

NALOXONE EDUCATION FOR SCHOOL NURSES TOOLKIT



*National
Association of
School Nurses*

nasn.org

Toolkit Overview

School nurses are leaders in student health, and they have the education and expertise to assist the community and school leadership in assessing the need for and implementing a campus naloxone program. When administered promptly, naloxone can rapidly reverse opioid overdoses. The decision to implement a naloxone program in schools can be a community decision, and it can save lives.

Drug overdose is a concern that affects the entire community, including students and their loved ones. Drug overdose deaths have greatly increased among young people and other community members over the last decade. Much of this increase has been driven by synthetic opioids like fentanyl. These synthetic opioids may be knowingly consumed or unknowingly consumed when mixed into or sold as other drugs, such as heroin, cocaine, or counterfeit pills.

Naloxone is sold under several brand names and comes in several formulations, including injectable naloxone and nonprescription nasal spray.

This toolkit offers resources to assist school nurses and other school leaders in evaluating and responding to the drug overdose crisis. The toolkit is organized in the following sections:

Creating a Naloxone Program in Your School

- [Naloxone in the School Setting - NASN position statement](#)
- [Questions to Consider in Development of a Naloxone in School Program](#)
- [Creating a Naloxone Policy](#)
- [Sample Report of Naloxone Administration](#)
- [Naloxone in School Policy and Procedure Resources](#)

Campus Protocols for Emergency Naloxone Administration

- [Nasal Naloxone \(Narcan\) Administration Protocol](#)
- [Injectable Naloxone Administration Protocol](#)
- [Nasal Naloxone \(Narcan\) Administration Training Handout](#)
- [Injectable Naloxone Administration Training Handout](#)

Communication Resources

- Presentation: Naloxone in Schools
- Presentation: Safeguarding Your Community: Opioid Overdose Response with Naloxone
- Presentation: Naloxone in Schools: Training for School Staff
- [Words Matter – Terms to Use and Avoid when Talking About Addiction](#)

Acknowledgments

Information about overdoses in the Naloxone Education for School Nurses Toolkit was created in collaboration with the National Institute on Drug Abuse, National Institutes of Health.

QUESTIONS TO CONSIDER IN DEVELOPMENT OF A NALOXONE IN SCHOOL PROGRAM

There are a number of factors that must be considered when drafting local policy and protocols. See below for a list of questions to consider in key areas. Also, consider who the stakeholders are that the policy and protocols will impact, as communication and buy-in from these groups will be critical to your success. After the proposed draft of the policy and protocol have been composed, they may need to go before the school board for approval.

State Laws:

- Are there state laws that currently prohibit the administration of stock naloxone in schools?
- Does the state have a Good Samaritan law or equivalent?
- Does the state have exemption from liability laws for medication administration or emergency care?
- Does your state nurse practice act and other relevant laws allow the school nurse to delegate the administration of naloxone to unlicensed assistive personnel (UAP)?
 - State laws and nurse practice acts differ from state to state, so each school district and each school nurse must ensure before enacting any protocol that it is consistent with applicable state laws and regulations, including those governing delegation.
- Does the state law allow administration of naloxone to school staff and visitors?

District Policies:

- Is a policy required to develop a stock naloxone program in the district?
- Does the district administration support a stock naloxone program?
- Does the school board support a stock naloxone program?
- Does your district medical advisor support a stock naloxone program?
- Does the district policy allow the delegation of naloxone to UAPs?

School Nurse Practice:

- Is delegation of naloxone administration to UAPs a safe decision based on the structure of the school environment, school nurse: pupil ratio, and other roles and responsibilities of the school nurse?
 - If delegation is not permitted due to your state's Nurse Practice Act, is the coordination and oversight of naloxone administration by UAPs a safe decision based on the structure of the school environment, school nurse: pupil ratio, and other roles and responsibilities of the school nurse?
- Are there enough UAPs willing and competent, in each school building, to administer naloxone to ensure a safe and timely response to a potential overdose?

Education for Administration of Naloxone:

- How will the UAP determine when naloxone should be administered?
- What education and training should be provided regarding the potential side effects that can be expected?
- What education will be provided on supportive care to be provided before and after naloxone has been administered?
- How often will education and training be provided?
- Will the UAPs trained to administer naloxone also be required to be certified in CPR?

Medication and Storage:

- Who will be responsible for procuring and maintaining naloxone?
- How many doses will schools have in each building?
- Where will naloxone be stored?
- Will standing order allow for administration of a second dose?
 - If so, protocol should include indications and instructions for a second dose.
 - If so, schools should have adequate supply of naloxone to allow a second dose to be administered.
- How will the district fund further supply of naloxone?
- Will the continued procuring and maintenance of naloxone be cost prohibitive for the school district?
- Will the stock naloxone be available for before/after school events and school sponsored events?
- Will the stock naloxone be available for community groups using the building for non-school sponsored events?
- Will the standing order for naloxone allow the administration of the medication to staff and visitors?
- Which formulation of naloxone will your district stock? (i.e., intramuscular vs. intranasal)
- Does standing order require a specific formulation of naloxone?

Community Need:

- What is the average response time in the community for emergency medical services (EMS)?
- Do local EMS, fire department and/or law enforcement personnel carry naloxone?
- Have EMS had to administer naloxone in a school setting or school sponsored activity before?
- Do school police officers or safety resource officers carry naloxone?
- Are there other groups/individuals working on naloxone access and administration issues in your community?
 - Have you connected with them to collaborate efforts?
- Is there a heroin/opioid task force within your community or state?
 - Have you connected with them to collaborate efforts?

CREATING A NALOXONE POLICY

The following information should be gathered when developing a policy on naloxone use in the school setting.

1. Federal/State laws that allow or prohibit the administration of stock naloxone in the school setting.
2. Local policies that allow or prohibit the use in schools and by whom.
3. School health advisor (school physician) willing to write the standing order for naloxone if required in the state.
4. State Nurse Practice Act limitations on training unlicensed personnel to administer naloxone.

Sample School District Suspected Overdose Response Policy

Students at risk for opioid overdose benefit from a school district policy that coordinates a planned response in the event of an intended or accidental emergency. The outline for a sample policy and links to policies can be found in this section. These policies relate to the care and response to a suspected opioid overdose and address the use of Naloxone/Narcan in the school setting.

State laws and Nurse Practice Acts differ from state to state. Each school district and each school nurse must ensure before enacting any policy that it is consistent with applicable state laws and regulations, including those governing delegation.

NASN recommends the following considerations for a comprehensive Naloxone school policy.

A comprehensive school policy should address these elements:

1. Identifying the purpose of the policy to establish a unified response to suspected opioid overdose cases not limited to students, but to include staff and visitors. Example:

It is the policy of the _____ to provide assistance to any person(s) who may be experiencing an opioid overdose following protocols and procedures of the school district. Staff members trained in accordance with the policy shall make every reasonable effort to include the use of Naloxone combined with rescue breaths, to revive a person experiencing a drug overdose that may involve opioids.

2. School programs and environments covered by the policy
3. Annual education/training of all staff
 - Opioid overdose recognition and management training.
 - Signs and symptoms.
 - 5 Rs of Emergency Response to Opioid Overdose.
 - Recognize
 - Respond
 - Reverse
 - Respirations
 - Refer

- Emergency Medication Training.
 - Who can administer Naloxone in the absence of a school nurse (according to state law and local policy)
 - Location/storage of Naloxone
 - Expiration date
 - Position of patient when giving Naloxone
 - How to administer as dictated by the type of delivery method for the medication provided. (Injectable or nasal spray)
 - Calling 911 or local EMS
 - Disposal of used medication device
 - Monitoring/follow-up care until passed off to EMS
 - School communication protocol
 - Good Samaritan Law
- 4. Obtaining and using stock Medication (Injectable or nasal spray).
 - School prescription and standing order.
 - Procurement of stock medication (i.e., MD, PA, NP, school medical consultant).
 - Stock Locations, usually multiple/ensure secure access.
 - Stock supply dosages, number of doses.
 - Disposal-after use and expiration.
 - Administration and documentation.
 - Document according to school policy, protocols, and procedures to include medications administered and the person's response.
 - Follow-up and updates to policy/protocol for improvement

Every staff member needs to be trained to know the signs and symptoms of possible opioid overdose and know how to initiate the emergency protocol.

A district's all-hazard emergency plan should address schools, parents, healthcare providers, emergency medical services (EMS), and the community at large.

Sample Policies

[School District Naloxone Model Policy Template](#) (Rhode Island Department of Health)

[Naloxone Policy](#) (Lebanon School District, Pennsylvania)

[School Naloxone Administration Policy Development: Frequently Asked Questions](#) (Maryland State Department of Education)

[Naloxone Administration in Schools, Policy Manual](#) (Warwick School District, Pennsylvania)

SAMPLE REPORT OF NALOXONE ADMINISTRATION

Student Demographics and Health History

Client Name: _____ DOB: _____
School District: _____ Name of School: _____
Age: _____ Type of Person: Student Staff Visitor Gender: Male Female Transgender
Ethnicity: Spanish/Hispanic/Latino: Yes No
Race: American Indian/Alaskan Native African American Asian
 Native Hawaiian/other Pacific Islander White Other

Signs of Overdose Present

Blue lips Breathing slowly Shallow breathing Slow pulse Unresponsive
 Weak pulse Other (specify) _____

What Type of Drug? (This list does not account for drug adulterations where opioids may be present)

Heroin Benzodiazepines/Barbiturates Cocaine/Crack Alcohol Fentanyl
 Methadone Suboxone Don't Know Other (specify) _____

Naloxone Administration Incident Reporting

Date of occurrence: _____ Time of occurrence: _____
Vital signs: BP _____ / _____ Temp _____ Pulse _____ Respiration _____
Location where person experiencing an overdose was found:
 Classroom Cafeteria Health Office Playground Bus Other (specify): _____
How was the naloxone given: Injected into muscle Sprayed into nose
Naloxone lot #: _____ Expiration date: _____
Naloxone administered by: (Name) _____
Was this person formally trained? Yes No Don't know
Parent notified of naloxone administration: (time) _____
Was a second dose of naloxone required? Yes No Unknown
If yes, was that dose administered at the school prior to arrival of EMS? Yes No Unknown
Approximate time between the first and second dose _____
Naloxone lot #: _____ Expiration date: _____

Person's Response to Naloxone

Combative Responsive/Angry Responsive but sedated Responsive and Alert No response to naloxone

Post-Naloxone Observations (Check all that apply)

None Seizure Vomiting Difficulty breathing Other (specify): _____

Other Actions Taken

Sternal rub Recovery position Rescue breathing Chest compressions Automatic defibrillator
 Yelled Shook the person Oxygen Other: _____

Naloxone Administration Incident Reporting

EMS notified at: (time) _____ By whom _____

Transferred to ER: Yes No Unknown

If yes, transferred via: Ambulance Parent/Guardian Other: _____

Parent: At school Will come to school Will meet student at hospital Other: _____

Hospitalized: Yes If yes, discharged after _____ days No

Name of hospital: _____

Student/Staff/Visitor outcome: _____

School Follow-up

Did a debriefing meeting occur? Yes No

Recommendation for changes: Protocol change Policy change Educational change Information sharing None

Comments (include names of school staff, parent, others who attend debriefing):

Student Demographics and Health History

Form completed by: _____ Date: _____

Title: _____ Phone number: (_____) _____ - _____ Ext.: _____

School District: _____

School address: _____

NALOXONE IN SCHOOL POLICY AND PROCEDURE RESOURCES

The following are resources school nurses and school administrators can use to guide development of naloxone policy and procedures.

Sample Protocols and Protocol Development Resources:

[Naloxone Auto Injector Protocol in the School Setting](#) (Kentucky Department for Public Health)

[Opioid Overdose Education and Naloxone Distribution: Naloxone Pilot Project Core Competencies](#) (Massachusetts Department of Public Health)

[Opioid Overdose Prevention Guidelines for Policies and Procedures](#) (New York State Department of Health)

[Opioid Overdose Treatment Protocol](#) (Oregon Health Authority)

Overdose, Naloxone, and Opioids Education:

[Key Steps to Administering NARCAN Nasal Spray: Quick Start Guide and Video](#) (Narcan.com)

[Kloxxado® Quick Instructions for Use](#)

[Instructions for Use for Generic Naloxone Hydrochloride Injectable](#) (Amphastar.com)

[How to Use Zimhi: Video](#) (Zimhi.com)

[Lifesaving Naloxone](#) (Centers for Disease Control and Prevention)

[Naloxone Training](#) (Centers for Disease Control and Prevention)

[Opioid Overdose Prevention Toolkit](#) (Substance Abuse and Mental Health Services Administration)

[Overdose Prevention Strategy](#) (Department of Health and Human Services)

[How Naloxone Saves Lives in Opioid Overdose](#) (National Institute on Drug Abuse)

[Medications for Opioid Use Disorder Video](#) (National Institute on Drug Abuse)

[Medications for Opioid Overdose, Withdrawal, & Addiction Infographic](#) (National Institute on Drug Abuse)

Substance Use Treatment Resources:

[Mental and Substance Use Disorders Treatment Locator](#) (SAMHSA) | National Helpline: 1-800-662-HELP (4357) or 1-800-487-4889 (TDD, for hearing impaired)

[Buprenorphine Practitioner Locator](#) (SAMHSA)

[Single State Substance Use Disorder Agency Contact List](#) (SAMHSA)

[State Opioid Treatment Authorities Contact List](#) (SAMHSA)

Substance Use Prevention and Screening Resources:

[Screening Tools for Adolescent Substance Use](#) (National Institute on Drug Abuse)

[Screening and Assessment Tools Chart](#) (National Institute on Drug Abuse)

Communication Resources:

Presentation: Naloxone in Schools

Presentation: Safeguarding Your Community: Opioid Overdose Response with Naloxone

Presentation: Naloxone in Schools: Training for School Staff

[Words Matter - Terms to Use and Avoid When Talking About Addiction](#) (National Institute on Drug Abuse)

NASAL NALOXONE (NARCAN/KLOXXADO/GENERIC) ADMINISTRATION PROTOCOL

RECOGNIZE:

Observe individual for signs and symptoms of opioid poisoning

Suspected or confirmed opioid overdose consists of:

- Respiratory depression evidenced by slow respiration or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

Suspicion of opioid overdose can be based on:

- Presenting symptoms
- Report from bystanders
- School nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

Opioid Overdose vs. Opioid Intoxication

Opioid Intoxication	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Slowed or slurred speech, slowed or shallow breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart rate/pulse	Slowed heartbeat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution Naloxone Pilot Project [Core Competencies](#))

RESPOND:

If an overdose is suspected, immediately call for help by dialing 911.

- Request an Advanced Life Support transport, which is equipped to handle patients experiencing an overdose.
- Tell the dispatcher that someone is unresponsive and not breathing and provide a specific address and/or description of your location.
- After calling 911, follow the dispatcher's instructions.

REVERSE:

Administer Naloxone

***NOTE: Administering naloxone to a person who has not taken an opioid medication **WILL NOT** injure or harm the person. Follow all packaging instructions when administering naloxone.

If more than one responder is present, one responder can begin rescue breathing while the other responder administers nasal naloxone, but naloxone administration is the priority. For information on rescue breathing, see the Respirations section.

If you are alone and need to leave the person to go get the naloxone kit, place the person in the recovery position (on their side).

If, after 2-3 minutes, the person does not respond, give an additional dose of naloxone. Follow the packaging instructions for information on additional dosing.

Administer naloxone Via Intra-Nasal Narcan: Instructions for intra-nasal naloxone administration are provided below.

If the person does not wake up, an additional doses may be needed; give in the other nostril. Narcan may be dosed every 2-3 minutes until the person responds or EMS arrives.

Remove NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.



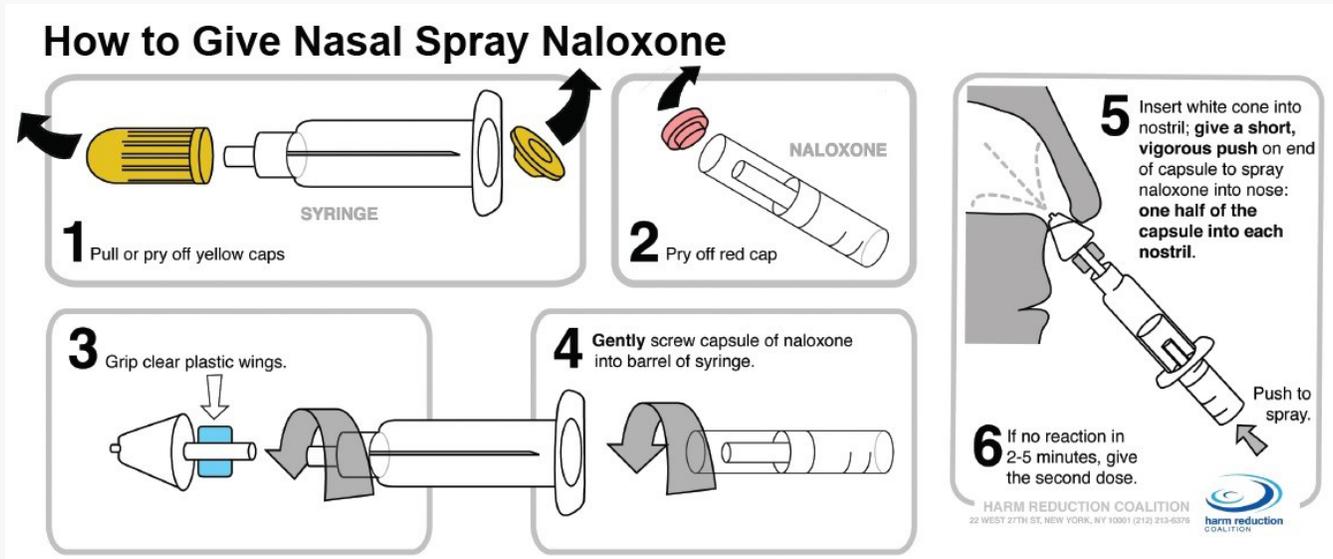
Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



(Graphic credit: ADAPT Pharma, 2015 [NARCAN_USPI_Aug2020_A1135.pdf](#))

Administer naloxone Via Intra-Nasal Naloxone (Generic)



Project Lazarus (2022) [540bd6_94c5e66994254431bd6b5f3ce3eda5ff.pdf](https://www.wixstatic.com/540bd6_94c5e66994254431bd6b5f3ce3eda5ff.pdf) (wixstatic.com)

Administer naloxone via intra-nasal **Kloxxado**

REMOVE KLOXXADO™ nasal spray from the box. **Peel** off the back tab with the triangle (▲) to open the KLOXXADO™ nasal spray blister.

HOLD the KLOXXADO™ nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle (**do not apply any pressure until you are ready to give the dose**).

INSERT the tip of the nozzle into one nostril.

- Tilt the person's head back and provide support under the neck with your hand.
- Gently insert the tip of the nozzle into **one nostril** until your fingers on either side of the nozzle are against the bottom of the person's nose.

PRESS the plunger firmly to give the dose of KLOXXADO™ nasal spray. Remove the KLOXXADO™ nasal spray from the nostril after giving the dose.

NOZZLE
PLUNGER

After administering naloxone:

- Place person in recovery position (lying on their side).
- Stay with the person until help arrives.

Note: Using naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. **Risk of adverse reaction should not be a deterrent to administration of naloxone.**

(2023) <https://kloxxado.com/>

RESPIRATIONS:

Assess breathing. To support respiration, give CPR if you have been trained or perform rescue breathing, if needed.

- Place the person on their back.
- Tilt their chin up to open the airway.
- Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch.
 - If present, remove it.
- If using mask, place and hold mask over mouth and nose.
- If not using mask, pinch their nose with one hand and place your mouth over their mouth to make a seal.
- Give 2 even, regular-sized breaths.
- Blow enough air into their lungs to make their chest rise.
 - If you are using a mask and don't see their chest rise out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure.
 - If you are not using a mask and don't see their chest rise, out of the corner of your eye make sure you're pinching their nose.
- Breathe again.
- Give one breath every 5 seconds.

REFER AND MONITOR:

- Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- Contact parents or legal guardians per school protocol.
- Complete Naloxone Administration Report form, if part of school protocol.
- Follow up with treatment referral recommendations.

References

Substance Abuse and Mental Health Services Administration (2022) Opioid Overdose Prevention Toolkit. [Five Essential Steps for First Responders \(samhsa.gov\)](#)

Hikma Pharmaceuticals USA Inc. (2023) Kloxxado Nasal Spray 8 mg. <https://kloxxado.com/>

INJECTABLE NALOXONE ADMINISTRATION PROTOCOL

This is a sample of a protocol for inclusion in a Campus Emergency Plan. The sample can be customized by the campus safety committee to reflect the local policy and formulation of naloxone the campus has chosen to employ. This sample includes select formulations; however, other formulations may be available for use by schools. All protocols should include instructions that responders should follow packaging instructions when administering naloxone.

RECOGNIZE:

Observe individual for signs and symptoms of opioid poisoning

Suspected or confirmed opioid overdose consists of:

- Respiratory depression evidenced by slow respiration or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

Suspicion of opioid overdose can be based on:

- Presenting symptoms
- Report from bystanders
- Nearby medications, illicit drugs or drug paraphernalia

Opioid Overdose vs. Opioid Intoxication

Understanding the difference between opioid intoxication and opioid overdose can be life-saving.

Opioid Intoxication	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Slowed or slurred speech, slowed or shallow breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy	Deep snorting or gurgling
Responds to stimuli (shaking, sternal rub)	Unconscious and unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart rate/pulse	Slowed heartbeat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution Naloxone Pilot Project [Core Competencies](#))

RESPOND:

If an overdose is suspected, immediately call for help by dialing 911.

- Request an Advanced Life Support transport, which is equipped to handle patients experiencing an overdose.
- Tell the dispatcher that someone is unresponsive and not breathing and provide a specific address and/or description of your location.
- After calling 911, follow the dispatcher's instructions.

REVERSE:

Administer naloxone according to packaging instructions.

***NOTE: Administering naloxone to a person who has not taken an opioid medication **WILL NOT** injure or harm the person.

If more than one responder is present, one responder can begin rescue breathing while the other responder administers nasal naloxone, but naloxone administration is the priority. For information on rescue breathing, see the Respirations section.

If you are alone and need to leave the person to go get the naloxone kit, place the person in the recovery position (on their side).

If, after 2-3 minutes, the person does not respond, give an additional dose of naloxone. Follow the packaging instructions for information on additional dosing.

4 SIMPLE STEPS TO USE ZIMHI™ (naloxone HCl Injection): PRESS, PUSH, PULL, PLACE

ZIMHI IS USED FOR OPIOID EMERGENCIES (KNOWN OR SUSPECTED OVERDOSES)'

Please read full ZIMHI Instructions For Use on ZIMHI.com before use.

As soon as possible, call for emergency medical help.
ZIMHI DOES NOT TAKE THE PLACE OF EMERGENCY MEDICAL CARE.



PRESS

PRESS plunger into outer thigh after twisting off needle cap. Do not touch the plunger until this step is completed.



PUSH

PUSH plunger until it clicks and hold for 2 seconds before removing the needle. The correct dose has been given if the plunger has been pushed all the way down and blocks part of the solution window. It is normal for most of the medicine to remain in the syringe after the dose has been injected.



PULL

PULL the safety guard down using one hand with fingers behind the needle. Do this right after you give the injection.



PLACE

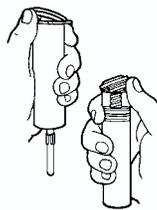
PLACE the used syringe into the blue case, close it, and call 911. Give the used ZIMHI syringe to the healthcare provider for inspection and for proper disposal.

If the person is unresponsive after 2 to 3 minutes, give an additional dose of ZIMHI using a new device.

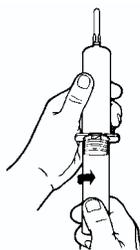
US WorldMeds (2022) [ZIMHI_Instructions-for-Use.pdf](#)

Packaging instructions for **generic naloxone hydrochloride**:

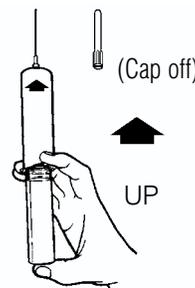
USE ASEPTIC TECHNIQUE
Do not assemble until ready to use.



Remove protective caps.
Align vial such that the injector needle is centered on the stopper.



Thread vial into injector
3 half turns, or until
needle penetrates stopper.*
DO NOT PUSH VIAL INTO
INJECTOR; THIS MAY CAUSE
MISALIGNMENT.



Remove needle cap
and expel air before
injection.

After administering naloxone:

- Place person in recovery position (lying on their side).
- Stay with the person until help arrives.

Note: Using naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. **Risk of adverse reaction should not be a deterrent to administration of naloxone.**

<https://www.amphastar.com/products/pipeline.html>

RESPIRATIONS:

Assess breathing. To support respiration, give CPR if you have been trained or perform rescue breathing, if needed.

- Place the person on their back.
- Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch.
 - If present, remove it.
- Tilt their chin up to open the airway.
- If using mask, place and hold mask over mouth and nose.
- If not using mask, pinch their nose with one hand and place your mouth over their mouth to make a seal.
- Give 2 even, regular-sized breaths.
- Blow enough air into their lungs to make their chest rise.
 - If you are using a mask and don't see their chest rise out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure.
 - If you are not using a mask and don't see their chest rise, out of the corner of your eye make sure you're pinching their nose.
- Breathe again.
- Give one breath every 5 seconds.

REFER AND MONITOR:

- Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- Contact parents or legal guardians per school protocol.
- Complete Naloxone Administration Report form, if part of school protocol.
- Follow up with [treatment referral recommendations](#).

References

Substance Abuse and Mental Health Services Administration (2022) Opioid Overdose Prevention Toolkit. [Five Essential Steps for First Responders \(samhsa.gov\)](#)

NASAL NARCAN ADMINISTRATION TRAINING HANDOUT

1. RECOGNIZE

Observe for signs of overdose:

- Unconsciousness or inability to awaken.
- Pale, clammy skin
- Speech infrequent
- Not breathing or very shallow breathing
- Deep snorting or gurgling
- Unresponsive to stimuli (calling name, shaking, sternal rub)
- Slowed heart rate/pulse.
- Blue lips or fingertips
- Pinpoint pupils

2. RESPOND

Immediately call for help: Call for help – Dial 911. Request advanced life support.

3. REVERSE

How to Give Narcan Nasal Spray



Remove Spray from package.

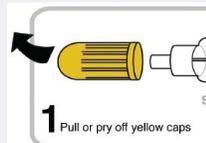


Hold Spray with thumb on bottom.

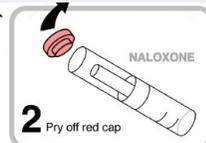


Gently insert into 1 nostril. Press plunger firmly. Remove.

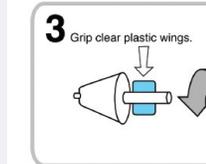
How to Give Nasal Spray Naloxone



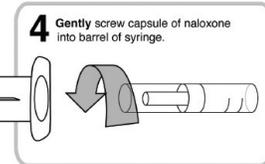
1 Pull or pry off yellow caps



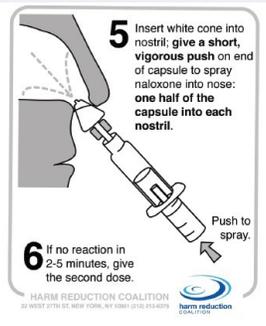
2 Pry off red cap



3 Grip clear plastic wings.



4 Gently screw capsule of naloxone into barrel of syringe.



5 insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril.

6 If no reaction in 2-5 minutes, give the second dose.

HARM REDUCTION COALITION
OF WEST VIRGINIA AND OHIO
harm reduction coalition

5. REFER AND MONITOR

- Place person in recovery position (lying on their side)
- Stay with the person until help arrives.
- Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- Contact parent/guardians per school protocol.
- Complete Naloxone Administration Report form
- Follow up with treatment referral recommendations.

4. RESPIRATIONS

Support breathing

Maintain airway, monitor circulation, start CPR as necessary.

- Place the person on their back.
- Tilt head and lift chin.
- Check breathing for no more than 10 seconds.
- Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch.
 - Remove if present.
- If using mask, place and hold mask over mouth and nose.
- If not using mask, pinch their nose with one hand and place your mouth over their mouth.
- Give 2 even, regular-sized breaths.
- Blow enough air into their lungs to make their chest rise.
- Breathe again.
- Give one breath every 5 seconds.

If there is no response to the first dose within 2-3 minutes, give another nasal dose.

<https://kloxado.com/>

INJECTABLE NALOXONE ADMINISTRATION TRAINING HANDOUT

1. RECOGNIZE

Observe for signs of overdose:

- Unconsciousness or inability to awaken.
- Pale, clammy skin
- Speech infrequent
- Not breathing or very shallow breathing
- Deep snorting or gurgling
- Unresponsive to stimuli (calling name, shaking, sternal rub)
- Slowed heart rate/pulse.
- Blue lips or fingertips
- Pinpoint pupils

2. RESPOND

Immediately call for help: Call for help – Dial 911. Request advanced life support.

3. REVERSE

Administer Naloxone injection:

If there is no response after 2-3 minutes of the first dose, administer an additional dose. Follow all packaging instructions when administering naloxone. (These steps will be the same for any other injectable Naloxone. Follow the instructions for assembly if needed. <https://www.amphastar.com/productspipeline.html>)

4 SIMPLE STEPS TO USE ZIMHI™ (naloxone HCl Injection): PRESS, PUSH, PULL, PLACE

ZIMHI IS USED FOR OPIOID EMERGENCIES (KNOWN OR SUSPECTED OVERDOSES)¹

Please read full ZIMHI Instructions For Use on ZIMHI.com before use.

As soon as possible, call for emergency medical help. ZIMHI DOES NOT TAKE THE PLACE OF EMERGENCY MEDICAL CARE.

911



PRESS

PRESS needle into outer thigh after twisting off needle cap. Do not touch the plunger until this step is completed.



PUSH

PUSH plunger until it clicks and hold for 2 seconds before removing the needle. The correct dose has been given if the plunger has been pushed all the way down and blocks part of the solution window. It is normal for most of the medicine to remain in the syringe after the dose has been injected.



PULL

PULL the safety guard down using one hand with fingers behind the needle. Do this right after you give the injection.



PLACE

PLACE the used syringe into the blue case, close it, and call 911. Give the used ZIMHI syringe to the healthcare provider for inspection and for proper disposal.

If the person is unresponsive after 2 to 3 minutes, give an additional dose of ZIMHI using a new device.

5. REFER AND MONITOR

- Place person in recovery position (lying on their side)
- Stay with the person until help arrives.
- Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- Contact parent/guardians per school protocol.
- Complete Naloxone Administration Report form
- Follow up with treatment referral recommendations.

4. RESPIRATIONS

Support breathing

Maintain airway, monitor circulation, start CPR as necessary.

- Place the person on their back.
- Tilt head and lift chin.
- Check breathing for no more than 10 seconds.
- Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch.
 - Remove if present.
- If using mask, place and hold mask over mouth and nose.
- If not using mask, pinch their nose with one hand and place your mouth over their mouth.
- Give 2 even, regular-sized breaths.
- Blow enough air into their lungs to make their chest rise.
 - If you are using a mask and don't see their chest rise, out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure.
 - If you are not using a mask and don't see their chest rise, out of the corner of your eye, make sure you're pinching their nose.
- Breathe again.
- Give one breath every 5 seconds.

<https://zimhi.com/patients-and-caregivers/how-to-use-zimhi/>