Course Descriptor

Opioid Safety and Naloxone · OBA-OSN-2026

DOCUMENT CONTROL

- Programme: Opioid Safety and Naloxone (OBA-OSN-2026)
- Audience: Student and Facilitator · public-facing
- Version 1.0 | Issued 19/09/2026 | Review due 19/09/2027
- Provider: OBA Nursing Academy

Opioid Safety and Naloxone

A fully self-directed, entirely online professional development programme for registered and enrolled nurses, nurse practitioners, midwives, students, and the managers and educators who supervise them. 7.5 CPD hours.

TWO THINGS TO SETTLE BEFORE YOU ENROL

- THIS IS NOT A MEDICATION ADMINISTRATION COURSE. OBA's Medication Administration for Enrolled Nurses is about the nurse's process for giving a medicine safely. This course is about one adverse effect of one class of medicine, and what the nurse does about it.
- AND IT CARRIES NO DOSES. There is no opioid dose, no conversion value and no naloxone regimen anywhere in it, because those belong to a prescriber, a pharmacist and your service's locally approved protocol. The one set of numbers it does carry is the sedation score, exactly as published - because using a different scale is itself the hazard.

Course code	OBA-OSN-2026
Provider	OBA Nursing Academy
Duration	7.5 CPD hours, self-paced
Delivery	Entirely online, self-directed, through the OBA learning management system
Modules	11, plus a case study assessment and a summative assessment
Assessment	60 single-best-answer items, 80% pass mark, 2 attempts
Entry requirements	None. Written for registered and enrolled nurses and midwives in every setting
Content note	No opioid doses, no conversion values and no naloxone regimen anywhere
What it is not	Not an authority to practise. It authorises nothing beyond your existing scope
Outcome	Certificate of completion with a unique certificate identifier

Version	1.0, issued 19/09/2026, review due 19/09/2027

Who should enrol

- Registered and enrolled nurses on any ward where opioids are administered - which is almost every ward, and the cohort this was written for
- Post-anaesthetic care, surgical and orthopaedic nurses, where opioid-naive patients meet their first strong opioid and where most reported OIVI harm has occurred
- Aged care nurses, where opioid use is common, comorbidity is universal, and the patient who snores through the night is the one nobody assesses
- Emergency and community nurses, who meet opioid toxicity outside the hospital's monitoring systems and who give the discharge conversation about take-home naloxone
- Palliative care nurses, for whom the whole subject has to be held differently - and who need the distinction between a dying patient's sedation and an unintended one
- Mental health, alcohol and other drug, and correctional nurses, who work with the population most at risk after a break in tolerance
- Nurse unit managers and educators responsible for monitoring protocols, escalation pathways and whether sedation scores are actually being recorded
- Internationally qualified nurses, for whom the Australian sedation scale, the Take Home Naloxone program and the stewardship standard are usually entirely new

What you will cover

Module	Title	Hours
00	Orientation: Why Sedation Is the Sign	0.50
01	OIVI: What Opioids Do to Breathing	0.50
02	The Sedation Score, and the Scale Not to Use	0.50
03	Why Respiratory Rate and Saturation Mislead	0.50
04	Who Is at Risk - and Why Everybody Is	0.50
05	The Modifiable Risks That Are Nursing Practice	0.50
06	When Sedation Reaches 2	0.50
07	Naloxone: What It Does and Does Not Do	0.50
08	After Naloxone: Re-sedation and Withdrawal	0.50
09	Take Home Naloxone and the Discharge Conversation	0.50
10	Opioid Stewardship: the Standard Around All of It	0.50

How you will learn

1. Watch the narrated module video.
2. Read the Student Learner Guide for that module.
3. Complete the reflective workbook activity.
4. Complete the knowledge check and read the rationales.
5. Move to the next module when the system unlocks it.

The ten questions you will finish with

This course deliberately does not answer the questions that are set where you work. It tells you which they are, and the workbook has a page for the actual answers.

- Which sedation scale is on my service's observation chart - and does it contain an 'S'?
- How often does my service's protocol require a sedation score in a patient on opioids?
- Does my chart prompt a sedation score at the expected peak effect, or only with the routine observations?
- What is the escalation trigger for sedation where I work, and who does it go to at 3am?
- Who may administer naloxone here - is there a standing order or a locally approved protocol, and have I read it?

…and five more, in Module 10.

A note on the content

SOME OF THE PEOPLE TAKING THIS COURSE HAVE BEEN INVOLVED IN AN OPIOID EVENT. Some found a patient oversedated and escalated in time. Some did not, and have carried it since.

That shapes how the programme is written. ANZCA's own position is that many patients who come to harm from OIVI have no identifiable comorbidities that would have predicted it, and that 'inadequate nursing assessments or responses' is listed as a MODIFIABLE risk factor rather than as a failing of character. Both of those are findings, not reassurances - and they are here because a course that reads as blame produces nurses who do not escalate early.

So the programme carries no named case, no reconstructed death, and nothing written for effect. Where a scenario involves harm, it is described in order to find the condition behind it.

Every module carries the support lines. You may stop at any point and come back; nothing is timed and there is no penalty.

SUPPORT - FOR YOU, NOT FOR A PATIENT

• Nurse & Midwife Support - 1800 667 877. 24 hours, seven days. Free and confidential, for nurses, midwives and students - including after an event involving a patient, which is one of the commonest reasons people ring.

• National Alcohol and Other Drug Hotline - 1800 250 015. 24 hours, seven days. Free and confidential information and support about anybody's alcohol or other drug use, including your own.

• Lifeline - 13 11 14. 24 hours, seven days. National crisis support.

• You may stop this programme at any point and come back. Nothing is timed and there is no penalty.

What this course is, and is not

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It is not a prescribing reference, it is not clinical advice about any individual patient, and it does not authorise any learner to administer any medicine. It contains no opioid dose, strength or frequency, NO EQUIANALGESIC OR CONVERSION TABLE, and no naloxone dose or regimen - for those, use the medication chart, the Australian Medicines Handbook or equivalent, the product information, your service's locally approved protocol, and your pharmacist. Naloxone administration in a health service is governed by that locally approved protocol. Where your service's policy or your jurisdiction's legislation differs from anything in this course, those apply.
- Sources and their versions, retrieved 19/09/2026. Monitoring, OIVI and the sedation score: ANZCA and Faculty of Pain Medicine PS41(G) Acute pain management, 2023, Appendix 1: Analgesic Stewardship. CURRENCY NOTE: the previous stand-alone ANZCA statement on identifying and preventing OIVI has been INCORPORATED INTO PS41(G) - some services still circulate the stand-alone version, and the current document is the appendix. Stewardship: ACSQHC Opioid Analgesic Stewardship in Acute Pain Clinical Care Standard, 2022, nine quality statements. Naloxone in the community: Australian Government Take Home Naloxone program, national from 1 July 2022, free and without prescription; naloxone scheduled as a Pharmacist Only medicine for the treatment of opioid overdose since 2016. Regulatory context: TGA prescription opioid reforms. Medication safety: NSQHS Standards second edition.

NOT stated in this course, because they belong to a prescriber, a pharmacist, a product instruction or your workplace: any opioid dose, strength, frequency or duration; any equianalgesic or conversion value; any naloxone dose, interval or maximum; any tapering regimen; any statement about which opioid to use; and your state or territory's Schedule 8 handling requirements.