

<i>Policy</i>	<i>Title</i>	<i>Code</i>
	<b>School Nurse Management of Potential Life-Threatening Opioid Overdose</b>	<b>JLCE</b>

### ***HOLLISTON***

In order to recognize and respond to a potential life threatening opioid overdose as part of the Massachusetts Department of Public Health (MDPH) opioid overdose prevention pilot program, the Holliston Public Schools (HPS) will maintain a system-wide plan for addressing potential life threatening opioid overdose reactions. This plan shall include:

- Modifications to each building-based general medical emergency plan specific to the administration of Naloxone (Narcan);
- A plan to provide training per MDPH protocols provided for all school nurses; and
- Procedures integrating the resources of Holliston local Emergency Medical Services (EMS) into the building-based response to a potential life-threatening opioid overdose.

The nurse leader 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.

#### **Background**

The MDPH strongly recommends 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 MDPH 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 that 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 MDPH 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.

#### **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.

### **Procedures:**

During regular school hours, the School Nurse will respond to any person on school property who is experiencing a life-threatening opioid. 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.

#### **1. 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 also important information to tell the dispatcher.

#### **2. 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.

#### **3. 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 eight 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. In response to these issues, the nasal Naloxone rescue kits include two 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.

#### **4. 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 person who administered the Naloxone should stay with the person who overdosed.

#### **Storage:**

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

#### **Training:**

A school nurse, as defined by the Massachusetts Department of Elementary and Secondary Education, must be trained by MDPH-approved trainers for the purpose of administering Naloxone by nasal administration in a life-threatening situation when first responders are not immediately available.

#### **Required Reporting:**

The Nurse Leader of the HPS shall maintain and make available upon request by the MDPH a list of all licensed individuals trained to administer Naloxone by nasal administration if any. School nurses will submit a report to the MDPH School Health Unit each time training of Naloxone administration training is completed. All other medication administration procedures will be followed 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 this policy shall occur as needed but at least every three years.

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Legal References: MGL Chapter 94C; 105 CMR 700; 105 CMR 210.00
Policy Cross Reference: JLCD (Medications)
Procedure Reference: