



Clinical Protocol for Administration of Naloxone in Marin County Schools

BACKGROUND

In response to the opioid epidemic facing California, Governor Brown signed Assembly Bill 1748, effective January 1, 2017, making the following additions to California Education Code 49414.3:

- States that school districts, county offices of education, and charter schools may provide emergency opioid antagonists to school nurses or trained personnel who have volunteered and school nurses or trained personnel may use the opioid antagonists to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.
- States that each public and private elementary and secondary school in the state may voluntarily determine whether or not to make emergency opioid antagonist and trained personnel available at its school. In making this determination, a school shall evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to providing the opioid antagonists and trained personnel.
- States that each public and private elementary and secondary school in the state may designate one or more volunteers to receive initial and annual refresher training, based on the standards established by the California Department of Education, regarding the storage of and emergency use of opioid antagonists from the school nurse or other qualified person designated by an authorizing physician and surgeon.
- States that a school district, county office of education or charter school electing to utilize opioid antagonists for emergency aid shall ensure that each employee who volunteers will be provided defense and indemnification by the school district, county office of education, or charter school for any and all civil liability.
- States that a public school may accept gifts, grants, and donations from any source for the support of the public school carrying out the provisions of this section, including, but not limited to, the acceptance of opioid antagonists from a manufacturer or wholesaler.

SIGNS AND SYMPTOMS OF OPIOID OVERDOSE

Designated school staff should be trained on how to recognize the signs and symptoms of an opioid overdose requiring the use of an opioid antagonist. Symptoms of an opioid overdose requiring the use of naloxone may include, but are not limited to the following:

- Extreme sleepiness (inability to awaken verbally or upon sternal rub)
- Breathing problems, ranging from slow to shallow breathing in a patient that cannot be awakened
- Fingernails or lips turning blue/purple
- Extremely small “pinpoint” pupils
- Slow heartbeat and/or low blood pressure

Signs of **overmedication** which may progress to overdose include:

- Unusual sleepiness, drowsiness or difficulty staying awake despite loud verbal stimulus or vigorous sternal rub
- Mental confusion
- Slurred speech
- Intoxicated behavior
- Slow or shallow breathing
- “pinpoint” pupils (although normal sized pupils do not exclude opioid overdose)
- Slow heartbeat/low blood pressure

Differentiating between an opioid overdose and an opioid high

Sometimes it is difficult to tell if someone is overdosing or if they are simply “high”. The table below offers clues on how a responder might be able to tell the difference.

HIGH	OVERDOSE
Muscles become relaxed	Pale, clammy skin
Speech is slowed/slurred	Very infrequent or no breathing
Sleepy looking	Deep snoring or gurgling (death rattle)
Responsive to stimuli (such as shaking, yelling, vigorous sternal rub, etc....)	Not responsive to stimuli (such as shaking, yelling, vigorous sternal rub, etc....)
Normal heart beat/pulse	Slow heart beat/pulse
Normal skin tone/color	Blue lips and/ or fingertips

It is important to note that not all signs and symptoms may be present during an opioid overdose. If the individual is not responsive to shaking, yelling or vigorously rubbing their sternum, act promptly.

RESPONDING TO AN OPIOID OVERDOSE

An opioid overdose needs immediate medical attention. If you suspect an overdose, act promptly. Do not send the person with a suspected overdose to the health office/school nurse alone, or leave them alone. Do not move a person who is in severe distress.

Suspected Overdose Response Overview

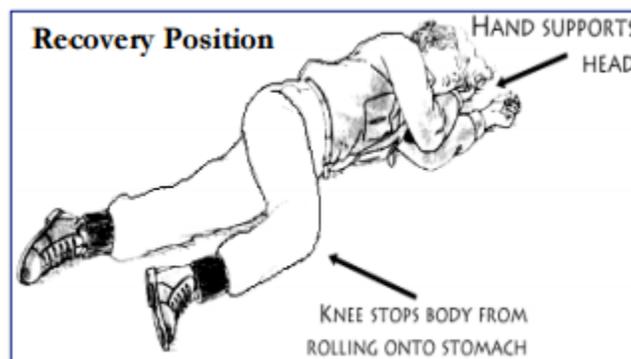
- Check for a response
- Call 911
- Start chest compressions/rescue breathing as needed
- Administer opioid antagonist
- Resume chest compressions with rescue breathing if needed
- Conduct follow-up – administer a second dose of opioid antagonist if no response after 3-5 minutes and resume chest compressions with rescue breathing if needed
- Provide details of treatment to arriving emergency medical services

Check for a response

1. Use loud verbal stimuli.
2. Administer sternum rub. Make a fist and rake your knuckles firmly up and down the front of the person's sternum (breast bone). This may wake the person up.
3. Check for respirations.
4. If the person does not respond or is not breathing, proceed with the steps listed below.

Call 911

1. If you must leave the person alone, put them in the recovery position (on side, hand supporting head, top knee bent to keep body from rolling onto stomach).



2. State that someone is unconscious due to suspected overdose and indicate if the person is not breathing.
3. Advise emergency operator if an opioid antagonist has been/will be administered prior to emergency services arriving.

Administer naloxone

1. Schools may choose to use a specific product, and should follow the manufacturer's instructions regarding how to administer that product. In Marin County, the preferred product is Narcan nasal spray 4 mg for ease of use, cost and efficacy. See <https://www.narcan.com/> for instructions.
2. In a patient that has been using opioids, administering an opioid antagonist may result in temporary withdrawal symptoms. These may include abrupt waking up, sweating, and agitated behavior. These symptoms are not life-threatening and will only last until the opioid antagonist has worn off.
3. The opioid antagonist will continue to work for as long as 30 to 90 minutes; after that time overdose symptoms may return.

Perform chest compressions with rescue breathing if needed

1. CPR must be performed per training until the opioid antagonist takes effect or until emergency medical services arrive.

Conduct follow-up

1. If there is no response to the administered opioid antagonist after 3 minutes, administer a second dose.
2. If an overdose victim revives, keep them calm. Inform them that they have received an opioid antagonist to block the effect of an opioid overdose. Reassure them that emergency services are on the way.
3. Observe the person for at least an hour or until emergency medical services arrive.

Provide details of treatment to arriving emergency medical services

1. Document the individual's name, date, time and route the opioid antagonist was administered and give this information to emergency medical services
2. Document the incident and complete school incident report per district protocol.
3. Replace opioid antagonist in-stock medication as soon as reasonably possible, but no later than two weeks after it is used (CEC 49414.3[h][1]).

REFERENCES

1. http://store.samhsa.gov/shin/content//SMA14-4742/Overdose_Toolkit.pdf
2. Bohnert ASB, Valenstein M, Bair MJ, et al. Association between opioid prescribing patterns and opioid overdose-related deaths. JAMA. 2011;305(13):1315–1321