



Naloxone Overdose Recognition & Response

Training Packet & Learner Reference

Practical knowledge for everyday care.

For caregivers, PCAs, family members, and community responders
learning to recognize a suspected opioid overdose and respond.

MINNESOTA EDITION

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Before You Begin

EDUCATIONAL USE & SAFETY NOTICE

This publication is provided for educational and informational purposes by the Community Caregiver Education Series (CCES), an educational initiative of Lone Star Companies, Inc. It is intended to improve general understanding and preparedness and does not constitute medical advice, legal advice, professional certification, or individualized clinical instruction.

In an actual or suspected medical emergency, contact 911 or the appropriate emergency medical service and follow the instructions of emergency personnel. When using naloxone or other medical products, follow the current manufacturer labeling and Instructions for Use supplied with the product.

Laws, medical guidance, product formulations, organizational policies, and recommended practices may change. Caregivers acting within an employment, licensed-care, or organizational setting should also follow applicable employer policies, care plans, standing orders, protocols, and scope-of-practice requirements.

CCES materials are designed to **supplement - not replace** appropriate professional training, including recognized CPR, first-aid, and emergency-response training when such training is applicable.

IMPORTANT

A suspected opioid overdose is a medical emergency. Naloxone can temporarily reverse opioid effects, but it does not replace emergency medical evaluation and care.



Learning Objectives

- Explain what naloxone is and what it can - and cannot - do.
- Identify common signs of a suspected opioid overdose.
- Use a simple emergency response sequence without delaying lifesaving care.
- Demonstrate correct use of a single-dose nasal naloxone spray.
- Demonstrate the basic community intramuscular (IM) naloxone process using the learner's specific kit.
- Explain when another naloxone dose may be needed.
- Support breathing and place a breathing, unresponsive person in the recovery position.
- Describe key Minnesota legal protections related to naloxone and seeking overdose medical assistance.

Packet Map

Section	What you will learn
1	Naloxone and opioid overdose basics
2	How to recognize a suspected overdose
3	The emergency response sequence
4	Nasal naloxone - step by step
5	Intramuscular (IM) naloxone - step by step
6	Breathing support, CPR and recovery position
7	After naloxone: what to expect
8	Minnesota considerations
9	Practice scenarios, knowledge check and skills checklist
10	Quick-reference pages and sources



1 | What Naloxone Does

Opioids can slow the brain's drive to breathe. During a severe opioid overdose, breathing may become dangerously slow, irregular, or stop. Without oxygen, brain injury and death can occur.

KEY IDEA

Naloxone temporarily blocks opioid effects at opioid receptors. The immediate goal is to restore adequate breathing - not necessarily to make the person fully awake.

Naloxone works only on opioids. It will not reverse a medical emergency caused solely by a non-opioid drug, stroke, low blood sugar, cardiac arrest, or another condition. However, if an opioid overdose is reasonably suspected, giving naloxone is appropriate; current FDA labeling describes naloxone as safe to use even if opioids are not present.

Examples of opioids include fentanyl, heroin, oxycodone, hydrocodone, morphine, codeine and methadone. Counterfeit pills and mixed-drug supplies may contain fentanyl without the person's knowledge.

Why more than one dose may be needed

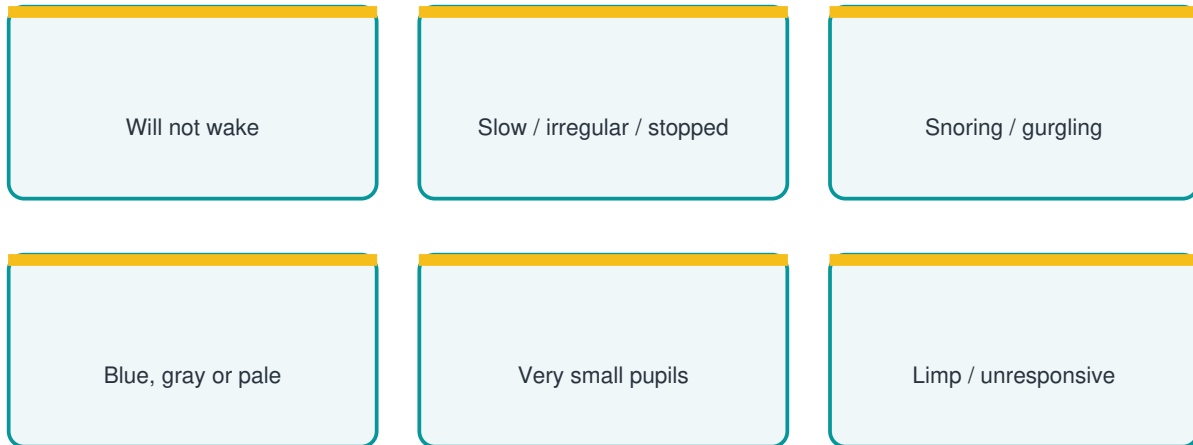
Naloxone often improves opioid-related breathing within about 2-3 minutes. Some overdoses require additional doses. A person can also become sleepy or stop breathing normally again after initially improving because the opioid may last longer than naloxone.

DO NOT DELAY

Naloxone is one part of the response. Emergency medical evaluation and breathing support remain important even when the person wakes up.



2 | Recognizing a Suspected Opioid Overdose



A suspected overdose should be treated as an emergency. You do not need to prove which drug was taken before acting.

Check responsiveness

- Speak loudly: "Are you okay? Wake up."
- Tap or shake the shoulder if it is safe to do so.
- Look at breathing. Gasping, occasional breaths, severe snoring/gurgling, or very slow breathing are not normal.
- If the person will not wake and is not breathing normally, act immediately.

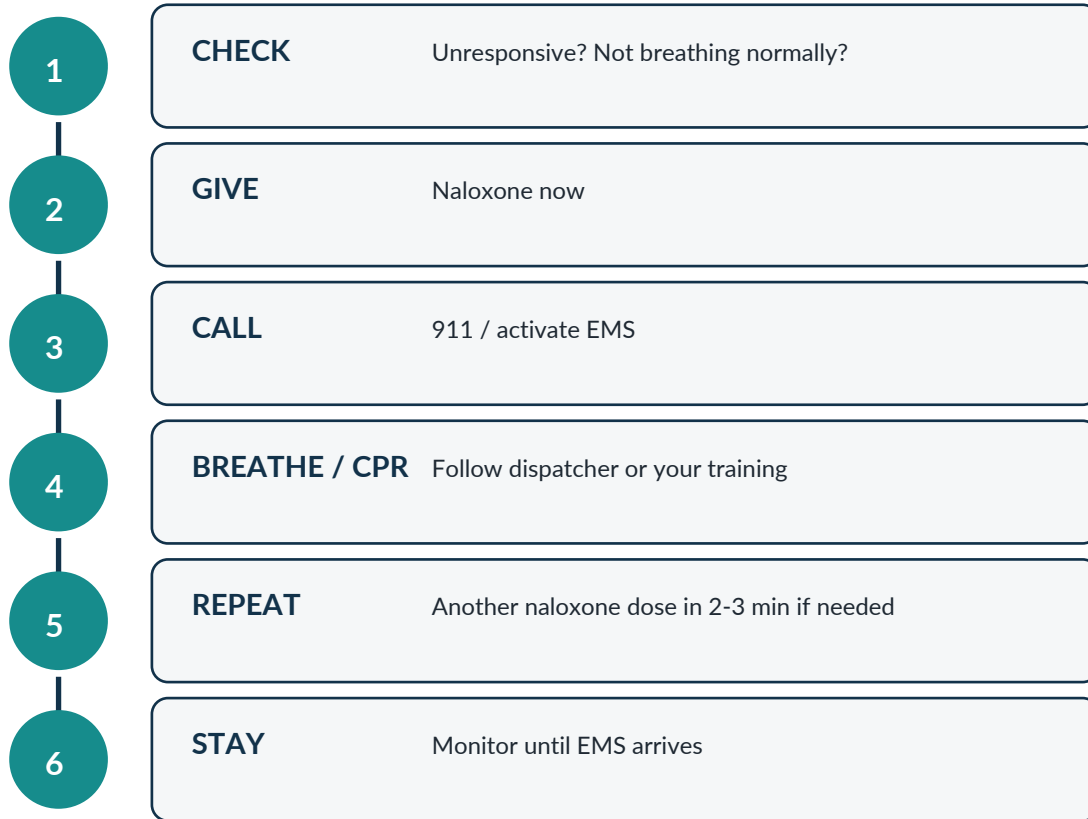
CAUTION

Do not spend precious time trying to identify pills, search belongings, put the person in a shower, make them walk, give food/drink, or wait to see if they 'sleep it off.'

Pinpoint pupils can support suspicion of opioid overdose, but do not wait for this sign. Pupil size can vary and mixed overdoses occur.



3 | The Emergency Response Sequence



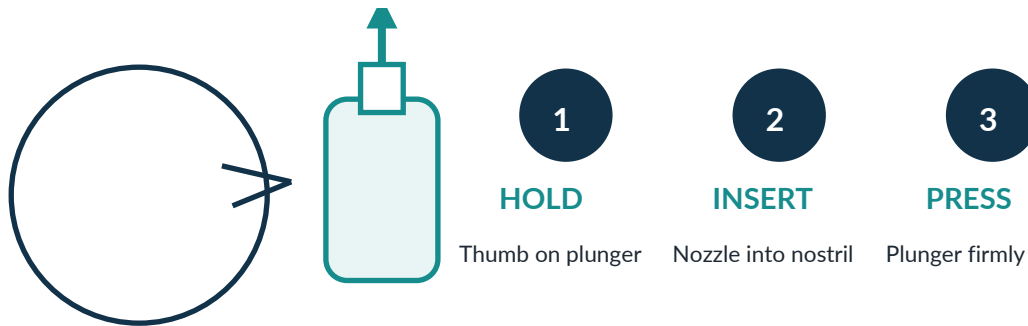
The exact order of naloxone and the 911 call may vary slightly among product labels and training programs. The practical rule is simple: do both immediately and do not allow one to meaningfully delay the other. If another person is present, have them call 911 while you give naloxone.

911	Tell the dispatcher the person is unresponsive and not breathing normally. Say that naloxone has been or will be given. Put the phone on speaker and follow instructions.
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If an AED is available, bring it to the person and follow its prompts when appropriate. Naloxone does not treat cardiac arrest.



4 | Nasal Naloxone - Step by Step



One device = one dose. Do not test or prime the spray.

1. Position. Lay the person on their back if you can do so safely. Support the head.
2. Open the package. Remove one single-dose nasal spray device. Do not test, prime, or press the plunger before it is in the nostril - the device contains one dose and sprays once.
3. Hold. Place your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
4. Insert. Gently insert the tip of the nozzle into either nostril until your fingers are against the bottom of the person's nose.
5. Press. Press the plunger firmly to release the entire dose. Remove the device.
6. Continue emergency care. Call/confirm 911. Support breathing or perform CPR according to dispatcher instructions and your training.
7. Reassess after 2-3 minutes. If the person does not wake or normal breathing does not return, give another dose using a new device. Continue doses every 2-3 minutes when indicated and available until the person responds or EMS takes over.

PRODUCT CHECK

Different nasal naloxone brands and strengths exist. Always read the package. The single-use device shown here represents the common NARCAN-style device; follow the Instructions for Use supplied with the product you carry.



Nasal Naloxone | Common Mistakes

Avoid these preventable errors:

- Testing the spray. Pressing the plunger before use wastes the only dose in that device.
- Waiting for certainty. A reasonable suspicion of opioid overdose is enough to act.
- Using the same device twice. Single-dose sprays are one-use devices.
- Assuming one dose is always enough. Reassess and repeat with a new device after 2-3 minutes when needed.
- Walking away after the person wakes. Symptoms can return; stay until EMS arrives.
- Forgetting breathing support. Naloxone may take a few minutes to work. Oxygenation matters during that interval.

REMEMBER

The desired response is adequate breathing. A person does not need to become completely alert for naloxone to be helping.

Practice prompt

Using a trainer device, practice saying each action aloud: Check - Give - Call - Breathe/CPR - Reassess - Repeat - Stay. Do not practice with a live single-dose device.



Injectable Naloxone

INTRAMUSCULAR (IM) NALOXONE

Injectable naloxone may be supplied in community kits and clinical products with different concentrations, containers, syringes, needles, and labeled doses.

PRODUCT-SPECIFIC DOSING

Follow the instructions supplied with the specific product or kit and any applicable organizational protocol.

Do not determine an injection volume from this training packet alone.

When injectable naloxone is used, identify the product, read the medication label, prepare the dose according to the supplied instructions, administer it by the indicated route, activate 911/EMS, support breathing/CPR as appropriate, and reassess. Additional naloxone may be needed according to the product instructions and emergency guidance.

Use standard injection safety practices and dispose of needles and syringes in an appropriate sharps container whenever one is available.



Injectable Naloxone: Concentration & Safety

INTRAMUSCULAR (IM) NALOXONE

Concentration matters. Injectable naloxone is available in different presentations and concentrations. The amount of liquid needed to provide a particular dose therefore depends on the specific product being used.

DO NOT ASSUME

Never assume that a volume used with one naloxone product applies to another.

Before preparing injectable naloxone:

- Read the medication label.
- Identify the concentration.
- Follow the product or kit instructions.
- Use the supplied or appropriate syringe and needle.
- Follow applicable organizational protocols when administering naloxone as part of employment or caregiver responsibilities.



Rescue Breathing, CPR & AED

SUPPORT BREATHING AND CIRCULATION

Opioid overdose can severely slow or stop breathing. Naloxone can reverse the opioid effect, but breathing and circulation may still require immediate support while naloxone takes effect and emergency medical help is on the way.

WHEN THE PERSON IS UNRESPONSIVE

If the person is unresponsive and is not breathing normally, follow the 911 dispatcher's instructions and your current CPR training.

Begin CPR when indicated and use an AED as soon as one is available. Naloxone should be given without unnecessarily delaying CPR or AED use.

If you are trained to provide rescue breathing or CPR with breaths, follow your training. If you are not trained, follow the emergency dispatcher's instructions.

Continue to reassess the person. If normal breathing does not return, continue appropriate resuscitation and give additional naloxone according to the product instructions while awaiting EMS.



7 | After Naloxone Is Given

A person may wake suddenly, gradually, or may simply begin breathing better. Possible opioid-withdrawal symptoms include sweating, shaking, nausea/vomiting, agitation, body aches, and distress. These reactions can be uncomfortable and sometimes intense.

HOW TO SPEAK Use a calm voice: "You weren't breathing normally. I gave you naloxone. An ambulance is coming. I'm staying with you."

- Do not argue with or shame the person.
- Do not let the person use more opioids to treat withdrawal.
- Do not assume the emergency is over because they woke up.
- Keep the environment as calm and safe as possible.
- If the person becomes sleepy or stops breathing normally again, give another naloxone dose if available and continue emergency care.

Stay until EMS arrives

Naloxone's effect is temporary and the opioid may remain active longer. Emergency clinicians can evaluate recurrent respiratory depression, mixed-drug exposure, aspiration, injury, and other causes of unconsciousness.



Minnesota Naloxone & Overdose-Response Protections

LEGAL INFORMATION REVIEWED OCTOBER 2026

Naloxone Administration

Minnesota Statutes §604A.04 provides that a person who is not a health care professional may possess or administer a qualifying opiate antagonist obtained as provided by the statute. A non-health-care professional who acts in good faith in administering an opiate antagonist to someone the person believes in good faith is experiencing a drug overdose receives specified criminal and civil protections for that act.

Seeking Medical Assistance

Minnesota Statutes §604A.05 provides limited immunity from prosecution for certain controlled-substance offenses when statutory requirements are met by a person seeking medical assistance for another person experiencing a drug-related overdose.

Among other requirements, the person seeking assistance must provide a name and contact information, remain at the scene until assistance arrives or is provided, and cooperate with authorities. These protections **do not constitute blanket immunity from every possible criminal or civil matter.**

Caregivers & Employees

A caregiver, employee, volunteer, or person working within a licensed or organizational setting may also be subject to employer policies, care plans, standing orders, protocols, training requirements, licensing requirements, or scope-of-practice rules.

Laws may change. This summary is provided for educational purposes and is not legal advice.



Naloxone | Myths & Facts

MYTH Naloxone encourages opioid use.

FACT Naloxone is an emergency reversal medication. It does not produce an opioid high.

MYTH You must know exactly what drug was taken.

FACT Treat a reasonable suspicion of opioid overdose. Mixed and unknown exposures are common.

MYTH One dose always works.

FACT Some overdoses need additional doses. Reassess every 2-3 minutes and repeat when indicated.

MYTH If the person wakes up, 911 is no longer necessary.

FACT Symptoms can return and other complications may be present. Stay until EMS arrives.

MYTH NARCAN and naloxone are different drugs.

FACT NARCAN is a brand of naloxone nasal spray. Naloxone is the medication name.



9 | Practice Scenarios

Scenario 1 - Bathroom

You find an adult slumped on the bathroom floor. They do not wake when you call their name. Their breathing is slow with loud snoring sounds. A nasal naloxone kit is nearby.

- What findings make you suspect overdose?
- What are your first three actions?
- When would you give another nasal dose?

Scenario 2 - PCA setting

A client who has prescribed opioid medication is unusually difficult to wake. You are unsure whether this is an opioid emergency or another medical problem. Breathing is irregular.

- Should uncertainty delay 911 or naloxone? Why?
- What information should you give the dispatcher?
- What agency/employer procedures might also apply?

Scenario 3 - IM kit

You have an injectable naloxone kit. The vial and syringe are different from the training sample you remember.

- What should you check before drawing medication?
- Why should you not rely on a memorized volume from another kit?
- Which muscle site is commonly practical for community IM administration?



Knowledge Check

1. What is the most important reason naloxone is used in an opioid overdose?
2. Name three signs that can suggest an opioid overdose.
3. True or False: You should test a single-dose nasal spray before placing it in the nostril.
4. After the first naloxone dose, about how long should you wait before considering another dose if the person has not adequately responded?
5. True or False: If the person wakes up, EMS is no longer needed.
6. Why does CCES tell learners to read the injectable kit's dose/concentration rather than memorize one universal volume?
7. Name a practical IM injection site commonly taught for community naloxone.
8. What should you do with a used needle?
9. What should you do if the person is breathing adequately but remains unconscious?
10. What is the best response if you are unsure whether opioids are involved but the person is unresponsive and not breathing normally?



Knowledge Check | Answer Key

1. To temporarily reverse opioid effects and restore adequate breathing.
2. Examples: cannot be awakened; slow/irregular/stopped breathing; snoring/gurgling; blue/gray/pale color; very small pupils; limp body.
3. False. A single-dose device sprays once; testing it wastes the dose.
4. About 2-3 minutes, while continuing emergency care.
5. False. Stay with the person and continue with EMS evaluation because symptoms can return and other complications may exist.
6. Injectable products and community kits can differ in concentration, presentation and supplied equipment. The actual kit instructions control.
7. The outer thigh is a commonly taught, practical IM site; follow the specific kit/training for permitted sites.
8. Do not recap it. Place it directly into an approved sharps container when available and protect others from the exposed needle.
9. Place them in a stable recovery position when appropriate and continuously monitor breathing.
10. Activate 911/EMS, give naloxone if opioid overdose is reasonably suspected and available, and support breathing/CPR according to dispatcher instructions and training.



Practical Skills Checklist

Use this page for learner practice. This is a training checklist, not a professional credential.

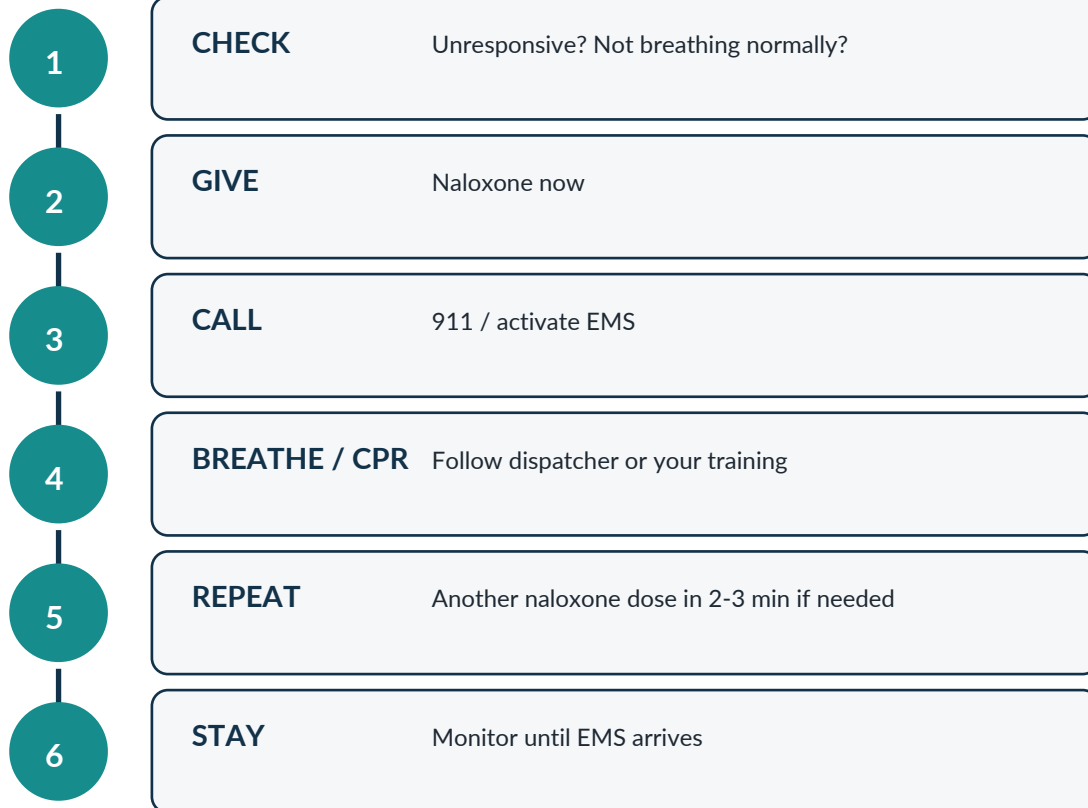
Skill	Demonstrated
Recognizes unresponsiveness and abnormal breathing	
Activates 911/EMS without unnecessary delay	
Correctly holds and positions nasal device	
States: do not test/prime a single-dose nasal spray	
Administers one nasal dose correctly	
States reassessment/repeat interval of about 2-3 minutes	
Identifies the dose/concentration on the actual IM kit	
Demonstrates drawing the kit-labeled amount using training supplies	
Identifies an approved IM muscle site (e.g., outer thigh)	
Demonstrates safe 90-degree IM injection technique using trainer supplies	
States: do not recap; dispose in sharps container	
Explains breathing support/CPR and AED role	
Demonstrates recovery position	
States need to stay and monitor until EMS arrives	

Learner: _____ Date: _____

Instructor/Reviewer: _____



10 | Quick Reference - Suspected Opioid Overdose



NASAL	One device = one dose. Insert into one nostril and press firmly. If needed, use a new device for the next dose after 2-3 minutes.
IM	Use the kit-labeled dose and supplied equipment. Inject into an approved muscle site such as the outer thigh. Do not recap the used needle.
ALWAYS	911/EMS + breathing support/CPR as appropriate + reassessment + stay with the person.



Keeping Naloxone Ready

STORAGE, INSPECTION & REPLACEMENT

Follow the storage instructions and expiration date printed on your specific naloxone product.

Protect naloxone from heat, freezing, light, or other environmental conditions outside the manufacturer's stated limits.

Periodically inspect your naloxone supply:

- Confirm that it is present and readily accessible.
- Check the expiration date.
- Check the packaging for damage.
- Replace expired, damaged, missing, or used supplies according to applicable guidance.
- If you carry naloxone in a vehicle, bag, or emergency kit, consider the temperatures and environmental conditions to which it may be exposed.

REMEMBER

Do not rely on a universal storage temperature or shelf-life period in place of the labeling on your actual product.

References & Source Basis

AUTHORITATIVE SOURCES REVIEWED FOR CCES-TRN-001

Centers for Disease Control and Prevention (CDC)
Lifesaving Naloxone
<https://www.cdc.gov/stop-overdose/caring/naloxone.html>

U.S. Food and Drug Administration (FDA)
NARCAN (naloxone HCl) Nasal Spray 4 mg - current Drug Facts / Directions labeling
https://www.accessdata.fda.gov/drugsatfda_docs/label/2026/208411Orig1s011lbl.pdf

DailyMed / U.S. National Library of Medicine
Naloxone Hydrochloride Injection, USP - current product labeling; concentrations and product-specific instructions
<https://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=201fdedf-1736-4e52-9d7d-de14292547fd>

American Heart Association (AHA)
Opioid-Associated Emergency for Lay Responders Algorithm
<https://cpr.heart.org/-/media/CPR-Files/CPR-Guidelines-Files/2024-Algorithms/Algorithm-Opioid-Lay-Responder-200615.pdf>

Minnesota Department of Health (MDH)
Naloxone; Naloxone Standing Order and Protocol; Minnesota Overdose Response
<https://www.health.state.mn.us/communities/overdose/harmreduce/naloxone.html>

Minnesota Legislature / Office of the Revisor of Statutes
Minnesota Statutes §604A.04 - Good Samaritan Overdose Prevention
<https://www.revisor.mn.gov/statutes/cite/604A.04>

Minnesota Legislature / Office of the Revisor of Statutes
Minnesota Statutes §604A.05 - Good Samaritan Overdose Medical Assistance
<https://www.revisor.mn.gov/statutes/cite/604A.05>

Source review/access date: October 7, 2026. Product labeling, statutes, and public-health guidance may change; users should consult current official sources when applying this information.

SOURCE & ENDORSEMENT NOTICE

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