

Background:

Opioid overdose is a nationwide epidemic and the use of naloxone (Narcan), which blocks the effects of opioids, can reverse most cases of opioid overdose if given in time. In 2015, Texas enacted <u>Senate Bill 1462</u> which made naloxone available when and where it is needed. This law permits groups such as nonprofits, drug treatment centers, and other organizations to distribute naloxone to those who might be able to use it to save lives. The law also permits any person to possess naloxone, even if they don't have a prescription for it.

The law also permits emergency services personnel - which includes firefighters, emergency services personnel, emergency room personnel, and other individuals who, either as part of their jobs or as volunteers, provide services for the benefit of the general public during emergencies (to include school nurses) – to administer naloxone to any person who appears to be suffering an opioid-related overdose.

Finally, the law permits any person who acts in good faith and with reasonable care to administer naloxone to a person who he or she believes is suffering an opioid-related overdose. Anyone who does so is immune from criminal prosecution, civil liability, and sanction under professional licensing statutes.

Policy:

It is the policy of Great Hearts Texas to aid any person(s) who may be suffering from an opioid overdose following protocols and procedures of the school district. Staff members trained in accordance with the policy shall make every reasonable effort, to include the use of Naloxone combined with rescue breaths, to revive the victim of any apparent drug overdose.

Training:

Each campus Headmaster will designate at least two staff members in addition to the school nurse to be trained in the use of Naloxone and the recognition of opioid overdose. The school nurse will coordinate the training and will ensure that training is in alignment with current guidelines and medication recommendations.

The training shall include the following information:

- Techniques for recognizing symptoms of opioid overdose.
- Standards and procedures for use of storage, restocking, and emergency use of naloxone hydrochloride or another opioid antagonist.
- Basic emergency follow-up procedures, including but not limited to, calling emergency 911 and to contact the scholar's parent or guardian.
- Those designated to administer Naloxone will be certified in Basic Life Support.
- Written training materials, training logs and documentation.



Records of those individuals who have successfully completed the training will be maintained on each campus. The Director of Health Services will also maintain these records at the district administration office.

Storage:

Naloxone shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

- Naloxone shall be made readily accessible to those employees who have completed the required training to administer it in the event of a suspected drug overdose.
- All properly trained employees shall be informed of the exact location where Naloxone is being stored within the school nurse's office or other location.
- The school nurse will regularly inventory and restock Naloxone as needed and maintain records thereof.
- Keep naloxone hydrochloride is its box until ready to use. Protect from light.
- Note the expiration date and dispose of unit properly if expired. Replace prior to expiration.

Narcan Administration Protocol

In the event of a student or adult opioid overdose, a Narcan (Naloxone) nasal spray will be administered by the school nurse or trained personnel according to the following procedure. The school nurse is responsible for training and supervision of unlicensed personnel.

Definition:

• An opioid overdose is an excessive, life-threatening response to the presence of opioid narcotics in the body, requiring medical intervention.

RECOGNIZE:

Observe individual for signs and symptoms of opioid overdose

Physical findings:

- Pale clammy skin
- Not breathing or very shallow breathing, infrequent or no speech
- Deep snorting or gurgling
- Respiratory depression evidenced by slow respirations or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)
- Slowed heart rate
- Cyanotic skin coloration (blue lips, fingertips)
- Pinpoint pupils

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Suspicion of opioid overdose can be based on:

- Presenting symptoms
- History
- Report from bystanders
- School nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

Opioid Overdose vs. Opioid High

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart rate/pulse	Slowed heart rate/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)

RESPOND: <u>Immediately call for help</u>

- Call for help: Dial 911to activate EMS and notify school nurse
- Assess breathing- Perform rescue breathing if needed.

REVERSE:

Administer naloxone via Intra-Nasal Narcan:

Tilt head back and given spray (4 mg) into one nostril. If additional doses are needed, given in the other nostril.

Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.



(Graphic credit: ADAPT Pharma, 2015)

- Place person in recovery position (lying on their side).
- Stay with the person until help arrives. •

of the person's nose.

Seize all illegal and/or non-prescribed opioid narcotics found on victim and process in accordance • with school district protocols.

Note: Using naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goose bumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. Risk of adverse reaction should not be a deterrent to administration of naloxone.

REFER:

- Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- Contact parent/guardians per school protocol. •
- Complete Naloxone Administration Report form.
- Follow up with treatment referral recommendations.

References

ADAPT Pharma. (2016). Helpful Resources. Available at: http://www.narcannasalspray.com/helpful-resources/

Centers for Disease Control and Prevention. (2012). Community-Based Opioid Overdose Prevention Programs Providing Naloxone — United States, 2010 MMWR February 17, 2012/ 61(06), 101-105. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm

Davis, C., Webb, D., Burris, S. (2013). Changing Law from Barrier to Facilitator of Opioid Overdose Prevention. Journal of Law, Medicine & Ethics, 41(Suppl. 1), 33-36.

Harm Reduction Coalition. (n.d.). Perform Rescue Breathing. Available at: http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioidoverdose/perform-rescue-brea



Hold the NARCAN nasal spray with your thumb on the bottom of the

plunger and your first and middle fingers on either side of the nozzle.

 Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom

Gently insert the tip of the nozzle into either nostril.

Press the plunger firmly to give the dose of NARCAN Nasal Spray. • Remove the NARCAN Nasal Spray from the nostril after giving the dose.



Loimer, N., Hofmann, P., Chaudhry, H.R. (1992). Nasal administration of naloxone for detection of opiate dependence. Journal of Psychiatric Research, 26, 39–43.

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