

Plattsburgh City School District**Naloxone (Narcan) Policy for Opioid Overdose**

Purpose: to reduce morbidity and mortality from opioid overdose on Plattsburgh City School District (PCSD) property. This protocol allows RN's, trained administrators, and the Director of School Health services, to administer naloxone to anyone who has overdosed on opioids, or when opioid overdose is suspected. The PCSD Opioid Overdose protocol complies with directives from the Alliance for Positive Health (Clinton County Health Department).

Public Health Law §3309 and its implementing regulations (10 NYCRR §80.138) establish opioid overdose prevention programs, which allow trained individuals to administer naloxone in an emergency to persons suspected of having an opioid overdose. The law provides that the use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statutes relating to liability.

Note: Giving naloxone to someone who is dependent on opiates may result in temporary symptoms of withdrawal. This response may include sudden awakening, confusion and change in mental status, vomiting, diarrhea, sweating and/or agitated behavior.

Opioid examples: heroin, morphine, methadone, buprenorphine (suboxone), hydrocodone (Vicodin, Lorcet, Lortab), oxycodone (Percocet), oxycontin, meperidine (Demerol), duragesics (Fentanyl), hydromorphone (Dilaudid), codeine, MS Contin, Tramadol.

Non-opioid drugs include: cocaine, methamphetamine, ecstasy, LSD, GHB, Ketamine, and other club drugs and steroids.

Procedure:**1. Recognize opioid intoxication or overdose.**

- a. If unresponsive, attempt sternal rub, tapping, and shouting "Are you OK?" Check for a pulse and breathing. If the patient is unresponsive, call 911 to activate EMS. Inform the dispatcher that you suspect an overdose, and provide the address/location.
- b. Check vital signs, if possible. If the patient is opioid intoxicated but remains responsive, changes to vital signs may still be noted. The best predictor of opioid overdose is a decreased respiratory rate of 10-12 respirations per minute (or less). They may present with a low to normal pulse and low to normal blood pressure. Hypoxia may be present (SaO₂ <90% on room air), they may be hypothermic, and/or have an altered mental state ranging from euphoria to lethargy to coma. Pupils may be constricted and they may have increased sweating, nausea, vomiting, and diarrhea.
- c. Document findings on emergency flow sheet (Appendix A).

2. Prepare naloxone.

- a. Open the blue pouch and remove the items. Open the box of nasal naloxone, and pull or pry off the yellow caps. Remove the red cap from the naloxone vial, grip the clear plastic wings, and gently

screw the naloxone into the barrel of the nasal syringe. Attach the clear plastic intranasal “cone” to the nasal syringe.

3. Administer the naloxone.

- a. After preparing the nasal naloxone, tilt the patient’s head back and put the clear cone into the nostril. Administer half of the dose into one nostril, and then repeat in the other nostril with the other half of the dose. If the patient is not breathing, but has a pulse, do rescue breaths (one breath every five seconds). If the victim is not breathing and has no pulse, start CPR (30 chest compressions: 2 breaths), and prepare to use the AED.
- b. If the patient does not respond within 3-5 minutes, administer a second nasal naloxone dose.

4. Ongoing care

- a. If the patient still does not have a pulse, follow the AED instructions while awaiting the ambulance. Continue to give rescue breaths.
- b. Try to gather information from the patient’s friends/family, especially regarding a history of substance/alcohol abuse. If possible, determine if a substance was recently used, which substance, amount used, and the time it was used. Obtain any pertinent medical information from the patient, family, friends, patient record, or medical ID bracelet/necklace. All patients who have naloxone need to be transported to the hospital for observation. Patients usually require intravenous naloxone at the hospital, since the nasal naloxone will wear off and the risk of overdose remains for three hours after the substance was used.

5. Follow-up

- a. After the patient has gone to the hospital, contact the Alliance for Positive Health (518-563-2437). Advise them that a kit was used. Provide the date, location, and approximate age of the patient, race, ethnicity, other life-saving measures used, and the outcome. The Alliance will send a new naloxone kit to replace the one that was used.
- b. Report the incident to the Director of School Health Services. The Director of School Health Services will report the incident to the PSCD Director of Management, and Superintendent of Schools.
- c. The nasal naloxone will be stored in the school office in each building. The school nurse will monitor the expiration date and get new ones as they expire. The training certificate for the naloxone will be kept with the naloxone kit at the nurse’s office.

Adoption date: January 18, 2018