

## Naloxone Administration Skills Training Session ROSTER

Trainer: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Course ID: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_ Number Attempted: \_\_\_\_\_ Number completed: \_\_\_\_\_

(Example DoeJ052918-01)

| Print Name | Responder (Circle)   | DOB | Email | Phone | Department | County | Result | Upload |
|------------|--|-----|-------|-------|------------|--------|--------|--------|
|            | LEO, EMS, FF<br>School Nurse<br>Detention Officer<br>Other |     |       |       |            |        | P / NR |        |
|            | LEO, EMS, FF<br>School Nurse<br>Detention Officer<br>Other |     |       |       |            |        | P / NR |        |
|            | LEO, EMS, FF<br>School Nurse<br>Detention Officer<br>Other |     |       |       |            |        | P /NR  |        |
|            | LEO, EMS, FF<br>School Nurse<br>Detention Officer<br>Other |     |       |       |            |        | P / NR |        |
|            | LEO, EMS, FF<br>School Nurse<br>Detention Officer<br>Other |     |       |       |            |        | P / NR |        |
|            | LEO, EMS, FF<br>School Nurse<br>Detention Officer<br>Other |     |       |       |            |        | P / NR |        |
|            | LEO, EMS, FF<br>School Nurse<br>Detention Officer<br>Other |     |       |       |            |        | P / NR |        |
|            | LEO, EMS, FF<br>School Nurse<br>Detention Officer<br>Other |     |       |       |            |        | P / NR |        |

1. Gather participant's online completion certificates at beginning of skills training session.
2. Instruct participants sign in on this roster. PLEASE PRINT CLEARLY
3. At the conclusion of the course, circle P or NR (Pass or Needs remediation). NR – must attend another skills session
4. Sign and return participant's course completion certificate after successful completion.
5. Trainer MUST enter each roster at [www.bestpracticemedicine.com/narcan](http://www.bestpracticemedicine.com/narcan)
6. File and retain roster. This form is subject to audit by DPHHS officials.

**IMPORTANT:** Participants not entered into the web tracking system at [www.bestpracticemedicine.com/narcan](http://www.bestpracticemedicine.com/narcan) will not have liability protections of the Help Save Lives with Naloxone Act when administering active Naloxone to suspected overdose victims. Trainers must ensure the following roster information is entered: Skills Session Information and Participant Information including name, DOB, county, course completion date, and renew by date (2 years after course completion date). Contact Amber Olson, Naloxone Project Manager at [aolson@bestpracticemedicine.com](mailto:aolson@bestpracticemedicine.com) for assistance with completing these requirements.

Trainer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Naloxone Administration Skills Training Session ROSTER

Instructions to Trainer: Instructor to Student Ratio 1:8

1. Gather participant's online completion certificates at beginning of skills training session.
2. Instruct participants to sign in on this roster and to PLEASE PRINT CLEARLY
3. At the conclusion of the course, circle P or NR (Pass or Needs remediation). NR – must attend another skills session
4. Sign and return participant's course completion certificate after successful completion.
5. Trainer MUST login and enter each roster at [bestpracticemedicine.com/narcan](http://bestpracticemedicine.com/narcan)
6. File and retain roster. This form is subject to audit by DPHHS officials.

## ROSTER ENTRY INSTRUCTIONS

1. Go to [bestpracticemedicine.com/narcan](http://bestpracticemedicine.com/narcan) and click on "CLICK HERE TO EDIT REPORTS" or direct link to <http://www.bestpracticemedicine.com/admin/login>
2. Enter login and password – provided in system generated email from Base Craft system to each authorized Master Trainer upon completion of training.
3. On left hand column click "Entries"
4. Click on "Narcan Roster Profiles" to enter each student profile
  - a. For each participant, click red "+New Entry" button top right of screen
  - b. Enter Title: First and Last Name
  - c. Enter First Name
  - d. Enter Last Name
  - e. Select Roster Member Type: Master Trainers will select "NAOLOXONE Authorized Users" for their course participants
  - f. Select Responder Type: Choose from LEO, Firefighter, EMS, Detention Office, School Nurse, Other
  - g. Enter Date of Birth
  - h. Enter Phone Number
  - i. Enter valid Email
  - j. Enter Sponsoring Department/Organization
  - k. Select County
  - l. Enter renew by date: 2 years following day for successful skills session completion
  - m. Click red "Save" button located upper right
  - n. Repeat steps a – l for each roster entry
5. Click on "Narcan Classes" to enter class session information
  - a. Click on red "+New Entry" button located upper right
  - b. Title = Course ID Number (Instructor Last Name+First Initial+Date as mmddyyy+course session for that day.) Example: OlsonA110817-01
  - c. Add Instructor – search and select from list, click red "Select" button
  - d. Enter Date of course
  - e. Under BPM Training Roster, click "+Add a row" once for each number of students in the skills session roster
  - f. For each row, click "+ Add roster profile", search and select each student and select either "Pass" or "Needs Remediation"
  - g. Once all session roster entries are added for each Skills Session, click red "Save" button located upper right of screen.
6. Log out or enter additional Skills Session Rosters

NOTE: Master Trainers **must** enter all skill session rosters into this system within 48 hours of completion. Naloxone training participants not entered into this system will not be protected under Saving Lives with Naloxone Act when administering Naloxone to suspected opiate overdoses in the course of their official duties.