

# Greene County Schools

## Opioid Antagonist (Naloxone) Procedure

### SUSPECTED STUDENT DRUG OVERDOSE

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 intranasal spray.

### TRAINING REQUIREMENTS

School nurses, SRO's, and other employees expected to provide emergency care to students must complete the Tennessee Department of Health training on Naloxone administration. A certificate is provided upon completion of the training.

### LOCATION AND STORAGE

Naloxone may be kept in at least two unlocked, secure locations to be determined by each school. Naloxone should be stored according to the manufacturer's instructions. Inventory, location, expiration dates, proper storage, and replacement units shall be maintained and documented every school year or as needed.

### PROCEDURE TO FOLLOW IN THE EVENT OF SUSPECTED OVERDOSE

School nurses or other trained staff shall follow the protocols outlined in the Naloxone training, the instructions in the Naloxone kit, and the procedure below:

#### **Step 1- Rapid Recognition**

- A. Observe individual for signs and symptoms of opioid overdose. Suspected or confirmed opioid overdose consists of:
- 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
  - Faint or no pulse
  - Extremely small "pinpoint" pupils.
- B. Suspicion of opioid overdose can be based on:
- Presenting symptoms
  - History

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- Report from bystanders
- School nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

### **Step 2 – Rapid Response**

- A. Immediately call for help
- B. Try to maintain responsiveness
- C. Call the Individual's name
- D. Shake the individual
- E. Utilize sternal rub (make a fist and rub knuckles over a person's sternum)  
**\* If not responding Call 911 – Request Advanced Life Support and get an AED\***
- F. If individual is not breathing, begin CPR per training

### **Step 3 - Reverse- Opioid Reversal Agent Administration**

- A. Lay the individual on his or her back
- B. Remove 1 container of 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  
**\*Be sure you don't touch the plunger until it is inserted into the individual's nose. Medication is released with slightest pressure\***
- E. Tilt the individual's head back and provide support under the neck with your other hand
- H. 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.
- I. Press the plunger firmly to deliver the dose.
- J. Remove the spray nozzle out of the nostril after the dose is given.

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K. If the person's symptoms return after the initial dose of Naloxone, and additional dose may be given after 2-3 minutes. If another dose needs to be given, a new nasal spray must be used (they come as a 2 pack).

### **Step 4 – Rest and Refer**

#### A. Post-Naloxone Administration Support

- a. Check for breathing. If the individual is not breathing, continue to perform CPR until Naloxone starts working or EMS arrives.
- b. If the individual is breathing, place them on their side to recover. This position will help prevent them from inhaling vomit.

#### B. Notify the parent or guardian

#### C. Stay and watch the individual

- a. Explain to the individual that you've just given them Naloxone
- b. Comfort the individual being treated, especially since withdrawal symptoms triggered by Naloxone can be unpleasant.
- c. Help them remain calm

#### D. Inform Paramedics about treatment given and condition of the individual

#### E. Document Naloxone administration and report