

## Procedure – Opioid Related Overdose Reversal

Opioid overdose reversal medication and rescue breathing are evidence-based interventions known to result in positive outcomes for individuals experiencing an opioid related overdose. The district may utilize the *Opioid Related Overdose Policy Guidelines & Training in the School Setting* published by the Office of the Superintendent of Public Instruction.

### Opioids and Overdose

Opioids are a class of drugs derived from opium poppy or entirely created in a lab. Opioid is a term used to refer to a broad category of drugs that are often used for pain relief, but also have other treatment purposes as well. There are prescription opioids and there are also opioids that are created and obtained illicitly. Examples of opioids include the illicit drug heroin and pharmaceutical drugs like OxyContin, Vicodin (hydrocodone), Percocet (oxycodone), codeine, morphine, methadone, fentanyl, Dilaudid (hydromorphone), Demerol (meperidine), and carfentanil.

Opioid overdoses happen when there are so many opioids or a combination of opioids and other drugs in the body that the overdose victim becomes unresponsive to stimulation and/or becomes unable to breathe adequately. Synthetic opioids, such as Fentanyl and carfentanil, are especially dangerous due to their potency and as they are sometimes added to illicit street drugs. A person may experience non-life threatening effects such as nausea, vomiting, or sleepiness. A person may also experience life threatening effects that may lead to death, including infrequent or absent breathing, slowed or irregular heartbeat, unconsciousness, no response to stimuli, and severe allergic reaction.

An opioid overdose may occur intentionally or in many cases unintentionally after injection, ingestion, or inhalation of an opioid. While an overdose can happen to anyone, some individuals are at higher risk. Opioid overdose risk factors include:

- Taking opioids with other drugs, often including benzodiazepines or alcohol
- Resuming opioids after a break from use due to decreased tolerance
- Taking opioids that are not prescribed for them or taking more than prescribed
- Health conditions, like heart or lung disease
- History of previous overdose
- Using opioids of unknown strength
- Using opioids when alone (increases risk from dying from an overdose)

Individuals who overdose rarely experience sudden breathing cessation. There is usually enough time to intervene before breathing completely stops and death occurs. Opioid overdose reversal medication and rescue breathing are evidence-based interventions for individuals experiencing an opioid overdose.

An opioid high presents differently than an opioid overdose. Differentiating an individual experiencing an opioid high from an opioid overdose:

Opioid High	Opioid Overdose
Normal skin tone	Pale, clammy skin  Blue or purple lips or fingernails for person with light complexion and white or ashy lips and fingernails for person with dark complexion
Breathing appears normal	Infrequent, shallow, or absent breathing  Respiratory rate less than 8 breaths per minute
Normal heart rate	Slow or irregular heartbeat
Looks sleepy	Unconscious or unable to wake
Speech slurred or slow	Deep snoring, gurgling, or choking sounds (death rattle)
Responsive to stimuli	Not responsive to stimuli
Pinpoint pupils (with some exceptions)	Pinpoint pupils

### Suspected Overdose Actions

An opioid overdose may occur intentionally or in many cases unintentionally after injection, ingestion, or inhalation of an opioid. Identifying an overdose individual for responsiveness and breathing is critical to a successful outcome. When an individual overdoses, their breathing will get very slow and may stop. They may look like they are asleep. Check for responsiveness and breathing by:

- Shout their name and shake them.
- Rub knuckles hard on the breastbone in the middle of the chest or on the upper lip of the individual.

If the person responds to the stimuli, assume an overdose has not yet occurred. However, emergency medical services should be notified. Remain with the individual and continue to assess for responsiveness and breathing until help arrives. It is important to monitor the person and try to keep the individual awake and alert. If the person does not respond to hearing their name, being shook, or having knuckles rubbed on their breast bone or upper lip, assume they may be experiencing an opioid overdose.

An opioid overdose requires immediate medical attention. It is essential to have a trained medical professional assess the condition of a person experiencing an overdose. All schools are expected to initiate their medical emergency response plan, including emergency services notification (9-1-1) and naloxone designated trained responder notification in an expected case of an overdose. Naloxone is effective only if there are opioids involved in the overdose. Naloxone will not reverse an

overdose involving alcohol, benzodiazepines, or cocaine. Washington's Good Samaritan Law provides some protections when calling 911 to save a life, even if drugs are at the scene according to RCW 69.50.315. The victim and person calling 911 cannot be prosecuted for simple possession.

The District should follow the Washington Department of Health's steps for administering naloxone for drug overdose. (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-126-NaloxoneInstructions.pdf>)

#### Naloxone Hydrochloride Nasal Spray Administration, if needed:

The nasal spray device needs no assembly. Each device contains a single dose. **Do not test the device.** The device only works one time.

- Remove device from the package. Place and hold the tip of the nozzle in either nostril, then press the plunger firmly to release the dose into the nose.
- A second dose of naloxone may be required. Administer in alternate nostrils every 3 minutes as needed if there is no or minimal response.

#### After administering Naloxone, additional considerations:

- When the individual wakes up, communicate what happened. Watch for signs of opioid withdrawal, including chills, nausea and muscle aches. They may be scared, nervous or restless. Keep them calm until help arrives.
- Naloxone wears off in 30 to 90 minutes. Additional doses may be necessary.
- Monitor the individual closely until emergency medical personnel arrive. If the individual is not breathing, perform rescue breathing or cardiopulmonary resuscitation (CPR) as indicated.
- If the individual must be left alone, turn them on their side (recovery position) to prevent choking.
- When emergency medical personnel arrive, communicate the individual's name, emergency contact information, symptoms prior to naloxone administration and the time(s), and dose of naloxone administration. Give emergency personnel the empty medication containers.
- The individual will be transported by emergency medical personnel to a medical facility, even if symptoms are improving.
- All illegal and/or non-prescribed opioid narcotics found on person will be seized and processed with local law enforcement.
- Report the event and naloxone administration to school administration and the school nurse to ensure parent/guardian contact, administration documentation, follow-up with the appropriate medical provider, naloxone reorder and replacement, and initiation of district recovery process.

### **Obtaining and Maintaining Opioid Overdose Medication**

The district should use the WA State DOH "Standing Order to Dispense Naloxone" (non-expired standing order) to obtain opioid overdose reversal medication in the product of their choice. Pharmacies and other entities can dispense and deliver the following naloxone products to eligible persons based on availability and preference. The standing order can be used for refills as needed. Efforts will also be coordinated with the Grant County Health District who manages a supply of opioid overdose reversal medication.

Ephrata School District will obtain and maintain at least one set of opioid overdose reversal medication at the high school building. A school administrator at the high school, or designated staff member, shall ensure that the opioid overdose reversal medication is stored safely and consistently with the manufacturer's guidelines. A school administrator at the high school, or designated staff member, will also make sure that an adequate inventory of opioid overdose reversal medication is maintained. Medication should be routinely assessed to ensure enough time for reacquiring the medication prior to the expiration date.

Opioid overdose reversal medication shall be clearly labeled and stored, unlocked, with specifically designated AEDs at the high school that will be available during school hours and when building is in use. Expiration dates will be documented on an

appropriate log a minimum of two times per year. Additional materials (e.g. barrier masks, gloves, etc.) associated with responding to an individual with a suspected opioid overdose will be stored with the medication.

Designated trained staff may be given permission to carry opioid overdose reversal medication as permitted by the school administrator or superintendent.

## **Training**

The district will ensure each school building that maintains opioid overdose reversal medication has at least one personnel member who can administer opioid overdose reversal medication. Training for designated staff shall occur annually prior to the beginning of each school year and throughout the school year as needed. Training will occur in small groups, including CPR training and annual secretary medication training, or conducted one-on-one and other small groups as needed. Consistent with WA State DOH and OSPI's guidelines and this policy/procedure, the school nurse(s) will provide training or coordinate training using nonprofit organizations, higher education institutions, or local public health agencies,. All designated trained staff will take the SafeSchools opioid overdose reversal online training prior to hands on training. Training of designated trained responders in the administration of the district supply of opioid overdose reversal medication, when conducted by a licensed registered professional nurse (school nurse), is not delegation by the registered nurse.

At minimum, naloxone training must include all requirements identified in RCW 28A.210.

Ephrata School District will maintain a training log with the following information:

- The name of the designated trained responders (DTR) and the date trained
- A log of all trainings with the date of the training
- The location of the training and format of the training
- The name of the trainer(s) and associated organization
- A list of all the names of the DTRs and their associated school
- At a minimum, all trainings should address:
  - What are opioids
  - What is an opioid overdose
  - Signs and symptoms of an overdose
  - Actions to take when a suspected opioid overdose occurs
  - Hands-on simulation of naloxone administration via district-approved nasal route

Individuals who have been directly prescribed opioid overdose reversal medication according to RCW 69.41.095 lawfully possess and administer opioid overdose reversal medication, based on their personal prescription. However, such "self-carrying" individuals must either show proof of training as verified by a licensed registered professional nurse employed or contracted by the district or participate in district training to be recognized as a designated trained responder for the school district.

## **Recovery**

The district should team with community partners to assist students, staff, teachers and faculty in the healing process, and restore a healthy and safe learning environment following the event.

## **Liability**

The district's and practitioner's liability is limited as described in RCW 69.41.095.

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