.

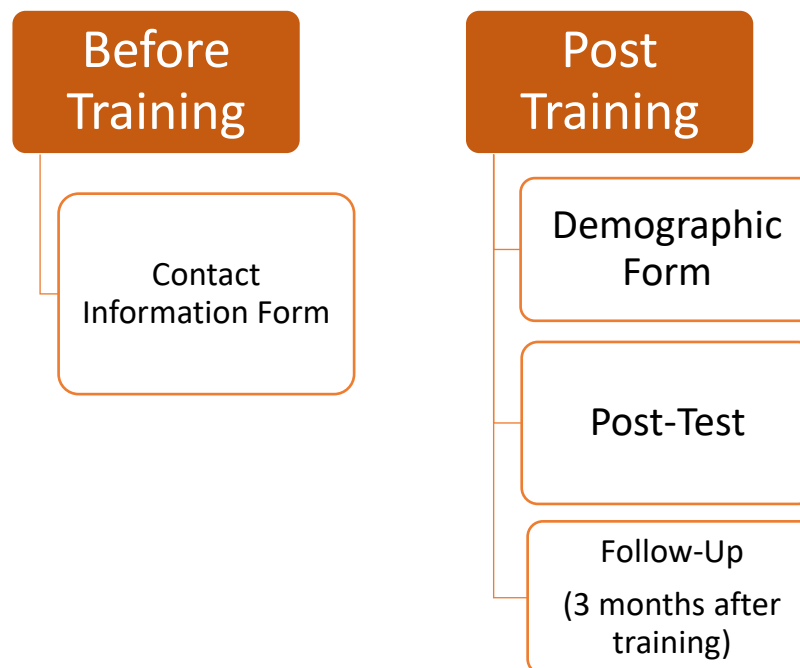
Data collection with Formal Trainees

As the trainer, you will need to use your best judgement as to whether you will attempt to collect data. Two important factors can impact your data collection decision. The characteristics of person(s) from whom you are trying to collect data and the characteristics of the situation or context in which you are collecting data. Some persons and some situations do not lend

themselves well to data collection. Of course, you want to try to collect data as often as possible but you also need to gauge the situation because you do not want to risk someone not being trained and not receiving Narcan. Formal Trainees will be asked to complete the following four documents related to the training:



One form is completed prior to training and three after training for all Formal Trainees.



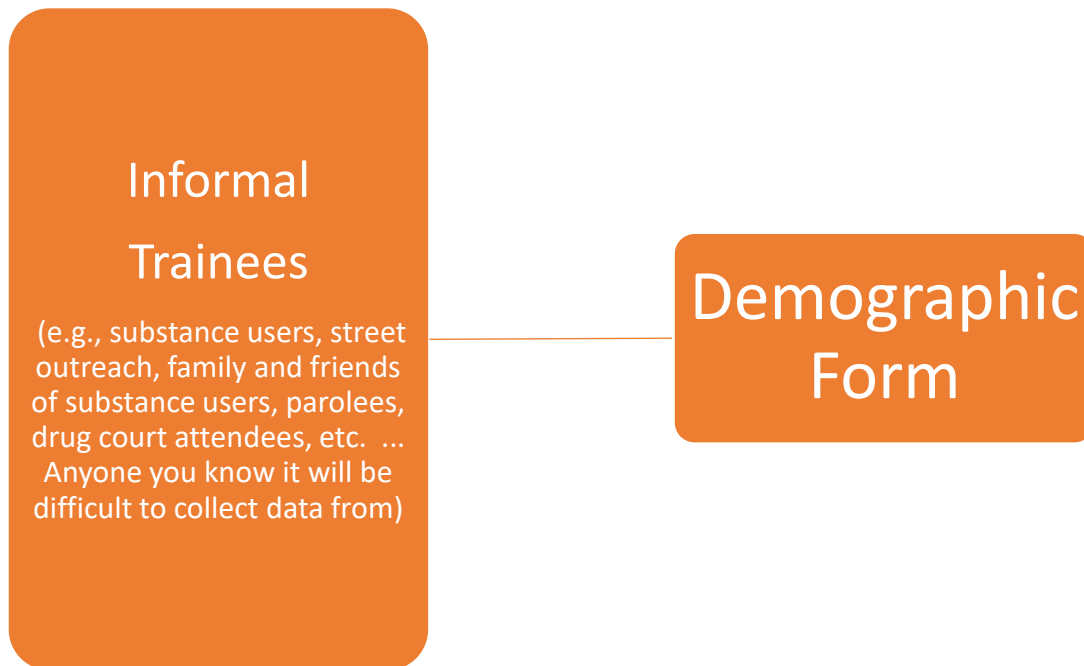
Please strive to have all the trained *formal first responders* complete all the training forms: the contact information form, demographic form, post-test, and follow-up. We know that some people will slip through the cracks but this is the goal you should set.

Some ways to improve data collection compliance:

- 1) keep trainings to 10 people or fewer
- 2) have a data collection assistant to help with distributing, answering questions, reviewing and collecting completed forms
- 3) complete the demographic form and collect it before you begin the training
- 4) during the training, incorporate the data collection component, including stressing why the data are collected and how they at Narcan recipients will benefit from providing the data (e.g., we are testing whether our training was successful in teaching the information required and whether the information is used successfully out in the field.)
- 5) walk trainees through any questions and concerns, treating them with appropriate seriousness but not letting them get “hung up” on any one question or concern
- 6) Remind them that you will contact them later
- 7) Emphasize the sticker on the box as the means to getting replacement Narcan

Data collection with Informal Trainees

Informal trainees include those who are the most vulnerable to opioid overdose and those least likely to participate in a formal training. These might include current opioid users, drug court attendees, recent parolees, and sometimes, their family and friends, and those with low literacy levels. It also includes people trained in situations that do not lend themselves well to data collection. Data collection taking place during street outreach efforts is an example of a challenging situation in which to collect data so collecting only limited data is required. **For informal trainees, we are asking that you collect only demographic information and ask the trainee to create a unique ID if possible.** You will likely need to walk them through the process of creating the Unique ID.



Formal and Informal Trainees Who Use Narcan

All formal and informal trainees who are given Narcan should be trained on how to get more Narcan. This includes making sure they all know the number to call to get more Narcan. In addition, please strongly emphasize the web address and QR code for reporting on the use of the Narcan. Ideally, anyone using PDO funded Narcan would provide a Record of Use so that we can monitor how often PDO funded Narcan was used to save someone's life. While some responders may not be likely to provide these data, others probably will and should be encouraged to do so. For Formal Trainees, where applicable, stress that their continued receipt of Narcan may depend on their reporting how it was used. For example, for Formal Trainees who are using Narcan to rescue people from overdose directly, such as police or fire fighters, we would expect that they would provide data on those incidents. For Narcan that is distributed by police or fire fighters, to overdose victims, we would not expect that they would report on how the Narcan was used. This may be challenging to make happen but this is the goal and why we recommend creating an MOU with these organizations prior to training on the expectations.

The Data Collection Process

Data collection for the PDO requires that the data collectors be versatile and prepared to adapt to any given situation. There is no one set way to collect these data. The only goal is to collect as much high-quality data as possible to best evaluate the effectiveness of the training, distribution, and use of naloxone in preventing overdose deaths.

Every respondent providing data will be required to create a Unique Identifier or Unique ID, which they will use for every form. Rather than us assigning a unique ID to every respondent, to make it easier for you to remember it in the future, it is best that you create it based on information unique to you. The Unique ID consists of the following pieces of information:

- 1- The first two letters of the respondent's first name (2)
- 2- The first two letters of the respondent's mother's (or mother figure) name (2)
- 3- The last two digits of the respondent's birth year (2)
- 4- The first two letters of the respondent's best friend's first name (2)
- 5- The last two letters of the respondent's best friend's last name (2)

The final Unique ID will consist of two letter or number values. The first 6 values are the same as those used by NM Department of Health's Harm Reduction program, which will be used to aggregate the PDO data with those collected by Harm Reduction. The Unique ID will also allow us to match data reported over time, particularly about reversals.

Troubleshooting the Unique ID

You will likely need to explain to people why they need to create the Unique ID because it's a bit cumbersome and it seems personal. However, the personal nature of the Unique ID is actually intentional. We want everyone to remember what it is when prompted in the future, without having to actually remember it off the top of their head. We also need it to be unique enough so as not to have duplicate IDs in the system. Finally, the combination of letters and numbers are such that no one else should be able to identify them after the fact, so it keep the data anonymous.

Some questions you might get asked or might need to explain:

- 1) *Why do I need to create a unique ID?* We ask everyone to create a unique ID because once you leave the training today, you may well face a situation that requires you to administer Narcan to another person. We want to know about that experience and any other experiences you have administering Narcan. Being able to link multiple experiences to the same individual (but also keep that person anonymous, requires us to give each person a unique ID. We can assign the ID, but that makes it harder to remember the next time you need to enter information. Creating the ID yourself based on information you know, means that you will always be able to recall it when the time comes.
- 2) *What if I don't have a mother?* Do they have a mother figure or a parental figure they feel close to? Then use that person's initials.
- 3) *What if I don't have a best friend?* Suggest they use the initials of their spouse or partner or close relative (but not mother). As a last resort, have them enter letters such as ZZ & ZZ or VV & VV for first and last name initials- essentially, something that would not normally be used in a first or last name.

Beginning Data Collection

When training begins, contact information is gathered on every person trained. **Contact information** includes the first name of the trainee and either an email address or a phone number. The email address or phone number is used to send the follow-up survey link three months after the training takes place. Only the first name is collected so that the accompanying text to the trainee is appropriately addressed. This information should be kept completely separate from all other data collected. Once the link to the follow-up survey has been sent, the contact information should be deleted or destroyed.

Prior to the training, the trainee is asked to complete the **demographic form** where the trainee creates their Unique ID that they will use on all other reporting forms and provides basic demographic information about the trainee. **Please do not begin the training before people have completed and submitted the demographic form.**

Once the training is complete, the trainee is asked to complete the **training post-test** to assess whether s/he has learned the most critical elements included in the training. Approximately three months following the training, the contact information is used by the trainer to send the link to the **training follow-up** form that assesses whether the trainee still feels as if s/he can use naloxone effectively and accurately to reverse an opioid overdose.

As previously mentioned these forms can be completed using a paper version of the form or using the on-line version depending on the situation. This decision must be made by the trainer based his/her knowledge of what works well in the community and a given situation.

Just after a training has been completed, the trainer should complete the **First Training and Distribution Form**, which is an Excel spreadsheet designed to collect the basic process data associated with the training including who conducted the training, the location of the training, who was trained, and how much naloxone was distributed. This is the basic bookkeeping data that any agency distributing Narcan should attempt to track if possible but at the very least, it should be kept at the highest “hub” level. This form is generally designed for formal group trainings, however, sometimes, many individual “informal” trainings may take place during a day of community outreach. In situations like that, you may choose to enter the multiple individual trainings as one line of data (one training session) but please add a note at the end of the line of data to indicate that the information reported reflects multiple outreach trainings. In this way, we can limit the amount of effort needed to enter the multiple individual trainings and yet still capture these trainings. However, please do not aggregate multiple individual trainings that take place over multiple days into one line. For example, if when doing outreach on a Wednesday, you train 5 different individuals, you may aggregate all 5 trainings into one line of data in the training and distribution form. However, if you do two outreach trainings on Wednesday, another on Thursday, and 3 on Friday, you should enter 3 days of trainings or three lines of data. Do not aggregate all 6 trainings into one line of data since they took place over different days. If you have questions about how to do this, please contact Martha Waller at mwaller@pire.org or 919-265-2631 and she can walk you through this.

After Training Data Collection

After the formal training is completed, the trainee (or the organization as a whole) is provided naloxone to either distribute to others (while also providing the training on how to use it correctly) and/or use directly in their work. Additional data collection takes place after the formal training. There are three parts to data collection post training, these include the post-training follow-up form, the Narcan/naloxone Record of Use Form, and the Narcan/naloxone Replacement Form.

The **Training Follow-up Form** (in Qualtrics) is intended to be administered approximately 3 months post training to all trainees for whom you have contact information. Please send a text or email to the trainee reminding them about the training in which s/he participated, explaining why you are contacting them now, reiterating how important the data are to the understanding of the effectiveness of both the training and the interventions, letting them know (if you haven't already about the new and improved log in information, i.e., the extended Unique ID that they will need to provide, providing them with the link to the form and a deadline for completing it (about a week.) We have provided an example email for you to use as a template but you should edit as needed to make it appropriate for your organization. The email template is located in the Appendices at the end of this document. If they respondent is unable to recall their original Unique ID, just have them enter a new Unique ID as a new respondent. There is no way for us to “find” or “retrieve” a Unique ID for someone because it is anonymous.

The **Narcan/Naloxone Record of Use Form** should be completed ideally by whomever administers the Narcan. Everyone who is given a Narcan kit should also be provided with:

1. The instruction flyer on how to administer Narcan,
2. Information on how to access the Record of Use Form (web link & local phone #)
3. Information on how to get more Narcan (local phone #)

Each community may decide the best way to do this, but the goal is to **reduce as many barriers as possible to collecting information on the administration of the Narcan**. For formal first responders, such as firefighters, police, or medical professionals, the expectation is that they will all complete the Narcan Record of Use form. For lay persons, the person actually administering Narcan may not be the person who completes the form because there many. In this case, the person completing the form should attempt to gather as much of the information on the form as possible, which means they need to be familiar with the form and perhaps have a paper copy (or multiple copies) of it to keep and refer to as needed.

The Record of Use form is perhaps the most important and critical data collection form in the PDO project because it provides us with critical information on who is receiving Narcan and whether it is reaching those most at risk for overdose. These are also the most sensitive data collected for obvious reasons. Anything you can do to increase the likelihood that these data are collected is essential. This may require educating people about why data collection is so important, reminding them about their anonymity, and finding ways to reduce any real and perceived barriers to providing the data. People can provide the information in person, over the phone, or on-line. You can read the questions to the person if they can't read. It will be essential

to establish a dynamic with the individual that helps them to feel safe and respected. This may mean that it will take time (i.e. several administrations) before they are willing to provide you with information. Just keep working at it!

When someone administers Narcan, they will need to replace it. This is true whether it's a larger agency or an individual. Be sure to let them know during a training that more is available and how to get it. They should be calling their "hub" provider to get replacement Narcan. At this time, you need to ask the person asking for replacement Narcan if s/he completed the Record of Use Form. If not, ask if they can complete it over the phone or in person. Offer to help them through that process. If they have, make sure you thank them and ask if they have any questions or concerns about that process and **be prepared to answer any questions and address any concerns**. When providing replacement Narcan, complete the **Replacement Form**. This is an Excel Spreadsheet that is in the same file as the Training and First Distribution Form. This form collects additional process data on who Narcan is given to and how much. We must report these data to CSAP so it is important to track these data accurately and promptly.

Data Entry

Data entry should be completed as soon after data collection as possible so that any contextual information relevant to data entry is easily recalled. This is vaguely stated because it's hard to predict what this might be, but you'll know it when you see it. As you start to enter data, you'll develop a system that works well for you. You may choose to enter all of one respondent's data at the same time. Alternatively, you may find that entering all of one form at the same time is preferred. Regardless, it would help you to organize your data forms according to the Unique IDs so that each stack of forms is in the same order. In this way, you can easily determine if any respondent is missing a form and check for any misplaced forms.

Keep a list of data entry solutions nearby. For example, if you are entering old data, with the old Unique IDs, leave yourself a reminder of what to do, (i.e., Enter ZZ and ZZ for the last two options.)

You may save all the forms collected and store them yourself at your agency or if you do not want to store them, please send them to Martha Waller at:

Pacific Institute for Research and Evaluation
101 Conner Drive, Suite 200
Chapel Hill, NC 27514-7038

If you have any problems with data entry, please contact Martha Waller at 919-265-2631 to troubleshoot. For any forms that you are unable to enter into the Qualtrics forms, you may mail them to Martha Waller and she will enter them after the fact.

Housekeeping Reminders

The quality and accuracy of an evaluation is completely dependent on the quality of the data collected. Therefore, it is important that you approach data collection very systematically and, in

particular, in an organized manner. While some training can be done “on the fly” the data collection process cannot be. You need to be prepared to collect data at all times and keep paper forms with you at all times. Also keep any contact information with you to provide to people; these can be business cards (templates of which have been provided) or something else, but people need to know how to reach out to you with questions and concerns. Keep folders with you to maintain the organization of any completed forms. Once you’re back in the office, organize any forms that are not organized. This will make the data entry process much easier and more straightforward and require less cleaning of the data later. It also will mean that the data entered are more accurate.

Step by Step Data Collection Instructions for Formal Trainings

Step 1- Explain that the data are collected to monitor our progress in meeting the goals of the grant and provide basic “informed consent” to all participants. Be sure to mention anonymity, assistance with reading the form if necessary, why the data are important, and how the data will be used.

Step 2- Collect the Contact Form (Be sure to explain how this information will be used and that it will be destroyed after it is used AND it will not be associated with their data.)

Step 3- Collect the Demographic Form (Explain that we use the Unique ID to keep their identity anonymous and their responses anonymous. We also have them create it so they can remember it later; have them write it down if they think they may have difficulty remembering it.)

Step 4- Conduct the Narcan Training

Step 5- Collect the Posttest Form

Step 6- Provide all trainees with contact information and instructions, reminders, etc.

Step 7- Complete the Training and First Distribution Form

Step 8- Organize all the forms and complete data entry of the forms in Qualtrics

Step 9- Send email/text to trainees with link to the Follow-Up Form (approximately 3 months after training)

Step 10- When someone needs Replacement Narcan - Ask person if they completed the Record of Use Form. If not, complete it with them (if they are willing) and/or remind them again, why it’s so important to have their help and encourage them to do it next time.

Step 11- Provide Replacement Narcan and complete the Narcan Replacement Form.

Step 12- On a quarterly basis, please make sure you enter all the Qualtrics based data into the Qualtrics forms. This means that at the end of **September, December, March, & June**, you should make sure all the data are entered in Qualtrics. These data will then be provided to DOH.

Step 13- On a monthly basis, please provide your Excel templates (the Training and First Distribution Form and the Replacement Form) to PIRE (mwaller@pire.org).

Step by Step Data Collection Instructions for Informal Trainings

Step 1- Explain why the data are collected and provide basic “informed consent” to all participants. Be sure to mention anonymity, assistance with reading the form if necessary, why the data are important, and how the data will be used.

Step 2- Collect the Demographic Form (Explain why we use the Unique ID and have them write it down if they think they may have difficulty remembering it.)

Step 3- Conduct the Narcan Training

Step 4- Provide all trainees with contact information and instructions, reminders, etc.

Step 5- Complete the Training and First Distribution Form

Step 6- Organize all the forms and complete data entry of the forms in Qualtrics

Step 7- When someone needs Replacement Narcan - Ask person if they completed the Record of Use Form. If not, complete it with them (if they are willing) and/or remind them again, why it’s so important to have their help and encourage them to do it next time.

Step 8- Provide Replacement Narcan and complete the Narcan Replacement Form.

Step 9- On a monthly basis, please make sure you enter all the Qualtrics based data into the Qualtrics forms. This means that at the end of **September, December, March, & June**, you should make sure all the data are entered in Qualtrics. These data will then be provided to DOH.

Step 10- On a monthly basis, please provide your Excel templates (the Training and First Distribution Form and the Replacement Form) to PIRE (mwallier@pire.org).

Appendices

Appendix A: Narcan Training Follow-up Form Email Template

Dear ,

About three months ago, you participated in a training on how to administer Narcan (a.k.a. naloxone) to revive individuals who have experienced an opioid overdose. This training was held by [your organization's name here]. Thank you for attending this training!

You may recall that at the time, we said we would contact you again after you've had time to process the training and perhaps even make use of the training, to complete a follow-up form about your comfort-level with the information you learned. It is now time to complete the Training Follow-up Form.

Your answers on this form are very important to our work. We greatly appreciate your time and hope you will be able to turn in form promptly. The form should take **no more than 10 minutes to complete** and probably far less time than that. While it is not required to complete the form, we use the information you provide to improve our trainings so it is very helpful to us to get your feedback.

The link to complete the form is: <https://tinyurl.com/Narcan-Follow-up>

You will be asked to enter your Unique ID that you created at the training. The Form will guide you through that process. As with the previous Unique ID, this is used only to link data entered at different times to the same individual, however, the data are never linked directly to you.

Your responses are always anonymous.

If at all possible, please complete the Follow-up Form within the next week.

Thank you again for your assistance and support. If you have any questions or concerns regarding the data collection or other Narcan related issue, please contact [provide local contact person and phone and email information here].

Most Respectfully,

Appendix B: Tiny URLs for Qualtrics Forms

Demographic Form

<https://tinyurl.com/PDOdemos>

Post-test

<https://tinyurl.com/PDOposttest>

Narcan Training Follow-up Survey

<https://tinyurl.com/Narcan-Follow-up>

Narcan Reporting/Record of Use Form

<https://tinyurl.com/narcan-report>

QR Code for Narcan Reporting/Record of Use Form



Appendix C: Demographic Form

Trainee Demographic Form

Date: / /

Thank you for your time. The information gathered below helps improve the response to opioid overdoses within New Mexico communities. You may choose not to answer questions, and all the responses you provide are confidential.

Create a unique ID. This makes sure the answers are anonymous.

First two letters of first name:	First two letters of mother's first name:	Birth year (2 digits):	County of residence (number):	1 – Bernalillo 2 – Doña Ana 3 – Rio Arriba 4 – Santa Fe 5 – Other

1	Are you:	<input type="checkbox"/> Male <input type="checkbox"/> Self-Identified gender: _____ <input type="checkbox"/> Female <input type="checkbox"/> Declined
2	Are you Hispanic or Latino/a?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined
3	Are you (check all that apply):	<input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Black / African American <input type="checkbox"/> Declined
4	If you indicated above your county was "Other": What County do you live in?	_____
5	What type of first responder do you identify as? (<i>Select only 1 response. Ask your trainer if you are not clear which to select</i>):	<input type="checkbox"/> Professional First Responder (e.g., law enforcement, EMS, fire department, school nurse, etc.) <input type="checkbox"/> Lay person (e.g., self/family/friend) <input type="checkbox"/> Community organization staff (e.g., treatment or shelter staff, etc.) <input type="checkbox"/> Other professional (e.g., corrections officer) Specify: _____
6	Do you identify as LGBTQAI (lesbian, gay, bisexual, transgender, queer, questioning, asexual, intersex)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> Declined

FOR INTERNAL USE ONLY:

1	Was this informal outreach distribution? (Circle)	Yes No
2	Number of Narcan (2 x 4 mg) kits distributed:	_____
3	Type of Narcan Distributed: (Circle)	Nasal Injectable
4	Who provided the information recorded on this form? (Circle) (If Trainer is checked, it is assumed that data are inferred based on observation.)	Trainer Trainee

Appendix D: Narcan Training Post-test

Opioid Overdose Training Post-test

Date: / /

Thank you for your time. The information gathered below helps improve the response to opioid overdoses within New Mexico communities. You may choose not to answer questions, and all the responses you provide are confidential.

Create a unique ID. This makes sure the answers are anonymous.

First two letters of first name:	First two letters of mother's first name:	Birth year (2 digits):	County of residence (number):	1 – Bernalillo 2 – Doña Ana 3 – Rio Arriba 4 – Santa Fe 5 – Other
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Instructions: Please circle the correct response or "I don't know" if you do not know the answer.

1	Heroin, OxyContin, and fentanyl are all examples of opioids.	TRUE	FALSE	I DON'T KNOW	
2	Respiratory depression or arrest (not breathing) is related to opioid overdose.	TRUE	FALSE	I DON'T KNOW	
3	Unconsciousness and unresponsiveness are signs of an opioid overdose.	TRUE	FALSE	I DON'T KNOW	
4	A sternal rub helps you evaluate whether someone is unconscious.	TRUE	FALSE	I DON'T KNOW	
5	After a person wakes up from an overdose and begins breathing again, you should place them in the recovery position.	TRUE	FALSE	I DON'T KNOW	
6	Narcan (naloxone) will reverse the effect of an opioid overdose (e.g., oxycodone, codeine, fentanyl, heroin).	TRUE	FALSE	I DON'T KNOW	
7	Performing rescue breathing on a person who has overdosed is a critical component of the overdose response.	TRUE	FALSE	I DON'T KNOW	
8	Narcan (naloxone) can be used to reverse a benzodiazepine (e.g., Ativan, Xanax, Valium, Klonopin) overdose.	TRUE	FALSE	I DON'T KNOW	
9	As a result of this training, I learned new information and skills.	Strongly Agree	Agree	Disagree	Strongly Disagree
10	This training prepared me to accurately recognize overdose symptoms.	Strongly Agree	Agree	Disagree	Strongly Disagree
11	I am confident that I can effectively use the skills I learned today to respond to an overdose.	Strongly Agree	Agree	Disagree	Strongly Disagree
12	As a result of this training, I have learned a lot about the New Mexico Good Samaritan Law.	Strongly Agree	Agree	Disagree	Strongly Disagree
13	How can this training be improved?				

Appendix E: Narcan Training Follow-up

Opioid Overdose Training Follow-up

Date: / /

Thank you for your time. The information gathered below helps improve the response to opioid overdoses within New Mexico communities. You may choose not to answer questions, and all the responses you provide are confidential.

Create a unique ID. This makes sure the answers are anonymous.

First two letters of first name:		First two letters of mother's first name:		Birth year (2 digits):		County of residence (number):	1 – Bernalillo 2 – Doña Ana 3 – Rio Arriba 4 – Santa Fe 5 – Other

Instructions: A few months ago, you participated in a training on how to respond to an opioid overdose. Please answer the following questions about that training.

1	As a result of the training, I learned new information and skills.	Strongly Agree	Agree	Disagree	Strongly Disagree
2	The training adequately prepared me to accurately recognize overdose symptoms.	Strongly Agree	Agree	Disagree	Strongly Disagree
3	I remain confident that I can effectively use the skills I learned in the training to respond to an overdose.	Strongly Agree	Agree	Disagree	Strongly Disagree
4	I have used the information and skills I learned in the training.	YES		NO	
5	I have accurately identified an opioid overdose since the training.	YES		NO	
6	I have administered Narcan/naloxone since the training.	YES		NO	
7	I have administered rescue breathing since the training.	YES		NO	
8	Please share any recommendations for how the training could be improved or any content that could be further developed.				

Appendix F: Narcan Record of Use Form

Narcan Record of Use Form

Date: / /

Thank you for your time. The information gathered below helps improve the response to opioid overdoses within New Mexico communities. You may choose not to answer questions, and all the responses you provide are confidential.

Create a unique ID. This makes sure the answers are anonymous.

First two letters of first name:	First two letters of mother's first name:	Birth year (2 digits):	County of residence (number):	1 – Bernalillo 2 – Doña Ana 3 – Rio Arriba 4 – Santa Fe 5 – Other

1	Was naloxone administered to a person?
	<div> <div> If YES: To who was the Narcan (naloxone) administered? (Please select the closest response; select only 1 response) </div> <div> <input type="checkbox"/> Patient <input type="checkbox"/> Family Member under 18 <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Self <input type="checkbox"/> Don't know </div> <div> <input type="checkbox"/> Adult Family member <input type="checkbox"/> Friend/Acquaintance <input type="checkbox"/> Stranger <input type="checkbox"/> Other: _____ </div> </div>
	<div> <div> If NO: What happened to the naloxone/Narcan? (Please END FORM once a selection is made) </div> <div> <input type="checkbox"/> Lost <input type="checkbox"/> Expired <input type="checkbox"/> Destroyed <input type="checkbox"/> Unknown </div> <div> <input type="checkbox"/> Stolen <input type="checkbox"/> Confiscated by law enforcement <input type="checkbox"/> Other: _____ <input type="checkbox"/> Declined </div> </div>
2	Amount of Narcan (naloxone) used: _____ # of sprays or doses used (2 per box)
3	Where did the overdose occur? (Select only 1) <div> <input type="checkbox"/> At a private residence (e.g., home, apartment) <input type="checkbox"/> In a public outdoor location (E.g., street, park, car, ramp, or shelter) <input type="checkbox"/> At an indoor public place/business (including hotel/motel) <input type="checkbox"/> At other types of locations <input type="checkbox"/> Unknown location <input type="checkbox"/> Declined </div>
4	What happened? (check all that apply) <div> <input type="checkbox"/> Person was revived/reversed <input type="checkbox"/> 911/EMS was called <input type="checkbox"/> Rescue breathing used <input type="checkbox"/> Person was taken to emergency room </div> <div> <input type="checkbox"/> Person was hospitalized <input type="checkbox"/> Person deceased <input type="checkbox"/> I do not know </div>
5	To the best of your knowledge, was the person (please check all that apply): <div> <input type="checkbox"/> Using alcohol <input type="checkbox"/> Using other drugs <input type="checkbox"/> Recently released from jail/prison <input type="checkbox"/> In treatment/detox </div>

Appendix G: NARCAN Administration Consent Document

NARCAN Administration Consent Document- Short Form **(in person or over the phone)**

We have a few questions we would like to ask you about your experience administering NARCAN (naloxone HCl).

These are the key things for you to know before answering the questions:

- 1) **You are not obligated to answer these questions.** You may decline or refuse to answer any question you do not wish to answer. You will receive more NARCAN regardless of whether you answer the questions.
- 2) **Why are we asking these questions?** We need to know more about who is administering NARCAN, the circumstances under which NARCAN is used, and on whom it is being used so we can make sure NARCAN is getting where it is most needed.
- 3) **We ask that you create a unique ID, that you will use every time you provide data.** The unique ID is not your name, but it does contain information that you will know because it is personal to you. It will not be associated with you and we will not be able to identify you by your unique ID.
- 4) **Are there risks to answering questions?** Because your answers are associated with a unique ID that is not associated with you personally, there is **little risk** that your answers will be associated with you directly. The questions are about a potentially personal and emotional event and therefore, you may feel uncomfortable responding to them. You may refuse to answer any question(s) you do not want to answer and you will not be refused replacement NARCAN.

Do you have any questions for me right now?

- **(If no)** Okay. If anything comes up, you may ask me questions at any time during this.

May I complete the form with you?

- **(If yes)** We will begin by creating your Unique ID, then I'll ask you some questions about yourself, followed by questions about the circumstances surrounding your administering NARCAN, and finally a couple of questions about the person you gave NARCAN.
- **(If no)** Okay. Collecting this information is really important because we want to make sure we use our limited funds most effectively. I hope that in the future you'll reconsider but for now, would you like to replace your NARCAN?

Appendix H: Example Business Cards to Provide with Narcan Kits

<p>Sharz Weeks Bernalillo County Community Health Council Narcan Trainer & Distributor</p> <p>Report your Narcan Use at: https://tinyurl.com/narc-an-report</p> <p><u>Unique ID:</u></p> <p>Call for more Narcan!!!</p> <p>Telephone: 505-246-1638 (English) Telephone: 505-328-1391 (Spanish)</p>	<p>Sharz Weeks Bernalillo County Community Health Council Narcan Trainer & Distributor</p> <p>Report your Narcan Use at: https://tinyurl.com/narc-an-report</p> <p><u>Unique ID:</u></p> <p>Call for more Narcan!!!</p> <p>Telephone: 505-246-1638 (English) Telephone: 505-328-1391 (Spanish)</p>	<p>Sharz Weeks Bernalillo County Community Health Council Narcan Trainer & Distributor</p> <p>Report your Narcan Use at: https://tinyurl.com/narc-an-report</p> <p><u>Unique ID:</u></p> <p>Call for more Narcan!!!</p> <p>Telephone: 505-246-1638 (English) Telephone: 505-328-1391 (Spanish)</p>	<p>Sharz Weeks Bernalillo County Community Health Council Narcan Trainer & Distributor</p> <p>Report your Narcan Use at: https://tinyurl.com/narc-an-report</p> <p><u>Unique ID:</u></p> <p>Call for more Narcan!!! Telephone:</p> <p>505-246-1638 (English) Telephone: 505-328-1391 (Spanish)</p>	<p>Sharz Weeks Bernalillo County Community Health Council Narcan Trainer & Distributor</p> <p>Report your Narcan Use at: https://tinyurl.com/narc-an-report</p> <p><u>Unique ID:</u></p> <p>Call for more Narcan!!!</p> <p>Telephone: 505-246-1638 (English) Telephone: 505-328-1391 (Spanish)</p>
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