## Administrative Procedures for Use of Stock Naloxone (Narcan©) Medication

Naloxone is medication indicated for use in the reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. In accordance with MT HB 323 and MCPS Board Policy 3416, schools may implement the use of stock Naloxone. A school nurse or other authorized and trained personnel may administer Naloxone to any student or nonstudent as needed for an actual or perceived opioid overdose.

#### What are Opioids?

Opioids include illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenophrine. Opioids work by binding to specific receptors in the brain, spinal cord, and gastrointestinal tract. In doing so, they minimize the body's perception of pain. However, stimulating the opioid receptors or "reward centers" in the brain also can trigger other systems of the body, such as those responsible for regulating mood, breathing, and blood pressure.

#### Signs and Symptoms of Opioid Overdose:

- Respiratory depression evidenced by slow respirations or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

#### Suspicion of opioid overdose can be based on:

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

#### What it looks like: OPIOID HIGH vs. OPIOID OVERDOSE

OPIOID HIGH	OVERDOSE
Muscles become relaxed	Pale, clammy skin
Speech is slowed/slurred	Vomiting
Sleepy looking	Speech infrequent
Responsive to stimuli	Deep snoring or gurgling
Normal heartbeat/pulse	Not responsive to stimuli such as calling name, shaking, sternal rub
Normal skin tone/color	Weak or Slow heartbeat/pulse
Normal skin tone/color	Blue lips or fingers
	Pinpoint pupils (black part in center of eye)
	Infrequent or no breathing

#### Maintenance of Naloxone:

Health Services Supervisor and the school nurse for each school electing to maintain a stock supply of naloxone will obtain a standing order for the medication and as available, utilize free resources for obtaining naloxone.

The Naloxone kit will be stored in a secure and easily accessible location chosen by the school nurse and known to the administrator and to any other trained school staff.

Naloxone will be available for use during school hours and is not required to be available for use during before or after school activities.

The school nurse will be responsible for performing regular checks on stock medication and for requesting replacement kits for those that have been used or expired.

#### Training and Education:

School nurses may train other nurses or health services staff as well as designated staff members. School resource officers (SROs) are not school staff members therefore, school nurses would not include SRO's on training of Naloxone administration.

Training shall meet the requirements of MCA 20-5-426, which includes causes of opioid overdose, recognition of signs and symptoms of opioid overdose, indications for the administration of an opioid antagonist, administration technique of the opioid antagonist carried by the school, and the need for emergent medical follow up. The school nurse for each participating school will maintain a list of non-health services trained staff and make that available to the administrator annually.

#### Opioid-Associated Life Threatening Emergency Algorithm

#### See last section

#### Naloxone Administration Occurrence

9-1-1 / Emergency Medical Services must be called and the person should be transported for further advanced medical care and evaluation. The school nurse, with contributing staff member input as applicable, is responsible for completing a Naloxone Administration Report for all naloxone administrations. A debriefing should then occur with involved staff and administrator. The Health Services Supervisor will historically maintain reports.

#### References and Resources

ADAPT Phara. 2017. Quick start guide. Retrieved May 9, 2018 at Narcan.com How to use guide

American Heart Association. (2016). *Heartsaver first aid, CPR and AED student workbook*. How to help an adult with an opioid associated life-threatening emergency. Page 96-97.

Best Practice Medicine. *Five essential steps when encountering suspected overdose*. Retrieved May 9, 2018 from <u>Best Practice Medicine and Narcan</u>

Butte School District # 1 Policy 3416-F-12. (2017). *Protocol for use of stock medications in school-naloxone (narcan©)*.

Montana Code Annotated 20-5-426: *Emergency use of opioid antagonist in school setting—limit on liability*. Retrieved May 9, 2018 from <u>Montana Code Annotated 20-5-426</u>

Montana Department of Public Health and Human Services. *Montana Standing Order for Naloxone Opioid Antagonists.* Retrieved on May 9, 2018 from <u>Montana Department of Health and Human Services</u> <u>Opioid Overdose Prevention</u>

Montana Department of Public Health and Human Services. *Overdose Recognition and Response Guide brochure*. Retrieved on May 9, 2018 from <u>Montana Department of Health and Human Services Opioid</u> <u>Overdose Prevention</u>

National Association of School Nurses. 2018. *Naloxone in Schools Toolkit and Narcan Administration Protocol.* Retrieved on May 9, 2018 from <u>National Association of School Nurses Naloxone in Schools</u> <u>Toolkit</u>

Prevent and Protect. (2016). *Respond with naloxone*. Retrieved on May 9, 2018 from <u>Prevent and</u> <u>Protect: Respond with naloxone</u>

Procedure History:

Adopted on: October 2, 2018

# Opioid-Associated Life Threatening Emergency Algorithm & Protocol October 2018

#### **Assess and Activate**

Check for unresponsiveness and call for nearby help. **Send someone to CALL 911** and get AED and naloxone. Observe for breathing vs no breathing or only gasping.

#### Begin CPR. \*

If victim is unresponsive with no breathing or only gasping, place person on their back and begin CPR.\* If alone, perform CPR for about 2 minutes before leaving to phone 911 and get naloxone and AED.

Administer Naloxone for suspected opioid overdose.

Give naloxone as soon as it is available. May repeat in 2-3 minutes if victim does not respond or loses response after initial dose and EMS has not arrived immediately after dose.

Does the person respond? At any time, does the person move purposefully, breathe regularly, moan or otherwise respond?

YES

Continue CPR and use AED as soon as it is available. Continue until the person responds or until advanced help arrives.

NO

Notify School's Medical Emergency Response Team/ school nurse & administrator ASAP.

**Using gloves**, check inside victim's mouth. Remove objects that may block airway. Examples may include gum, toothpick, undissolved pills, syringe cap or a cheeked Fentanyl patch. Do this before giving breaths.

CPR\* technique is based on rescuer's level of training. If rescuer is BLS trained and pulse present, then provide rescue breaths: one every 5 seconds.

#### INTRA-NASAL NALOXONE (NARCAN©) INSTRUCTIONS

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

**Hold** the Narcan nasal spray with your thumb on the plunger and your first and middle fingers on either side of the nozzle.

# Gently insert the tip of the nozzle into either nostril.

Tilt the persons' 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 of the person's nose.

**Press the plunger firmly** to give the dose of Narcan nasal spray. Remove the Narcan nasal spray after giving the dose.

Stimulate and Reassess. Place person on their left side in the "recovery position". Continue to check responsiveness and breathing until

advanced help arrives. If the person stops responding, begin CPR and repeat naloxone and give in the other nostril.











Using Naloxone in person with opioid dependency may cause acute withdrawal symptoms including agitation. Risk of adverse reaction should not be a deterrent to administration of naloxone. Person should go to nearest medical facility even if they seem to get better. See Administrative Procedures for resources used to develop this protocol.

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