

NARCAN TOOLKIT

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Lisa Larsen Cross BSN, RN, Northeast Regional Consultant

Patricia McCaffrey, MSN, BSN, RN, Director of Nursing, Waltham Public Schools

Rationale for Naloxone use in School Setting per NASN Position Statement, 6/2015.

I. SUMMARY

“It is the position of the National Association of School Nurses (NASN) that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan. The registered professional school nurse (hereinafter referred to as school nurse) provides leadership in all phases of emergency preparedness and response. When emergencies happen, including drug-related emergencies, managing incidents at school is vital to positive outcomes. The school nurse is an essential part of the school team responsible for developing emergency response procedures. School nurses in this role should facilitate access to naloxone for the management of OPR-related overdose in the school setting.

II. BACKGROUND

Deaths from prescription painkillers (opioid or narcotic pain relievers) have reached epidemic levels in the past decade according to the Centers for Disease Control and Prevention (CDC) (2014a). A crucial mitigating factor involves the nonmedical use of prescription painkillers—using drugs without a prescription or using drugs to obtain the "high" they produce. In 2010, the CDC stated about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year (CDC, 2014a). The 2013 Partnership Attitude Tracking Study (PATS) stated almost one in four teens (23 percent) reported abusing or misusing a prescription drug at least once in his or her lifetime, and one in six (16 percent) reported doing so within the past year (Feliz, 2014). According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health in 2013, there were 2.2 million adolescents ages 12 to 17 who were current illicit drug users (SAMHSA, 2014). Given the magnitude of the problem, in 2014 the CDC added OPR overdose prevention to its list of top five public health challenges (CDC, 2014b).

III. RATIONALE

Schools should be responsible for anticipating and preparing to respond to a variety of emergencies (Doyle, 2013). The school nurse is often the first health professional who responds to an emergency in the school setting. The school nurse possesses the education and knowledge to identify emergent situations, manage the emergency until relieved by emergency medical services (EMS) personnel, communicate the assessment and interventions to EMS personnel, and follow up with the healthcare provider. Harm reduction approaches to OPR overdose include expanding access to naloxone, an opioid overdose antidote, which can prevent overdose deaths by reversing life-threatening respiratory depression. When administered quickly and effectively, naloxone has the potential to immediately restore breathing to a victim experiencing an opioid overdose (Hardesty, 2014).

Naloxone saves lives and can be the first step towards OPR abuse recovery. It provides an opportunity for families to have a second chance with their loved ones by getting them into an appropriate treatment regimen (Lagoy, 2014). Ensuring ready access to naloxone is one of the SAMSHA's five strategic approaches to prevent overdose deaths (SAMHSA, 2013). ‘

IV. Medical Directives: DPH

Administration of Nasal Naloxone to Individuals Experiencing Life-Threatening Opiate Overdoses

The Massachusetts Department of Public Health (DPH) School Health Unit recommends that each school district or private school have a written protocol, signed by the school physician, authorizing the school nurse to administer nasal naloxone to individuals who experience a life threatening opiate overdose in the school setting. Stock supplies of nasal naloxone should be maintained by the school nurse for this purpose.

Per MGL C. 94C §19(d), effective August 2, 2012, nasal naloxone may be prescribed and dispensed to a person in a position to assist a person at risk of experiencing an opiate-related overdose. Accordingly, all nurses in all practice setting, as part of their professional responsibility, may teach individuals to administer nasal naloxone.

In accordance with the proposal of the school nurse and school physician, the local School Committee or Board of Trustees may approve categories of unlicensed school personnel to whom the school nurse may train in the responsibility for administration of nasal naloxone in the school setting to individuals with life-threatening opiate overdose events. The training program is managed, with full decision-making authority, by the school nurse leader in consultation with the school physician. The school nurse leader or school nurses designated by the nurse leader should select the individuals authorized to administer nasal naloxone.

The school personnel authorized to administer nasal naloxone are trained and tested for competency by the designated school nurse leader or school nurses designated by the nurse leader, in accordance with standards and a curriculum established by the Department and as provided for in regulations at 244 CMR 3.00 which state that teaching is a professional activity which does not constitute delegation. School nurses would be responsible and accountable for their nursing judgments, actions, and competence related to teaching of nasal naloxone administration, but not for performance of the activity or the outcome.

It is recommended that the following protocol for training unlicensed school personnel (if approved by the School Committee or Board of Trustees) be adhered to:

1. Nasal naloxone should be administered only in accordance with DPH competencies and trainings.

2. Places where the nasal naloxone is to be stored, should be identified, with the following consideration of the need for storage:
 - a. at one or more places where students may be most at risk;
 - b. in such a manner as to allow rapid access by authorized persons, including to identified students who are in possession of nasal naloxone; and
 - c. in a place accessible only to authorized persons. The storage location(s) should be secure, but not locked during those times when nasal naloxone is most likely to be administered, as determined by the school nurse.
3. The school nurse leader or school nurses designated by the nurse leader, should document the training and testing of competency.
4. The school nurse leader or school nurses designated by the nurse leader, should provide a training review and informational update at least twice a year.
5. The training, at a minimum, should include:
 - a. procedures for risk reduction;
 - b. proper use of the nasal naloxone administration kit;
 - c. requirements for proper storage and security;**
 - d. the need for immediate notification of the local emergency medical services system (generally 911) and**
 - e. procedure for documentation.**



**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
NALOXONE DISTRIBUTION IN THE OVERDOSE PREVENTION PILOT PROGRAM**

STANDING ORDERS

Naloxone is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It may be delivered intranasally with the use of a mucosal atomizer device.

1. This standing order authorizes Registered Programs to maintain supplies of nasal naloxone kits for the purposes of distributing them as part of the MDPH Overdose Prevention Pilot Program.
2. This standing order authorizes Approved Opioid Overdose Trainers to possess and distribute nasal naloxone to Approved Opioid Overdose Responders.
3. This standing order authorizes Approved Opioid Overdose Responders, trained by Approved Opioid Overdose Trainers, who are trained employees of a Registered Program, to possess and administer nasal naloxone to person who is experiencing a drug overdose.
4. **Administration of nasal naloxone:** Administer nasal naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:
 1. Pop off two yellow caps from the delivery syringe and one red cap from the naloxone vial.
 2. Screw the naloxone vial gently into the delivery syringe.
 3. Screw the mucosal atomizer device onto the top of the syringe.
 4. Spray half (1ml) of the naloxone in one nostril and the other half (1ml) in the other nostril.
 5. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.

Do not administer nasal naloxone to a person with known hypersensitivity to naloxone.

	Mass Lic # 	10/01/2011
Physician's Signature and License No.		Date
Alexander Y. Walley		12/31/2012
Physician's Name (Print)		Order Expiration Date

Definitions (for further detail about the program, see the Massachusetts Department of Public Health Guidelines for Registration of Opioid Overdose Prevention Programs):

Nasal naloxone kits contain the following at a minimum:

- Two 2ml Luer-Jet luer-lock syringes prefilled with naloxone (concentration 1mg/ml)
- Two mucosal atomization device
- "Get the SKOOP" overdose prevention pamphlet
- Step-by-step instructions for administration of nasal naloxone

Registered Program: A program approved by the Department of Public Health to provide overdose education and naloxone distribution services and train potential overdose bystanders in accordance with these guidelines.

Standing Order – Opioid Overdose Prevention Pilot Program
Alexander Y. Walley, MD, MSc - Medical Director

V. SUGGESTED TIMELINE:

Approval from Medical Director and Superintendent; Arrange education and training. If needed, present at School Committee. Standing orders signed by MD. Training of Naloxone.

VI. NALOXONE AVAILABILITY

It is recommended to check with your local pharmacy. Most pharmacies have standing orders that can provide you with Naloxone. Other options are Costco, School Health Supply, etc.

VII. Prescription And Pharmacy Access To Naloxone Rescue Kits

<http://masstapp.edc.org/prescription-and-pharmacy-access-naloxone-rescue-kits>

VIII. COST OF NALOXONE

Although the cost is being driven up due to high demand, generally the cost is around \$50.00.

IX. Administration of Nasal Naloxone to Individuals Experiencing overdose OPIATE OVERDOSE | RESPONSE TRAINING VIDEO | NARCAN

https://www.youtube.com/watch?v=Bul_CB_9o-Y

X. EXAMPLE OF STANDING ORDERS:


Brockton Public Schools Standing Orders

Naloxone is indicated for reversal of opioid overdose in the setting of respiratory depression or unresponsiveness. It may be delivered intranasally with the use of a mucosal atomizer device.

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2. This standing order authorizes Approved Opioid Overdose Trainers to possess and distribute nasal naloxone to Approved Opioid Overdose Responders.
3. This standing order authorizes Approved Opioid Overdose Responders, trained by Approved Opioid Overdose Trainers, who are trained employees of a Registered Program, to possess and administer nasal naloxone to person who is experiencing a drug overdose.
4. **Administration of nasal naloxone:** Administer nasal naloxone to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:
 1. Pop off two yellow caps from the delivery syringe and one red cap from the naloxone vial.
 2. Screw the naloxone vial gently into the delivery syringe.
 3. Screw the mucosal atomizer device onto the top of the syringe.
 4. Spray half (1ml) of the naloxone in one nostril and the other half (1ml) in the other nostril.
 5. Remain with the person until he or she is under care of a medical professional, like a physician, nurse or emergency medical technician.
 6. If no response in 3 minutes, repeat with second vial

Do not administer nasal naloxone to a person with known hypersensitivity to naloxone.

POTENTIAL ADVERSE EFFECTS: Withdrawal symptoms of nausea, diarrhea, abdominal cramping, irritability, restlessness, muscle or bone pain, tearing or nose running, craving of opioid.


Physician's Signature and License No. MDMA Lic # MA 79504 Date 6/27/14

Jane Dolan Jane Dolan 6/27/15
Physician's Name (Print) Order Expiration Date

Definitions (for further detail about the program, see the Massachusetts Department of Public Health Guidelines for Registration of Opioid Overdose Prevention Programs):

Nasal naloxone kits contain the following at a minimum:

- Two 2ml Luer-Jet luer-lock syringes prefilled with naloxone (concentration 1mg/ml)
- Two mucosal atomization device
- "Get the SKOOP" overdose prevention pamphlet
- Step-by-step instructions for administration of nasal naloxone

Registered Program : A program approved by the Department of Public Health to provide overdose education and naloxone distribution services and train potential overdose bystanders in accordance with these guidelines.



NEEDHAM PUBLIC SCHOOLS
School Health Services

Needham, Massachusetts 02494

Protocol, Procedures, and Standing Medical Orders for the

ADMINISTRATION OF NALOXONE

Purpose:

- Naloxone is an opioid antagonist that is used to reverse the effects of opioids.
- Current research has determined that Naloxone administration has been found to prevent death from opioid overdose, as well as reduce disability and injury from opioid overdoses.
- The rapid administration of Naloxone may be life-saving in patients with an overdose due to opioid use. (Doe-Simpkins, Walley, Epstein, & Moyer, 2009)

Drug: Naloxone (Narcan)

Dose: 2mg initial dose for individuals $\geq 20\text{kg}$ or $\geq 5\text{years}$ of age
Naloxone HCl 1mg/ml, in pre-filled 2ml Luer-Lock needleless syringe via intranasal atomizer

Route: Intranasal only

Indication: Registered nurses may administer Naloxone to a person in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected of a student, staff member, or visitor. Person is unresponsive, very low respiratory rate or not breathing, low blood pressure, and there is no response to sternal rub.

Contraindications: diabetic ketoacidosis, electrolyte imbalance, hypothermia, meningitis, apnea, stroke, subdural hematoma, plan poisoning, toxicity from other drug, allergy to any ingredient in naloxone

Precautions: pregnancy or those who are planning to become pregnant, breast feeding mothers, non prescription medications, herbal remedies, diet supplements, history of heart disease or substance abuse

PROCEDURE

1. **Activate EMS: Call 911.** Nurse or designee will call 911 to activate emergency medical service response
2. **Assessment:** *ABC's: Airway, Breathing, Circulation.*
 - a. For pulseless individuals, initiate CPR per BCLS guidelines
 - b. For apnea with pulse: establish airway and begin rescue breathing
 - c. Check for: foreign body in airway, level of consciousness* or unresponsiveness, very low respiratory rate or not breathing, no response to sternal rub, respiratory status* gasping for air while asleep or odd snoring pattern, pale or bluish skin, slow heart-rate, low blood pressure, no response to sternal rub. Pin point pupils and track marks may be present, although absence of these findings does not exclude opioid overdose.
 - d. ***Level of consciousness**
 - i. The nurse determines that the person presents with a 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)
 - unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands)
 - e. ***Respiratory status**
 - i. The nurse determines that the person presents with a depression of respiratory status as evidenced by;

- decrease in respiration rate
 - if available, interpretation of pulse oximetry measurement
- f. Nurse determines need for Naloxone administration

3. **Administration: Intranasal administration of Naloxone**

- Assess person for contraindications or precautions to Naloxone, per available information
- Exclusion criteria also includes: nasal trauma or epistaxis
 - 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 (1mg) in the other nostril for a total of 2 mg.
 - Continue rescue breathing or BCLS as needed.
 - If no response, an additional second dose/vial may be administered after 3- 5 minutes.
 - Naloxone duration of action is 30-90 minutes.
 - Transport to nearest hospital via EMS

Storage: Store at 59° to 86° F, away from direct sunlight

Possible Side Effects: Acute withdrawal symptoms, change in mood, increased sweating, nervousness, agitation, restlessness, tremor, hyperventilation, nausea, vomiting, diarrhea, abdominal cramping, muscle or bone pain, tearing of eyes, rhinorrhea, craving of opioid, rash hives, itching, swelling of face, lips, or tongue, dizziness, fast heartbeat, headache, flushing, sudden chest pain

Nursing Considerations: Withdrawal can be unpleasant; Person may just breath but not have full arousal or
person may need continued rescue breathing and support.

Documentation: Record encounter in student's school health record and on incident report for student, employee, or visitor, as applicable

Documentation must include patient presentation, route (intranasal), and dose that was administered as well as the patient's response to the Naloxone administration.

Alan Stern, M.D., School Physician's signature: _____ **Date** _____

Effective date: August 2015- August 2016

Reference

Doe-Simkins, M., Walley, A., Epstein, A. & Moyer, Peter. (2009). Saved by the nose: Bystander-administered intranasal naloxone hydrochloride for opioid overdose. *American Journal of Public Health*, 99 (5), 788-791.

XII: Letter to school committee:



The City of Lowell • Health Department

341 Pine Street • Lowell, MA 01851

P: 978.674.4010 • F: 978.970.4011

www.LowellMA.gov

To: Jeannine M. Durkin, Assistant Superintendent for Student Support Services

From: Jo-Ann Keegan, MSN, RN and Lesa Breault-Gulbicki, MSN, RN, Lowell Health Department

Date: August 27, 2015

Re: Opioid Update

The City of Lowell School Health Unit along with the entire Department of Public Health (DPH) and other state agencies are developing a multi-pronged approach to curb the opioid crisis facing the Commonwealth. The DPH has released data showing there were an estimated 1,256 unintentional opioid overdose deaths in 2014, a 15% increase over 2013 and a 57% increase over 2012. While these numbers are distressing, progress is being made on the Opioid Action Plan announced in June as detailed below:

- The plan includes the *Stop Addiction in Its Tracks* public awareness campaign to educate parents about the warning signs of opioid misuse. For information about treatment options and resources for those seeking help as well as tips on how best to talk to students visit www.mass.gov/stopaddiction. This site also includes several video testimonials from families who have lost a loved one to opioid addiction.
- The Massachusetts Child Psychiatry Access Project (MCPAP) is recommending SBIRT, a prevention tool for adolescents, in their recent newsletter! To that end, the DPH continues to collaborate with the Lowell Public Schools to provide substance use prevention education in schools.
- Governor Baker has released the Opioid Working Group recommendations. The opioid epidemic continues to plague our communities and this group has targeted serious reforms in order to combat this epidemic. For the full report, please see: www.mass.gov/eohhs/gov/newsroom/press-releases/eohhs/governor-baker-releases-opioid-group-recommendations.html.

PP from Hudson Public School available for School Committee presentation

In order to recognize and respond to a potential life threatening opioid overdose as part of the



978-567-6100
155 Apsley Street
Hudson, MA 01749

Saving Lives- A Case for Stocking Narcan in our School Health Offices

Presentation to School Committee

September 21, 2015

Lee Waingortin, BSN, RN, NCSN, CCM

Director of Nursing, Hudson Public Schools

XII. POLICY AND PROCEDURE

Braintree Public Schools

Policy and Procedures for School Nurse Management of Potential Life Threatening Opioid Overdose Program

MDPH opioid overdose prevention pilot program, the Braintree Public Schools will maintain a system-wide plan for addressing potential life threatening opioid overdose reaction. This plan shall include:

- Building-based general medical emergency plan
- The Director of School Nursing Services will have the responsibility for the development and management of the naloxone administration program in the school setting in accordance with MDPH protocols.
- The school physician will provide oversight to monitor the program and ensure quality improvement and quality control.
- Training per MDPH protocols will be provided for all school nurse responders.
- Integration with the local emergency medical services (EMS) system will be included in the implementation of this program.

Background

It is strongly recommended that school nurses have access to Naloxone medication in the school setting to ensure its immediate availability to students, staff and building visitors.

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 Narcan (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. 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. While not a controlled substance, naloxone is what is known as a “scheduled” drug and therefore does require a prescription.

The Department of Public Health is operating a naloxone distribution program as a pilot program in accordance with M.G.L. c. 94C and DPH/Drug Control Program regulations at 105 CMR 700.000. The distribution of naloxone by approved trainers is authorized by the Department of Public Health and the standing orders issued by the Medical Director of the naloxone pilot.

What are Opioids

Opioids are chemicals that are either derived from the opium poppy or are synthetically manufactured by pharmaceutical companies. Whether synthetic or naturally occurring, opioids all act in similar ways at specific sites in the body. They are depressants, and slow down the central nervous system. At high levels, opioids reduce consciousness and decrease breathing (respiratory depression). Opioids attach to specific receptors in the brain, spinal cord, and gastrointestinal tract and block the transmission of pain messages. They induce euphoria and users generally report feeling warm, drowsy, and content. Opioids relieve stress and discomfort by creating a relaxed detachment from pain, desires, and activity. They also cause slow heart rate, constipation, a widening of blood vessels, and decrease the natural drive to breathe.

Severe Opioid Reaction (Overdose)

Description: An overdose occurs when the body has more drugs in its system than it can handle, resulting in potentially life threatening dysfunction. People can overdose on many different substances including other drugs or alcohol. During an opioid overdose there are so many opioids or a combination of opioids and other drugs in the body that the victim becomes unresponsive to stimulation and/or breathing becomes inadequate. Those experiencing an overdose become unresponsive, or unconscious, because opioids fit into specific brain receptors that are responsible for breathing. When the body does not get enough oxygen, lips and fingers turn blue. These are the signs that an overdose is taking place. A lack of oxygen eventually affects other vital organs including the heart and brain, leading to unconsciousness, coma, and then death.

With opioid overdoses, the difference between surviving and dying depends on breathing and oxygen. Fortunately, opioid overdose is rarely instantaneous; people slowly stop breathing after the drug was used. There is usually time to intervene between when an overdose starts and a victim dies. Furthermore, not all overdoses are fatal. Without any intervention, some overdose victims may become unresponsive with slowed breathing, but will still take in enough oxygen to survive and wake up.

Signs and Symptoms of Opioid Overdose:

- Blue skin tinge- usually lips and fingertips show first
- Body is very limp
- Face is very pale
- Pulse (heartbeat) is slow, erratic or not there at all
- Throwing up
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular or has stopped
- Unresponsive

Assessing for Responsiveness and Breathing

In order to determine if the individual is experiencing an overdose, the most important things to consider are presence of breathing and responsiveness to stimulation. There are some relatively harmless ways to stimulate a person. These strategies are:

- Yelling their name
- Rubbing knuckles over either the upper lip or up and down the front of the rib cage called a sternal rub

If an individual responds to these stimuli, they may not be experiencing an overdose at that time. It is best to stay with the person, to make sure the person wakes up and is ok. It is possible that the person could become unresponsive and require further assistance.

Continued attempts at stimulation will waste valuable time in helping the individual breathe.

Responding to an Opioid Overdose:

- Call 911 to get help
- Perform rescue breathing to provide oxygen
- Administer Naloxone
- Stay with the person until help arrives

Individuals who overdose can die because they choke on their own vomit (aspiration). This can be avoided by putting the individual in the recovery position. The recovery position is when you lay the person on his or her side, his or her body supported by a bent knee, with his or her face turned to the side. This position decreases the chances of the individual choking on his or her vomit. If you have to leave the person at all, even for a minute to phone 911, make sure you put them in the recovery position.



Procedures:

The School Nurse will respond to any member of the school community when on school property with a life threatening opioid overdose in the school setting. The management of a Life Threatening Opioid Overdose takes a multidisciplinary approach of collaboration between school community, emergency responders, and law enforcement officers. Awareness, prevention and emergency preparedness are crucial elements in the management of a person with a potential Life Threatening Opioid Overdose.

School Nurse Responsibilities

The school nurse is the key resource for medical direction, assessment and response to a potential Life Threatening Opioid Overdose. The school nurse **MUST** be contacted as soon as a potential Opioid overdose is identified.

- **Call 911**

It is important to report to the dispatcher if the victim's breathing has slowed or stopped, he or she is unresponsive, and the exact location of the individual. If Naloxone was given and if it did/did not work, this is important information to tell the dispatcher.

- **Perform rescue breathing**

For a person who is **not breathing**, rescue breathing is an important step in preventing an overdose death. When someone has stopped breathing and is unresponsive, rescue breathing should be done as soon as possible because it is the quickest way to get oxygen into the body. Steps for rescue breathing are:

1. Place the person on his or her back and pinch their nose or use Ambu bag to administer rescue breaths
2. Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
3. Give 2 slow breaths.
4. Blow enough air into the lungs to make the chest rise.
5. Assess each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
6. Breathe again every 5-6 seconds

- **Administer Nasal Naloxone (Narcan)**

Naloxone is a medication that reverses overdose from heroin or other opioids.

Naloxone is the generic name for Narcan.

Nasal Naloxone may work immediately, but can take up to 8 minutes to have an effect. The effect of the naloxone will last for about 30 to 90 minutes in the body. **Because most opioids last longer than 30 to 90 minutes, the naloxone may wear off before the effects of the opioids wear off and the person could go into an overdose again.** This depends on several things, including:

- the quantity and purity of opioids used
- the presence of other drugs or alcohol
- the effectiveness of the liver to filter out the drugs
- if the victim uses opioids again once the naloxone is administered

In response to these issues, the nasal naloxone rescue kits include 2 doses. Naloxone administration may be repeated without harm if the person overdoses after the first dose wears off. **Due to the complex nature of each of these medical emergencies, it further highlights the necessity of calling 911.**

Bleeding from the nose

If the person overdosing has substantial nasal bleeding, naloxone may not work because the blood will interfere with absorption of the naloxone. Call for help and rescue breathe.

How to assemble nasal naloxone device and administer nasal naloxone:

1. Pop off two yellow caps and one red (or purple) cap.



2. Hold spray device and screw it onto the top of the plastic delivery device.
3. Screw medicine *gently* into delivery device

4. Administering Narcan:

Spray half of the naloxone (1 ml) up one side of the nose and half (1 ml) up the other side of the nose. If there is no breathing or breathing continues to be shallow, continue to perform rescue breathing while waiting for the naloxone to take effect. If there is no change in 3-5 minutes, administer another dose of naloxone (use another box) and continue rescue breathing until they breathe for themselves or help arrives.

5. Monitor the victim

Naloxone blocks opioids from acting so it can cause withdrawal symptoms in someone with opioid tolerance. Therefore, after giving someone naloxone, he or she may feel withdrawal symptoms and want to use again. It is important that the victim does not use opioids again after receiving naloxone so that an overdose does not re-occur. If possible, the bystander who administered the naloxone should stay with the person who overdosed.

Key Points: School Nurse will respond to an opioid overdose

1. Call 911
2. Perform rescue breathing
3. Administer nasal naloxone
4. Place the person in the recovery position
5. Stay with the victim

Storage: Nasal Naloxone Hydrochloride will be kept in the locked medication cabinets in each school nurses office.

School Nurse yearly Training:

1. Training of Naloxone Administration by (School) Nurses:

A school nurse, as defined by the Massachusetts Department of Elementary and Secondary Education, may be trained by Massachusetts Department of Public Health (aka "the Department") approved trainers for the purpose to administer naloxone by nasal administration in a life-threatening situation when first responders are not immediately available.

Department planning and implementation:

- (1) The Department approves policies, curriculum and procedures for training.
- (2) In consultation with the prescribing physician, designated school nurses, including "approved trainers" are trained and tested for competency in accordance with standards and a curriculum established by the Department.
- (3) Approved trainers arrange for trainings of school nurses in local communities, in accordance with standards and curriculum established by the Department.
- (4) The school nurse will document the training and testing of competency, in accordance with standards and curriculum established by the Department.
- (5) The training, at a minimum, will include:
 - (a) Procedures for risk reduction;
 - (b) Recognition of the symptoms in an individual with an opiate overdose;
 - (c) The importance of following the prescribed method of medication administration;
 - (d) Proper use of the nasal inhaler method
 - (e) The requirement to call local emergency services prior to administration, and

- (f) Requirements for proper storage and security, notification of appropriate persons following administration, and record keeping.
- (6) The nurse shall maintain and make available upon request by the Department a list of all licensed individuals trained to administer naloxone by nasal administration if any
- (7) All trainings in the administration of naloxone will be done in accordance with prescribed methods.
- (8) Priorities for trainings will be in communities where individuals most at risk have been identified.
- (9) School nurses will submit a report to the Department of Public Health School Health Unit each time training of naloxone administration is completed.
- (10) All other medication administration procedures will hold forth including:
 - (a) reporting of any medication errors per 105 CMR 210.00
 - (b) proper disposal of a used naloxone administration delivery system.

Policy Review and Revision

Review and revision of these and procedures shall occur as needed but at least every two years.

September 10, 2015

Registration of Naloxone Training:

Name of Trainer: _____

Date: _____

Location: _____

Narcan training evaluation sheet

Informational

[illegible]

Resources: PUBLICATIONS

NIH - "Drugs Shatter the Myths," National Institute on Drug Abuse - NIH publication #13-7589, revised July 2013.

Research Report Series – Heroin publication 14-0165. Revised April 2014.

NASN Position Statement: Naloxone Use in the School Setting: The Role of the School Nurse:

<http://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/854/Naloxone-Use-in-the-School-Setting-The-Role-of-the-School-Nurse-Adopted-June-2015>

Bureau of Substance Abuse – <http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/>

MDPH:

<http://www.mass.gov/eohhs/gov/departments/dph/>

<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/dph-responds-to-opioid-epidemic.html>

MA Substance Abuse Information and Education Helpline:

<http://hria.force.com/>

<http://masstapp.edc.org/prescription-and-pharmacy-access-naloxone-rescue-kits>

XI. OVERDOSE RESPONSE TRAINING

INSERT – MDPH OVERDOSE POWERPOINT TRAINING



Overdose Response Training



In collaboration with the Massachusetts
Department of Public Health,
Bureau of Substance Abuse Services and
Office of HIV/AIDS

XIII. OVERDOSE RESPONSE TRAINING POWERPOINT



Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution

MDPH Naloxone pilot project Core Competencies



XIV. BUREAU OF SUBSTANCE ABUSE SERVICES (BSAS), DIRECTORY



Prevent • Treat • Recover • For Life

www.mass.gov/dph/bsas

Bureau of Substance Abuse Services (BSAS) Prevention Unit

DIRECTORY

(Effective: MAY 2014)



Massachusetts Department of Public Health Bureau of Substance Abuse Services

250 Washington Street, 3rd Floor
Boston, MA 02108-4619

Phone: (617) 624-5111
Fax: (617) 624-5185

K:\Prevention\2014 MDPH-BSAS (Prevention Unit) Directory_MAY2014.pdf

XV. References

Bureau of Substance Abuse –<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/>

MDPH:

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<https://www.youtube.com/watch?v=Uq6AxrEY3Vk&app=desktop>

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