***For persons adopting this:*** *The emergency response procedure for responding to opioid overdose and administering naloxone will need to be reviewed and further modified to align with the school policy and resources available.* **(Delete this paragraph and remove the watermark before you implement).**

# Naloxone Emergency Response Procedure Template

**Purpose:**

To provide emergency care, medication, and response to someone with a suspected opioid overdose.

**When to Use:**

1. Describe who or which trained school staff will be able to administer the medication per your policy *i.e****., the school nurse, principal, etc.***
2. Describe to whom the medication can be given***i.e., students, staff, and visitors***in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected of a student, staff member, or visitor during
3. Describe when this emergency response will be available per your policy*,* ***i.e., during the schools, before and after school.***

**[Example: Staff who have been trained per district policy may administer naloxone to any student, staff, or visitor, in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected of a student, staff member, or visitor during the school day and during before/after school sponsored events if in attendance. (Delete this paragraph and remove the watermark before you implement).**

| **Signs and Symptoms of Opioid Overdose** |
| --- |
| * Blue skin tinge- usually lips and fingertips show first
 |
| * Body is very limp
 |
| * Face is very pale
 |
| * Pulse (heartbeat) is slow, erratic, or not there at all
 |
| * Throwing up
 |
| * Passing out
 |
| * Choking sounds or a gurgling/snoring noise
 |
| * Breathing is very slow, irregular or has stopped
 |
| * Unresponsive
 |

**Procedure:**

1. **Call 911 to get help and activate school specific emergency response**
* Describe here the school process to call 911 and notify additional school staff to respond to the medical emergency
1. **Perform rescue breathing to provide oxygen if person is not breathing**
2. **Assess and Monitor Breathing and Heart Rate. Initiate CPR, use of AED and Rescue Breathing as needed**
3. For a person who is not breathing, rescue breathing is an important step in preventing an overdose death and should be done as soon as possible.
4. Steps for rescue breathing are:
* Place the person on his or her back and pinch their nose or use Ambu bag to administer rescue breaths
* Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
* Give 2 slow breaths.
* Blow enough air into the lungs to make the chest rise.
* Assess each breath to ensure the chest is rising and falling. If it doesn’t work, tilt the head back more.
* Breath again every 5-6 seconds
1. **Administer Naloxone**

Describe here where the naloxone is located, how to get it, which type of medication you will be using and how to use it. Directions here should match the condition specific protocol signed by the medical provider for the district.

**Consider using a graphic from your medication training or package insert. This is an example and may not be correct for your situation. Additional resources are available in the** [**Naloxone Toolkit for Schools**](https://www.health.state.mn.us/people/childrenyouth/schoolhealth/toolkit.html)**.**



1. **Stay with the person until 911 arrives**
* Place person in recovery position (lying on their side).
* Stay with the person. Continue rescue breathing if needed. Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of naloxone administration. Because naloxone has a relatively short duration of effect, overdose symptoms may return.
* When EMS arrives, the person must be transported to nearest hospital. Send the used naloxone medication device with EMS personnel.
1. **Documentation, Notification, Debriefing**
* Describe here the schools’ procedure for documentation of the event, medication administration, notification (who, how, what, when) and after incident review practices.