

Braintree Public Schools

Policy and Procedures for School Nurse, Athletic Director and Athletic Trainer Management of Potential Life Threatening Opioid Overdose Program

Policy

In order to recognize and respond to a potential life threatening opioid overdose as part of the MDPH opioid overdose prevention pilot program, the Braintree Public Schools will maintain a system-wide plan for addressing potential life threatening opioid overdose reaction. This plan shall include:

- Building-based general medical emergency plan
- The Director of School Nursing Services will have the responsibility for the development and management of the naloxone administration program in the school setting in accordance with MDPH protocols.
- The school physician will provide oversight to monitor the program and ensure quality improvement and quality control.
- Training per MDPH protocols will be provided for all School Nurse, Athletic Director and Athletic Trainer responders.
- Integration with the local emergency medical services (EMS) system will be included in the implementation of this program.

Background

It is strongly recommended by the Massachusetts Department of Public Health, that School Nurses, Athletic Director, and Athletic Trainer have access to Nasal Naloxone medication in the school setting to ensure its immediate availability to students, staff and building visitors.

Recognizing that fatal and non-fatal overdoses from opioids play an increasing role in the mortality and morbidity of Massachusetts residents, the Massachusetts Department of Public Health launched the Overdose Education and Naloxone Distribution (OEND) prevention program using intra-nasal Narcan (naloxone) in an attempt to reverse this trend. Naloxone is an opioid antagonist which means it displaces the opioid from receptors in the brain. An overdose occurs because the opioid is on the same receptor site in the brain that is responsible for breathing. Naloxone usually acts dramatically, allowing slowed or absent breathing to resume. It is both safe and effective and has no potential for abuse. Naloxone has been used by paramedics in ambulances and by emergency room clinicians for decades. While not a controlled substance, naloxone is what is known as a “scheduled” drug and therefore does require a prescription.

The Department of Public Health is operating a naloxone distribution program as a pilot program in accordance with M.G.L. c. 94C and DPH/Drug Control Program regulations at 105 CMR 700.000. The distribution of naloxone by approved trainers is authorized by the Department of Public Health and the standing orders issued by the Medical Director of the naloxone pilot.

What are Opioids

Opioids are chemicals that are either derived from the opium poppy or are synthetically manufactured by pharmaceutical companies. Whether synthetic or naturally occurring, opioids all act in similar ways at specific sites in the body. They are depressants, and slow down the central nervous system. At high levels, opioids reduce consciousness and decrease breathing (respiratory depression). Opioids attach to specific receptors in the brain, spinal cord, and gastrointestinal tract and block the transmission of pain messages. They induce euphoria and users generally report feeling warm, drowsy, and content. Opioids relieve stress and discomfort by creating a relaxed detachment from pain, desires, and activity. They also cause slow heart rate, constipation, a widening of blood vessels, and decrease the natural drive to breathe.

Severe Opioid Reaction (Overdose)

Description: An overdose occurs when the body has more drugs in its system than it can handle, resulting in potentially life threatening dysfunction. People can overdose on many different substances including other drugs or alcohol. During an opioid overdose there are so many opioids or a combination of opioids and other drugs in the body that the victim becomes unresponsive to stimulation and/or breathing becomes inadequate. Those experiencing an overdose become unresponsive, or unconscious, because opioids fit into specific brain receptors that are responsible for breathing. When the body does not get enough oxygen, lips and fingers turn blue. These are the signs that an overdose is taking place. A lack of oxygen eventually affects other vital organs including the heart and brain, leading to unconsciousness, coma, and then death.

With opioid overdoses, the difference between surviving and dying depends on breathing and oxygen. Fortunately, opioid overdose is rarely instantaneous; people slowly stop breathing after the drug was used. There is usually time to intervene between when an overdose starts and a victim dies. Furthermore, not all overdoses are fatal. Without any intervention, some overdose victims may become unresponsive with slowed breathing, but will still take in enough oxygen to survive and wake up.

Signs and Symptoms of Opioid Overdose:

- 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
- Unresponsive

Assessing for Responsiveness and Breathing

In order to determine if the individual is experiencing an overdose, the most important things to consider are presence of breathing and responsiveness to stimulation. There are some relatively harmless ways to stimulate a person. These strategies are:

- Yelling their name
- Rubbing knuckles over either the upper lip or up and down the front of the rib cage called a sternal rub

If an individual responds to these stimuli, they may not be experiencing an overdose at that time. It is best to stay with the person, to make sure the person wakes up and is ok. It is possible that the person could become unresponsive and require further assistance.

Continued attempts at stimulation will waste valuable time in helping the individual breathe.

Responding to an Opioid Overdose:

- Call 911 to get help
- Perform rescue breathing to provide oxygen
- Administer Naloxone
- Stay with the person until help arrives

Individuals who overdose can die because they choke on their own vomit (aspiration). This can be avoided by putting the individual in the recovery position. The recovery position is when you lay the person on his or her side, his or her body supported by a bent knee, with his or her face turned to the side. This position decreases the chances of the individual choking on his or her vomit. If you have to leave the person at all, even for a minute to phone 911, make sure you put them in the recovery position.



Procedures:

The School Nurse, Athletic Director and Athletic Trainer when the school nurse is not available, will respond to any member of the school community when on school property with a life threatening opioid overdose in the school setting. The management of a Life Threatening Opioid

Overdose takes a multidisciplinary approach of collaboration between school community, emergency responders, and law enforcement officers. Awareness, prevention and emergency preparedness are crucial elements in the management of a person with a potential Life Threatening Opioid Overdose.

School Nurse, Athletic Director and Athletic Trainer Responsibilities

The school nurse is the key resource for medical direction, assessment and response to a potential Life Threatening Opioid Overdose. The school nurse or the athletic director and athletic trainer when there is no school nurse available, **MUST** be contacted as soon as a potential Opioid overdose is identified. The Athletic Director and Athletic Trainer are the key resource at athletic events when the school nurse is not present and can act under the Good Samaritan Law and administer nasal Naloxone at athletic events when a potential Opioid overdose is identified.

- **Call 911**

It is important to report to the dispatcher if the victim's breathing has slowed or stopped, he or she is unresponsive, and the exact location of the individual. If Naloxone was given and if it did/did not work, this is important information to tell the dispatcher.

- **Perform rescue breathing**

For a person who is *not breathing*, rescue breathing is an important step in preventing an overdose death. When someone has stopped breathing and is unresponsive, rescue breathing should be done as soon as possible because it is the quickest way to get oxygen into the body. Steps for rescue breathing are:

1. Place the person on his or her back and pinch their nose or use Ambu bag to administer rescue breaths
2. Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
3. Give 2 slow breaths.
4. Blow enough air into the lungs to make the chest rise.
5. Assess each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
6. Breathe again every 5-6 seconds

- **Administer Nasal Naloxone (Narcan)**

Naloxone is a medication that reverses overdose from heroin or other opioids. **Naloxone is the generic name for Narcan.**

Nasal Naloxone may work immediately, but can take up to 8 minutes to have an effect. The effect of the naloxone will last for about 30 to 90 minutes in the body. **Because most opioids last longer than 30 to 90 minutes, the naloxone may wear off before the effects of the opioids wear off and the person could go into an overdose again.** This depends on several things, including:

- the quantity and purity of opioids used
- the presence of other drugs or alcohol
- the effectiveness of the liver to filter out the drugs
- if the victim uses opioids again once the naloxone is administered

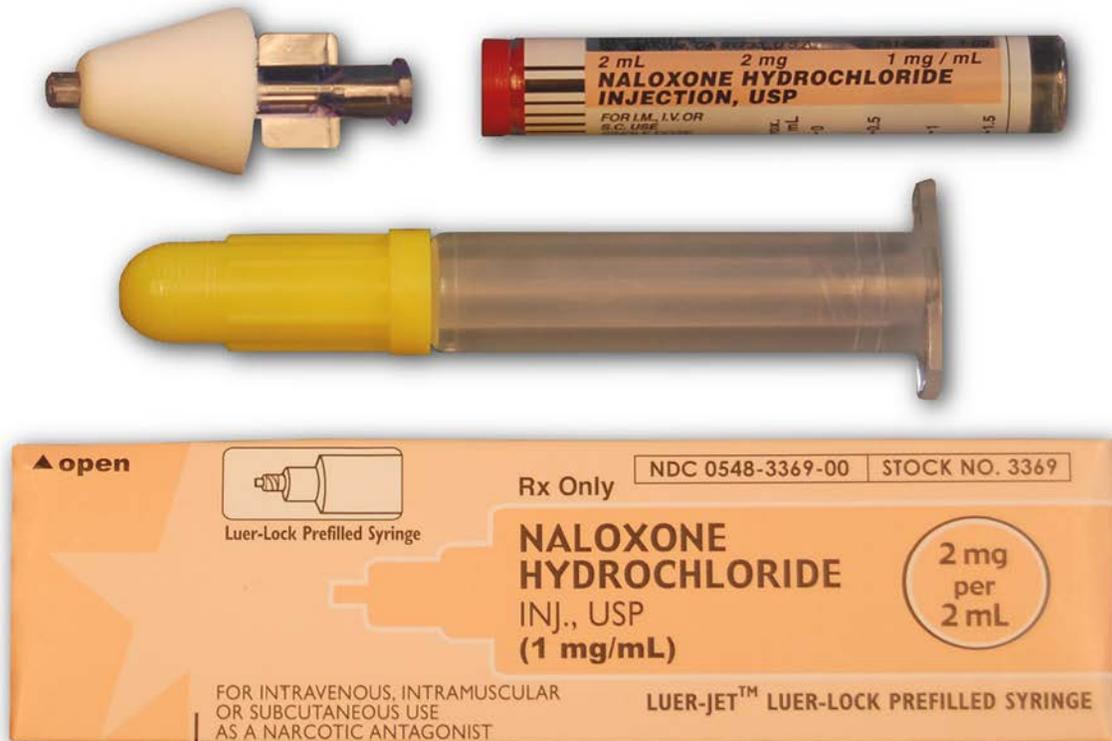
Naloxone administration may be repeated without harm if the person overdoses after the first dose wears off. **Due to the complex nature of each of these medical emergencies, it further highlights the necessity of calling 911.**

Bleeding from the nose

If the person overdosing has substantial nasal bleeding, naloxone may not work because the blood will interfere with absorption of the naloxone. Call for help and rescue breathe.

How to assemble nasal naloxone device and administer nasal naloxone:

1. Pop off two yellow caps and one red (or purple) cap.



2. Hold spray device and screw it onto the top of the plastic delivery device.
3. Screw medicine *gently* into delivery device
4. **Administering Naloxone (Narcan):**

Spray half of the naloxone (1 ml) up one side of the nose and the other half (1 ml) up the other side of the nose. If there is no breathing or breathing continues to be shallow, continue to perform rescue breathing while waiting for the naloxone to take effect. If there is no change in 3-5 minutes, administer another dose of naloxone (use another box) and continue rescue breathing until the person breathes for themselves or help arrives.

5. Monitor the victim

Naloxone blocks opioids from acting so it can cause withdrawal symptoms in someone with opioid tolerance. Therefore, after giving someone naloxone, he or she may feel withdrawal symptoms and want to use again. It is important that the victim does not use opioids again after receiving naloxone so that an overdose does not re-occur. If possible, the bystander who administered the naloxone should stay with the person who overdosed.

Key Points: School Nurse, Athletic Director and Athletic Trainer will respond to an opioid overdose

1. Call 911
2. Perform rescue breathing
3. Administer nasal naloxone
4. Place the person in the recovery position
5. Stay with the victim

Storage: Nasal Naloxone Hydrochloride will be kept in the emergency First Aid bag when the trained school nurse is in the building and then placed into the locked medication cabinets in each school nurses office when the school nurse is not in the building. For the Director of Athletics and Athletic Trainer: the Nasal Naloxone hydrochloride will be kept on the Athletic Director and Athletic Trainer person when attending athletic events and then it will be locked in the Athletics' Trainers locked room at Braintree High School at all other times.

School Nurse, Athletic Director and Athletic Trainer yearly Training:

1. Training of Naloxone Administration by (School) Nurses and Director of Athletics:

A school nurse, as defined by the Massachusetts Department of Elementary and Secondary Education, may be trained by Massachusetts Department of Public Health (aka "the Department") approved trainers to administer naloxone by nasal administration in a life-threatening situation when first responders are not

immediately available. Athletic Director and Athletic Trainer approved trainer to administer nasal naloxone under the Good Samaritan Law, may be trained by the Department approved trainers to administer naloxone by nasal administration in a life threatening situation when first responders and school nurse are not immediately available.

Department planning and implementation:

- (1) The Department approves policies, curriculum and procedures for training.
- (2) In consultation with the prescribing physician, designated school nurses, Athletic Director, and Athletic Trainer, including “approved trainers” are trained and tested for competency in accordance with standards and a curriculum established by the Department.
- (3) Approved trainers arrange for trainings of school nurses, athletic director and athletic trainer in local communities, in accordance with standards and curriculum established by the Department.
- (4) The school nurse, athletic director, and athletic trainer will document the training and testing of competency, in accordance with standards and curriculum established by the Department.
- (5) The training, at a minimum, will include:
 - (a) Procedures for risk reduction;
 - (b) Recognition of the symptoms in an individual with an opiate overdose;
 - (c) The importance of following the prescribed method of medication administration;
 - (d) Proper use of the nasal administration method
 - (e) The requirement to call local emergency services prior to administration, and
 - (f) Requirements for proper storage and security, notification of appropriate persons following administration, and record keeping.
- (6) The Director of nursing shall maintain and make available upon request by the Department a list of all licensed individuals trained to administer naloxone by nasal administration if any.
- (7) All trainings in the administration of naloxone will be done in accordance with prescribed methods. The Director of nursing will keep record of yearly training of all trained staff and documentation of completion of competency test and performance.
- (8) Priorities for trainings will be in communities where individuals most at risk have been identified.
- (9) The Director of nursing will be notified of any administration of naloxone by trained staff and will submit a report to the Department of Public Health School Health Unit each time training and naloxone administration is completed.
- (10) All other medication administration procedures will hold forth including:
 - (a) reporting of any medication errors per 105 CMR 210.00
 - (b) proper disposal of a used naloxone administration delivery system.

Policy Review and Revision

Review and revision of these and procedures shall occur as needed but at least every two years.

September 20, 2016

