**Nasal-Naloxone Administration**

**Training Checklist**

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| **Name: School Name:** |
| **Trainer Name: Date:**  |

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| **Knowledge Check for Administering Naloxone Nasal Spray** | **Trainer****Initials** | **Date** |
| Correctly identifies location of naloxone in the school. |  |  |
| Accurately locates and follows directions on naloxone packaging. |  |  |
| Accurately identifies who naloxone administration must be reported. |  |  |
| Describes documentation according to district policy/protocol.  |  |  |

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| **Skills Check for Administering Naloxone Nasal Spray** | **Trainer****Initials** | **Date** |
| Checks responsiveness by trying to wake person, tap and shout, and upper lip rub or sternal rub. |  |  |
| Verbalizes calling/instructing someone to call 911 and activate school emergency response per protocol/policy.  |  |  |
| 1. Positions person on their back to administer naloxone.
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| 1. Removes naloxone from box. Peels back the tab with a circle to open.
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| 1. Holds naloxone spray with thumb on bottom of plunger and the index and middle fingers on the either side of the nozzle.
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| 1. Carefully tilts person's head back.
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| 5. Gently inserts the tip of the nozzle until fingers on either side of the nostril are against the bottom of the person's nose. |  |  |
| 6. Presses plunger firmly to give dose of naloxone nasal spray. |  |  |
| 7. Removes naloxone nasal spray, if breathing is stable turns person to their side (recovery position). If person is not breathing, initiates CPR.  |  |  |
| 9. Repeats steps 2 to 7 using a new naloxone nasal spray in the other nostril every 2-3 minutes until person becomes responsive, or emergency medical services (EMS) arrives.  |  |  |
| 10. Places used naloxone nasal spray back in the box and gives to EMS for disposal. |  |  |
| 11. Reports according to district policy/protocol. |  |  |
| 12. Documents administration according to district policy/protocol.  |  |  |

**Annual training/review is recommended.**

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