

Chandler Unified School District Health Services Department ADMINISTRATION OF NALOXONE (NARCAN) PROCEDURE

To recognize and respond to potential life-threatening opioid overdose the Chandler Unified School District Health Services Department will maintain a plan for addressing potentially life-threatening opioid overdose reaction.

The Health Services Department shall provide and maintain in each school facility that has a full time Registered Nurse, Naloxone to treat a case of suspected opioid overdose in a school setting. Any school nurse may administer Naloxone during an emergency, to any student, staff or visitor suspected of having an opioid-related drug overdose, whether there is a previous history of opioid abuse.

Pursuant to **A.R.S. §36-2267 and Board Policy JLCD (A.)** A person may administer an opioid antagonist that is prescribed or dispensed pursuant to section 32-1979 or 36-2266 in accordance with the protocol specified by the physician, nurse practitioner, pharmacist, or other health professional or that is received from a county health department pursuant to section 36-192 to a person who is experiencing an opioid-related overdose. **(B.)** A person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any act or omission by the person rendering the care or as the result of any act or failure to act to arrange for further medical treatment or care for the person experiencing the overdose, unless the person while rendering the care acts with gross negligence, willful misconduct or intentional wrongdoing. **(C.)** For the purposes of this section, "person" includes an employee of a school district or charter school who is acting in the person's official capacity.

Signs and Symptoms of Opioid Overdose:

School Registered Nurses may administer Naloxone to a patient (student, staff member or visitor) in the event of respiratory depression, unresponsiveness, or respiratory arrest, when an opioid overdose is suspected. The following are signs of an opioid overdose:

- Blue skin tinge-usually lips and fingertips show first
- Body is very limp
- Face is very pale
- Pulse is slow, erratic, or not present
- Vomiting
- Choking sounds, gurgling, snoring/gasping noise
- Breathing is very slow, irregular or has stopped
- Unresponsive

Procedure:

This procedure is to be used in conjunction with the “Standing Order for Administration of Naloxone” to provide treatment to unresponsive individuals in the school setting.

1. **Activate EMS** via Medical Emergency Response Plan. 911 must be called in all potential overdose situations.
2. **Assessment:** When a patient is suspected of an opioid overdose the school registered nurse will conduct an initial assessment of the level of consciousness and respiratory status.
 - a) For individuals with no pulse: initiate CPR per BLS guidelines.
 - b) For individuals with a pulse but who are not breathing: establish an airway and perform rescue breathing using a face mask or shield.
 - c) For individuals who have a pulse and are breathing; assess if there is depression of the respiratory status as evidenced by:
 - a very low respiration rate
 - interpretation of pulse oximetry measurement, if immediately available
 - d) Assess for decrease in level of consciousness as evidenced by:
 - difficult to arouse (responds to physical stimuli but does not communicate or follow commands, may move spontaneously) or
 - unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands).
 - e) A Registered Nurse or SRO determines need for Naloxone administration.

3. **Administration:** Intranasal administration of Naloxone
 - a) There are exclusion criteria for nasal trauma and epistaxis. Naloxone should not be administered if there is a known hypersensitivity to Naloxone.
 - b) Assemble Naloxone (note: if Naloxone product is different from Narcan brand nasal spray seek guidance for proper use).
 - Remove Narcan Spray from the box.
 - Peel back the tab with the circle to open the Narcan.
 - 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.
 - Continue rescue breathing or CPR as needed.
 - If no response, an additional second dose may be administered after 3-5 minutes.
 - Monitor until EMS arrives.
 - Place victim in the recovery position and stay with the victim. The recovery position is when you lay the person on his or her side, his or her body is supported by a bent knee and his or her face is turned to the side.
4. **Additional Considerations:**
 - a. The victim may be angry or combative when he or she wakes up, therefore, it is important to stand back from the victim and, if possible, have a second adult present.
 - b. Potential adverse effects include nausea, diarrhea, abdominal cramping, irritability, restlessness, muscle or bone pain, tearing or nose running, and craving of an opioid.
 - c. Naloxone wears off in thirty (30) to ninety (90) minutes.
5. **Transport** to nearest hospital via EMS. Students who receive a dose of Naloxone must be sent to the emergency room for follow-up.
6. **Documentation:** Record encounter in student/staff school health record and on an incident report. The recording should list the dose, route of administration, and time of delivery. It should include the patient presentation and response to Naloxone. Reporting is required within 5 days for any institution using Naloxone in the State of AZ under A.A.C. R9-4 Article 6. The Director of Health Services will report to the MEDSIS after receiving report of use.
7. **Training:** The Director of Health Services will provide a training review and informational update annually to ensure that nurses understand this medication, including its uses and side-effects.
8. **Procurement:** The Director of Health Services or designee will be responsible for the procurement of Naloxone. A prescription standing order from the Arizona Department of Health Services will be used.
9. **Storage:** Naloxone should be stored in a secure, but unlocked, location, at room temperature and away from direct sunlight. It will be clearly marked and stored in an accessible place at the discretion of the school nurse. The school nurse will regularly inspect the Naloxone to check the expiration date on the box or vial and check the condition of the mucosal atomization devices.
10. **Disposal:** The nurse will use proper disposal of used Naloxone administration delivery systems in the school's medical waste container.
11. **Medication Errors:** All medication errors will be reported to the Director of Health Services on the correct form.
12. **Debriefing:** Anytime Naloxone is administered by CUSD staff a debriefing meeting will be held that will include the School Nurse, School Administrator, Health Services Director, and any others involved in occurrence.