



Bringing Naloxone into the Schools

The process created and utilized by Helena Public School Nurses

Why Bring Naloxone into the School?

According to Best Practice Medicine (the organization that provides Naloxone training for DPHHS):

- Since 2000, there have been over 700 opioid-related deaths in Montana.
- Almost 10% of Montana's youth ages 12-17 report misusing prescription pain relievers.

House Bill 333

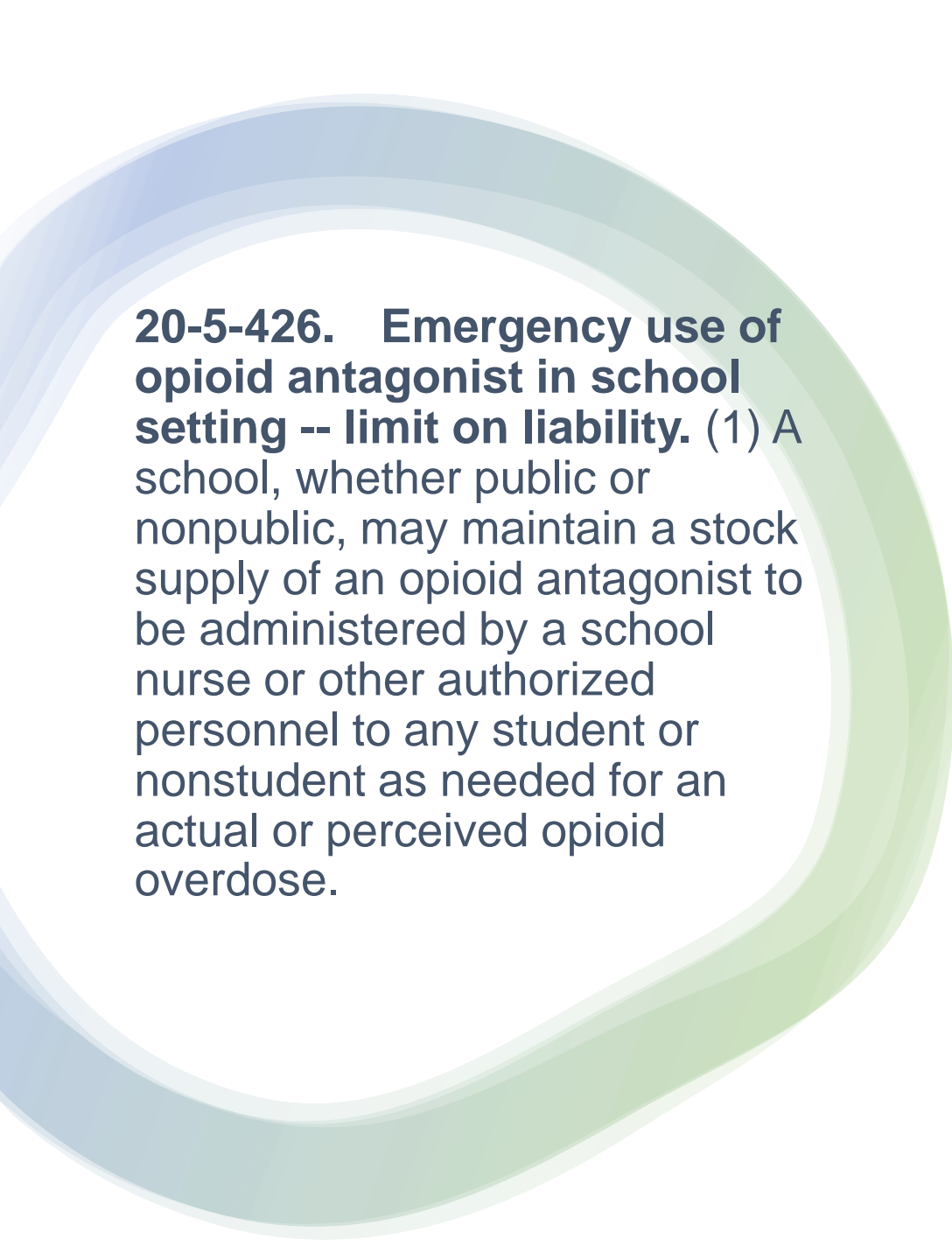
Early administration of naloxone is lifesaving for someone who had overdosed on an opioid

House Bill 333 was passed with the following purposes:

- Provides immunity to persons who administer Naloxone
- House Bill 333 Provides Good Samaritan protections for those who act in good faith to treat a person suspected of experiencing an opioid-related drug overdose with Naloxone
- It limits legal repercussions for those who need treatment for opioid-related drug overdose or those who seek medical help for those experiencing an overdose.

<https://leg.mt.gov/bills/2017/BillHtml/HB0333.htm>

https://www.leg.mt.gov/bills/mca/title_0200/chapter_0050/part_0040/section_0260/0200-0050-0040-0260.html



20-5-426. Emergency use of opioid antagonist in school setting -- limit on liability. (1) A school, whether public or nonpublic, may maintain a stock supply of an opioid antagonist to be administered by a school nurse or other authorized personnel to any student or nonstudent as needed for an actual or perceived opioid overdose.

A school that stocks an opioid antagonist shall develop a protocol related to the training of school employees, the maintenance and location of the opioid antagonist, and immediate and long-term follow up to the administration of the medication, including making a 911 emergency call.

The school shall provide training to authorized personnel. The training must include:

- causes of opioid overdose
- recognition of signs and symptoms of opioid overdose
- indications for the administration of an opioid antagonist
- administration technique
- the need for immediate access to a certified emergency responder

Training must be provided by a school nurse, certified emergency responder, or other health care professional.

The opioid antagonist must be kept in a secure and easily accessible location.

Steps In Bringing Naloxone Into Schools



Consider why you want to have Naloxone in your schools



Develop a Policy/Procedure to specifically identify who will use Naloxone, training, which schools, storage, etc



Get approval from your Board of Trustees



Order Naloxone on-line



Complete the on-line training course



Train school staff



Complete monthly survey provided by DPHHS

Why do you want Naloxone in your schools?

Do you want them in Elementary, Middle, High, and Alternative Learning Facilities?

Are the nurses in agreement? What are their concerns?

Scenarios on when you may need to use Naloxone in a school setting:

- Teacher/staff
- Students who use
- Students who have taken parent's supply

How do you get Naloxone in your Schools? Helena School Process in Obtaining Naloxone

Naloxone distribution system is currently in flux.
Ordering is through:

<https://dphhs.mt.gov/BHDD/naloxone/Organizations>

HPS nurses utilized the NASN Naloxone toolkit found
at: <https://learn.nasn.org/courses/3353>

Develop a Procedure

Training of School Employees

Maintenance and Location of the Naloxone

Immediate and Long-term follow-up after the administration

Updating School's Medication Policy to include Naloxone (storage and administration)

Helena School changed "Narcan" to "Naloxone" on the pre-made templates we used of Protocols and training documents

Approval from the Board of Trustees



Data



Policy



Rationale

Go To

<https://dphhs.mt.gov/BHDD/naloxone/>

Information Provided Includes:

Opioids and Overdose

Find Naloxone

Order Naloxone

Treatment for Opioid Use Disorder

Train Employees

Causes of Opioid Overdose

Recognition of Signs and Symptoms of Opioid Overdose

Indication for the administration of Naloxone

Administration technique

The need for emergency access to emergency responder

Training must be provided by a school nurse, certified emergency responder, or other health care professional.

Signs of Opioid Overdose Include:

Person does not wake or respond to touch/voice or respond to a sternal rub

Breathing is not normal, very slow, or has stopped

Pin-Point pupils

Face is pale and clammy

Drowsiness

Blue lips, fingernails or toenails

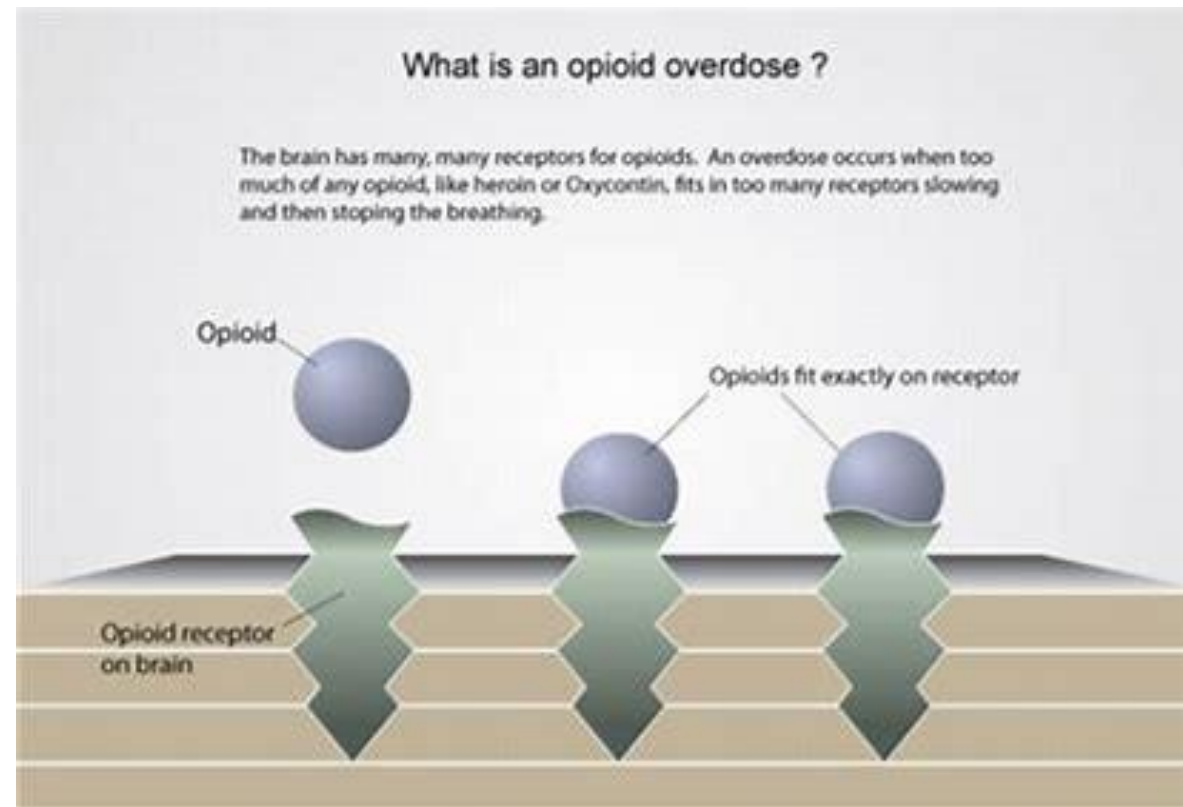
Slow, erratic, or no pulse

Limp muscles

Snoring or gurgling noises while asleep or nodding out

What Causes an Opioid Overdose

- Opioids attach to brain receptors that affect breathing
- A person's breathing slows and may stop if too many receptors are taken



5 Essential Steps When Encountering a Person With a Suspected Overdose

Call

Call for Help

- Ensure that emergency medical services are being dispatched by contacting dispatch or calling 911.
- If an AED or other medical equipment is available, quickly get it or have someone do it for you.

Check

Check for Signs of Opioid Overdose

Support

Support the Person's Breathing

- People who have overdosed on opioids die due to disruption of breathing.
- If trained to provide rescue breaths or CPR, do so prior to administering naloxone

5 Essential Steps When Encountering a Person With a Suspected Overdose Cont.

Administer

- Administer Naloxone: It is not possible to overdose on naloxone.
 - Give naloxone as soon as it is available.
- Naloxone is effective 30-45 minutes, so it is possible for a victim to relapse after it has worn off.
- Naloxone will not be effective on non-opioid substances but is not harmful if it is given even if the person is not suffering from an opioid overdose.

Monitor

- Monitor the Person's Response
 - Move the person on their side (recovery position).
 - Watch them closely.
 - Give a second dose after 2 to 3 minutes if the person has not woken up or their breathing is not improved. Alternate nostrils with each dose. You can give a dose every 2 to 3 minutes, if more are available and are needed
 - Perform rescue breathing or CPR while waiting for Naloxone to work. Naloxone should take effect in 3-5 minutes

How To Administer Naloxone

Remove

- Remove Naloxone Spray from the box and peel back the tab

Hold

- Hold the spray with your thumb on the bottom of the plunger and your first and middle finger on the side of the nozzle

Tilt

- Tilt the person's head back then gently insert the tip of the spray into the person's nostril until fingers touching the bottom of the person's nose.

Press

- Press the plunger firmly to administer the dose of Naloxone



Resources for person who overdosed or abuse substances:

[Suicide Information and Resources](#)

[Substance Abuse Prevention Program](#)

[Crisis Systems Information and Resources](#)

[Substance Use Disorder Services](#)

[Treatment Services Locator](#)

<https://dphhs.mt.gov/amdd/substanceabuse/index>

References

- <https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf>
- <https://bestpracticemedicine.com/education/naloxone-training>
- <https://www.cdc.gov/opioids/naloxone/training>
- <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/854/Naloxone-Use-in-the-School-Setting-The-Role-of-the-School-Nurse-Adopted-June-2015>
- <https://learn.nasn.org/courses/3353>
- <https://www.samhsa.gov/medication-assisted-treatment/medications-counseling-related-conditions/opioid-overdose>
- <https://theconversation.com/explainer-naloxone-the-antidote-to-opioid-overdose-32481>
- <https://harmreductionto.ca/naloxone>