

NALOXONE (Narcan) ADMINISTRATION

1.0 Background

Naloxone is an FDA approved medication indicated for the emergency reversal of an opioid overdose (CDC, 2018). According to the CDC, 72,000 people died of an opioid overdose in 2017. The cause of death from opioid overdoses is respiratory arrest. Naloxone acts by displacing an opioid from the opioid receptors in the brain leading to a resumption of normal respiration.

2.0 Purpose

As a means of enhancing the health and safety of its students, staff and visitors, the school district may obtain, maintain and administer doses of an opioid antagonist with the intent to prevent opiate-related overdose deaths in its schools. Naloxone (also commonly known as Narcan or Evzio) is a medication that can reverse an overdose that is caused by an opioid drug. When administered, during an overdose, Naloxone blocks the effects of opioids on the brain and respiratory system in order to prevent death. Naloxone has no potential for abuse and is a non-narcotic and non-addicting prescription drug.

3.0 Definitions

Drug overdose – shall mean an acute medical condition, including, but not limited to, severe physical illness coma, mania, hysteria or death, which is the result of consumption or use of one or more controlled substances causing an adverse reaction. An individual's condition may be deemed to be an overdose if a prudent person, possessing an average knowledge of medicine and health, would reasonably believe that the condition is in fact a drug overdose and requires immediate medical attention.

Naloxone – shall mean a medication that can reverse an overdose caused by an opioid drug. As a narcotic antagonist, Naloxone displaces opiates from receptors sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.

Opioid – shall mean illegal drugs such as heroin, as well as, prescription medication used to treat pain such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine. Naloxone is not indicated, and is ineffective for individuals who have overdosed on other drugs such as cocaine, methamphetamine, alcohol, benzodiazepines or hallucinogens such as MDMA.

4.0 Responsibility

4.1 School Physician's Standing Order

The school district's Superintendent or designee shall obtain a standing medical order from a physician. The standing order shall authorize the school district to obtain, store and administer Naloxone in compliance with this policy and medical protocol. The standing order gives licensed nurses the ability to administer Naloxone in compliance with this policy and medical protocol.

4.2 Training

In 2016, WV Senate Bill 335 was approved and signed into state law, allowing the general public members who are trained in Naloxone to procure and administer Naloxone to individuals suffering from an opioid overdose (WV Code Chapter 16, Article 46-Access to Opioid Antagonist Act). The prerequisite to administering Naloxone as a layperson is satisfactory completion of the Overdose Recognition and Naloxone Training curriculum as instructed by trained facilitators with WV Office of Emergency Medical Services (WVOEMS).

A list of school district employees who successfully complete such training shall be maintained, updated and kept in the school nurse's office and the school district administration office.

4.3 Storage of Naloxone

Naloxone shall be safely stored in compliance with the drug manufacturer's instructions. Naloxone 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. All properly trained employees shall be made aware of exactly where Naloxone is being stored for easy access during an emergency.

4.4 Administration of Naloxone

Contraindications – Given the fatality associated with opioid overdose, there are contraindications to the administration of Naloxone. It can be safely used in all age groups and in pregnant women.

Recognition of an Opioid Overdose – Opioid overdose should be suspected in unconscious, unresponsive individuals who are not breathing, who have pinpointed pupils and who may be around drugs or drug paraphernalia or who are reported to be opioid users.

Definitive Care – Pursuant to WV Code Chapter 16, Article 46, all individuals who receive a rescue dose of Naloxone must be linked with definitive care by activating local Emergency Services (911).

Support for the Individual after Administering Naloxone and Awaiting the Arrival of EMS – Place person in recovery position (On his/her side), perform CPR, if indicated. Post-Naloxone Administration – Anytime Naloxone is administered by lay providers for an opioid overdose, WV Poison Control must be notified.

4.5 Indemnification The school district shall indemnify and hold harmless any employee who administers Naloxone in good faith to the individual experiencing a suspected drug overdose, if all of these conditions apply: (1) the employee did not act with the intent to harm or with reckless indifference to a substantial risk or harm in administering Naloxone to that individual; (2) the employee successfully completed the training contemplated by this policy; (3) the employee promptly sought additional medical assistance before or immediately after administering Naloxone; and (4) the employee is administering Naloxone in the performance of his/her duties as an employee of the school district.

4.6 Non-Employee Administration of Naloxone:

Nothing in this policy is intended to regulate, restrict or otherwise deter a law enforcement officer, emergency medical technician, volunteer fire company member, licensed medical professional or other authorized individual from administering his/her own supply of Naloxone when responding in good faith to a suspected drug overdose occurring on school district property.

5.0. Review Schedule

This policy shall be reviewed in accordance with the Policy Review Schedule.

Authority: West Virginia Code Chapter 16, Article 46

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Third Reading and Adoption: April 6, 2021

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