***For persons adopting this:*** *The skills listed below are often used in the Naloxone administration. However, schools will need to review and further modify this self-assessment to align with the policy, procedures and the naloxone medication being administered in their school.* **(Delete this paragraph and remove the watermark before you implement).**

# Self-Assessment: Emergency Response and Naloxone Administration

School/District Name:

Name of School Staff:

Position/Title:

School staff who are designated to respond to a possible opioid overdose and administer naloxone should complete this self-assessment after initially completing the district/school’s training and annually as a required per district policy/procedure.

| **Knowledge Check for Administering Naloxone (Opioid Antagonist)** | **I am confident** | **I need further training** | **Staff Initials & Date** |
| --- | --- | --- | --- |
| I have completed naloxone administration training and posttest with 100% accuracy |  |  |  |
| I know the emergency response procedure to be used |  |  |  |
| I have read and understand the directions to administer naloxone and can follow them accurately |  |  |  |
| I know the location of where naloxone is stored  |  |  |  |
| I can identify supplies in the naloxone emergency kit |  |  |  |
| I know who to notify and how to document if naloxone is administered |  |  |  |
| I know who to contact with questions or concerns about this emergency procedure |  |  |  |

| **Skills Check for Administering Naloxone**  | **I know this skill** | **I need further training** | **Staff Initials & Date** |
| --- | --- | --- | --- |
| I can assess the victim by Shake, Shout, Sternal Rub |  |  |  |
| I know to call/instruct someone to call 911 and activate school emergency response per school policy  |  |  |  |

*Steps 1-5 are an example. Schools will need to review and further modify these specific steps 1-5 to administer the medication based on the type of naloxone being used. Schools are encouraged to with the medical prescriber if no school nurse is available.* **(Delete this paragraph and remove the watermark before you implement).**

| **Obtains and correctly administers naloxone following steps below:** | **I know this skill** | **I need further training** | **Staff Initials & Date** |
| --- | --- | --- | --- |
| 1. Removes naloxone nasal spray from box and peels back tab to open
 |  |  |  |
| 1. Holds naloxone nasal spray with thumb at bottom of plunger and first and middle fingers on either side of nozzle
 |  |  |  |
| 1. Tilts the head back and inserts tip of nozzle into one nostril until fingers on either side of the nozzle are against the bottom of the person’s nose
 |  |  |  |
| 1. Presses plunger firmly giving dose of naloxone nasal spray.
 |  |  |  |
| 1. Removes naloxone nasal spray from nostril after giving the dose
 |  |  |  |
| 1. Places victim in recovery position. Start rescue breathing (Provide 2 slow breaths, then 1 rescue breath every 5 seconds).
 |   |  |  |
| 1. When 911 arrives, report to them what were the signs/symptoms, what was administered and time, when rescue breathing was started/stopped.
 |  |  |  |
| 1. I have demonstrated this skill to the school nurse or another staff member who is part of the naloxone emergency response team.
 |  |  |  |

**Staff Member Initial & Signature:** **Date:**