

**Maryville City Schools
Health Services**

Protocol for the Administration of an Opioid Antagonist

Purpose

The purpose of this document is to establish written guidelines and procedures governing the utilization of an opioid antagonist.

Location/Placement

The location/placement of the opioid antagonist is to be determined by each school. The opioid antagonist should be placed in the most accessible location. If the opioid antagonist is contained in a closed cabinet, the cabinet will be clearly marked as containing the medication.

Training Requirements

Any employee that is expected to provide emergency care to an individual will successfully complete the Tennessee Department of Health training on opioid antagonist administration (T.C.A. 63-1-152(e)).

Indications for Use

Naloxone is an opioid antagonist, which means it displaces the opioid from receptors in the brain and can therefore reverse an opioid overdose. An opioid is a medication drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opioid drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Naloxone is not a scheduled drug, and it has no euphoric properties and minimal side effects. **If it is administered to a person who is not suffering an opioid overdose, it will do no harm.**

Procedure for Use of Intranasal Naloxone

1. Assess scene for safety.
2. Use universal precautions for protection from blood borne pathogens and communicable diseases.
3. Determine if individual is unresponsive.
 - a. Recognizing an overdose:
 - i. Unresponsiveness to yelling or stimulation, like rubbing your knuckles on breast bone.
 - ii. Slow, shallow, or no breathing.
 - iii. Turning pale, blue or gray (especially lips and fingernails).
 - iv. Choking sounds.
 - v. Reasonable suspicion of ingesting opioid(s).
2. If unresponsive, yell for help. Have someone call EMS (911) and get the AED & CPR equipment.
 - a. Rub your knuckles on the bony part of the chest (sternum) to try to get the person to wake up and breathe.
3. If the person stops breathing, begin CPR per training.
4. Administer intranasal Naloxone.
 - a. Squirt half of the vial into each nostril. Push the applicator fast to make a fine mist.
 - b. Note time.

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5. Stay with the person and keep him/her breathing.
 - a. Continue giving mouth to mouth (or mask to mouth) breathing if the person is not breathing on their own after administration of Naloxone.
 - b. **Give second dose/syringe of intranasal Naloxone after 2-3 minutes if person does not wake up and breathe more than 10-12 breaths a minute.**
 - c. Note time.
6. Check for breathing (if not breathing or only gasping, continue CPR per training).
7. Place the person on their side if he/she is breathing on their own.
 - a. Naloxone can induce vomiting, this position will help protect the person from inhaling that vomit.
8. Wait for EMS personnel to arrive.
 - a. Inform EMS personnel about the treatment and condition of the person.
9. Inform parent/guardian of student who received intranasal Naloxone.

Replacement of Naloxone

Damaged Naloxone and first aid equipment will be reported to the Office of Coordinated School Health for replacement. A written statement will be required in the event the needed replacement was due to damage or being lost.

Records and Reporting

1. Following Naloxone retrieval and/or use, notify the school principal or designee and the Office of Coordinated School Health.
2. The Intranasal Naloxone Use Reporting Form will be completed after any incident requiring usage of the Naloxone by the initial responder. Copies will be provided to the designated school and district staff.
3. The Office of Coordinated School Health will maintain a written inventory documenting the quantities and expirations of Naloxone replacement supplies and a log documenting the issuance of replacement units.

Office of Coordinated School Health
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