

PROCEDURES TO ADMINISTER INTRANASAL NARCAN (NALOXONE) IN THE SCHOOL SETTING

This regulation was developed in collaboration with the Mount Rogers Health District.

Signs and Symptoms of an Overdose:

Symptoms of an opioid overdose requiring the use of naloxone may include, but are not limited to, the following:

- Nonresponsive to shouting or pain;
- Unconscious;
- Slow and shallow breathing or not breathing;
- Pale, clammy skin or loss of color;
- Blue, purple or gray face, especially around lips and fingernails;
- Faint or no pulse;
- Extremely small “pinpoint” pupils

It is important to note that not ALL signs and symptoms may be present during an opioid overdose. It is also important to note that someone experiencing a low blood sugar or other possible medical conditions may be unresponsive/difficult to wake.

Naloxone and Indications for Use

Naloxone, an opioid antagonist, is to be used when there is suspicion of an opioid overdose. It displaces the opioid from the receptors in the brain to reverse the overdose. Naloxone has minimal side effects. If naloxone is administered to someone who is not suffering from an opioid overdose, it is not harmful. Naloxone is available as an auto-injector or an intranasal spray in the case of a suspected opioid overdose, school nurses/other trained staff shall follow the protocols outlined in the naloxone training and the instructions in the naloxone kit.

Risks of Naloxone Administration:

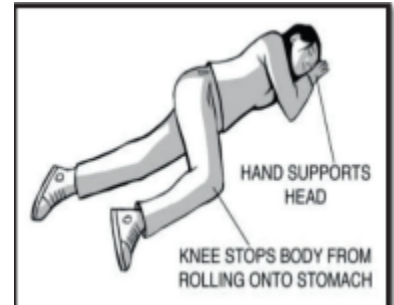
Administration of naloxone has minimal risks when given to children or adults. It is recommended for use in pregnant women if the life of the mother is at risk. The benefits of giving naloxone, following the guidelines below, outweigh any risks of treatment.

How to Respond to an Opioid Overdose

- **Step 1: Assess responsiveness**
 - a. Call the person’s name
 - b. Pinch their earlobe
 - c. Tap their shoulder
 - d. Utilize sternal rub (make a fist and rub knuckles over a person’s sternum)
 - e. Check for breathing (put your ear to their mouth/nose so you can also watch their chest for movement)
- **Step 2: Get help**
 - a. Call 911
- **Step 3: Give 2 rescue breaths if the person is not breathing**
 - a. Place the person on their back
 - b. Tilt their chin up to open the airway
 - c. Plug/pinch their nose with one hand and give two regular, even-sized breaths. Blow enough air so that you see their chest rise.

- **Step 4: Administer naloxone nasal spray (brand name Narcan) per package insert instructions.**
 - a. Lay the person on his or her back.
 - b. Remove the spray from the box.
 - c. Peel back the tab with the circle to open.
 - d. Hold the spray with your thumb over the bottom of the plunger and your first and middle fingers on either side of the nozzle.
 - e. Tilt the person's head back and provide support under the neck with your other hand.
 - f. Gently insert the tip of the nozzle into one nostril until your fingers on the nozzle are against the bottom of the person's nose.
 - g. Press the plunger firmly to deliver the dose.
 - h. Remove spray nozzle out of the nostril after the dose is given.

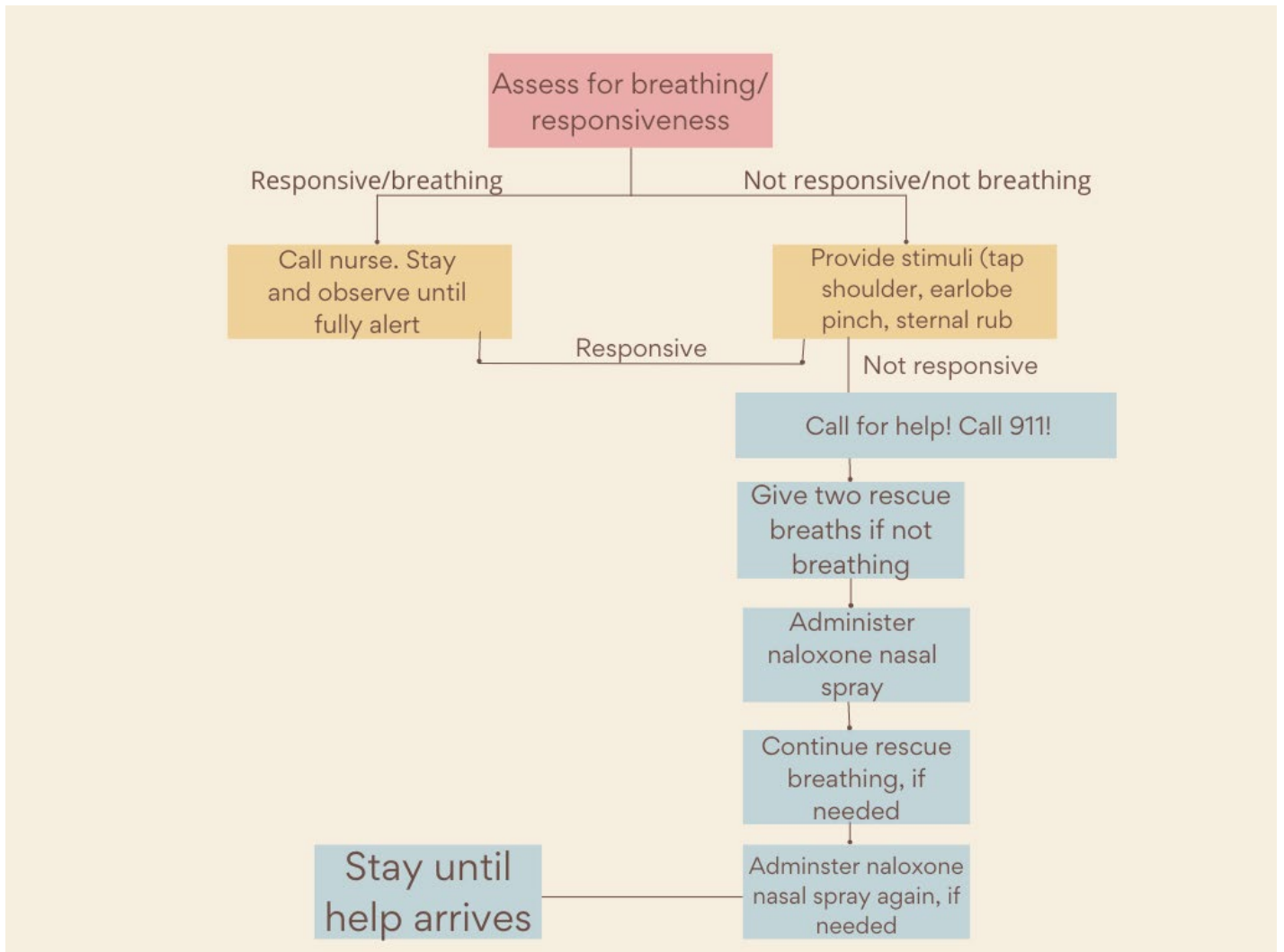
- **Step 5: Post-Naloxone Administration Support**
 - a. If the person is not breathing, continue to administer rescue breathing, giving 1 breath every 5 seconds
 - b. If the person is breathing, move the person on their side in the recovery position (image).
 - c. Watch the person closely.
 - d. If the person does not respond by waking up, to voice or touch, or breathing normally, another dose of naloxone can be given every 2 to 3 minutes. Give in alternating nostrils.
 - e. If necessary, repeat steps 3 to 4 until the person responds or emergency medical help is received.
 - f. Put the used naloxone spray back in the box. Dispose of it in a biohazard container or send with EMS.



- If the individual wakes up, explain they were revived with naloxone, and try to keep them calm until emergency help arrives. Do not allow them to leave the room. Call the building administrator and SRO, if available.

RESPONDING TO AN OPIOID OVERDOSE WITH NALOXONE FLOW CHART

The following flow-chart illustrates the steps that are taken depending on the victim’s responsiveness



Training Requirements

School staff willing or expected to provide emergency care to students must complete the REVIVE! Training on Naloxone administration. This training is available through the Virginia Department of Health.

Location and Storage of Naloxone

Naloxone should be maintained in a secure location in the school clinic with other emergency medications and can be used in anyone on school grounds (student, staff member, or community member) thought to be experiencing an opioid overdose.

Naloxone may also be maintained in the classroom or office of any staff person who has completed REVIVE! Training. Naloxone should be stored according to the manufacturer's instructions.

The School Nurse Coordinator or designee will be responsible for maintaining an inventory documenting the quantities and expirations of Naloxone, proper storage, and documentation of replacement units.

Naloxone spray needs to be stored properly for optimal effectiveness.

1. Store the medication at room temperature (59° to 77°F) and away from light.
2. Avoid extremes of heat or cold (i.e., do not freeze nasal spray).
3. If the intranasal naloxone spray is used or expires, contact the provider as soon as possible for replacement. The intranasal naloxone spray should be replaced before the expiration date.
4. Each intranasal naloxone spray contains one dose of medication and cannot be reused.
5. Dispose of the used packaging properly according to the protocols of the school division.

Supplies that should be stored with the naloxone include:

- Face shields for rescue breathing and cardiopulmonary resuscitation (CPR)
- Gloves, if required by school division policy and procedures
- A minimum of two doses, if available, should be stored together

Records and Reporting

A reporting form will be completed after any incident involving the use of naloxone, which will be then submitted to the School Nurse Coordinator or designee. The reporting form will include:

- What prompted the identification of the person as someone possibly experiencing an opioid overdose;
- All actions taken;
- Time medication administered;
- Number of doses administered;
- Who was notified; and
- Status of the person when care transferred to EMS.

The School Nurse Coordinator or designee will be responsible for ordering replacement naloxone via the Virginia Department of Health pharmacy.

Post-Incident

Staff members should follow school division policy and procedures to secure the area surrounding the person who may have experienced the opioid overdose. This includes securing any medications or substances found on/near the person that may be relevant to the treatment for opioid overdose. School division policy should also be referenced by school staff members in determining follow-up actions with a person treated for symptoms of opioid overdose and the parent/guardian.

Background information on Opioids and Opioid Overdose:

Opioids are substances derived from the opium poppy. Examples of opioids include illegal drugs such as heroin and prescription medications used to treat pain and or addiction, such as oxycodone, hydrocodone, fentanyl, hydromorphone, buprenorphine and methadone. Opioids work by binding to specific sites in the brain, spinal cord and

intestinal tract. By doing so, they minimize the body's perception of pain. Stimulation of the opioid receptors in the brain can trigger other symptoms such as regulation of mood, breathing and blood pressure. Due to their effect on the brain, an opioid overdose can cause a person to stop breathing, have profoundly low blood pressure, and can result in death.

School children may ingest or inject opioids deliberately or accidentally. Young children ingesting a large single dose may have significant overdose symptoms due to their body size.

Additionally, staff and visitors to schools may be affected by an opioid overdose as well.

Legislative Background

The General Assembly of Virginia (2019) passed HB 2318 that modifies language in subsection X of § 54.1–3408 to allow "...school nurses, local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board, [other school board employees or individuals contracted by a school board to provide school health services,]..." who have completed a naloxone administration training program, to also possess and administer naloxone to students in schools in accordance with defined protocols. In dispensing of Naloxone pharmacist shall follow a protocol per the Virginia Board of Pharmacy, which was updated in 2019.

References and Resources

<https://www.narcn.com/pdf/NARCAN-Quick-Start-Guide.pdf>

VA Board of Pharmacy: Guidance Document 110-44, 11/25/21; Protocol for the Prescribing and Dispensing of Naloxone, <https://www.dhp.virginia.gov/pharmacy/guidelines/110-44.pdf>

<https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/naloxone>

<https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html>

<https://www.nasn.org/nasn/advocacy/professional-practice-documents/position-statements/ps-naloxone-naloxone-administration-procedures-form.docx> (live.com)

Approved: by the Bristol Virginia School Board on April 4, 2022