

Opioid-Related Overdose Policy Guidelines & Training in the School Setting

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Executive Summary

Purpose

This guide provides school districts with a practice tool to distribute and administer opioid overdose medication in K–12 high schools. In the 2019 Legislative Session, the Washington State Legislature passed Substitute Senate Bill 5380. Governor Inslee signed the bill into law on May 13, 2019. The law requires school districts with two thousand students or more to obtain and maintain at least one set of opioid overdose reversal medication doses in each of its high schools. Beginning with the 2020–21 school year, for the purpose of assisting a person at risk of experiencing an opioid-related overdose, a high school may obtain and maintain opioid overdose reversal medication through a standing order prescribed and dispensed in accordance with [RCW 69.41.095](#).

On August 28, the State Health Officer issued a [statewide standing order for naloxone](#) that “shall be considered a naloxone prescription for an eligible person or entity. This standing order authorizes any eligible person or entity in the state of Washington to possess, store, deliver, distribute or administer naloxone.”

Background

In the 2019 Legislative Session, the Washington State Legislature passed Substitute Senate Bill 5380. To prevent opioid-related overdoses and respond to medical emergencies resulting from overdoses, by January 1, 2020, the Office of Superintendent of Public Instruction (OSPI), in consultation with the Department of Health (DOH) and the Washington State School Directors' Association (WSSDA), shall develop opioid-related overdose policy guidelines and training requirements for public schools and school districts.

The opioid-related overdose policy guidelines and training requirements must include information about:

- The identification of opioid-related overdose symptoms
- How to obtain and maintain opioid overdose reversal medication on school property issued through a standing order
- How to obtain opioid overdose reversal medication through donation sources
- The distribution and administration of opioid overdose reversal medication by designated trained school personnel
- Free online training resources that meet the training requirements
- Sample standing orders for opioid overdose reversal medication

Beginning with the 2020–21 school year, the following school districts must adopt an opioid-related overdose policy:

- School districts with a school that obtains, maintains, distributes, or administers opioid overdose reversal medication
- School districts with two thousand or more students

A school district with two thousand or more students must obtain and maintain at least one set of opioid overdose reversal medication doses in each of its high schools. A school district that demonstrates a good faith effort to obtain the opioid overdose reversal medication through a donation source, but is unable to do so, is exempt from the requirement in the law.

The following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose pursuant to a prescription or a standing order issued in accordance with RCW 69.41.095:

- A school nurse;
- A health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district; or
- Designated trained school personnel.

On August 28, the State Health Officer issued a [statewide standing order for naloxone](#) that “shall be considered a naloxone prescription for an eligible person or entity. This standing order authorizes any eligible person or entity in the state of Washington to possess, store, deliver, distribute or administer naloxone.” Opioid overdose reversal medication may be used on school property, including the school building, playground, and school bus, as well as during field trips or sanctioned excursions away from school property. A school nurse or designated trained school personnel may carry an appropriate supply of school-owned opioid overdose reversal medication on field trips or sanctioned excursions.

Training for school personnel who have been designated to distribute or administer opioid overdose reversal medication must meet the requirements for training described in the statute and any rules or guidelines for such training adopted by OSPI. Each high school is encouraged to designate and train at least one school personnel to distribute and administer opioid overdose reversal medication if the high school does not have a full-time school nurse or trained health care clinic staff.

Section 1: Obtaining and Maintenance of Reversal Medication

Obtaining Opioid Overdose Medication

All naloxone products are effective in reversing opioid overdose. However, it is recommended that school districts use only intranasal or intramuscular auto-injection (there is currently no written statewide standing order for intramuscular auto-injection route). District can obtain opioid overdose reversal medication through donations from manufacturers such as [Adapt Pharma](#), non-profit organizations, hospitals, or local health jurisdictions. Districts may also purchase directly from companies such as [EVZIO](#) or distributors at discounted pricing. Schools unable to obtain the opioid overdose reversal medication through a donation source shall have written documentation and maintain on file evidence a good faith effort has been made.

Maintaining Opioid Overdose Medication

Each school administrator shall ensure the opioid overdose medication is stored safely and is consistent with the manufacturer's guidelines. They shall also make sure an adequate inventory of opioid overdose medication is maintained consistent with reasonable projected demands. Medication should be routinely assessed to ensure there is enough time to reacquire the medication prior to the expiration date.

Opioid overdose medicine shall be clearly labeled in an unlocked, easily accessible cabinet in a supervised location. Consider storing in the same location as other rescue medications. Expiration dates should be documented on an appropriate log at a minimum of two times per year. Additional materials (e.g. barrier masks, gloves, etc.) associated with responding to an individual with a suspected opioid overdose should be stored with the medication.

Board Policy and Procedures

The Washington State Legislature required the Washington State School Directors' Association (WSSDA) to develop model policy by March 1, in collaboration with OSPI and DOH to either update existing model policy or develop a new model policy. You can find the new WSSDA Model Policy on WSSDA's website, under Policy and Legal Services/Featured Policies at <https://www.wssda.org/policy-legal/featured-policies/>.

Districts will also be able to find the model policy on OSPI's [Health Services](#) webpage. Districts must use the model policy or create their own; however, it must, at a minimum, include language from the model policy.

Section 2: Training

Each district will maintain a log of all high schools with the following information:

- The name of the designated trained responders (DTR) and the date trained
- A log of all trainings with the date of the training
- The location of the training and format of the training
- The name of the trainer
- A list of all the names of the DTRs and their associated school
- A list of all trainers and their associated organization

Schools may use a training skills checklist as part of documenting training (See Appendix D-E). Training may be online or in a more conventional classroom setting. Trainings may be offered by nonprofit organizations, higher education institutions, or local public health agencies. Training may also be in small groups or conducted one-on-one. At a minimum, all trainings should address:

- What are opioids
- What is an opioid overdose
- Signs and symptoms of an overdose
- Actions to take when a suspected opioid overdose occurs

Training for designated staff shall occur annually prior to the beginning of each school year and throughout the school year as needed. School Based health centers will be responsible for training their personnel. It is highly recommended that schools use the stopoverdose.org website for training materials. Each high school should have a least one designated and trained staff, although two trained staff are recommended. Staff should be able to demonstrate proper use of the opioid reversal medication device used by the school.

School Nurse Responsibilities

A licensed registered professional nurse who is employed or contracted by the school district, or a school employee who is trained in the administration of an opioid overdose reversal medication may possess, distribute, and administer such medication. The registered professional nurse may also train designated school staff on the administration of the opioid overdose reversal medication consistent with these guidelines and model policy.

Section 3: Opioid Overdose Symptoms and Response

Opioids

Opioids are a class of drugs derived from the opium poppy or entirely created in a lab. Opioids include morphine, codeine, oxycodone, hydrocodone, hydromorphone, heroin, meperidine, fentanyl, and methadone. There are prescription opioids and opioids that can be created and obtained illicitly.

Opioid Overdose

An opioid overdose happens when someone has taken too much of an opioid. Synthetic opioids such as [Fentanyl](#) are especially dangerous due to its potency and can be added to illicit street drugs. A person may experience following non-life threatening effects^{1,3}:

- Nausea
- Vomiting
- Sleepiness

A person may also experience the following life threatening effects that may lead to death³:

- Infrequent or absent breathing
- Slowed or irregular heart beat
- No response to stimuli
- Severe allergic reaction

Risks for an opioid overdose include:

- Mixing opioids with other substances including benzodiazepines or alcohol^{2,3}
- Using after a break in use due to decreased tolerance
- Taking too much opioids
- Other health conditions
- Previous overdose
- Using opioids not from a pharmacy because the strength is unknown
- Using alone (increases risk from dying from an overdose)

Those who overdose rarely experience sudden breathing cessation. There is usually enough time to intervene before breathing completely stops and death occurs. Opioid overdose reversal medication and rescue breathing are evidence-based intervention outcomes for individuals experiencing an opioid overdose.

Signs and Symptoms of Opioid Overdose

An opioid overdose may occur intentionally or in many cases unintentionally after injection, ingestion, or inhalation of an opioid. Assessing an individual for responsiveness and breathing is critical to a successful outcome of a person experiencing an opioid overdose. A few quick ways to determine this are to:

- Shout their name and shake them, if they do not respond
- Rub knuckles hard on the breastbone in the middle of the chest or on the upper lip of the individual

If the person responds to the stimuli, assume an overdose has not yet occurred. However, emergency medical services (EMS) should be notified. Remain with the individual and continue to assess for responsiveness and breathing until help arrives. It is important that you monitor the person and try to keep them awake and alert³. If the person does not respond to these stimuli, assume they may be experiencing an opioid overdose. Follow the steps on how to respond to an opioid overdose.

Opioid High	Opioid Overdose
Normal skin tone	Pale, clammy skin Blue or ashy lips or fingernails
Breathing appears normal	Infrequent or absent breathing Respiratory rate shallow, <8 breaths/min ⁴
Normal heart rate	Slow or irregular heart beat
Looks sleepy	Unconscious or unable to wake
Speech slurred or slow	Deep snoring, gurgling, or choking sounds (death rattle)
Responsive to stimuli	Not responsive to stimuli
Pinpoint pupils (with some exceptions)	Pinpoint pupils

Steps to Respond to an Opioid Overdose

An opioid overdose requires immediate medical attention. It is essential to have a trained medical professional assess the condition of a person experiencing an overdose. All schools are expected to activate EMS in an expected case of an overdose. Naloxone is only effective if there are opioids involved in the overdose. Naloxone will not reverse an overdose involving alcohol, benzodiazepines, or cocaine. Washington's Good Samaritan Law provides some protections when calling 911 to save a life, even if drugs are at the scene according to [RCW 69.50.315](#). The victim and person calling 911 cannot be prosecuted for simple possession. Districts shall follow the [Washington State Department of Health](#) steps for administering naloxone for drug overdose (Appendix F).

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- Washington State School Directors' Association
- Washington State Board for Community and Technical Colleges
- Seattle & King County Public Health Department
- University of Washington Alcohol and Drug Abuse Institute
- National Association of State School Nurse Consultants

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- ² Centers for Disease Control and Prevention. (2019, October 18). *Opioid overdose*. Retrieved from <https://www.cdc.gov/drugoverdose/index.html>
- ³ Substance Abuse and Mental Health Services Administration. (2018). *SAMHSA Opioid Overdose Prevention Toolkit*. Retrieved from HHS Publication No. (SMA) 18-4742: <https://store.samhsa.gov/system/files/sma18-4742.pdf>
- ⁴ World Health Organization. (2018). *Information sheet on opioid overdose*. Retrieved from WHO: Management of substance abuse: https://www.who.int/substance_abuse/information-sheet/en/

APPENDICES

Appendix A: Resources

There are several resources schools can use to assist with training school staff and acquiring opioid overdose medication. Below is not meant to be a complete list.

Companies/ Organizations: donated/low cost supplies

[Adapt Pharma High School Program](#)

[Evizo](#)

[Find Naloxone Near Me-WA State](#)

[WA Department of Health: My organization is interested in starting a program](#)

Organizations

[Adapt Pharma: Narcan Nasal Spray](#)

[American Society of Anesthesiologists: Opioid Overdose Card](#)

[Centers for Disease Control: Opioid Overdose Prevention Programs Providing Naloxone to Laypersons — United States, 2014](#)

[Harm Reduction Coalition](#)

[Harm Reduction Coalition Training Worksheets](#)

[NASN Naloxone in Schools Position Statement](#)

[National Training and Technical Assistance Center: Naloxone Toolkit](#)

[SAMSHA Toolkit](#)

[University of Washington-Alcohol and Drug Abuse Institute-stopoverdose.org](#)

[WA DOH Overdose Education & Naloxone Distribution](#)

[WA DOH Toolkits](#)

Videos

[Stopoverdose.org](#)

[NARCAN® \(naloxone HCl\) Nasal Spray Video](#)

[Kelley-Ross Pharmacy Naloxone administration training videos](#)

[WA DOH](#)

[WBAL Radio](#)

Appendix B: Statewide Standing Order to Dispense Naloxone



STANDING ORDER TO DISPENSE NALOXONE

Authority: This standing order is issued in accordance with RCW 69.41.095(5), which allows for "[t]he secretary or the secretary's designee [to] issue a standing order prescribing opioid overdose reversal medications to any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose." The Secretary of Health has designated the State Health Officer to issue a standing order under RCW 69.41.095(5).

Purpose: The purpose of this standing order is to facilitate wide distribution of the opioid antagonist naloxone so people in Washington can provide assistance to persons experiencing an opioid-related overdose.

Authorization: This standing order shall be considered a naloxone prescription for an eligible person or entity. This standing order authorizes any eligible person or entity in the State of Washington to possess, store, deliver, distribute or administer naloxone.

Any pharmacy or wholesaler in the State of Washington may dispense and deliver naloxone to an eligible person or entity under this standing order.

An eligible person or entity is any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose. These could include a natural person, such as an individual at risk of an opioid-related overdose or a family member, friend or acquaintance of that individual; or a legal person, such as an ambulance service, police department, or school or other educational institution that could be in a position to assist a person at risk of experiencing an opioid-related overdose.

Terms and Conditions: Any person or entity distributing naloxone to eligible persons or entities, as defined above, must provide written instructions on the proper response to an opioid-related overdose, including instructions on the role of naloxone, recognizing a potential opioid-related overdose, verifying unresponsiveness, calling 911 and administering naloxone, starting rescue breathing, administering a second dose of naloxone if needed, and providing post-overdose care. Written instructions for lay responders are available at: www.doh.wa.gov/naloxoneinstructions

Pharmacies and other entities are strongly encouraged to provide in-person training, allow hands-on practice with a demonstration kit, and/or show training videos to persons receiving naloxone for the first time. A training video on responding to an opioid-related overdose and administering naloxone can be found at:

<https://www.doh.wa.gov/YouandYourFamily/DrugUserHealth/OverdoseandNaloxone>

Entities seeking to use this standing order to receive and dispense naloxone must notify the Washington State Department of Health by sending an email to naloxoneprogram@doh.wa.gov.

The Department of Health will maintain a list of entities using the order and contact these entities if any changes are made to the order. Individuals using the standing order do not need to notify the department.

Naloxone HCL Dispensing Procedures

Pharmacies and other entities can dispense and deliver the following naloxone products to eligible persons based on availability and preference. Eligible persons include persons at risk of experiencing an opioid-related overdose or in a position to assist a person at risk of experiencing an opioid-related overdose.

Intramuscular Naloxone Hydrochloride Injection Solution (0.4 mg/ml)

Dispense: **Two** 1ml single dose vials of naloxone HCL (0.4mg/1 ml) inj. and **two** 3 ml syringes with 23 or 25 gauge 1" needles

Directions for use: Call 911. Inject the entire solution of the vial intramuscularly in the shoulder or thigh. Repeat after three minutes as needed if no or minimal response.

Refills: As needed

NARCAN™ Nasal Spray (4 mg/0.1 ml)

Dispense: **Two** NARCAN® 4mg nasal sprays

Directions for use: Call 911. Administer a single spray of NARCAN® in one nostril. Repeat after three minutes as needed if no or minimal response.

Refills: As needed

Generic Naloxone Hydrochloride Nasal Spray (4 mg/0.1 ml)

Dispense: **Two** generic naloxone HCl 4mg nasal sprays

Directions for use: Call 911. Administer a single spray in one nostril. Repeat after three minutes as needed if no or minimal response.

Refills: As needed

<u>Kathryn Lofy</u>	<u>MD00043370</u>	<u>8/27/19</u>
Physician Signature and License No.		Date
<u>Kathryn Lofy</u>		
Physician Name (Printed)		

Expiration, Renewal and Review

This standing order will automatically expire 09/01/2021 or on the date that the physician who signed the order revokes it, or ceases to act as the State Health Officer, whichever comes sooner. This standing order shall be reviewed on a regular basis against current best practices, and may be revised or updated if new information about naloxone administration necessitates it.

Appendix C: Types of Opioids

- Buprenorphine - Suboxone®
- Codeine - Tylenol #3®
- Fentanyl - Actiq®, Duragesic®, Sublimaze®, Fentora®, Abstral®, Onsolis®
- Heroin – 1898-1910
- Hydrocodone - Lorcet®, Lortab®, Norco®, Vicodin®, Hysingla®, Zohydro ER®
- Hydromorphone - Dilaudid®, Exalgo®
- Levorphanol - Levo-Dromoran®
- Meperidine - Demerol®
- Methadone - Dolophine®
- Morphine - Roxanol®, Duramorph®, Kadian®, MS Contin®, Morphabond®
- Opium - Paragoric®
- Oxycodone – Percocet®, Percodan®, Tylox®, Oxycontin®, Oxaydo®
- Tramadol – Ultram®, Ultracet®

Appendix D: Naloxone Skills Checklist Nasal Spray

Naloxone Training Skills Checklist

Designated Staff Member Name (print): _____		Date: _____	
School Name: _____			
Trainer Name (print): _____			
Knowledge Check for Administering Naloxone	Trainer Initials	Designated Personnel Initials	Date
Successful completion of Naloxone administration training			
Correctly identifies the location of Naloxone in the school			
Accurately identifies needed supplies			
Accurately reads and follows directions on Naloxone box			
Identifies who Naloxone administration must be reported to			
Describes documentation and reporting process as indicated in district policy/ procedure			
Skills Check for Administering Naloxone	Trainer Initials	Designated Personnel Initials	Date
Assesses the victim including shake, shout and sternal rub			
Call/instructions someone to call 911 and activate school emergency response per protocol/policy			
Obtains and correctly administers Naloxone following the steps below:			
1. Lay the person on their back to administer Naloxone			
2. Remove medication from box, peel back the tab with a circle to open			
3. Hold the Naloxone spray with your thumb on the bottom of the plunger and the third and middle fingers on either side of the nozzle.			
4. Tilt the person's head back with provide support under the neck with your hand			
5. Gently insert the tip of the nozzle until the fingers on either side of the nostril are against the bottom of the person's nose.			
6. Press the plunger firmly to give the dose of Naloxone nasal spray.			
7. Remove Naloxone nasal spray and turn person to their side (recovery position)			
8. Monitor patient, administer rescue breathing if needed. If no response to talking, touch or pain, additional Naloxone nasal spray may be administered every 2-3 minutes if available, until the person responds or EMS arrives.			
9. If needed, use steps 2-8 using a new Naloxone nasal spray in the other nostril			
10. Put the used Naloxone nasal spray back in the box and give to EMS for disposal			
11. Document administration according to district policy/protocol.			
This training is valid for ONE school year. Review during the school year is highly recommended.			
Staff Member (Designee) Signature: _____			
Trainer Signature: _____			

Appendix E: Naloxone Skills Checklist Auto-injection

Naloxone Training Skills Checklist			
Designated Staff Member Name (print):		Date:	
School Name:			
Trainer Name(print):			
Knowledge Check for Administering Naloxone	Trainer Initials	Designated Personnel Initials	Date
Successful completion of Naloxone administration training			
Correctly identifies the location of Naloxone in the school			
Accurately identifies needed supplies			
Accurately reads and follows directions on Naloxone box			
Identifies who Naloxone administration must be reported to			
Describes documentation and reporting process as indicated in district policy/ procedure			
Skills Check for Administering Naloxone	Trainer Initials	Designated Personnel Initials	Date
Assesses the victim including shake, shout and sternal rub			
Call/instructions someone to call 911 and activate school emergency response per protocol/policy			
Obtains and correctly administers Naloxone following the steps below:			
1. Lay the person on their back to administer Naloxone			
2. Remove medication from box, peel back the tab with a circle to open			
3. Places tip of auto-injector on either side of outer thigh, may use through clothing ensure there are no contents in the way of the device.			
4. Press hard into thigh until the mechanism injects. If the electronic voice instruction system on EVZIO does not work properly, EVZIO will still deliver the intended dose of naloxone hydrochloride when used according to the printed instructions on its label.			
5. Hold firm pressure for 10 seconds Post-injection, the black base locks in place, a red indicator appears in the viewing window and electronic visual and audible instructions signal that EVZIO has delivered the intended dose of naloxone hydrochloride. EVZIO's red safety guard should not be replaced under any circumstances (If the electronic voice instruction system on EVZIO does not work properly, EVZIO will still deliver the intended dose of naloxone hydrochloride when used according to the printed instructions on its label).			
6. Massage injection site for 10 seconds to help absorption			
7. Turn person to their side (recovery position)			
8. Monitor patient, administer rescue breathing if needed. If no response to talking, touch or pain, additional Naloxone may be administered every 2-3 minutes if available, until the person responds or EMS arrives.			
9. If needed, use steps 2-8 using a new Naloxone in the other thigh			
10. Put the used Naloxone back in the box and give to EMS for disposal			
11. Document administration according to district policy/protocol.			
This training is valid for ONE school year. Review during the school year is highly recommended.			
Staff Member (Designee) Signature: _____			
Trainer Signature: _____			

Appendix F: WA DOH Use Naloxone for a Drug Overdose

Use Naloxone for a Drug Overdose

You should give naloxone to anyone who has taken drugs and may be overdosing. Someone who is overdosing may stop breathing or their breathing may be slow and labored. **Act fast! An overdose is life threatening.**

Give naloxone even if you do not know what kind of drugs a person took. Naloxone will only work on opioids, but there is no harm if they took a different kind of drug.

Washington's Good Samaritan Law provides some protection when calling 9-1-1 to save a life – even if drugs are at the scene. (RCW 69.50.315)

1. Check for a response

- Try to wake them up. Shake them and shout their name.
- Rub your knuckles hard on the center of their chest.
- Hold your ear close to their nose, listen and feel for signs of breathing.
- Look at their lips and fingernails – pale, blue, or gray color is a sign of overdose.

2. Call 9-1-1

- Tell the operator your exact location.
- Say you are with a person who is not breathing. You do not have to say anything about drugs or medicines at the scene.
- Tell the operator you are going to give the person naloxone.
- Follow any instructions you get from the operator.

3. Give naloxone

- There are two common types of naloxone. Follow the "How to Use" instructions on the right.

4. Start rescue breathing

- Someone who has overdosed needs oxygen. Naloxone may take a few minutes to start working. Check again to see if they are breathing.
- If you can't hear them breathe or their breath sounds shallow, provide rescue breaths. (See the other side of this sheet.)
- Follow instructions of 9-1-1 operator until help arrives.

5. Give a second dose of naloxone

- Wait about 3 minutes for naloxone to take effect.
If the person has not responded after 3 minutes, give a second dose.

6. Post care for overdose

- Stay with the person until help arrives. Remember, the Good Samaritan Law offers protections when you call 9-1-1 for an overdose.
- If the person starts breathing on their own, but they do not wake up, roll them on their side to a recovery position. (See the other side of this sheet.)
- When the person wakes up, they may have opioid withdrawal symptoms such as chills, nausea, and muscle aches.
- They may not remember what happened. They may be scared, nervous, or restless. Keep them calm until help arrives. Try to stop them from taking more drugs.



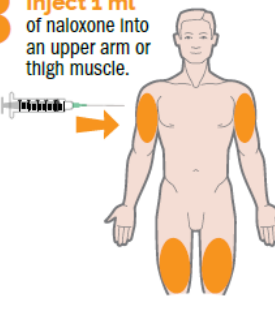
How to Use

Nasal spray – Needs no assembly. **Do not test the device.** Each device only works once. You may need both devices.

- 1 Peel** back the package to remove the device. 
- 2 Place** and hold the tip of the nozzle in either nostril. 
- 3 Press** the plunger firmly to release the dose into nose. 

OR

Injectable – This requires assembly.

- 1 Remove cap** from naloxone vial and uncover the needle. 
- 2 Insert needle** through rubber plug with vial upside down. Pull back on plunger and take up 1 ml.  Fill to 1 ml
- 3 Inject 1 ml** of naloxone into an upper arm or thigh muscle. 

Be Prepared

Learn basic first aid skills from a trained instructor before you are in an emergency situation. If you are with a person who is unconscious and may be overdosing, you will need to perform these steps in order:

Check breathing.



Give rescue breaths.



- 1 Lay the person flat on their back.
- 2 Gently tilt their head. Pinch their nose.
- 3 Give 2 quick breaths into their mouth. The chest (not stomach) should rise.
- 4 Give 1 slow breath every 5 seconds until they start breathing or wake up.

Roll to a recovery position.



If the person starts to breathe, but they do not wake up, roll them on their side to a recovery position.



Be Informed: Opioids and Naloxone

What are opioids?

Opioids include drugs like prescription painkillers, heroin, and fentanyl. These drugs can cause a person's breathing to slow or stop. When breathing stops or is too slow to support life, this is an overdose.

What are the risks of an opioid overdose?

An overdose can happen to anyone who takes opioids. A person is more likely to overdose if they:

- Take opioids with other drugs or alcohol
- Take opioids that are not prescribed to them, or they take more than prescribed
- Stop taking opioids for a while, then start taking them again
- Have heart or lung disease

What does an overdose look like?

When someone overdoses, their breathing will get very slow and may stop. They may look like they are sleeping. Lips and fingernails may appear pale, blue, or gray.

How does naloxone work?

Naloxone reverses an opioid overdose by blocking the opioid receptors in the brain. This is a temporary effect and can last between 30 and 90 minutes. After giving someone naloxone, it may take a few minutes to work. If a first dose of naloxone does not work after about 3 minutes, give a second dose.

Is naloxone safe?

Yes, naloxone is a safe medication that works to reverse an opioid overdose. Use naloxone even if you're not sure what kind of drugs someone took.

How and where do I store naloxone?

Store naloxone at room temperature, out of direct light. Keep it in a place where anyone who might witness an overdose can get to it quickly and easily.

Make sure everyone knows where the naloxone is stored.

When do I need to get a refill?

You will need a refill of naloxone if:

- You use one or both of the doses
- The naloxone is lost or damaged
- The naloxone is expired, or near its expiration date

Where can I get more information?

For more information about common types of opioids, opioid overdoses, how to use naloxone, and where to get naloxone in Washington state, go to www.StopOverdose.org.

Some content in this publication is adapted from San Francisco Department of Public Health. Naloxone nasal spray illustrations are adapted from Adapt Pharma/Emergent BioSolutions. For persons with disabilities, this document is available in other formats. Please call 800-525-0127 (TTY 711) or email civil.rights@doh.wa.gov.



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