

Oak Ridge Schools

Office of the Superintendent



Administrative Procedure 6.4052

Opioid Antagonist

September 26, 2022

Purpose: To reduce morbidity and mortality related to opioid overdose. Under these standing orders, Oak Ridge School Nurses and other school personnel trained according to Tennessee Department of Health guidelines are authorized to provide emergency care and administer the medication Naloxone (Narcan®) in order to treat a possible overdose from opioids intentionally or unintentionally to unresponsive persons.

Background: Opioids are substances derived from the opium poppy. Examples of opioids include illegal drugs such as heroin and prescription medications used to treat pain, such as oxycodone and methadone. Opioids bind to specific sites in the brain that affect breathing. Due to their effect on the brain, an opioid overdose can cause a person to stop breathing and can result in death. Signs of an overdose include:

- Unresponsiveness to shouting or pain
- Unconsciousness
- Slow and shallow breathing or not breathing
- Pale, clammy skin or loss of color
- Blue, purple or gray face, especially around lips and fingernails
- Weak or no pulse
- Extremely small "pinpoint" pupils

Adverse Reactions: Abrupt reversal of narcotic depression from Naloxone (Narcan®) may result symptoms associated with opioid withdrawal; nausea, vomiting, sweating, tachycardia, increased blood pressure, tremulousness, seizures, and cardiac arrest.

Contraindications: Naloxone (Narcan®) administration is contraindicated for persons known to be hypersensitive to it; however, as the criteria for using Naloxone (Narcan®) is unresponsiveness, ascertaining a history of a contraindication is highly unlikely.

Replacement of Naloxone (Narcan®): Damaged Naloxone and/or first aid equipment will be reported to the Nursing Coordinator and/or Executive Director of Leadership for replacement. A written statement will be required if a replacement is needed due to damage or loss.

Maintenance: The school district shall maintain Naloxone in the school clinic and front office, where it shall be stored according to the manufacturer's instructions.

Usage: In the case of a suspected opioid overdose, the school nurse, or other trained staff, shall follow the protocols as outlined in the Naloxone training and the instructions found in the Naloxone kit. The School Nurse Coordinator shall be responsible for developing additional guidelines as to the step-by-step process when administering Naloxone.

Record Keeping: The school nurse and/or designee shall be responsible for maintaining an inventory documenting the quantities, locations, and expirations of Naloxone, proper storage, and documentation of replacement units.

Reporting After Any Incident: If Naloxone is retrieved or administered at any time, the incident shall be reported to the principal and the student's parent/guardian immediately. The initial responder shall be

responsible for completing the use reporting form after any incident involving Naloxone, and copies shall be provided to the principal and the Director of Schools/designee.

Procedures for Use of Intranasal Naloxone (Narcan®)

Step 1 - Check for Responsiveness

1. Call the person's name; shake the person; utilize sternal rub (make a fist and rub knuckles over a person's sternum) or pinch earlobe

Step 2 - Dial 911

1. If a person is not responsive, alert someone to call 911 and get AED, notify SRO.
2. Initiate rescue breathing/CPR as instructed if person has no pulse or no breathing.

Step 3 - Administer Naloxone (Narcan®) (intranasal)

1. Lay the person on his or her back.
2. Remove the spray from the box.
3. Peel back the tab with the circle to open.
4. Hold the spray with your thumb over the bottom of the plunger and your fist and middle fingers on either side of the nozzle. Do not prime
5. Tilt the person's head back and provide support under the neck with your other hand.
6. 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.
7. Press the plunger firmly to deliver the dose.
8. Remove the spray nozzle out of the nostril after the dose is given.
9. If the person remains unresponsive, an additional dose of Naloxone may be given after 2-3 minutes. If another dose needs to be given, a new nasal spray must be used and given in the opposite nostril.

Step 4 - Place Person in Recovery Position

1. If the person is not breathing, continue to deliver breaths or if no pulse, continue to perform compressions until EMS arrives.
2. If the person is breathing, place person on his or her side. (Recovery position) Naloxone can induce vomiting. This position will help prevent the individual from inhaling or aspirating vomit.

Step 5 - Post Naloxone (Narcan®) Support

1. Explain to the person that you've just given them Naloxone, provide comfort during withdrawal symptoms.
2. Stay with person until EMS arrives.

Step 6- Notify Stakeholders

1. Notify EMS personnel about treatment given and condition of the person
2. Notify Parent/Guardian/Emergency Contact of person
3. Notify School Personnel (School Nurse, Principal, Nurse Coordinator, Executive Director of Schools)
4. Transport person to healthcare facility.

Physician's Signature: _____ Effective Date:_____

Physician's Printed Name and Title: _____

Receipt/Storage of Naloxone (Narcan®)

This form shall be completed and returned to be kept on file in the school clinic by the nurse or designee.

Date: _____

School: _____

Name: _____

Title: _____

Lot#: _____

Expiration Date: _____

Storage Location: _____

Use Reporting Form

The initial responder shall be responsible for completing this form after any incident involving Naloxone, and copies shall be provided to the principal and the Director of Schools.

Date of Event: _____ Time: _____ Location: _____

Name of Student: _____ Age: _____

Was the event witnessed? ☐ Yes ☐ No If yes, by whom? _____

Time of Assessment: _____ Responsive: ☐ Yes ☐ No

Airway Opened: ☐ Yes ☐ No

Breathing: ☐ Yes ☐ No

Signs of Circulation: ☐ Yes ☐ No

Was CPR started? ☐ Yes ☐ No Time CPR started: _____ Time 911 called: _____

Was Naloxone administered? ☐ Yes ☐ No If yes, describe: _____

Was an AED used? ☐ Yes ☐ No If no, explain: _____

If yes, number of shocks: _____

Emergency Medical Service responding to the event: _____

Time of arrival: _____ Facility transported to: _____

Outcome: _____

Description of event including important details and whether problems were encountered: _____

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*Attach additional sheets if needed.

Signature of Initial Responder

Date

Signature of Principal

Date