

## **ADMINISTRATION OF NALOXONE**

*This circular will remain in effect unless rescinded or superseded by a subsequent version*

To recognize and respond to potential life-threatening opioid overdose as part of the MDPH opioid overdose prevention program, the Boston Public Schools will maintain a systemwide plan for addressing a potentially life-threatening opioid overdose reaction.

Additionally:

- This plan will be supplemented by any building-based medical emergency response plan.
- The director of Health Services will have the responsibility for the development and management of the intranasal Naloxone administration program in the school setting in accordance with MDPH protocols.
- The school physician will provide oversight to monitor the program and creation of the standing order for the district, to be renewed annually.
- Training per MDPH protocols will be provided for all school nurse responders.

Naloxone is the only Schedule IV controlled substance in Massachusetts that can be prescribed to someone other than the ultimate user. The Massachusetts Controlled Substances Act,

M.G.L. c.94C,§19(b), authorizes naloxone to be prescribed or dispensed to a person for use on someone else. It is the policy of the Boston Public Schools that all schools shall provide and maintain naloxone on-site in each school facility. To treat a case of suspected opioid overdose in a school setting, any school nurse may administer naloxone during an emergency to any student, staff, or visitor suspected of having an opioid-related drug overdose, whether or not there is a previous history of opioid abuse, per 105 CMR 210.000, *The Administration of Prescription Medications in Public and Private Schools*.

Because naloxone is treated differently than any other prescription medication, and because any person can possess and administer naloxone, pursuant to the standing order, it is the policy of the Massachusetts Department of Public Health School Health Unit that individual possession and use of naloxone is not covered by 105 CMR 210.000. This means that pursuant to M.G.L. c.94c,§19(g) any staff member of the Boston Public Schools who, in good faith, attempts to render emergency care by administering naloxone to a person reasonably believed to be experiencing an opiate related overdose, shall not be liable from the attempt to render emergency care and may carry and administer naloxone on school property and school events, as permitted within M.G.L. c. 94C, §§ 19(d) and 34A9e). This immunity does not apply to acts or omissions constituting gross negligence.

## **BACKGROUND**

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 intranasal 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. Rapid administration of naloxone may be lifesaving in patients with an overdose due to opioids. 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.

## **SIGNS AND SYMPTOMS OF OPIOID OVERDOSE**

School nurses may administer naloxone to a patient (student, staff member or visitor) in the event of respiratory depression, unresponsiveness, or respiratory arrest, when an opioid overdose is suspected.

The following are signs of an opioid overdose:

- Blue skin tinge-usually lips and fingertips show first.
- Body is very limp.
- Face is very pale.
- Pulse is slow, erratic, or not present.
- Vomiting.
- Choking sounds, gurgling, snoring/gasping noise.
- Breathing is very slow, irregular or has stopped.
- Unresponsive.

## **ROLE OF SCHOOL HEALTH SERVICES**

- Develops policy for administration of naloxone and presents to BPS School Committee for approval; reviews policy annually.
- Provides annual education and training for school nurses by approved MDPH organizations.
- Secures and distributes naloxone kits to each school/school nurse.
- Determines proper disposal of used +/- expired naloxone.

## **ROLE OF SCHOOL LEADER**

- Supports and facilitates access to school nurse training on administration of naloxone.
- Supports substance abuse prevention education as part of a comprehensive health education program.
- The school leader and staff should be alert to those symptoms in students which may indicate problems with substance abuse so that they may initiate assistance to students in need of early intervention.

## **ROLE OF SCHOOL NURSE**

- Participates in a training program offered by Health Services.
- Provides safe storage and easy access to naloxone.
- Is alert to symptoms in students which may indicate problems with substance abuse in order to initiate assistance to students in need of early intervention.

- Refers the student to the Student Support Team if the student is struggling with substance use.
- Administers naloxone following the procedure as listed below in the event of respiratory depression, unresponsiveness, or respiratory arrest, when an opioid overdose is suspected and activate EMS.

**PROCEDURE:**

1. **Activate EMS** via Medical Emergency Response Plan. The nurse or designee must call 911 in all potential overdose situations.
2. **Assessment: ABC's: Airway, Breathing, Circulation.** When an individual is suspected of an opioid overdose, the nurse will conduct an initial assessment of the level of consciousness and respiratory status.
  - a. For individuals with no pulse: initiate CPR per BLS guidelines.
  - b. For individuals with a pulse but who are not breathing: establish an airway and perform rescue breathing using a face mask or shield.
  - c. Check for: foreign body in airway, level of consciousness or unresponsiveness, very low respiratory rate or not breathing, no response to sternal rub, respiratory status, gasping for air while asleep or odd snoring pattern, pale or bluish skin, slow heart rate, low blood pressure. Pinpoint pupils and track marks may be present, although absence of these findings does not exclude opioid overdose.

- d. For individuals who have a pulse and are breathing:  
assess if there is depression of the respiratory status as evidenced by:
  - i. a very low respiration rate.
  - ii. interpretation of pulse oximetry measurement, if immediately available.
- e. Assess for decrease in level of consciousness as evidenced by:
  - i. difficult to arouse (responds to physical stimuli but does not communicate or follow commands; may move spontaneously) or
  - ii. unable to arouse (minimal or no response to noxious stimuli, does not communicate or follow commands).
- f. Nurse determines need for naloxone administration.

### **3. Administration: Intranasal administration of naloxone**

- a. Assess person for contraindications or precaution, per available information.
- b. How to use naloxone nasal spray:
  - i. Follow manufacturer's instructions for proper administration.
  - ii. *Step 1.* Lay the person on their back to receive a dose of naloxone nasal spray.
  - iii. *Step 2.* Remove naloxone nasal spray from the box. Peel back the tab with the circle to open the naloxone nasal spray.
  - iv. *Step 3.* Hold the naloxone nasal spray with your

thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle.

- v. *Step 4.* Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.
- vi. *Step 5.* Press the red plunger firmly to give the dose of naloxone nasal spray.
- vii. *Step 6.* Remove the naloxone nasal spray from the nostril after giving the dose.
- viii. If the person does not respond in 3 mins, repeat the steps and give the second dose of naloxone nasal spray in a box.
- ix. Monitor until EMS arrives.
- x. Place the victim in the recovery position and stay with the victim.

**4. Monitor the individual:** Naloxone blocks the opioid from acting so it can cause withdrawal symptoms with opioid tolerance.

- a. Remain with the victim until emergency support arrives; The victim may breathe but not have full arousal OR They may require continued rescue breathing and support.

Following the incident, debrief with the school team and health services.

**Documentation:**

1. Record the encounter in SNAP.
2. Complete an Incident report.
3. Complete a "911" report.
4. Include the individual's presentation, route of administration of naloxone, and dose administered. Also include the individual's response to the naloxone administration.

**Storage:** Store at 59° to 86°, away from direct sunlight

**Disposal:** Empty, administered naloxone nasal spray should be returned to the original packaging and disposed of in a waste receptacle.

**REFERENCES**

- BPS SHS-01 Drug and Alcohol Abuse – Update On Procedures
- BPS SHS-08 Medication Administration
- [NASN Naloxone Toolkit for School Nurses](#)
- [MDPH Bureau of Substance Addiction Services](#)



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