

## 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 buprenorphine. 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 [Best Practice Medicine and Narcan](#)

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 [Montana Code Annotated 20-5-426](#)

Montana Department of Public Health and Human Services. *Montana Standing Order for Naloxone Opioid Antagonists*. Retrieved on May 9, 2018 from [Montana Department of Health and Human Services Opioid Overdose Prevention](#)

Montana Department of Public Health and Human Services. *Overdose Recognition and Response Guide brochure*. Retrieved on May 9, 2018 from [Montana Department of Health and Human Services Opioid Overdose Prevention](#)

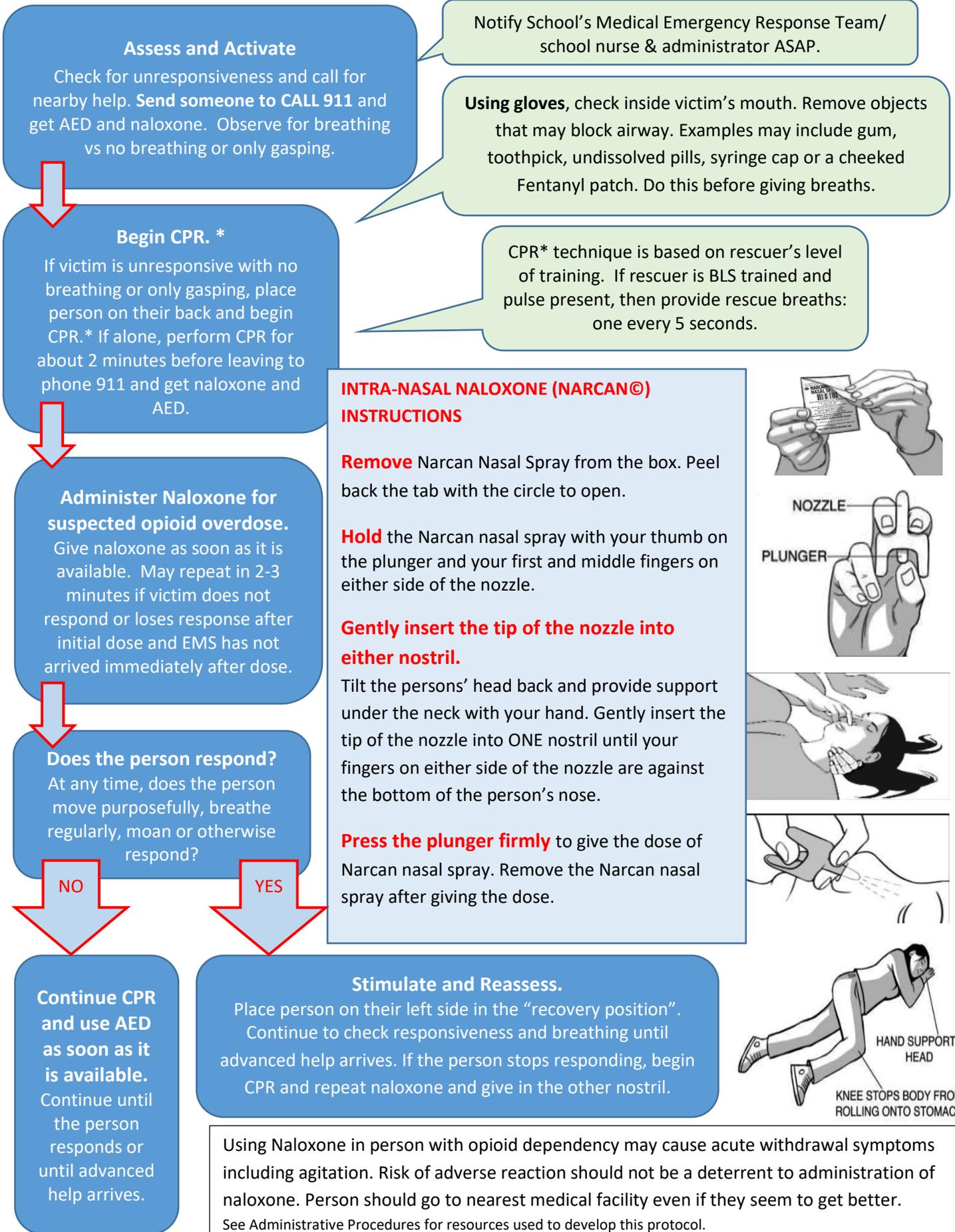
National Association of School Nurses. 2018. *Naloxone in Schools Toolkit and Narcan Administration Protocol*. Retrieved on May 9, 2018 from [National Association of School Nurses Naloxone in Schools Toolkit](#)

Prevent and Protect. (2016). *Respond with naloxone*. Retrieved on May 9, 2018 from [Prevent and Protect: Respond with naloxone](#)

Procedure History:

Adopted on: October 2, 2018

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



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