

DEDHAM PUBLIC SCHOOLS
School Health Services

ADMINISTRATION OF NALOXONE (NARCAN)
Policy and Procedure

Policy

In order to recognize and respond to potential life threatening opioid overdose as part of the MDPH opioid overdose prevention program, the Dedham Public Schools will maintain a system-wide plan for addressing potentially life-threatening opioid overdose reaction. Additionally:

- This plan will be supplemented by any building-based medical emergency response plan
- The Director of Health Services will have the responsibility for the development and management of the intra-nasal Naloxone administration program in the school setting in accordance with MDPH protocols.
- The School Physician will provide oversight to monitor the program.
- Training per MDPH protocols will be provided for all school nurse responders.

It is the policy of the Dedham Public Schools that all schools shall provide and maintain on-site in each school facility, Naloxone. To treat a case of suspected opioid overdose in a school setting, any school nurse may administer Naloxone during an emergency, to any student, staff or visitor suspected of having an opioid-related drug overdose, whether or not there is a previous history of opioid abuse.

Background

Recognizing that fatal and non-fatal overdoses from opioids play an increasing role in the mortality and morbidity of Massachusetts residents, the Massachusetts Department of Public Health launched the Overdose Education and Naloxone Distribution (OEND) prevention program using intra-nasal Naloxone in an attempt to reverse this trend. Naloxone is an opioid antagonist which means it displaces the opioid from receptors in the brain. An overdose occurs because the opioid is on the same receptor site in the brain that is responsible for breathing. Rapid administration of Naloxone may be life-saving in patients with an overdose due to opioids. Naloxone usually acts dramatically, allowing slowed or absent breathing to resume. It is both safe and effective and has no potential for abuse. Naloxone has been used by paramedics in ambulances and by emergency room clinicians for decades.

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visitor suspected of having an opioid-related drug overdose, whether or not there is a previous history of opioid abuse. Pursuant to Massachusetts General Law, Chapter 112, Section 12FF, any staff member of the Dedham Public Schools who, in good faith, attempts to render emergency care by administering Naloxone to a person reasonably believed to be experiencing an opiate-related overdose, shall not be liable from the attempt to render emergency care. This immunity does not apply to acts or omissions constituting gross negligence.

Signs and Symptoms of Opioid Overdose:

School nurses may administer Naloxone to a patient (student, staff member or visitor) in the event of respiratory depression, unresponsiveness or respiratory arrest, when an opioid overdose is suspected. The following are signs of an opioid overdose:

- Blue skin tinge-usually lips and fingertips show first
- Body is very limp
- Face is very pale
- Pulse is slow, erratic or not present
- Vomiting
- Choking sounds, gurgling, snoring/gasping noise
- Breathing is very slow, irregular or has stopped
- Unresponsive

Procedure

1. **Activate EMS** via Medical Emergency Response Plan. 911 must be called in all potential overdose situations.
2. **Assessment**: When a patient is suspected of an opioid overdose the nurse will conduct an initial assessment of the level of consciousness and respiratory status.
 - a) For individuals with no pulse: initiate CPR per BCLS guidelines.
 - b) For individuals with a pulse but who are not breathing: establish an airway and perform rescue breathing using a face mask or shield.
 - c) For individuals who have a pulse and are breathing: assess if there is depression of the respiratory status as evidenced by:
 - a very low respiration rate
 - interpretation of pulse oximetry measurement, if immediately available
 - d) Assess for decrease in level of consciousness as evidenced by:

- difficult to arouse (responds to physical stimuli but does not communicate or follow commands, may move spontaneously) or
 - unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands).
- e) Nurse determines need for Naloxone administration
3. **Administration:** Intranasal administration of Naloxone
- a) There are exclusion criteria for nasal trauma and epistaxis. Naloxone should not be administered if there is a known hypersensitivity to Naloxone.
- b) Assemble Naloxone vial and intranasal atomizer:
- Pop off two yellow caps from the delivery syringe and one red cap from the Naloxone vial
 - Screw the Naloxone vial gently into the delivery syringe
 - Screw the mucosal atomizer device onto the top of the syringe
 - Spray half (1mg) of the Naloxone in one nostril and the other half (1 mg) in the other nostril for a total of 2 mg.
 - Continue rescue breathing or CPR as needed
 - If no response, an additional second dose may be administered after 3-5 minutes
 - Monitor until EMS arrives
 - Place victim in the recovery position and stay with the victim. The recovery position is when you lay the person on his or her side, his or her body is supported by a bent knee and his or her face is turned to the side.
4. **Additional Considerations:**
- a. The victim may be angry or combative when he or she wakes up, therefore, it is important to stand back from the victim and, if possible, have a second adult present.
- b. Potential adverse effects include nausea, diarrhea, abdominal cramping, irritability, restlessness, muscle or bone pain, tearing or nose running, and craving of an opioid.
- c. Naloxone wears off in thirty (30) to ninety (90) minutes.
5. **Transport** to nearest hospital via EMS. Students who receive a dose of Naloxone must be sent to the emergency room for follow-up.
6. **Follow-up:** If the administration was to a student, the school nurse will notify student support services and student services will provide substance abuse prevention resources to the student and family, as appropriate.
7. **Documentation:** Record encounter in student/staff school health record and on an incident report. The recording should list the dose, route of administration, and time of delivery. I should include the patient presentation and response to Naloxone.

8. **Training:** The Director of Health Services will provide a training review and informational update annually to ensure that nurses understand this medication, including its uses and side-effects.
9. **Procurement:** The superintendent, principal, school nurse or designee will be responsible for the procurement of Naloxone. The medication will be acquired through the State Office of Pharmacy, a prescription from the District's School Physician or from a pharmacy with a Naloxone standing order.
10. **Storage:** Naloxone should be stored in a secure, but unlocked, location, at room temperature and away from direct sunlight. It will be clearly marked and stored in an accessible place at the discretion of the school nurse. The school nurse will regularly inspect the Naloxone to check the expiration date o the box or vial and check the condition of the mucosal atomization devices.
11. **Disposal:** The nurse will use proper disposal of used Naloxone administration delivery systems in accordance with any applicable policies of the Massachusetts Department of Public Health, Division of Food and Drugs.
12. **Medication Errors:** All medication errors will be reported pursuant to 105 CMR 210 and Dedham Public Schools' medication administration plan.