

CareCertify LLC

Substance Use Disorder Training Series

SUD-06

Crisis Response & Overdose Prevention

Participant Guide

Substance Use Disorder Training Series · Audience: Counselors · Technicians · Support Staff · Recovery Peers · CE Hours: 1.0

Be Ready to Save a Life

In substance use treatment, emergencies are a real possibility — most urgently, opioid overdose. The good news is that overdose is often reversible with naloxone, and you can be the person who acts. Preparation, not panic, saves lives.

This guide covers recognizing and reversing overdose, responding to other crises, suicide risk, and getting help. Know the signs, know where naloxone is, and never hesitate to call 911 — Minnesota's Good Samaritan protections exist to encourage exactly that.

Learning Objectives — by the end of this module you will be able to:

- Recognize the signs of an opioid overdose
- Respond to an overdose using naloxone and 911
- Respond to other medical and behavioral health crises
- Recognize suicide risk and use 988 and crisis resources
- Provide post-crisis support and reporting

Section 1: Recognizing an Opioid Overdose

An opioid overdose is a life-threatening emergency. Signs include unresponsiveness (can't be woken), slow or stopped breathing, blue or gray lips and fingertips, pinpoint pupils, and gurgling or snoring sounds (the 'death rattle'). If you can't wake someone and their breathing is abnormal, treat it as an overdose and act immediately — seconds matter.

Section 2: Responding With Naloxone

Naloxone (brand name Narcan) is a medication that reverses an opioid overdose by restoring breathing. Give it per your training — commonly as a nasal spray — and repeat per protocol if there's no response in a few minutes. Naloxone is safe: it won't harm someone who isn't overdosing on opioids. Know where your program keeps naloxone and how to use it before you ever need it.

Naloxone wears off

Naloxone can wear off before the opioids do, so the person can re-overdose. Always call 911 and keep the person

monitored even after they respond.

Section 3: Calling 911 and Good Samaritan Protections

Always call 911 for an overdose, even after giving naloxone and even if the person revives — the effects can wear off and complications can follow. Minnesota's Good Samaritan provisions (e.g., Minn. Stat. 604A.05) offer legal protection to people who seek help during a drug overdose, encouraging calling without fear. Never delay getting help; stay with the person until emergency responders arrive.

Section 4: Other Medical Emergencies and Withdrawal

Overdose isn't the only emergency. Call 911 for unconsciousness, severe breathing trouble, chest pain, seizures, or severe bleeding. Withdrawal from alcohol or benzodiazepines can be medically dangerous (seizures, delirium) — report withdrawal symptoms promptly so medical care can be arranged. Know your program's emergency procedures and where supplies are.

Section 5: Behavioral Health Crises

Clients may experience behavioral health crises — severe agitation, distress, or loss of contact with reality. Stay calm, give space, listen, and de-escalate (connection, not control). Keep everyone safe and keep an exit. When a situation goes beyond de-escalation, get help and don't manage it alone. The behavioral health course covers de-escalation in depth.

Section 6: Suicide Risk and the 988 Lifeline

People with substance use and co-occurring disorders are at elevated suicide risk. Watch for warning signs (hopelessness, talk of death or being a burden, giving away belongings), ask directly if you're concerned (asking does not plant the idea), and take every sign seriously. Stay with the person, call the 988 Suicide and Crisis Lifeline, and call 911 for imminent danger.

Section 7: Post-Crisis Support and Reporting

After a crisis or overdose, support the client with care and without shame — shame drives people away from help. The period after an overdose is high-risk, so re-engagement in treatment and safety planning matter. Document objectively, report per policy, and debrief with your team. Reviewing what happened helps improve safety for everyone.

Never shame a survivor

An overdose survivor needs care and re-engagement, not judgment. Compassion keeps them connected to the help that saves their life.

Section 8: Preparation Saves Lives

Emergencies are won in the first minutes. Know where naloxone, AEDs, and first-aid supplies are kept; know your program's emergency procedures and your role; and keep your naloxone and first-aid training current.

When you've prepared, you act instead of freeze — and in an overdose, that preparation is the difference between a tragedy and a life saved.

Key Terms

Term	What it means
Opioid overdose	A life-threatening emergency of slowed/stopped breathing from opioids.
Naloxone (Narcan)	A medication that reverses opioid overdose by restoring breathing.
Good Samaritan law	Legal protection for those who seek help during an overdose.
988 Lifeline	The Suicide and Crisis Lifeline — call or text 988.
Withdrawal emergency	Dangerous withdrawal (e.g., alcohol/benzodiazepines) needing medical care.
Re-engagement	Reconnecting a client to treatment after a crisis or return to use.

Check Your Understanding

1. What are the signs of an opioid overdose?
2. How do you respond with naloxone, and why still call 911?
3. What does Minnesota's Good Samaritan law do?
4. When do you call 988 vs. 911?
5. Why is the period after an overdose high-risk?

What's Next

Looking ahead

Next, SUD-07: Recovery Support & Relapse Prevention covers helping clients build and sustain recovery.