Health and Safety for Caregivers

MODULES

- Kitchen and Bathroom Chemical Hazards
- Understanding and Implementing Opioid Overdose Reversal Protocols
- Introduction to OSHA

TRAINERS GUIDE
This **Trainer’s Guide** was created by the New Mexico Direct Caregivers Coalition (NMDCC) and is designed for New Mexico Frontline Healthcare Workers (Personal Care Assistants, Home Health Aides, Homemakers, Certified Nursing Assistants and Community Health Workers). The curriculum is also appropriate for family caregivers, Direct Support staff, Community Health Representatives and allied services like kitchen and custodial staff.

The Guide and educational slides are meant to be used as a package, delivered in person by NMDCC-certified Master Trainers.

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Finally, caregivers, direct support staff and their managers and supervisors from the following organizations deserve mention because they have informed this curriculum and are the reason we conduct the work we do:
### Employees and contracted staff of agencies serving those with disabilities:
- A Better Way of Living
- Cerebral Palsy Support Group of University of New Mexico
- ENMRSH, Inc.
- Independent Living Resource Center
- Self-Directed Choices
- Mandy’s Farm
- Mi Via Waiver Providers
- San Juan Center for Independence
- Tobosa
- Tresco
- United Healthcare Community Plan
- Numerous consumers and care recipients
- Numerous individual direct support staff, family members and jobseekers

### Employees and contracted staff of agencies serving those who are Elderly (senior centers, home health, assisted living and community settings)
- ABQ-GED
- Ambercare
- At-Home Personal Care Services
- Community Health Representatives (CHRs) of the following pueblos:
  - Isleta
  - Jemez
  - Pojoaque
  - Sandia
  - San Felipe
  - Santa Clara
  - Santo Domingo
  - Taos
- Enchantment Legacy
- Jicarilla Apache
- Navajo Nation providers
- Soaring Eagles Home Care
- United Healthcare Community Plan
- Numerous consumers and care recipients
- Numerous individual caregivers, Community Health Workers, unpaid family caregivers and jobseekers

We encourage readers to send comments and suggestions for improvement to info@nmdec.org.

Sincerely,

Adrienne R. Smith, MPA
President and CEO

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Training Overview

This four-hour, in-person training introduces direct caregivers (Personal Care Assistants, Home Health Aides, Nursing Attendants and Orderlies and related occupations) to health and safety skills related to the prevention of infectious disease and musculoskeletal injury. The training also introduces caregivers to their rights and responsibilities as workers. While a pre-test/post-test is used to measure some learning, this training emphasizes hands-on skill demonstration, collaborative problem-solving and reflection.

TIME NEEDED: 4 hours

Learning Objectives

By the end of this training, participants will be able to:

- Identify the potential health risks of the chemicals present in kitchen and bathroom household cleaning products
- Identify the symptoms of opioid misuse and overdose
- Communicate safety strategies to reduce the risk of adverse chemical exposures and opioid overdoses
- Understand and describe measures to reverse opioid overdose
- Describe procedures to remain safe around illicitly-manufactured fentanyl
**MATERIALS:**

- Empty of pill bottles
- Naloxone nasal spray
- Laminated protocol sheets
- Activity cards
- Pens and markers
- Flipchart
- Assessment materials
- Copies of the Participant Handbook
- Laptop
- LCD projector and screen
- PowerPoint presentation for this module
- Tape
- A stack of blank white paper
- A light, plastic ball or similar
**PREPARATION:**

- Set up laptop and projector.
- Set up training room so that chairs and tables are in a semi-circle formation. Participants should be able to face and interact easily with each other, while also facing the front of the room where projector and whiteboard are stationed.

**Guidelines and Suggestions for Trainers**

- This training has been designed to be participatory. It encourages discussion, reflection, collaboration and hands-on practice as much as possible. These and other techniques that are employed in this training help adults learn and remember important information. Keep lectures to a minimum. Encourage questions, discussion and even disagreement. Encourage participants to make connections between the new content and their own work and personal experiences.

- This training is also competency-based, meaning that it emphasizes concrete skills as opposed to abstract information. Whenever possible, give participants the opportunity to discuss and practice how the new information relates to their daily work as caregivers.

- Check frequently to make sure participants understand new content. Ask:
  - “Do you have any questions?”
  - “Would you like me to go over anything again?”
  - “Do you have any experience with this that you’d like to share?”

- Remember that some participants may speak English as a second (or third or fourth!) language. Speak clearly and not too quickly. Give pictures and illustrations, examples and demonstrations whenever possible. Encourage participants to interpret and translate for each other, whenever possible.

- Remember that some participants may not read well and/or may have limited education and/or negative experiences with education in the past. Keep these possibilities in mind when asking people to read (out loud, silently or in groups). For some people, it may help to read the pre-/post-test to them instead of asking them to read it. Respect these differences; be patient and flexible. There are many ways to learn and remember information!

- Throughout this training, participants are encouraged to talk about their work and those for whom they care. **Always uphold the principle of consumer confidentiality.** Remind participants to avoid using client or consumer names or distinguishing characteristics when they discuss these experiences; encourage them to safeguard the privacy and dignity of the recipient.
This training has been created to be interactive. There are many opportunities for participants to work in pairs and groups, building knowledge together. We have not provided specific guidance in how to break participants up into groups. Some trainers like to use various strategies for creating groups, such as counting off, or having people who are wearing similar colors form groups, etc. Other trainers just like to ask participants to choose their own groups provided they follow certain guidelines (such as choosing different people to work with each time). However you choose to form working groups, keep the following guidelines in mind:

- Generally speaking, encourage people to work with a variety of other training participants. Avoid allowing people to exclusively work with the same person each time they divide into pairs and groups. Participants will learn more from speaking with others, not just those they already know or happen to be sitting next to.
- If you have a mix of languages in the training group, be sure that they are supported. If there are a handful of people who speak Spanish, for example, they may prefer to work together, where they can communicate easily and interpret for each other. This is perfectly fine; remember, the goal is to learn.
- It’s fine to assign participants to small groups, and it’s also fine to allow them to choose their own, provided all participants’ needs are being met. Experiment with what works best for you and for the unique group of participants.

- It is assumed that you, as a Master Trainer, have expertise in direct care topics and can expertly demonstrate numerous safety techniques with chemical hazards and opioids. If this is not the case, please arrange to have a healthcare educator visit your training sessions to conduct these demonstrations and supervise your practice sessions.

- Keep closely to time limits that are indicated in this guide. Ask participants to return promptly from breaks. You must adhere closely to the schedule in order to complete the training in four hours. Begin on time; the timing for the beginning of the training is slightly padded to allow for late arrivals.
I. Welcome, Overview, Introductions, and Pre-test (20 minutes)

SLIDE 1 Welcome participants to “Health and Safety for Caregivers.” Make sure everyone has signed the Sign-In Sheet that also includes two short questions that will help NMDCC measure impact evaluation: 1) involvement in workplace safety after the training, and 2) examples of how the trainee stays safe at work.

• Introduce yourself and the New Mexico Direct Caregivers Coalition (NMDCC).

SLIDE 1 Point out the following:

➢ This training was made possible by a grant from the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor.

➢ OSHA recognizes your jobs can often be difficult and dangerous and wants to make sure your health and safety are protected while on the job – as well as that of the people you care for.

SLIDE 2 Ask participants to briefly introduce themselves by answering the 3 questions on this slide. Model it yourself first before you ask participants to begin, in order to break the ice and so that they see how brief it should be.

SLIDE 3 Introduce the training content by going over the learning objectives. Check to see if there are any questions.

• Go over any “ground rules” or working agreements you would like participants to uphold in this training. If you have time, you may wish to develop these together. If you have a big group and therefore more limited time, you may wish to list the “ground rules” that mean the most to you and ask for their agreement. These may include:

➢ Please keep cell phone ringers off or on “vibrate”; step out if you must take a call. Please do not text or check social media during the training.

➢ Listen respectfully when other people are speaking. Encourage others to share.

➢ Participate as much as possible. Your experiences help others learn.
• Go over any housekeeping information. Make sure participants know:
  ➢ The location of restrooms and exits (particularly those that are compliant with the Americans with Disabilities Act - ADA)
  ➢ The timing of the break
  ➢ Any other important information related to the facility, training schedule, or refreshments.
• Administer the pre-test. Say:

  “One way to check your learning is to give the same test before and after a training. That way, we can measure the success of the training. This is not a test in any traditional sense. It is not used to rank people or give grades at the end of the training. It exists to give me and others at NMDCC an idea of what’s working and what needs to be improved. So, we’re going to ask you to take a quick pre-test and give you the same test after the training and see how your answers change.”

  • Distribute copies of the Pre-Test. Ask trainees to write their name and the date on the lines provided. Go over the instructions together. Tell them they have about 10 minutes to complete the test. Remind them that it’s fine if they don’t know the answers to any or all of these questions. Ask them to begin.
  • Collect all Pre-Tests after about 10 minutes.
  • Transition to the next activity by saying: “Let’s begin by talking about what we already know about staying safe when chemical hazards are present.”
II. ▪ Connect and Reflect (5 minutes)

- Write the term Safety on the board or flipchart. Ask people what it means to them.

- “Today, we’ll be talking about opioid overdoses and how they can affect safety in your workplace.”

SLIDES 4-5 ▪

- “To begin today’s training, we’ll be talking about the cleaning products you use in the consumer’s kitchen and bathroom, and the dangers they pose to your health.” Write cleaning chemicals on the board or flipchart.

- Ask participants to look at the illustration of the direct caregiver on the front of their Participant Handbook. Ask them what they see. What is she doing? How is she keeping herself safe? Make sure they notice the following, or point them out:
  - She is near an open window, allowing for air flow while the chemicals are being used.
  - She is wearing gloves to protect her skin.
  - The cleaning product is labeled so she knows what she is using and there is less chance of using the wrong product.

- “Most of work with cleaning chemicals every day on the job. As we all know the bathroom and the kitchen can be the dirtiest places in the house, so we need the cleaning products for infection control. However, these products often contain strong chemicals.”

- Show participants the lightweight plastic ball (see Materials, above). Give them the following instructions:
  - Let’s start out with a quick game. I’m going to say the name of a cleaning product that I use on a regular basis. Then, I’m going to throw the ball to another person. That person catches the ball and says the name of a product they use in the consumer’s home, then tosses the ball to another person.
  - Let’s try to think of the names of products, but you can also just say what its function is. For example, you could say “Easy-Off”, but if you don’t remember the name of the product, you can just say, “oven cleaner.”
  - Make sure you throw the ball lightly!
• Say “Easy-Off Oven Cleaner” or similar in order to model the activity, and then toss the ball to the next person. Try to keep the game going for several minutes. Make sure everyone gets at least one turn. Here are some examples of products if you need to jog their memories:

<table>
<thead>
<tr>
<th>All-purpose cleaners</th>
<th>Kitchen cleaners</th>
<th>Bathroom cleaners</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasive (contains small abrasive particles)</td>
<td>Bleach, disinfectants (Clorox, Lysol, Mr. Clean)</td>
<td>Shower cleaners (Scrubbing Bubbles)</td>
</tr>
<tr>
<td>Powders (Ajax, Comet) Liquids (Softscrub)</td>
<td>Drain openers (Drano, Mr. Plumber)</td>
<td>Toilet bowl cleaners (The Works, Clorox)</td>
</tr>
<tr>
<td>Non-abrasive: Powders (Bon Ami) Liquids and Sprays (Pine-Sol, Lysol)</td>
<td>Glass cleaners (Windex, Glass Plus)</td>
<td>Tub, tile, and sink cleaners (Tilex, KaBoom)</td>
</tr>
<tr>
<td></td>
<td>Hard water mineral removers (CLR, Lime-Away)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Metal cleaners and polishes (Brasso, CLR)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oven cleaners (Easy-Off)</td>
<td></td>
</tr>
</tbody>
</table>

SLIDE 6 •

• When the ball toss game is finished (they can’t think of any more products), make the points on the slide. Present them interactively, pausing to ask questions about participants’ experiences on the job.

• Facilitate a whole-class discussion using the following questions:
  o *Have you ever had any health problems or irritations when using cleaning products on the job? If so, what have you experienced?*

  o *How do you keep yourself safe on the job from chemical exposures?*

• Use the discussion you just had to transition into the next section on how exposures occur. Say:

  Almost all of us are exposed to kitchen and bathroom cleaning chemicals on the job. In the next activity, we’ll discuss the different ways we are exposed – some of which you might not realize! – and how we can reduce the risks to our health and also the health of our Consumers.
III. • Chemical Exposure (15 minutes)

SLIDE 7 • Introduce this section of the training with the slide. Then, ask participants:

- “What are the different ways you might be exposed to the chemicals in kitchen and bathroom cleaning products in the Consumer’s home?”
- “How do you know when you’ve been exposed to a chemical? What happens?”

• Get participants’ responses. During this class discussion, make sure the following information is covered:
  - You can be exposed to chemicals in 3 ways:
    - Inhalation (breathing in)
    - Absorption through eyes and skin
    - Swallowing
  - When you are exposed, you may have various symptoms. Have them list the things they have experienced.

SLIDES 8-13 •

• Go over these slides on dangers, symptoms, and first aid interactively, pausing to get participants’ questions and comments and asking them to share their experiences.

• Tell participants that Handout 1 and Handout 2 in their Participant Workbook contain the same information that you presented in the PowerPoint presentation.

• Transition to the next section on safety by saying:

  We have discussed the dangers of kitchen and bathroom cleaning products. Now, let’s focus on what we can do to reduce our risk of exposure.
IV. • Working Safely with Kitchen and Bathroom Chemicals (20 minutes)

SLIDE 14 • Introduce this section with the slide.

- Point out the following to participants:
  - Even though product labels might not show the exact chemicals that are in the product, they do contain other important information.
  - In fact, they use certain words that have specific meanings on product labels.
  - We call these “signal words”, because they show or warn you about how harmful the product might be.
  - If you read labels carefully, you can learn to watch out for these signal words.
  - We’re going to take a look at these now.

- Ask participants to get into pairs and open to Handout 3: Safety Signal Words. Tell participants that they should work together to try to match the “signal word” to its definition. They should make educated guesses, and agree together before they write down their answer. Give them 3-4 minutes.

- Bring the group back together and go over the answers briefly. KEY: The numbers in the blanks in the right-hand column on the handout should be:
  5
  3
  4
  1
  2

As you go through the answers, check to see if there are any questions or comments from participants.

SLIDES 15-19 •

- Use these slides to go over chemical safety practices. Go through them slowly and interactively, taking time to discuss each one. Check for participants’ questions, comments and any stories they wish to share (while keeping an eye on your time).
• After this presentation, check for any last questions or comments about any of the safety tips you presented.

• Point out that Handout 4, Chemical Safety Strategies, in their Participant Workbook contains all the information that was presented in the PowerPoint. Tell them they can take this handout to the consumer’s home and use it as a job tool.

• Transition to the application activity on the following page.
IV. • Communicating with Consumers about Safety (20 minutes)

SLIDE 20 • Introduce this section with the slide.

- Ask participants to open to Handout 5, Communicating with Consumers about Safety. Ask them to take a few minutes to read the scenario on the handout (but not answer the questions yet).

- Divide participants into pairs. Ask them to work together to answer the questions under the scenario. Give them just about 7 minutes, and then debrief the questions as a group. Make sure the following points are made about communication with the consumer:
  - State the concern about your safety in a manner that encourages you to find a positive solution together.
  - Plan the conversation ahead of time. What would you like the outcome to be?
  - Be respectful. Make a request, not a demand.
  - Listen carefully. Try to “step inside the shoes” of the consumer.
  - Use “I” statements to describe your concern and how the situation affects you – and possibly the consumer as well.
  - Consider other solutions – not just the one that you want.

- Now, ask participants to get back into their pairs and practice a role play between the caregiver and the consumer. If they have time, they should take turns playing the role of the caregiver. Tell them they have about 10-12 minutes to work. When you are sure each group understands what they are supposed to do, ask them to begin. Walk among the groups to help them get started and answer any questions they have. Every now and then, remind them of how much time remains.

- After 10-12 minutes, bring the whole class back together. Ask a pair or two to volunteer to do the role play for the whole group. After they are finished, praise what they did well, and see if you can suggest anything that they might improve.

- Check if there are any questions or concerns.
Common Chemical Hazards in the Home: Activity

- Transition to the activity found on Slides 21-25.
- Tell participants you’ll be doing a short activity to raise their awareness of common chemical hazards found in home settings.
- Explain to participants that, while there are a number of relatively common chemical hazards found in the home, there is no way to cover every possible example as all homes are different. Today, you’ll be highlighting a few examples of hazards they may find in the workplace or their own homes.
- Show participants the picture of a bathroom on Slide 22. Ask them to brainstorm possible chemical hazards present in the picture. Be sure to give plenty of time for participants to discuss. Don’t immediately shut down any incorrect answers as that might hinder authentic discussion.
- Point out that the EPA has identified the following common bathroom chemical hazards, if it hasn’t come up through discussion:
  - **Air fresheners** – they are highly flammable and can be eye irritants for some.
  - **Toilet cleaners** – they often have bleach and should not be mixed with any other cleaning products. They are also often eye and skin irritants.
  - **Mold removers** – they are often dangerous for skin, so be sure to wear gloves and utilize other PPE.
  - **Drain cleaners** – those that contain lye and sulfuric acid, which can release fumes that are extremely harmful and may even cause blindness. Provide good air circulation and don’t stay in the room too long.
  - **Antibacterial cleaners** – can be eye and skin irritants. As with all eye and skin irritants, flush the area if contact occurs.
- Follow the same process as above with kitchens on Slide 23, laundry rooms on Slide 24 and garages on Slide 25.
- For kitchens, note the following if not already discussed:
  - **Insect/bug baits** – contain numerous harmful chemicals, though they are usually enclosed. If you come in contact, wash the affected area.
  - **All-purpose cleaners** – these often irritate throats, eyes and skin. They can also be poisonous if ingested. Utilize PPE when using them.
  - **Insect sprays** – can affect items that come in contact with materials, like foods and drinks. Be sure to spray away from things that will be ingested.
  - **Glass cleaners** – they are often skin and eye irritants.
  - **Dishwashing detergent** – can produce skin burns. They are also usually poisonous if ingested.
  - **Oven cleaners** – they usually contain lye, a highly toxic chemical that can also cause skin and eye burns. Only adults should use products with lye.
• For laundry rooms, note the following if not already discussed:
  o **Chlorine bleach** – as discussed earlier in this training, bleach should never be mixed with any other cleaning product as it can become incredibly dangerous if so. It can also cause burns to areas it touches.
  o **Wood stains/finishes** – vapors that occur when using these can highly irritate eyes, noses, skin and throats. If possible, use outside in a well-ventilated area.
  o **Laundry detergents** – these can irritate skin and eyes and spark an asthma attack.
• For garages, note the following if not already discussed:
  o **Pet flea spot ons** – these are a pesticide and can be dangerous to skin. Generally, it’s best to not pet your pet for 24 hours after application.
  o **Car batteries** – sulfuric acid is a common ingredient and can burn skin and release dangerous fumes.
  o **Latex and oil-based paints** – this can emit fumes dangerous to humans, so be sure to pain in a well-ventilated area.
  o **Motor oil** – potentially contains carcinogens and can be toxic to animals if disposed of improperly (i.e. down the drain).
  o **Antifreeze** – this contains chemicals that are extremely toxic and can cause death.
  o **Wet-cell (car) batteries** – these can both burn skin and release dangerous fumes when used improperly. Be sure to follow any instructions attached to the battery when handling.
• Conclude activity by eliciting any other ideas participants may have about chemicals present in many homes.
• Remind participants that this list is by no means inclusive of all possible chemical hazards. The EPA and OSHA have many online resources on identifying and handling chemicals.
V. Opioids and Use Disorder (20 minutes)

NOTE TO TRAINER:

Please make sure that the following items are set out on a table in the front of the room (see Materials and Preparation, above):

- Empty of pill bottles
- Naloxone nasal spray (if trained)
- Laminated protocol sheets
- Activity cards
- Pens and markers
- Flipchart
- Assessment materials

To introduce this section, say:

“When we think about health and safety on the job, we often think about avoiding illness and injuries. While this is true, there are often overlooked risks. Today, we’ll discuss medications and substances that are commonly seen in consumers’ homes: Opioids. We’ll learn about ways to keep both our consumers and ourselves safe around opioids, as well as some tips for reversing opioid overdoses.”

- Facilitate a pairs or small group (2-4 people, depending on class size) True or False activity around the term Opioid. Pass out a True card and a False card to each small group.

SLIDE 27 • Ask participants to raise a True or False card when you say aloud each substance on this slide. Be sure to give them time to discuss shortly with one another.

SLIDE 28 • Direct participants’ attention to Handout 6 in their Participant Handbook, which contains the same information presented in the PowerPoint.

- Have volunteers read aloud the list of commonly-found opioids. Acknowledge that there are a number of opioids not present on this list but that many of the examples from Slide 27 are not opioids.

- “Did any of these surprise you?”
SLIDE 29 • Use this slide to introduce what and opioid is.

- “Are there any examples you’d like to share of a time you or someone you cared for used an opioid?”
- “Do you see opioids are positive or negative?”
- Be sure you’ve given participants ample time to discuss these questions as they will set the tone for the rest of this module. Opioids can be a tough and personal subject, and giving space for openness is of great importance.

SLIDES 30-32 • Direct participants’ attention to first line on Slide 30 and Page 14. Ask if participants are surprised by the fact that anyone can develop Opioid Use Disorder.

- “What comes to mind when you hear the word ‘addiction?’”
- “Opioid Use Disorder is often known as ‘being addicted to opioids.’ Medical professionals do not like to use the term ‘addicted’ because it adds to stigma and shame that can often keep someone from seeking treatment or rehabilitation.”
- “Opioids prescribed by doctors have been rising significantly since the early 1990s. The more often people are prescribed opioids, the more likely they are to develop Opioid Use Disorder.”
- “People are prescribed opioids for a number of reasons, but it’s almost always for pain. Common reasons for this are surgeries, sports injuries, back pain, dental pain and work-related injuries. While some people successfully complete their prescription and discontinue using opioids, a large number of people become dependent after as little as 5 days of use!”
VI. • Opioid Misuse and Overdose (15 minutes)

SLIDES 33-34 • Introduce Opioid Misuse and Overdose with Slide 33.

- POINT OUT: “As a caregiver, direct support staff, HHA, CNA [other occupations noted at the beginning of the training], many of your consumers may be taken or at some point take an opioid for pain during your time with them. It is important to know the signs of opioid misuse.”

- POINT OUT: Opioids are often mixed with other substances, like alcohol and benzodiazepines (muscle relaxers, sleeping pills). This can be incredibly dangerous.

SLIDES 35-36 •

- “Based on your experience, why are drug overdoses a big problem?”

- Ask participants to open to Page 15. Note to participants that they may more commonly hear the term ‘OD’ when talking about overdose. Briefly define overdose to participants.

- Direct participants to the Symptoms and Consequences on the bottom half of Page 15. Have volunteers popcorn read the symptoms of overdose, pointing out that the Opioid Overdose Triad is a list of 3 symptoms that are almost always present.

- “How do we know the difference between someone being really high and someone overdosing on an opioid?”

- Have participants turn to Page 16 popcorn read the Really High symptoms, followed by the Overdose symptoms.

- Briefly discuss some of the long-term consequences of overdose, noting that many factors beyond physical symptoms can happen after someone has an overdose.

- “Can you think of any other long-term consequences that might happen after an overdose?”

- Be sure to give participants enough time to brainstorm ideas. Write down answers on whiteboard or flipchart paper.

- Direct participants’ attention to Handout 7. Tell them they can cut out the page and post in a workplace, home or first aid kit.

- Ask participants to turn to Page 18. Discuss the graph and ask participants if they are surprised by the fact that New Mexico ranks above the national average for opioid overdose deaths.
VII. • Opioid Overdose Myths and Facts Activity (20 minutes)

SLIDE 37 •

- Tape up the Myth and Fact laminated cards from Appendix A on the white board or wall on opposite sides of the room.
- Prompt each participant to reach into a bowl and draw a laminated statement card from Appendix B. If there are too many participants/too few cards, ask participants to work in pairs.
- Explain the rules of the game:
  - This will be a quick check to see what we know about opioid overdoses. Don’t worry! This is not a graded test!
  - There are 2 categories in the game: Myth (or false) and Fact (or true).
  - Your job is to take 1-2 minutes to read your card and think about whether or not you believe that statement to be a myth or a fact.
  - After taking a couple of minutes, stand next to the sign that best represents your answer.
- When you are sure they understand the rules, begin. Keep the game moving quickly – it should be only 4-5 minutes tops for this piece to happen. Walk around the room to assist should anyone have any questions. When everyone seems to be settled, facilitate the next prompts:
  - Discuss with the others who stand on your side to see if you believe you all belong in your group. Why or why not?
  - After you think everyone is in the correct category, please read each of your cards aloud, starting with the Myths side. Explain why you think you believe the statement is a myth. Following this, do the same with the Facts side.
  - Ask participants if they think everyone has chosen the correct category. Leave room for discussion if participants seem eager to speak. If they are quiet, facilitate open-ended questions to keep the conversation going.
- When you are finished, invite participants to open to Pages 19-20. Read them aloud, noting that not all myths and facts may have been used in the game, depending on the size of the class.
- “Are you shocked by any of these?”
VIII. • Frontline Healthcare Workers and Overdoses (20 minutes)

SLIDES 38-41 • Introduce this slide by asking participants why they think it’s important for them as frontline healthcare workers to know about opioid overdoses.

- Prompt participants to turn to Page 21. Remind participants that, though it’s unlikely every one of them has witnessed or seen a person who’s overdosed, it’s possible they’ll come across this in their lines of work in the future.
- Ask for volunteers to read the 4 points in the center of the page. Question if anyone knows of other reasons caregivers might come across an overdose. Write any suggestions on the whiteboard/flip chart paper.
- When this is finished, read the paragraph at the end of the page – “You are a frontline healthcare worker.” Stress the importance of this work and the role they all might play in saving a life one day. Note that the next section will provide proven and effective strategies for aiding someone who has overdosed on opioids.
- Ask participants to turn to Page 22. Prompt them to divide into 4-6 small groups, preferably with others with whom they have not yet worked.
- Remind them that each of them brings their own set of knowledge and expertise to the table before having them read the prompt quietly to their group.
- Prompt each group to read the scenario on Page 22 and discuss the questions on Page 23. This should be relatively speedy and no more than 5 minutes.
- Give time for each group to report out to the larger group. Be sure to leave time for them to discuss and debate, if they wish.
- Now is a great time to do a small check in with participants. Be sure to leave space for them to ask questions on the topics already discussed. If participants appear tired or zoned-out, do a movement activity, like group stretching. Moving the body alerts the mind and prepares participants to take as much as possible out of the following sections.
IX. • Reversing Opioid Overdose (20 minutes)

SLIDES 42-45 • Use these slides to demonstrate naloxone nasal spray, if qualified. If not, guide participants through the visuals in the handbook and on the slideshow, as well as the optional YouTube video(s) on the flash drive.

- Ask everyone to open their handbooks to Handout 8.
- “If you believe a client or other person around you have overdosed on opioids, go through the following steps. Steps will be discussed more after we read these. Will anyone volunteer to read these steps?”
- Check for understanding and already-acquired knowledge by asking open-ended questions of each step. Examples of these questions can include:
  - What are the symptoms in the Opioid Overdose Triad?
  - How do you stimulate a person? What is a sternal rub?
  - At what point should you call 911?
  - What’s the difference between rescue breathing and CPR?
  - How can we protect ourselves from bodily fluids when providing rescue breathing?
  - How can we monitor the situation after we’ve administered naloxone, given rescue breathing and call 911?
  - What do you think the most important step to this process is? (POINT OUT: The administration of naloxone is the most important and likely most effective step in the process.)
  - Look at the illustration. What do you see? Do you believe the care worker is following this list?
  - Illicit simulations of these actions and provide space for two participants to act this out in front, time permitting.

NOTE TO TRAINER:

Multiple NMDOH and Harm Reduction Coalition materials are available to you to learn more about the harm reduction techniques of opioid reversal agents, like naloxone. Please contact NMDCC for updated materials if needed as materials change periodically due to updates in the literature.
• Prompt participants to turn to Page 25. Ask if anyone knows about naloxone. If so, what do they know about it?

• Convey to participants there are 2 main methods of administration of naloxone: nasal spray (or NARCAN) and an auto-injector (or EVZIO, similar to an Epi-Pen).

• “Today, we will look at the naloxone nasal spray as it is the cheapest and easiest to obtain version of the medication.”

• If you are facilitating this module in New Mexico, note the local laws pertaining to carrying and administration of naloxone (i.e. no doctor’s prescription is needed, 911 Good Samaritan Laws). If you are outside the state of New Mexico, please refer to your state’s health department for guidance on local laws and regulations.

• Demonstrate the steps in the visual on the bottom of the page if using a trainer-enabled naloxone spray. If not, read through the descriptions and play the video provided.

• Refer participants to Handout 9.

• “As you might have noticed, this illustration lays out all the steps you can take if a consumer or loved one has overdosed on an opioid. If you do not have naloxone, follow the other steps. Be sure you call emergency services, even if you can’t administer any of the other steps.”
X. • Fentanyl Exposure (15 minutes)

SLIDES 46-50 • Ask participants if they’ve heard of the word “fentanyl.” They likely haven’t, but if so, illicit discussion on their previous knowledge.

- Ask participants to turn to Page 27. Name the two types of fentanyl, going over the differences between the two.

- “Exposure to illicitly-manufactured fentanyl can be fatal! It’s possible to overdose yourself when in contact with it. First responders around the nation have been exposed to IMF more frequently over the past 3 years as more people are buying IMF. Because of this, it is incredibly important you know the risks of fentanyl exposure and the precautions you can take against it.”

- Have participants pass the tennis ball to one another, thus identifying a new volunteer to read 1 of the risks for accidental exposure and the ways fentanyl enters the body. Have each participant read one, then pass the ball to another person.

- Check for understanding and prior knowledge of these subjects before moving on. Leave room for questions and discussion if needed.

- Refer participants to Handout 10. “Based on our discussions about PPE earlier in this training, how might PPE come in handy when avoiding accidental fentanyl exposure?”

- Using the tennis ball, have participants read the protections frontline healthcare workers can take to protect themselves from accidental fentanyl exposure.

- “Because of the strength of fentanyl, overdose reversal for fentanyl may require larger amounts of naloxone.”

- “While I know this may have been a lot of new information about opioids and their risks, I hope you’ve learned some tools you can use to keep you and your consumers safe with and around opioids. We will have a chance to reflect after playing a review game. But, I want to check in with you before that. Does anyone have any lingering questions or thoughts about opioids and how you practice opioid safety?”
XI. • Workers’ Rights and Responsibilities
(10 minutes)

SLIDES 51-53 • Use these slides to introduce the fact that workers can file a complaint with OSHA. Emphasize the following points while you present these slides:

- If you feel you can, you should report hazards to your employer. If you don’t feel you can do so, or if don’t feel that your employer is addressing your concerns quickly enough, you have the right to file a complaint.
- It is illegal for the employer retaliate against you for filing a complaint.
- Complaints with OSHA for retaliation are called Whistleblower Complaints.
- Complaints should be filed quickly. If you wait too long, OSHA may not be able to investigate or take any action.
- Complaints can be made in English, Spanish or any other language.

• Ask participants to open to Handout 11. Tell them that the handout contains an introduction to OSHA’s mission and an explanation of their rights as caregivers. Carefully check for questions before moving on.

• Ask participants to refer to Handout 12. Point out that the handout contains contact information for filing a complaint with OSHA. Unless there is a health and safety emergency at the workplace (in which case, use the telephone), signed complaints via mail are recommended by OSHA. Go through the contact information and make sure the participants understand how to use it.

• Assure the participants that OSHA keeps all complaints confidential, and that they can feel free to talk with you after the training today about confidential concerns they may have. Tell them that this next activity will help them learn about ques

• Check for understanding and say: “As we have seen, caregivers can face real dangers on the job. Sometimes, they may not speak up about these dangers. However, they should speak up – to keep themselves and the consumers safe. You have a right to health and safety on the job. You also have a right to report hazards or injuries without fear of retaliation; that is, without fear of losing your job. In the next section, we’ll talk about workers’ rights and how to complain without fear.”
XI. • Review Game (15 minutes)

- Tape up the Review Game cards from Appendix C on the white board or wall.
- Divide participants into even-numbered teams. Each team should choose a captain and a scorekeeper (2 different people).
- Explain the rules of the game:
  - This will be a quick activity to help you review what you have learned.
  - There are 3 categories of questions in this game: Workers’ Rights, Chemical Safety and Opioid Safety (Point to the labels on the board.)
  - There are 3 questions under each category. Each one is worth 10, 20 or 30 points.
  - To decide which team goes first, each captain will think of a number from 1 to 10. The closest to the number I am thinking of gets to choose first.
  - The team going first can choose the question you want and will have 20 seconds to answer. You must discuss it as a team. When you decide your answer, the team captain will give it.
  - If your team answers correctly, you get the points! The scorekeeper will keep count of the points.
  - If your team answers incorrectly, you don’t get win points and the opposite team can try to answer that question.

- When you are sure they understand the rules, begin. Keep the game moving quickly – it should be just a brief review. Be sure to time the responses – just 20 seconds.
- When you are finished, check to see if there are any questions or comments about any of the topics covered today.
XII. • Reflection and Action (10 minutes, if time allows)

- Point out that the things trainees learned today will help keep them safe on the job.
- Ask trainees to think of one important thing they learned today. Give them a couple minutes to think and write down their answer, if they want to.
- Ask for volunteers to share their reflections if you have time.
- Distribute the index cards you prepared (see Materials and Preparation, above) to each participant. Put out the boxes of markers. Give the following instructions:
  - Think about 3 things you will do or change on the job, as a result of this training. How will you keep yourself safer and healthier? What 3 concrete steps or actions will you take?
  - Write your actions on this card. Decorate it, if you would like to.
  - You have 10 minutes.
  - When you are finished, you will have a reminder – a tool – that you can take with you to work.
  - It will help you remember to take of yourself as you take care of others.
- If time, ask volunteers to share the job tools they created.
- Ask participants to think of one important thing they learned today that they will apply back on the job. Give them a couple minutes to think and write down their answer.
- Ask for volunteers to share their reflections. It would be great if everyone had the opportunity to share, but do not require them to do so, if they would prefer to keep their thoughts private.
XIII. • Conclusion, Evaluation, & Post-Test (15 minutes)

- Thank everyone for their participation today.
- Administer the post-test. Reiterate that this is not a “test” on which they will receive a grade. Rather, it is meant to show the trainer and NMDCC how effective the training was and what needs to be improved. Give participants as much as 10 minutes to complete the test.
- Distribute the session evaluation. Ask participants to take about 5 minutes to fill it out. Point out that the session evaluation is another tool that will help trainers and NMDCC know what works and what needs to be improved. Ask them to be honest and give detailed responses, if possible. Point out that they do not need to sign their names.
- Announce any next steps and/or make plans to follow up with participants on any information that you promised to get to them (certificate of Completion, questions trainees had, etc.). Make sure everyone signed in.
- Adjourn!
Appendix A • Myth and Fact Sheets

Directions: NMDCC will have copied and laminated Myths and Facts sheets for use by Master Trainers. If not, print, laminate and cut up one of each of the following to be placed on opposite walls for the Myths and Facts activity.

MYTH FACT
Appendix B • Myths and Facts Draw Cards

**Directions:** NMDCC will have copied and laminated Myths and Facts draw cards for use by Master Trainers. If not, print, laminate and cut up each of the following statements to be drawn from a container (hat, box, bowl, etc.).

<table>
<thead>
<tr>
<th>When someone overdoses, it means they have died.</th>
<th>Not everyone who overdoses dies.</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is nothing anyone can do to save someone who is overdosing on opioids because most people die instantaneously.</td>
<td>Opioid overdose death is generally not instantaneous. If you come across a person (care recipient) who has overdosed, there is often time to reverse the overdose.</td>
</tr>
<tr>
<td>Most people overdose in private, so it’s unlikely anyone will be around to save them.</td>
<td>Most overdoses happen in the presence of other people. As a frontline healthcare worker, you may come across a care recipient who has overdosed on opioids. YOU can prevent overdose deaths.</td>
</tr>
<tr>
<td>Preventing an overdose can only be done by doctors with many hours of training.</td>
<td>Opioid overdose can be reversed by the administration of naloxone and/or rescue breathing (mouth-to-mouth). Naloxone is a tool that can be easily used by anyone in the community.</td>
</tr>
<tr>
<td>I am not allowed to carry or administer the opioid reversal drug, naloxone.</td>
<td>You, the frontline healthcare worker, can carry and administer naloxone.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>It is a waste of time to administer naloxone to someone who has overdosed on opioids.</td>
<td>You can save lives by knowing the symptoms of opioid overdose and by knowing how to administer naloxone!</td>
</tr>
<tr>
<td>Access to naloxone encourages people to continue using drugs.</td>
<td>Naloxone does not contribute to a person’s opioid use. In fact, many studies show that a person who has overdosed and received a reversal drug may already be in drug treatment or may enroll following the overdose.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>I need a prescription from my doctor to get naloxone in New Mexico.</td>
<td>In New Mexico, you can get naloxone from a pharmacist without a doctor’s prescription.</td>
</tr>
</tbody>
</table>
## Appendix C • Review Game

**Instructions:** NMDCC will have copied and laminated review game cards for use by Master Trainers. If not, print game cards by double-side copying column titles (*Workers’ Rights, Chemical Safety* and *Opioid Safety*) on one side. On the other side of the page, print review game questions. The cards will be taped up to wall or whiteboard and appear to trainees like this:

<table>
<thead>
<tr>
<th>Workers’ Rights</th>
<th>Chemical Safety</th>
<th>Opioid Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 points</td>
<td>10 points</td>
<td>10 points</td>
</tr>
<tr>
<td>20 points</td>
<td>20 points</td>
<td>20 points</td>
</tr>
<tr>
<td>30 points</td>
<td>30 points</td>
<td>30 points</td>
</tr>
</tbody>
</table>

Cards will be printed on the reverse side with the following questions. These questions are asked when a team chooses that question category and the number of points:

<table>
<thead>
<tr>
<th>Workers’ Rights</th>
<th>Chemical Safety</th>
<th>Opioid Safety</th>
</tr>
</thead>
</table>
| **10 points:** What part of the U.S. government tries to make sure your workplace is safe and healthy?  
(Answer: *Occupational Safety and Health Administration, or OSHA*) | **10 points:** True or False: It is fine to mix bleach and ammonia.  
(Answer: False.) | 10 points: True or False: All opioids are illegal.  
(Answer: False.) |
| **20 points:** What is OSHA’s mission?  
(Answer: *OSHA’s mission is to set and enforce health and safety standards, and to provide training, outreach, education and assistance to workers and employers.*) | **20 points:** Name 1 way chemicals enter the body.  
(Answer: Skin, eyes, swallowing, inhalation.) | 20 points: Name 1 way to assist someone who is overdosing on opioids.  
(Answer: *Call 911, administer rescue breathing, monitor, administer naloxone.*) |
| **30 points:** When you file a complaint, is it best to do it in writing or online?  
(Answer: *In writing is best, but it’s also OK to call or file online.*) | **30 points:** What should you do if a chemical exposure has occurred in your eye or eyes?  
(Answer: Flush the eye for 15 minutes.) | 30 points: What are the 3 symptoms of the Opioid Overdose Triad?  
(Answer: Slow breathing, unconsciousness and pinpoint pupils.) |
Resources


Decoding the Labels. (n.d.). [Retrieved from http://www.ewg.org/guides/cleaners/content/decoding_labels#.WeylKROPLeQ


New Mexico Direct Caregivers Coalition advocates for direct care workers’ education, training, benefits, wages and professional development so they may better serve people who are elderly and those with disabilities.