



# Huron-Superior Catholic

## DISTRICT SCHOOL BOARD

### NALOXONE INFORMATION AND ADMINISTRATION PROCEDURE

#### **Background**

##### **Naloxone**

Naloxone is an antidote to opioid overdose. Naloxone binds to the same receptors in the brain that opioids do. However, naloxone is more effective at binding to these receptors and temporarily removes the opioid(s) and their harmful effects. This action can reverse the harmful effects including respiratory depression that can lead to a fatal overdose.

Once administered, Intranasal Naloxone (Naloxone Nasal Spray) will usually start to work in approximately 2-3 minutes and may stay active in the body for about 2 hours. Since naloxone only temporarily removes the opioids from the receptor sites in the brain, the opioids may return back to those receptors and the overdose symptoms can reoccur.

**It is important to call 911 before giving Naloxone. An overdose is a medical emergency.**

##### **Indications:**

Naloxone is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression. Naloxone is intended for immediate administration as emergency therapy in settings where opioids may be present. It is not a substitute for emergency medical care.

*Naloxone is contraindicated in the following individuals who:*

Have shown signs of hypersensitivity (hives, wheezing, difficulty breathing, difficulty swallowing, swelling in the mouth and throat, chest tightness, hypotension, and shock) after previous administration of Naloxone.

Are allergic to any of the components of naloxone: medicinal ingredient: naloxone hydrochloride and/or non-medicinal ingredients: hydrochloric acid, methylparaben and propylparaben.

## **Precautions:**

Pre-existing cardiovascular disease, having received potentially cardiotoxic drugs, pregnancy and lactation are listed under Precautions and Warnings for naloxone use, though it is unlikely that this information would be available in the event of an overdose. Due to the serious nature of an opioid overdose, it is appropriate to administer naloxone to any casualty exhibiting symptoms suggestive of opioid overdose.

You must call 911 in all cases of naloxone administration so emergency follow-up is initiated. In addition to naloxone, staff will be encouraged to initiate other resuscitative measures such as CPR.

## **Adverse Effects:**

- Abrupt reversal of opioid depression may result in nausea, vomiting, sweating, increased heart rate, increased blood pressure, and shaking or quivering.
- Seizures have been reported to occur infrequently after the administration of Naloxone; however, a causal relationship has not been established.
- The casualty may be agitated, anxious, or aggressive and caution should be taken after administration.

## **Opioids:**

Opioids exert their effects on the body by sticking to specific places (receptor proteins) on the brain (and all over the body) – much like a key fit into a lock. When too much opioid occupies the receptors, an overdose occurs.

*Examples of opioids include:* Heroin (smak, junk, dope, H), Fentanyl (Duragesic®), Morphine (Kadian®, MSContin®), Oxycodone (OxyNEO®, Percocet®, Endocet®, Percodan®), Meperidine (Demerol®), Tramadol (Ultram®, Ralivia®), Petazocine (Talwin®), Methadone, Buprenorphine (Suboxone®, Subtex®).

## **Opioid Intoxication:**

It is important to be able to recognize if someone is overdosing or is intoxicated. When someone is intoxicated, they do not need naloxone, but are at risk of overdose. It is important to stay with them, make sure they are responsive, still breathing normally, and in a safe space.

## **When in doubt, always call 911.**

### *Signs of intoxication:*

- Muscles become relaxed
- Speech is slowed/slurred
- Sleepy looking
- Head nodding- head drops as if falling asleep then spontaneously or with stimulation props head up again

### *Someone who is intoxicated will:*

- Respond to stimulation like 'shake and shout'
- Be able to verbalize (have a conversation)
- Be able to walk around with or without help
- Breathe normally and regularly

## **Overdose:**

An overdose occurs when a person uses more of a drug, or combination of drugs, than the body can handle. As a result, the brain is not able to control basic life functions, like breathing.

### *Who can overdose?*

- **Anyone can overdose:** first time users, long-time users, seniors, young people, people who only use once in a while- overdose doesn't discriminate. There is no exact formula for determining how much of a certain drug or combination of drugs will lead to an overdose.
- An individual's physical characteristics play a role: weight, health, tolerance for a drug at that particular time.
- Other factors: drug potency (how strong it is), how it is taken (swallowed, snorted, injected), and how often and how much of a drug is used.
- **Overdose risk is higher if a person hasn't used in a while**

### *What are the possible consequences of an opioid overdose?*

- Choking on vomit
- Coma
- Breathing stops, heart failure and heart attack
- Death

If someone experiences multiple overdoses, this means that their brain is also being deprived of oxygen multiple times. Over time this can contribute to brain injury.

### *Signs and symptoms of an opioid overdose :*

- Breathing is very slow, irregular or not there at all
- Unresponsive to stimuli/can't be woken up
- Fingernails and/or lips turn blue, gray or purple
- Body is limp/person is not moving
- Person may be choking
- Deep gurgling or snoring sounds
- Skin feels cold and clammy
- Pupils are tiny (pinpoint)

Administering naloxone in an opioid overdose can reverse the overdose effects long enough for the person to receive medical attention and have their life saved.

## **PROCEDURE**

The Naloxone Response Kit shall be made readily accessible to those employees who have completed the required training to administer it in the event of a suspected drug overdose.

The training, at a minimum, will include:

- procedures for risk reduction;
- proper administration of the nasal Naloxone;
- requirements for proper storage and security;
- the need for immediate notification of the local emergency medical services system (911) and
- procedure for documentation.
- Calling someone who is trained in Standard First Aid/CPR/AED

Staff will be aware of the signs and symptoms of opioid intoxication and overdose and will provide Naloxone via 1 spray intranasally (IN) to persons in suspected or actual opioid overdose where signs and symptoms are present as directed by this Procedure. If there is no change in 2 minutes, administer a second dose. Reassess every 2 minutes and continue to administer if not responsive.

## **General Guidelines:**

Don gloves as a precaution against bodily fluid and drug exposure.

In the event of an opioid overdose when 2 or more staff are present simultaneously ensure to:

- A. Call for assistance, including 911 and retrieve the Naloxone Response Kit and AED
- B. If trained, initiate CPR (as per Standard First Aid/CPR training) or call someone that is trained to assist
- C. Prompt administration of Naloxone as per this Procedure

When 2 or more staff members are present the trained staff member takes the lead in administering Naloxone and monitoring the casualty. Additional staff members (trained in standard First Aid/CPR) should then take the lead on administering CPR/applying AED and other tasks (calling 911, directing other persons, liaison with Emergency Services, etc.).

If only 1 staff member is present, they should try and recruit at least one more person to assist and call 911. The staff member should take the lead in administering Naloxone and monitoring the casualty. If there is another person in the vicinity, they can be asked to lead other logistical tasks, including finding other trained staff if available. Naloxone is to be administered as indicated even if the staff member is alone.

## **Initial Assessment:**

Prior to approaching a casualty in distress, a quick assessment is to be completed to ensure safety. Seek help from colleagues immediately if available. Survey the scene for sharps, discarded drug-use equipment, hazards, etc.

## **Opioid Intoxication Management:**

The management of opioid intoxication consists of observation and counseling of a casualty in a safe environment. Management is predominantly supportive with an emphasis on assessing the casualty's level of consciousness and monitoring for signs and symptoms of respiratory depression. In addition, the following should be included in the response to manage opioid overdose:

- Clear the area of anyone who is not essential to managing opioid intoxication.
- Encourage the casualty to stay and monitor for signs and symptoms of overdose. If they choose to leave, provide overdose counseling as appropriate and as needed, examples include: advise the casualty to refrain from using more substances, suggest the casualty stay with family and/or a friend, offer to call casualty support for assistance.
- Some techniques that can be used to relieve anxiety in an agitated casualty include: avoidance of sudden movements and loud noises, not confronting them in small spaces, communicating in a calm and reassuring tone.
- **Monitor the casualty's breathing and level of consciousness.**

If possible, a thorough history of drugs used should be taken from the casualty; however, if a casualty is exhibiting signs of opioid overdose, emphasis should be placed on administering Naloxone and initiating CPR.

### *History:*

- Any allergies?
- What drug(s) were taken and when?
- How were the drugs used (intranasal, intravenous, oral, inhalation)?
- Other drug use (particularly alcohol, benzodiazepines, stimulants, party drugs)?
- Any medical conditions (including mental health)?

- Are there any signs of injury (bleeding, skin laceration, head injury)?

*Assess for signs and symptoms of an opioid overdose:*

- Breathing is very slow, irregular or not there at all
- Unresponsive to stimuli/can't be woken up
- Fingernails and/or lips turn blue, grey or purple
- Body is limp/person is not moving
- Person may be choking
- Deep gurgling or snoring sounds
- Skin feels cold and clammy
- Pupils are tiny (pinpoint)

### **5 Steps- Suspected Opioid Overdose Management (See Appendix A and B):**

Remember to put on the non-latex gloves that come in your naloxone kit before you respond.

1. Shout the person's name and shake their shoulders.
2. Call 9-1-1 right away if unresponsive.
3. Give **naloxone**:
  - Spray: insert nozzle into nostril, then press plunger down firmly to give the dose (only spray once plunger is in the nostril)
4. Perform chest compressions only (not rescue breaths).
5. Is it working? If no improvement after 2-3 minutes, repeat steps 3 and 4.

Stay with them. If the person begins breathing on their own, or if you have to leave the person at any time, put them in the recovery position. The recovery position helps keep a person's airway open so they can breathe and can prevent them from choking on vomit or spit.

### **CHEST COMPRESSIONS and or CPR**

**If the casualty is unconscious and not breathing start chest compressions or full CPR if trained in Standard First Aid/CPR.**

*Compressions Only:*

- Push hard and fast with both hands on the center of the chest
- Position arms in locked position
- Push down at least 2 inches with each compression
- Continue chest compressions until emergency services arrive
- If able, switch persons doing compressions every 2 minutes to avoid fatigue

**If you know how and are willing, provide full CPR.**





- Chest compressions on the unresponsive person lets blood flow to vital organs. Resuscitation guidelines emphasize the importance and benefits in starting chest compressions as early as possible.
- If 2 or more people are on site, and they are able, chest compressions/CPR and naloxone should be done at the same time.
- If there is only one person on site, it is recommended that they begin compressions with no interruptions, except to administer Naloxone. If you are alone, give compressions for approximately 2 minutes before leaving to get naloxone. If naloxone is immediately available or if the suspected overdose was witnessed do not delay giving naloxone.
- If you are unable to do chest compressions (no hard surface underneath, person cannot be moved in a lying down position), give naloxone and continue with the rest of the 5 steps (see Appendix B).

## NALOXONE DOSAGE AND ROUTE OF ADMINISTRATION:

### Dosage:

- A single dose of Naloxone spray 4 mg/0.1 mL IN to be administered immediately if an individual is identified as likely to be experiencing an opioid overdose.
- If the person overdosing continues to have significant symptoms of overdose 2-3 minutes following the administration of the first dose of naloxone IN, continue to administer the second dose of naloxone (as above) until Emergency Services arrive or the person responds.

### How to Administer Naloxone IN:

	<p>Remove the nasal spray from the box. Peel back the tab with the circle to open the naloxone nasal spray.</p>
	<p>Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.</p>
	<p>Insert the tip of the nozzle into either nostril. Tilt the person's head back and provide support under the neck with your hand.</p>
	<p>Press the plunger firmly to give the dose of naloxone nasal spray.</p>
<p>Remove the naloxone nasal spray from the nostril after giving the dose.</p>	

### Assess the casualty:

If the casualty does not start breathing normally on their own continue chest compressions / CPR until emergency services arrive or the person responds. The next dose of Naloxone can be administered within 2-3 minutes IN.

*When Naloxone starts to work the casualty may:*

- Wake up suddenly
- Wake up slowly
- Be confused
- Be agitated, aggressive or combative
- Want to use more drugs

Naloxone may cause mild to severe withdrawal symptoms: agitation, anxiety, muscles aches, sweating, nausea, vomiting. Once the Naloxone wears off, these withdrawal symptoms tend to go away.

- Stay with the casualty until emergency services arrive
- Watch for signs and symptoms of the overdose returning

#### **Counseling/Post-overdose Management:**

- Reassure the casualty that staff are trained in response to opioid overdose.
- Staff will indicate to the casualty the need for Naloxone and the need for hospital observation irrespective of the severity of the situation.
- In addition, staff will support the casualty in their transition to emergency services.
- Post-Naloxone observation in the hospital is an important component of the response to this situation.
- Symptoms of opioid overdose may resolve or decline with the administration of Naloxone but return once Naloxone effects subside in approximately 2 hours after IN administration.
- Casualties should be instructed to temporarily discontinue use of all opioids or opioid containing substances.
- Post-opioid overdose observation in a hospital setting is the standard of care for individuals who have received Naloxone.

#### **Recovery Position**

**If at any point you need to leave the person alone or if the person begins breathing on their own, place them in the recovery position.** Placing a person in the recovery position helps keep the person's airway open so they can breathe and can prevent them from choking on vomit or spit.



### **Acquisition**

The HSCDSB shall obtain sufficient supplies of naloxone pursuant to the standing order in the same manner as other medical supplies acquired for the school program. The School Administrator or designate shall, on a monthly basis, inventory the Naloxone Response Kit.

The Naloxone Response Kit contains:

1. Naloxone spray (2 or 4 doses)
2. 2 one way valve mask
3. 3 pairs of medium nitrile gloves
4. 3 pairs of large nitrile gloves
5. Naloxone Procedure Card

When any kit content is used or expired, please contact the Health & Safety Officer for replacement kit at (705) 945-5414 or extension 25414.

### **Storage**

Naloxone shall be safely stored in the school administrative office or other location designated by the School Administrator in accordance with the drug manufacturer's instructions. All properly trained employees shall be informed of the exact location of the Naloxone Response Kit.

Places where the nasal Naloxone is to be stored, should be identified, with the following



consideration of the need for storage:

- a. be stored in the Naloxone Response Kit provided by the Board
- b. in such a manner as to allow rapid access by authorized persons; and
- c. in a place accessible only to authorized persons. The storage location(s) should be secure, but not locked during those times when nasal Naloxone is most likely to be administered, as determined by the School Administrator or designate;
- d. near an automated external defibrillator;
- e. a place that is not subject to extreme heat or cold.

#### Disposal

Unused and expired Naloxone is returned to the Board coordinated through the Health & Safety Officer at (705) 945-5414 or extension 25414.

Empty naloxone nasal sprays can be disposed of as non-hazardous garbage.

#### **DOCUMENTATION**

Document the administration of Naloxone online in KICS - Overdose Reporting Form (Appendix B)

#### **APPENDICES**

Appendix A: [Naloxone Procedure Card](#)

Appendix B: [Overdose Reporting Form](#)

Appendix C: [Sample Letter to the parent\(s\)/guardian\(s\)](#)