ST. JOSEPH ACADEMY
(SJA)

Department:	Health & Wellness
Number:	700.3
Effective Date:	12/2/2025
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Revised Date:	1/7/2026
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I. PURPOSE:

To establish guidelines and procedures regarding the utilization and administration of nasal naloxone by St. Joseph Academy personnel in order to reduce the number of fatalities which can occur as a result of an opioid overdose.

II. POLICY:

St. Joseph Academy will train and equip staff to prepare for opioid overdose emergencies. It is the policy of St. Joseph Academy for staff to administer naloxone as quickly as possible to people experiencing an opioid overdose.

DEFINITIONS:

1. Naloxone: An opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal and intravenous forms. Naloxone is specifically used to counteract life threatening depression of the central nervous system and respiratory system. Narcan is a brand name for intranasal naloxone.

2. Opioids: A class of drugs that interact with opioid receptors on nerve cells in the body and brain. Opioids include the entire family of opiates including natural, synthetic, and semi-synthetic forms.

3. Opioid Overdose: An acute condition including, but not limited to, extreme physical illness, decreased
level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance

PROCEDURES FOR USE:

1. Recognize the Signs of Opioid Overdose

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech is slowed or slurred	Not breathing or very shallow breathing
Nodding off, appearing sleepy	Deep snorting or gurgling breaths
Still responsive to stimuli	Unresponsive to external stimuli
Normal heart beat/pulse rate	Slowed heart beat/pulse rate
Normal skin color	Cyanotic skin coloration (blue lips, etc.)
Smaller than usual pupils	Pinpoint pupils

a. Suspected or confirmed opioid overdose consists primarily of:
    i. Respiratory depression evidenced by slow respiration rate or no breathing
    ii. Unresponsiveness to stimuli such as calling the victim's name, shaking them, or performing a sternal rub

b. Suspicion of opioid overdose can be based on:
    i. Presenting symptoms
    ii. Reports from bystanders
    iii. Staff prior knowledge of the victim
    iv. Nearby medications, drugs or drug paraphernalia

2. Respond to the Opioid Overdose

a. **Immediately call for emergency help – dial 911**

b. Check the victim's breathing. If needed, deliver first aid per your level of training.

3. Reverse the Opioid Overdose

a. Administer naloxone
i. Administer naloxone per the manufacturer's instructions
ii. Once the victim resumes breathing normally, place them in the recovery position, lying on their side
iii. Stay with the victim until emergency medical help arrives to take over care

Approved by: _____ Date 1/7/2026
President/CEO

St. Joseph Academy
Naloxone Usage Report

Details of Overdose

Employee Name: _____ **Report Date:** _____ / _____ / _____

Date of Overdose: _____ / _____ / _____ Time of Overdose: _____ □AM □PM

Location where overdose occurred: _____

Gender of the overdose victim:
□Male
□Female
□Unknown

Signs of overdose present:
□Unresponsive
□Slow Pulse
□No Pulse
□Breathing Slowly
□Not Breathing
□Blue Lips
□Other: _____

Details of Naloxone Deployment

Lot Number: _____ Expiration Date: _____ / _____ / _____

Number of doses used: _____ Did naloxone work: □Yes □No □Unknown

Victim's response to naloxone: □Responsive & alert □Responsive & sedated □No response

Did the victim live: □Yes □No □Unknown

Other emergency response action taken:
□Sternal Rub
□Rescue Breathing
□Compressions
□AED Used
□Other: _____

□Care transferred to EMS

Notes/Comments: _____
_____
_____

Report prepared by: _____ **Signature:** _____

Report reviewed by: _____ **Signature:** _____