

Suspected Opioid Overdose: Get Help and Be Ready

Todd Jerome Jenkins | v1.0 | Reviewed October 6, 2026 | Discussion + field checks

Why this matters

Emergency supplies help only when people can reach them and know what to do. Prepare the response before a collapse. Do not let uncertainty about the cause delay emergency help.

Objective: Show how to summon help and check the response arrangements for a suspected opioid overdose.

Key hazards or failure points

Delayed emergency calls; inaccessible supplies; expired or damaged devices; unfamiliar instructions; absent responders; unsafe rescue; leaving after apparent recovery.

Practical controls

- Know the emergency call route, exact location and responder access point. An unresponsive person with absent or abnormal breathing needs immediate emergency action.
- Where naloxone is provided, assign trained responders and backups. Use the actual product directions and current response training; this talk does not teach dosing or replace CPR instruction.
- Naloxone addresses opioid effects temporarily. Call 911, follow dispatcher guidance and provide CPR/AED response as appropriate. Do not delay resuscitation while seeking a drug history or waiting for naloxone to work.

Verify It in the Field

Walk to the supplied kit. The responsible person checks access on this shift, package condition, expiry and storage against the actual label. Do not discharge a device to test it; use training equipment for practice.

Ask someone to state the address or location details, explain the call method and identify who meets emergency responders. Check communications normally; never make a test call to 911.

Confirm responder and backup coverage for this shift, familiarity with the stocked product and the restocking owner. Record readiness gaps and arrangements. Keep patient information out of crew records.

Stop and reassess

For unresponsiveness with slow, absent or abnormal breathing, call 911 immediately and follow dispatcher instructions. Use available naloxone as directed and CPR/AED as appropriate. Stay until emergency responders arrive, even after improvement. Do not enter an uncontrolled hazardous scene.

Ask the crew

1. Where is the kit, if our program provides one?
2. Who calls for help and who meets responders?
3. What happens if the supplies or trained coverage are unavailable?

Before the shift: check access, roles and the call route.

Sources: FDA naloxone guidance; NIOSH workplace naloxone guidance; AHA 2025 Adult BLS.

Free next step: [JHA/JSA planning & field-verification worksheet](#)

Expanded guidance, references, supervisor check and attendance record accompany this talk.