

Procedure – Opioid Related Overdose Reversal

An opioid overdose requires immediate medical attention. It is essential to initiate emergency medical services for medical assessment and support.

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 shall utilize the *Opioid Overdose Reversal Policy and training Guidelines for Schools* 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. Opioids include morphine, codeine, oxycodone, hydrocodone, hydromorphone, heroin, meperidine, fentanyl, and methadone. There are prescription opioids and opioids that are created and obtained illicitly.

An opioid overdose happens when someone has taken too much of an opioid. Synthetic opioids such as Fentanyl are especially dangerous due to their potency and are often found in a wide variety of forms including counterfeit pills and in illicit drugs. A person under the influence of opioids may experience nausea, vomiting, or sleepiness which are not immediately life-threatening. An overdose is life-threatening when a person stops breathing or they experience inconsistent breathing, loss of consciousness, slowed or irregular heartbeat, or severe allergic reaction.

Risk factors for an opioid overdose include:

- Mixing opioids with other substances including benzodiazepines, stimulants, or alcohol
- Using after a break in use due to decreased tolerance
- Taking too many opioids
- Other health conditions
- Previous overdose
- Taking medications that were not prescribed for them
- Using opioids not from a pharmacy
- Using alone (increases risk from dying from an overdose)

The effects of opioid exposure include:

Opioid Effects – not immediately life-threatening	Opioid Overdose –life-threatening
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

Opioid Overdose Response

Opioid overdose reversal medication and rescue breathing are evidence-based interventions for individuals experiencing an opioid overdose. In the case of an opioid overdose, naloxone should be administered without delay to restore breathing and improve the person's chances of survival.

Naloxone is effective only if there are opioids involved in the overdose. Naloxone will not reverse an overdose involving alcohol, benzodiazepines, methamphetamines, or cocaine.

The District shall 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>)

Assessing an individual for responsiveness and breathing is critical to a successful outcome for a person suspected of experiencing an opioid overdose. A few quick ways to determine this are:

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

If the person responds to the stimuli, assume an overdose has not yet occurred but may continue to progress. Emergency medical services must be notified. Remain with the individual and monitor for responsiveness and continued 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 if they are not breathing, assume they may be experiencing an opioid overdose and administer naloxone per standing order and prescription.

According to American Heart Association guidelines in response to suspected overdose, an AED should be brought and used to rule out a shockable rhythm for a victim who is not breathing/not breathing normally.

All schools are expected to activate emergency medical services in a case of a suspected overdose.

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.

Obtaining and Maintaining Opioid Overdose Medication

If a statewide standing order for intranasal or auto-injection intramuscular forms of naloxone is available, the district will obtain and maintain those forms of opioid overdose reversal medication exclusively.

The district may seek to obtain opioid overdose reversal medication through donations from manufacturers, non-profit organizations, hospitals, and local health jurisdictions. The district may also purchase opioid overdose reversal medication directly from companies or distributors. If a district is unable to obtain naloxone through a donation source and pursues an exemption from the requirement to stock naloxone per RCW 28A.210.390 the district must maintain written documentation of its good faith effort to obtain opioid overdose reversal medication from these sources.

A school administrator at each district school shall ensure that the opioid overdose reversal medication is stored safely and consistently with the manufacture's guidelines. School administrators will also make sure that an adequate inventory of opioid overdose reversal medication is maintained with reasonably projected demands. 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 in an unlocked, easily accessible cabinet in a supervised location. Consider storing opioid overdose reversal medication in the same location as other rescue medications. Districts may store additional doses in unsupervised locations such as Automated External Defibrillator (AED) cabinets for faster access on large campuses or after hours. Naloxone stocked in unsupervised locations will be checked at regular intervals along with AED checks. Districts are encouraged to stock additional doses in first aid and sports kits. Expiration dates should be documented on an appropriate log a minimum of two times per year. Additional materials (e.g. instructions for administering opioid overdose reversal medication, barrier masks, gloves, etc.) associated with responding to an individual with a suspected opioid overdose can be stored with the medication.

Training

School-based health centers are responsible for training their personnel.

The district will ensure each school has at least one personnel member who can distribute or administer opioid overdose reversal medication. Districts should consider having adequate designated and trained personnel for availability at school and school-sponsored activities. Any staff member may be designated and trained upon approval by Principal and/or school nurse. Personnel certified in first aid/CPR should be prioritized for designation and training for administration of opioid overdose reversal medication. If opioid overdose reversal medication is stocked in first aid and athletic kits as encouraged by RCW 28A.210.390, staff members in possession of these kits at off-site events should be designated and trained in order to administer the medication.

Training for designated trained responders will occur annually prior to the beginning of each school year and throughout the school year as needed. Training may take place through a variety of platforms, including online or in person. Training may be offered by nonprofit organizations, higher education institutions, or local public health agencies. A licensed registered professional nurse who is employed or contracted by the district may train the designated trained responders on the administration of the opioid overdose reversal medication consistent with OSPI's guidelines and this policy/procedure.

Training for designated personnel will include:

- District policy and procedure
- What are opioids
- What is an opioid overdose
- Other types of overdoses.
- Signs and symptoms of an overdose
- Actions to take when a suspected opioid overdose occurs
- Naloxone access points in the school
- Reporting requirements
- Skill practice
- Good Samaritan law

The district will maintain a log of all designated trained responders for each school. The log will include a list of all persons who are designated trained responders, a list of their trainings with the date and location of the training and the name of the trainer.

Student Possession of Opioid Overdose Reversal Medication – “Self-carry”

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. Individuals may also acquire over-the-counter opioid overdose reversal medications. 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. These self-carrying individuals do not count toward the designated trained responders at each school.

Administration of the district's opioid overdose reversal medication will be performed by designated, trained, district personnel when needed. However, “RCW 69.41.095 allows for “any person” (including

students) to lawfully possess, store, deliver, distribute, and administer an opioid overdose reversal medication that has been properly prescribed and/or authorized. The board further recognizes that:

- incidences of opioid overdoses are increasing in communities and schools,
- naloxone is highly unlikely to cause harm if administered when not needed,
- students may carry naloxone at school in order to have access to it outside of school, and
- delay in administering naloxone for suspected overdose or delay activating emergency medical services could cause severe harm.

Therefore, neither the district nor its schools will pursue disciplinary action for students solely for possession or good faith administration of naloxone. Naloxone will not be confiscated from students who are found to have it in their possession at school and school-sponsored events.

Students who exhibit concern for the risk of overdose for themselves or others shall be counseled on the availability of behavioral health supports and instructed of the district policy and procedure for opioid overdose response. The importance of summoning adult help and emergency services for any suspected overdose must be emphasized.

Post-incident Follow-up

Districts should plan to provide student and personnel support within a one to two days after a suspected overdose incident. Supports may include critical incident stress debriefing, Flight team, postvention, or other support and prevention measures. Considerations for continued prevention and wellness promotion are also recommended.

Liability

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