

Lakewood School Naloxone Policy and Protocol

Policy:

It is the policy of Lakewood School to provide assistance to any person(s) who may be suffering from an opioid overdose following the protocols and procedures of the school district. Staff members trained in accordance with the policy shall make every reasonable effort, to include the use of naloxone combined with rescue breaths, to revive the victim of any apparent drug overdose.

Purpose:

When the amount of opioid in the system is so large, it causes the person to become unresponsive and have decreased, ineffective respirations. A lack of oxygen can lead to unconsciousness, coma and eventually death. Naloxone reverses the effects of respiratory depression or unresponsiveness. The purpose of this protocol is to provide trained school staff with a standard by which to respond to this situation in the school setting.

Protocol:

RECOGNIZE:

Observe individual for signs and symptoms of an opioid overdose

Suspected or confirmed opioid overdose consists of:

- 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 the person
- Nearby medications, illicit drugs or drug paraphernalia

Opioid Overdose vs. Opioid High

Opioid High	Opioid Overdose
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Normal heart beat/pulse	Slowed heart beat/pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

(Adapted from Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution)

RESPOND:

Immediately call for help

- Call for help - Dial 911.
 - Request Advanced Life Support.
 - Request AED
- Assess breathing: Perform rescue breathing if needed.
 - Place person on their back.
 - Tilt their chin up to open the airway.
 - Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch.
 - If present, remove it (use gloves).
 - If using a mask, place and hold mask over mouth and nose.
 - If not using a mask, pinch nose with one hand and place your mouth over their mouth
 - Give 2 even, regular-sized breaths.
 - Blow enough air into their lungs to make the chest rise.
 - If you are using a mask and don't see their chest rise out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure.
 - If you are not using a mask and don't see their chest rise out of the corner of your eye, make sure you're pinching the nose.
 - Breathe again
 - Give one rescue breath every 5 seconds.

REVERSE:

Administer naloxone

Via Intra-Nasal Narcan:

_____ Tilt head back and give spray (4mg) into one nostril. If a second dose is needed, use the other nostril.

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

Hold the NARCAN nasal spray with your thumb on the bottom of 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 person's 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 from the nostril after giving the dose.







(Graphic credit: ADAPT Pharma, 2015)

- Place person in recovery position (lying on their side).
- Stay with the person until help arrives.
- Seize all illegal and/or non-prescribed opioid narcotics found on the victim and process in accordance with school district protocols.

Note: Using naloxone in patients who are opioid dependant may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, increased heart rate (tachycardia), fever, runny nose, sneezing, goosebumps (piloerection), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, and increased blood pressure. **Risk of adverse reaction should not be a deterrent to administration of naloxone.**

REFER:

- Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- Contact parent/guardians per school protocol.
- Complete Naloxone Administration Report form
- Follow up with treatment referral recommendations.