

ADMINISTRATIVE REGULATION

APPROVED: December 12, 2017

REVISED:

CENTENNIAL SCHOOL DISTRICT

823-AR-0. NALOXONE PROCEDURES FOR TRAINED STAFF

The Centennial School District Nurse Coordinator shall hold a standing order from the Pennsylvania Department of Health to guide the use of Naloxone Hydrochloride (Naloxone). Naloxone is a medication indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid-related drugs causing a drug overdose event.

Signs and Symptoms of Opioid Overdose

1. A history of current narcotic or opioid use or fentanyl patches on skin or needle in the body.
2. Unresponsive or unconscious individuals
3. Not breathing or slow/shallow respirations
4. Snoring or gurgling sounds (due to partial or airway obstruction)
5. Blue lips and/or nail beds
6. Pinpoint pupils
7. Clammy skin
8. Note that individuals in cardiac arrest from all causes share many symptoms with someone with a narcotic overdose (unresponsiveness, not breathing, snoring/gurgling sounds, and blue skin/nail beds). If no pulse, these individuals are in cardiac arrest and require CPR.

Appropriate Use

Eligible persons should be aware of the following information when dealing with a person who it is suspected to be experiencing and opioid overdose event:

1. Call 911 for EMS to be dispatched.
2. In cardiac arrest or pulseless patients: Call 911 for EMS and start CPR if able and trained to do so. In cardiac arrest, CPR is the most important treatment, and any attempt to administer Naloxone should not interrupt chest compressions and rescue breathing.

3. Naloxone should only be given to someone suspected of opioid overdose as noted in the signs and symptoms listed above.
4. In respiratory arrest or a non-breathing patient: If able to do rescue breathing, rescue breathing takes priority over Naloxone administration. Administer Naloxone, if possible, while doing rescue breathing.
5. Administration of Naloxone (only give to someone with suspected opioid overdose based on signs and symptoms listed above).

Directions for Use

A. Intra-Nasal Naloxone – Eligible persons should be provided with the following:

1. Luer-lock syringes and mucosal atomization devices (MAD)
 - a. Two 2mL Luer-jet luer-lock syringes prefilled with naloxone (concentration 1 mg/mL);
 - b. Two mucosal atomization devices
 - c. Patient information pamphlet containing dosage and administration instructions.
2. NARCAN Nasal Spray
 - a. Carton containing two blister packages each with single 4 mg dose of naloxone in a 0.1 mL intranasal spray
 - b. Package insert containing dosage and administration instructions

Instructions for Use:

1. **Luer-lock syringes and mucosal atomization devices (MAD)**
 - a. Pop off two yellow caps from the delivery syringe and one red cap from the naloxone vial.
 - b. Screw the Naloxone vial gently into the delivery syringe.
 - c. Screw the mucosal atomizer device onto the top of the syringe.
 - d. Spray half (1mL) of the Naloxone in one nostril and the other half (1ml) in the other nostril.
 - e. Note: Administer the Naloxone in a quick burst to ensure that it is atomized. A slow administration will cause liquid to trickle in without being atomized properly, which will slow delivery to the bloodstream.

- f. Continue to monitor breathing and pulse. **IF NOT BREATHING, give rescue breathing. IF NO PULSE, start CPR, if able and trained to do so.**
- g. If patient does not awaken after 4 minutes, administer second dose of Naloxone (if available) (1mL) briskly in one nostril and the other half (1mL) briskly in the other nostril.
- h. Remain with the person, monitor breathing/pulse, and provide rescue breathing or provide CPR, if needed, until he or she is under the care of a medical professional, such as a physician, nurse, or EMS.

2. NARCAN Nasal Spray

- a. Lay person on their back to receive a dose of NARCAN Nasal Spray.
 - b. Remove NARCAN from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.
 - c. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and first and middle fingers on either side of the nozzle.
 - d. Tilt the person's head back and provide support under the neck with your hand. Gently insert tip of nozzle into one nostril until fingers on either side of the nozzle are against the bottom of the person's nose.
 - e. Press the plunger firmly to give the dose of NARCAN Nasal Spray.
 - f. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
 - g. Move the person onto their side after giving the NARCAN Nasal Spray.
 - h. Remain with the person, monitor breathing/pulse. **IF NOT BREATHING, give rescue breathing. IF NO PULSE, start CPR, if able and trained to do so.**
 - i. Remain with the person, monitor breathing/pulse, and provide rescue breathing or provide CPR, if needed, until he or she is under care of a medical professional, such as a physician, nurse, or EMS.
 - j. Watch the person closely. If the person does not respond by waking up to voice or touch, or breathing normally, another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available, until the person responds or emergency medical help is received.
- B. Intra-muscular Naloxone, by way of Auto-Injector – Eligible persons should be provided with the following:
- 1. Two EVZIO (naloxone hydrochloride injection, USP) 0.4 mg. auto-injectors
 - 2. A single Trainer for EVZIO

3. Patient instructions

Instructions for Use:

1. Currently, the only available auto injector comes with automated voice instructions (EVZIO®) and has a speaker that provides voice instructions to help guide you through each step of the injection.
 - a. Follow automated voice instructions.
2. If the auto-injection device does not come with automated voice instruction or the automated voice instruction is otherwise disabled, follow below. The auto-injection device should still work even if the automated voice instructions do not.
 - a. Prepare device
 - i. For EVZIO®
 1. Pull off the Red safety guard. Note: The Red safety guard is made to fit tightly. Pull firmly to remove. To reduce the chance of an accidental injection, do not touch the Black base of the auto-injector, which is where the needle comes out.
 - b. Hold injector with a fist hand, if possible, and press firmly against outer thigh until you hear a click or a hiss. EVZIO® can be used through clothing. One auto injector delivers 0.4 mg naloxone.
 - c. Continue to hold pressure for a full 10 seconds to ensure full delivery of medication. Note: The needle will inject and then retract back up into the EVZIO ® auto-injector and is not visible after use. Do not look for the needle, as this will put you at risk for needle stick injury.
 - d. Continue to monitor breathing and pulse. **IF NOT BREATHING, give rescue breathing. IF NO PULSE, start CPR, if able and trained to do so.**
 - e. If no response in 3-5 minutes, repeat the above instruction with a new auto-injection device.
 - f. Remain with the person, monitor and support breathing until he or she is under the care of a medical professional, such as a physician, nurse, or EMS.

C. **Contraindications**

Do not administer Naloxone to a person with known hypersensitivity to Naloxone or to any of the other ingredients contained in the packaging insert for Naloxone.

D. **Precautions**

1. Drug Dependence – Those who may be chronically taking opioids are more likely to experience adverse reactions from Naloxone. Additionally, after administration, they may awaken disoriented. Being disoriented can sometimes lead to combative behavior, especially if Naloxone is given by someone unfamiliar.
2. Respiratory Depression Due to Other Drugs – Naloxone is not effective against respiratory depression due to non-opioid drugs. Initiate rescue breathing or CPR as indicated and contact 911.
3. Pain Crisis – In patients taking an opioid medication for a painful illness such as cancer, administration of Naloxone neutralizes the pain-relieving effect of the opioid medication. Comfort the patient as much as possible and contact 911 as the patient may need advanced medical treatment to ease the pain crisis.
4. Use in Pregnancy (Teratogenic Effects: Pregnancy Category C) – Based on animal studies, no definitive evidence of birth defects in pregnant or nursing women exists to date. There also have not been adequate studies in humans to make a determination.

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823-AR-1. NALOXONE REGULATIONS

School Nurses

1. Each Centennial School District school will have a minimum of one dose of Naloxone available for the purposes of administering the medication to any individual in distress on the School District premises.
2. The School Nurse assigned to the school will comply with all required training and standing orders for Naloxone.
3. The School Nurse will ensure that Naloxone is properly stored in the school building.
4. The School Nurse will notify the Nurse Coordinator if Naloxone is administered to any individual.
5. The School Nurse will notify the Principal if Naloxone is administered to any individual.

Nurse Coordinator

1. The Nurse Coordinator will contact the School District Physician for an annual prescription and standing order for Naloxone.
2. The Nurse Coordinator will distribute Naloxone to each of the six schools in the School District.
3. The Nurse Coordinator will be responsible for providing and/or coordinating the requisite training for administering Naloxone to the School Nurses and other District employees.
4. The Nurse Coordinator will be responsible for distributing information from the Bucks County Department of Health and Pennsylvania Department of Health as it relates to the use of and storage of Naloxone.
5. The Nurse Coordinator will notify the Superintendent if Naloxone is administered to any individual.

Assistant Superintendent

1. The Assistant Superintendent will ensure that the administration of Naloxone is included in the Memorandum of Understanding with local law enforcement agencies.