

MSA Procedure #5103
Category: Students
Title: OVERDOSE MEDICATION
Date of Initial Approval:09-27-2023
Date(s) of Review/Revisions:
Reviewers: MSA Department Heads

I. PURPOSE

This procedure is to provide emergency care, medication, and response to someone with a suspected opioid overdose.

II. WHEN TO USE

Staff who have been trained by MSA Health Services may administer naloxone to any individual in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected during the school day, in the dorms, and as available before/during/after school sponsored/special events on campus.

Signs and Symptoms of Opioid Overdose are:

- Blue skin tinge – usually lips and fingertips show first
- Body is very limp
- Face is very pale
- Pulse (heartbeat) is slow, erratic, or not there at all
- Throwing up
- Passing out
- Choking sounds or a gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped
- Small, pinpoint pupils
- Unresponsive

III. PROCESS

A. Initial response:

- a. Check responsiveness - if no response, CALL or TEXT 911.
 - i. Direct a staff member to post outside of the building and allow access/direct 911 EMS upon arrival.
- b. Notify staff to respond to the medical emergency and Health Services.
- c. Get the AED/Naloxone Kit.
- d. Perform rescue breathing if person is not breathing.
- e. Assess and Monitor Breathing and Heart Rate. Initiate CPR, use of AED, and Rescue Breathing as needed.

**Notify parent/guardians or emergency contacts of the person experiencing the medical emergency as soon as possible.*

B. Rescue Breathing as needed:

- a. For a person who is not breathing, rescue breathing is an important step in preventing an overdose death and should be done as soon as possible.
- b. Steps for rescue breathing are:
 - i. Place the person on his or her back and pinch their nose (or may use

- Ambu bag if available) to administer rescue breaths.
- ii. Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
 - iii. Give 2 slow breaths.
 - iv. Blow enough air into the lungs to make the chest rise.
 - v. Assess each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
 - vi. Breathe again every 5-6 seconds

C. Administer Naloxone

- a. Administer nasal Naloxone (Narcan) following the guidance. The location of the nasal Naloxone kits will be communicated with trained staff and administrators.

Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.



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.



D. Stay with the person until 911 arrives.

- a. Place the person in a recovery position (lying on their side).
- b. Stay with the person. Continue rescue breathing if needed. Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of naloxone administration. Because naloxone has a relatively short duration of effect, overdose symptoms may return.
- c. When EMS arrives, the person must be transported to the nearest hospital. Send the used naloxone medication device with EMS personnel.

E. Documentation, Notification, Debriefing

- a. Complete documentation of the event, medication administration, notification (who, how, what, when) and after incident review practices. Use the documentation form found with the Naloxone kit. Provide this information to the Naloxone Coordinator/Health Services for follow-up.

IV. TRAINING REQUIREMENTS

Training will be provided to assigned staff as determined by the Director of Health Services, Superintendent, and department supervisors. Staff members who work directly with students (i.e., teachers, paraprofessionals, dorm staff, nurses) will be required to receive this training. This training will support staff in administering naloxone to any individual displaying symptoms of an opioid overdose.

Training will be provided annually at the beginning of each school year and will include:

- Signs & symptoms of opioid overdose
- Locations of onsite naloxone
- Appropriate administration of naloxone according to type of naloxone maintained on our campuses (IM, nasal, or autoinjector)
- Activation of emergency personnel
- Notification procedures
- Annual school update on substance use as appropriate

V. NOTIFICATION

After any incident requiring the administration of naloxone, the following people must be notified immediately.

- Superintendent
- Director of Health Services
- MSAB/MSAD Directors
- Director of Student Life
- Parents/Guardians
- School Counselor (if assigned)