

## **NARCAN POLICY AND PROCEDURE**

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

#### Background

To address the increase of fatal and non-fatal opioid overdoses the Massachusetts Department of Public Health has launched the Overdose Education and Naloxone Distribution (OEND) prevention program. In lieu of this program, it is strongly recommended that school nurses have access to Naloxone medication and ensure its immediate availability to students, staff, and building visitors.

A person that overdoses on opioids becomes unresponsive and stops breathing. It happens because opioids occupy the same brain receptors responsible for breathing. Naloxone is used for opioid overdoses because it displaces the opioids from these critical receptors so the person can start breathing again. It is safe, effective, and has no risk of abuse. Naloxone has been used for decades by paramedics, ambulances, and by emergency room clinicians. Naloxone is not a controlled substance; it is known as a “scheduled” drug and does not require a prescription.

The Department of Public Health is operating a Naloxone distribution 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.

#### Description of Opioids

Opioids are chemicals derived from the opium poppy or synthetically manufactured by pharmaceutical companies. Opioids are depressants that slow down the central nervous system. Whether synthetic or naturally produced, opioids act similarly. 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. At high levels, opioids can reduce consciousness and decrease breathing (respiratory depression).

#### Severe Opioid Reaction (Overdose)

An overdose occurs when the body has more drugs in its system than it can handle, often resulting in a life threatening condition. A person that has overdosed can become unresponsive to stimulation and suffer inadequate breathing resulting in unconsciousness. Their lips and fingers may turn blue because of lack of oxygen. A prolonged lack of oxygen eventually affects other vital organs like the heart and brain, leading to unconsciousness, coma, and death. Not all opioid overdoses are fatal. Some overdose victims may become unresponsive with slowed breathing, but will still take in enough oxygen to survive and wake up.

Surviving an opioid overdose depends on oxygen and the person's ability to breathe. Fortunately, opioid overdoses are rarely instantaneous; the process takes time and people slowly stop breathing. There is usually enough time to intervene between when an overdose starts and when a victim dies.

### Signs and Symptoms of Opioid Overdose

There are a number of signs that a person is experiencing an opioid overdose. The signs include:

- The skin has a blue tinge - usually lips and fingertips show first
- The body becomes very limp
- Their face is very pale
- Pulse (heartbeat) is slow, erratic or not there at all
- Vomiting
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular or has stopped
- Unresponsiveness
- Pinpoint pupils

### Assessing for Responsiveness and Breathing

To determine if an individual is experiencing an overdose, it is best to assess the presence of breathing and determine the person's responsiveness to stimulation. There are some relatively harmless ways to stimulate a person. These include:

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

If an individual responds to stimuli, they may not be experiencing an overdose at that time. It is still best to stay with the person and continue to monitor their condition.

**Additional attempts of stimulation will waste valuable time to help the victim breathe.**

### **RESPONDING TO AN OPIOID OVERDOSE**

- **Call 911**  
It is important to report to the dispatcher if the person's breathing has slowed or stopped; if he or she is unresponsive; the exact location of the individual; and if Naloxone was given and its effectiveness.
- **Perform Rescue Breathing**  
For a person who is *not breathing*, rescue breathing is an important step to prevent an overdose death. When someone has stopped breathing and is unresponsive, rescue breathing should be done as soon as possible. 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 (Naloxone is the generic name for Narcan)**  
Naloxone is a medication that reverses overdose from heroin or other opioids. 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 30-90 minutes. **Because most opioids last longer than 30-90 minutes, Naloxone may wear off before the effects of the opioids do and the person could go into an overdose state again.**

This depends on several things, including:

1. the quantity and purity of opioids used
2. the presence of other drugs or alcohol
3. the effectiveness of the liver to filter out the drugs
4. 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 is critical to call 911.**

- **Place victim in the recovery position**  
Individuals who overdose can die by choking on their own vomit (aspiration). This can be avoided by placing the individual in the recovery position. Lay the victim on his or her side, their body supported by a bent knee, with their face turned to the side. If you have to leave the person to call 911, make sure you put them in the recovery position.
- **Stay with the person until help arrives**
- **Comfort them; withdrawal can be unpleasant**

### Procedures

The School Nurse shall respond to any member of the school community when on school property with a life threatening opioid overdose. The management of a life threatening opioid overdose takes a multidisciplinary approach between the school community, emergency responders, and law enforcement. 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.

### 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 Naloxone: Spray half of the Naloxone (1ml) up one side of the nose and half (1ml) 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.
6. **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 conduct rescue breathing.

### **Key points: School nurse will respond to an opioid overdose:**

- **CALL 911**
- Perform rescue breathing
- Administer nasal Naloxone
- Place the person in recovery position
- Stay with the person

Storage

Places where Naloxone is to be stored should be identified, with the following consideration of the need for storage:

- at one or more places where students may be most at risk
- in such a manner as to allow rapid access by authorized persons
- in a place accessible only to authorized persons. The storage location should be secure, but not locked during those times when nasal Naloxone is most likely to be administered.