January 2019

ALABAMA STATE DEPARTMENT OF EDUCATION

ALABAMA HEALTH SERVICES

ALABAMA NALOXONE TRAINING

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Alabama State Department of Education

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Position Statement

SUMMARY

It is the position of the National Association of School Nurses (NASN) that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan. The registered professional school nurse (hereinafter referred to as school nurse) provides leadership in all phases of emergency preparedness and response. When emergencies happen, including drug-related emergencies, managing incidents at school is vital to positive outcomes. The school nurse is an essential part of the school team responsible for developing emergency response procedures. School nurses in this role should facilitate access to naloxone for the management of OPR-related overdose in the school setting.

BACKGROUND

Deaths from prescription painkillers (opioid or narcotic pain relievers) have reached epidemic levels in the past decade according to the Centers for Disease Control and Prevention (CDC) (2014a). A crucial mitigating factor involves the nonmedical use of prescription painkillers—using drugs without a prescription or using drugs to obtain the "high" they produce. In 2010, the CDC stated about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year (CDC, 2014a). The 2013 Partnership Attitude Tracking Study (PATS) stated almost one in four teens (23 percent) reported abusing or misusing a prescription drug at least once in his or her lifetime, and one in six (16 percent) reported doing so within the past year (Feliz, 2014). According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health in 2013, there were 2.2 million adolescents ages 12 to 17 who were current illicit drug users (SAMHSA, 2014). Given the

magnitude of the problem, in 2014 the CDC added OPR overdose prevention to its list of top five public health challenges (CDC, 2014b).

RATIONALE

Schools should be responsible for anticipating and preparing to respond to a variety of emergencies (Doyle, 2013). The school nurse is often the first health professional who responds to an emergency in the school setting. The school nurse possesses the education and knowledge to identify emergent situations, manage the emergency until relieved by emergency medical services (EMS) personnel, communicate the assessment and interventions to EMS personnel, and follow up with the healthcare provider. Harm reduction approaches to OPR overdose include expanding access to naloxone, an opioid overdose antidote, which can prevent overdose deaths by reversing life-threatening respiratory depression. When administered quickly and effectively, naloxone has the potential to immediately restore breathing to a victim experiencing an opioid overdose (Hardesty, 2014).

Naloxone saves lives and can be the first step towards OPR abuse recovery. It provides an opportunity for families to have a second chance with their loved ones by getting them into an appropriate treatment regimen (Lagoy, 2014). Ensuring ready access to naloxone is one of the SAMSHA's five strategic approaches to prevent overdose deaths (SAMHSA, 2013).

CONCLUSION

OPR overdose kills thousands of Americans every year. Many of these deaths are preventable through the timely provision of an inexpensive, safe, and effective drug and the summoning of emergency responders (Davis, Webb & Burris, 2013). School nurses must be familiar and sensitized to the legal issues, which vary from state to state in terms of the prescription and availability of naloxone. They should review local and state policy on how to access naloxone and implement its use as part of their school emergency response protocol.

It is also important to prevent students from ever misusing opiates. School nurses are crucial primary prevention agents in school communities. Through utilization of prevention materials, school nurses can provide valuable awareness and education on the dangers of prescription drug misuse to K-12 students and their families. In addition, school nurses can help families recognize signs and symptoms of substance abuse, guide them to locate resources, and assist them in making referrals for treatment of OPR addiction.

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Adopted: June 2015

Suggested citation: National Association of School Nurses. (2015). *Naloxone use in the school setting: The role of the school nurse* (Position Statement). Silver Spring, MD: Author.

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Emergency Naloxone Administration Protocol

This protocol addresses the training of the Unlicensed Assistant to administer naloxone injections to students experiencing signs of an opioid overdose. The training session must allow enough time for the trainee (trained unlicensed assistant) to read through the protocol, observe the procedure for administering naloxone, provide a return demonstration, ask questions, and complete the evaluation tool. The trainee's experience with giving injections and/or their current comfort level should be assessed to determine how to best demonstrate the procedure and provide a viable practice opportunity.

TWO KEY OUTCOMES:

- **The trainee will be trained to recognize signs and symptoms of opioid overdose.**
- **The trainee will successfully administer naloxone using a naloxone demonstration kit.**

Overview of Opioid Overdose

In 2017 the U.S. Department of Health and Human Services declared the opioid Epidemic a public health emergency. At the end of the 1990s pharmaceutical companies assured healthcare community that opioid pain re would not lead to addiction and medical providers started prescribing opioid pain relievers at higher rates. The increase of opioid prescriptions resulted in an epidemic of prescription and illicit opioid uses. In the United States in 2016-2017 11.4 million people misused prescription opioids. It is estimated that 2.1 million people have an opioid use disorder and 130+ people died every day from opioid overdoses. In 2016 there were 42,000 deaths due to opioids with 40% involving a prescription opioid. In 2012 Alabama dispensed 143 opioid prescriptions per 100 people, the highest in the nation. In 2016 Alabama still had the highest dispensing rate with 121 opioid prescriptions dispensed per 100 people.

What is an Opioid and Opioid Abuse:

An opioid is any drug that acts on the opioid receptor in the brain. Previous nomenclature differentiated opioids as opiates (found in the opium poppy – codeine and morphine), semi-synthetic opioids (structurally related to codeine or morphine –heroin, hydrocodone, and oxycodone) and synthetic opioids (no structural similarities to codeine or morphine – fentanyl and methadone). An opioid can be a prescription or an illicit drug. Prescription opioids are therapeutically used to relieve moderate to severe pain. When prescription or non-prescription opioids are abused, opioids trigger the release of endorphins, which decrease your perception of pain, increases your feeling of pleasure (euphoria) and sense of well-being, making the abuser feel relaxed.

Opioids
Buprenorphine - Suboxone®
Codeine - Tylenol #3 ®
Fentanyl - Actiq®, Duragesic®, Sublimaze®
Heroin – 1898-1910
Hydrocodone - Lorcet®, Lortab®, Norco®, Vicodin®
Hydromorphone - Dilaudid®
Levorphanol - Levo-Dromoran®
Meperidine - Demerol®
Methadone - Dolophine®
Morphine - Roxanol®, Duramorph®
Opium - Paragoric®
Oxycodone – Percocet®, Percodan, ® Tylox, ® Oxycontin®
Tramadol – Ultram®, Ultracet®
Tramadol – Ultram®, Ultracet®

Opioid Overdose:

An opioid overdose can occur both unintentionally and intentionally after ingestion, injection, or inhalation of an opioid. An opioid overdose occurs when above therapeutic doses are taken or when an illicit drug potency is higher, or a drug is contaminated a stronger opioid. Signs of an opioid overdose include depressed mental status, depressed or absent breathing, and pinpoint pupils.

Opioid High	Opioid Overdose
Person responds to commands Slow/slurred speech Breathing appears normal Pinpoint pupils (with some exceptions)	**Depressed mental status** Unconscious – does not respond to voice, sternal rub, limp body **Depressed or absent breathing** Suppressed breathing <8 breaths/minute, shallow Cyanosis – blue or gray lips or fingernails Pale, clammy skin Slow or irregular pulse Snoring, gurgling, or choking sounds (a.k.a. death rattle) **Pinpoint pupils**

Administration of Naloxone

Naloxone is the generic name for Narcan®. It is a rapid opioid reversal agent also known as an opioid antagonist. Naloxone blocks the effects on the respiratory control center and restores respirations. It also blocks the depressant effects on the central nervous system and can restores alertness.

The Evzio (naloxone HCL injection): The Evzio auto injector contains 2mg of naloxone in 0.4 mL for intramuscular or subcutaneous use in adults and children.

Preparing for Evzio (naloxone HCl injection)

1. Evzio has a speaker that provides voice instructions to help guide you through each step of the injection.
2. Pull Evzio from the outer case. Do not remove the **red** safety guard until you are ready to use Evzio. If you are not ready to use Evzio, put it back in the outer case for later use.
3. Pull off the **red** safety guard. To reduce chance of an accidental injection, do not touch the **black** base of the auto-injector, which is where the needle comes out.
4. Place the **black** end of the Evzio against the outer thigh, through clothing, if needed (prior to injection, empty pant pockets). Press firmly and hold in place for 5 seconds. If you give Evzio to an infant less than 1 year old, pinch the middle of the outer thigh before you administer Evzio and continue to pinch while give Evzio.
5. After using Evzio, get emergency medical help right away. Give additional injections using a new Evzio every 2 to 3 minutes until respirations are normal.

Care of the Person after Administration of Evzio (naloxone 2 mg auto-injection) Prior to injection, empty any pant pockets.

1. Turn the person on his/her side in the recovery position. The lower arm should be placed under the head for support. The upper arm and leg should be bent to prevent the student from rolling on their stomach. Ensure 911 has been notified. A potential side effect of naloxone is vomiting. Therefore, positioning on the side will prevent possible choking and allow for drainage of secretions from the mouth.
2. Do not leave the student unattended. Remain with the student until emergency medical services arrive. Upon their arrival, give a detailed verbal report. Emergency service personnel will take over medical control.

Registered Nurse: _____ **Date:** _____

Trained Unlicensed Personnel: _____ **Date:** _____

https://www.mayoclinic.org/diseases-conditions/prescription-drug-abuse/in-depth/how-opioid-addiction-occurs/art-20360372
https://dailymed.nlm.nih.gov/dailymed/fda/fdaDrugXsl.cfm?setid=5fbe8d17-a72f-406d-a736-48e61620f9d8&type=display#s_ifu
https://www.drugabuse.gov/related-topics/trends-statistics/overdose-death-rates

Skills Checklist

Naloxone Auto-Injector (Evzio®)

Name of Trainee_____

	Training	Demo	Review	Review	Comments	Initials
States name and purpose of procedure						
1. States symptoms for use of naloxone auto-injector.						
Preparation						
1. Check for pulse, if absent begin CPR and rescue breathing.						
2. Check for responsiveness and determine respiratory rate.						
3. Reviews universal precautions						
4. Identifies location of medication. Periodically visually inspect the naloxone solution through the viewing window. If the solution is discolored, cloudy, or contains solid particles, replace it with a new EVZIO. Replace EVZIO before its expiration date.						
5. Positions student in supine position (on their back)						
6. Identifies possible problems and appropriate actions						
7. Knows to call 911 when naloxone auto-injector is used						
8. Gloves						
9. Right medication						
Procedures						
1. Applies gloves						
2. If not breathing administer 2 rescue breaths (by moving them onto their back, tilting their head back and lifting their chin, and breathing two normal breaths into the mouth while pinching nostrils.)						
3. Remove red end cap from auto-injector						
4. Places tip of auto-injector on either side of outer thigh, may use through clothing, remover contents						

of pockets						
5. Press hard into thigh until the mechanism injects. If the electronic voice instruction system on EVZIO does not work properly, EVZIO will still deliver the intended dose of naloxone hydrochloride when used according to the printed instructions on its label.						
6. Hold firm pressure for 10 seconds						
7. Post-injection, the black base locks in place, a red indicator appears in the viewing window and electronic visual and audible instructions signal that EVZIO has delivered the intended dose of naloxone hydrochloride. EVZIO's red safety guard should not be replaced under any circumstances (If the electronic voice instruction system on EVZIO does not work properly, EVZIO will still deliver the intended dose of naloxone hydrochloride when used according to the printed instructions on its label).						
8. Massages injection site for 10 seconds to help absorption						
9. If not breathing continue rescue breaths (Give one breath every five seconds until they begin breathing on their own).						
10. If breathing place in the recovery position - roll onto their side						
11. If normal respirations have not resumed within 2-3 minutes, repeat naloxone administration						
12. Notes time of injection						
Follow up						
1. Contacts parent and school nurse						
2. Gives 911 empty auto-injector						
3. Discards used supplies						
4. Documents the incident and gives report to the school nurse.						

Signature of School Nurse_____ Date_____

Signature of Trainee _____ Date_____

Guideline

This **guideline** is to be used in the care of children and adults who present with signs and symptoms of an opioid overdose while at school or at a school-related event.

An opioid overdose is a life-threatening event. This is a medical emergency that requires immediate intervention and treatment.

Causes of an opioid overdose may be secondary to an intentional or unintentional overdose of any medication (prescription or illicit) that acts on the opioid receptor resulting in a loss of conscious (not responding to a sternal rub), shallow, labored breathing (< 8 breaths per minute), and pinpoint pupils**.**

Drug overdoses are the number one cause of death in the United States with opioid overdoses accounting for 66% of these fatalities and 40% of the opioid overdoses are from prescription medications. Home medication cabinets have become the new drug dealer for adolescents.

Symptoms of an opioid overdose include:

- ***Central Nervous System:*** Unconscious – does not respond to voice or sternal rub, limp body
- ***Respiratory:*** Depressed or absent breathing – suppressed breathing < 8 breaths/minute – shallow, slow, irregular snoring, gurgling, cyanosis (check lips and fingernails), pale clammy skin.
- ***Ocular:*** Pinpoint pupils

Naloxone is the emergency drug of choice for treatment of an opioid overdose and must be given immediately. There should be no delay in the administration of naloxone.

1. Naloxone is **not** administered based on individual's weight:

   - Naloxone hydrochloride auto-injection (Evzio®)(2mg/0.4ml) intramuscular or subcutaneous .
2. Call EMS (911) for an opioid overdose (suspected). *EMS transport should be informed that naloxone has been given.

3. Place individual in the recovery position – on their side with their hand supporting their head and top leg bent to prevent them from rolling on their stomach (patient/victim may vomit).

4. Notify parents/guardians/alternate adults.

5. Be prepared to begin CPR for respiratory arrest and have AED available.

6. Monitor and document heart rate; respiratory rate, respiratory effort, level of consciousness, and any progression of symptoms for 2 to 3 minutes if no return to normal respirations has occurred then re-administer naloxone/Evzio until help arrives. Endpoint of naloxone therapy is the return of normal respirations, not patient becoming alert and awake. Do not want patient to flee.

7. Prepare individual for EMS transport. EMS may need a demographic sheet on the individual.

8. Notify school nurse so that naloxone auto-injector can be re-ordered.

9. Complete a student/staff injury report and forward to the proper administrators.

APPROVED:

_____ _____

Physician Authorization Date

Appendix D

Medication

Medication Administration

Student Demographics and Health History

1. School District: _____ Name of School: _____

2. Age:_____ Type of Person: Student ☐ Staff ☐ Visitor ☐ Gender: M ☐ F ☐ Ethnicity: Spanish/Hispanic/Latino: Yes ☐ No ☐

3. Race: American Indian/Alaskan Native ☐ African American ☐ Asian ☐ Native Hawaiian/other Pacific Islander ☐ White ☐ Other ☐

4. History of allergy: Yes ☐ No ☐ Unknown ☐ If known, specify type of allergy: _____

Previous naloxone use: Yes ☐ No ☐

School Plans and Medical Orders

5. Individual Health Care Plan (IHCP) in place? Yes ☐ No ☐ Unknown ☐

6. Written school district policy on management of life-threatening overdosed in place? Yes ☐ No ☐ Unknown ☐

7. Does the student have a student specific order for naloxone? Yes ☐ No ☐ Unknown ☐

8. Expiration date of naloxone _____ Unknown ☐

Naloxone Administration Incident Reporting

9. Date/Time of occurrence: _____Vital signs: BP_____/____ Temp _____ Pulse _____ Respiration _____

10. If known, specify drug that caused overdose.

Name of opioid ☐ _____ Unknown ☐

11. Did exposure to opioid occur prior to school? Yes ☐ No ☐ Unknown ☐

12. Location where symptoms developed: Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other ☐ specify _____

_____

13. Symptoms: (Check all that apply)

Respiratory	**CNS**	**Skin**	**Cardiac/Vascular**
☐ <8 breaths/min	☐ Unresponsive to voice	☐ Cyanosis	☐ Absence of pulse
☐ shallow breathing	☐ Unresponsive to sternal rub	☐ pale	
☐ snoring		☐ clammy	
☐ gurgling			

For Office Use: Original report to School Nurse on campus where incident occurred; School Nurse will forward a copy to Health Services at CO

Appendix D

Medication

14. Location where naloxone administered: Health Office ☐ Other ☐ specify _____

15. Location of naloxone storage: (out of sunlight, not refrigerated) Health Office ☐ Other ☐ specify _____

16. Naloxone administered by: RN ☐ Other ☐ Naloxone was _____school sto

If naloxone was administered by other, please specify_____

Was this person formally trained? Yes ☐ Date of training _____ No ☐ Don't know ☐

17. Time elapsed between onset of symptoms and communication of symptoms: _____minutes

18. Time elapsed between communication of symptoms and administration of naloxone: _____minutes

Parent notified of naloxone administration: (time) _____

19. Was a second naloxone dose required? Yes ☐ No ☐ Unknown ☐ If yes, was that dose administered at the school prior to arrival of EMS? Yes ☐ No ☐ Unknown ☐

Approximate time between the first and second dose _____

Disposition

20. EMS notified at: (time) _____ Transferred to ER: Yes ☐ No ☐ Unknown ☐

If yes, transferred via ambulance ☐ Parent/Guardian ☐ Other ☐ Discharged after _____ hours

Parent: At school ☐ Will come to school ☐ Will meet student at hospital ☐ Other: _____

21. Hospitalized: Yes ☐ If yes, discharged after _____ days No ☐ Name of hospital: _____

22. Student/Staff/Visitor outcome: _____

23. Did a debriefing meeting occur? Yes☐ No ☐ Did family notify prescribing MD? Yes ☐ No ☐ Unknown ☐

24. Recommendation for changes: Protocol change ☐ Policy change ☐ Educational change ☐ Information sharing ☐ None ☐

25. Form completed by:_____ Date:_____

(please print)

Title:_____ Phone number: (____) _____Ext.: _____ Email : _____

For Office Use: Original report to school nurse on campus where incident occurred; school nurse will forward a copy to Health Services at CO

Acknowledgments:

The Alabama State Department of Education acknowledges the work of the following agencies to develop this document.

The Alabama Board of Nursing

The Alabama Board of Pharmacy

The Alabama State Department of Public Health

Children's Hospital of Alabama

A special acknowledgment to:

Ann Slattery DrPH, RN, Rph, DABAT

Director Regional Poison Control Center

Children's of Alabama