

NALOXONE (NARCAN) Policy for Storage, Management & Use

A. Purpose.

Newman International Academy is concerned with the health and well-being of its employees and students. In an effort to try to get ahead of a nationwide issue involving Opioid exposure and overdose, the following policy is in effect. This policy is meant to provide training and medication to employees, students, and visitors should they be exposed to an opioid or should an employee be confronted with a victim of an opioid overdose. This policy is also meant to provide steps on the proper use and storage of the medication that shall be provided to the student/employee.

B. Definitions.

Opioids: a natural or synthetic substance that is derived from opium extracted from the seed pod of the opium poppy plant. The primary action is to block pain receptors in the brain.

Common Opioids: morphine, methadone, oxycodone (Percocet), oxymorphone, hydrocodone (Vicodin), Fentanyl, Demerol, Tramadol, OxyContin, Sufentanil, and Percodan along with illicit drugs such as heroin. An adverse effect of an overdose of medication or drug is a decreased level of consciousness and respiratory effort and in some cases complete respiratory arrest. Opioids can be found in several forms such as pill, capsule, liquid, rock, and powder. Caution must be given when handling an unknown substance. Inhalation of airborne powder is most likely to lead to harmful effects but is less likely to occur than skin contact.

Fentanyl: Fentanyl comes in many forms, such as liquid, or in a powder resembling Cocaine and Heroin. This powder has the potential for inhalation which may lead to side effects.

Naloxone (Narcan): an opioid reversal agent. Naloxone (Narcan) removes the opioid from the pain receptor site and reverses the adverse effects caused by the opioid. The half-life of Naloxone (Narcan) is shorter than that of the opioid. Presentation of overdoses may reappear within 45 – 60 minutes after administration.

Contamination: the presence or the reasonably anticipated presence of blood or other potentially infectious or dangerous materials on/in an item or surface.

Exposure Incident: specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact (piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions) with blood or other potentially infectious materials that results from the performance of an employee's duties. An exposure incident may also include ingestion or inhalation of a harmful chemical or substance.

C. Training and Education.

The training will be coordinated by the Newman International Academy DPS, or an outside agency which consists of TCOLE-certified instructors.

All persons administering Narcan will receive initial training that will include, at minimum, an overview of Texas Health and Safety Code Subchapter E, 483.106 (b), which permits emergency services personnel to administer Narcan.

1. **Basic Class:**

- a. In order for a nurse and security officer to be able to carry and/or administer Naloxone (Narcan), they will complete an initial basic training course. Instruction will include the indications for use, how to assemble the medication device, routes of administration, desired effects of the medication, and negative effects of medication administration. Upon issuance of the Naloxone (Narcan), nurse and security officer will receive training with a live/practical demonstration of the proper procedures.

<https://youtu.be/B9Sv64FJPhg?si=Tm1VP7iETjxLvsDg>.

2. **In-Service Class:**

- a. After the initial basic instruction, officers and nurses will receive updated education every two years through in-service training. This will ensure that employees are up to date on the latest trends, information, new developments and/or procedures. This will also ensure that issued medication supply is up to date.

D. Storage and Control.

1. Each officer and nurse will handle its own Storage and Control of the Naloxone (Narcan) as approved by their management to allow access as needed. A dedicated medication supervisor will be assigned in DPS for officers and District Nurse or assignee for campus nurses will manage the issuance, re-supply, and stock exchange for expired medication.
2. Naloxone (Narcan), just like all medications, has an expiration date. Once the original stock is received, each prefilled medication ampule will have to be logged in with its Lot Number and Expiration Date. Supervisors will be responsible for replacing expiring medication, by issuing the replacement medication to officers and having the officers' initial receipt of the medication. Inventory, management, and Naloxone replacement will be managed by the dedicated medication supervisor. The same process will be expected for the district nurse/assignee with the campus nurses.
3. Naloxone (Narcan) should be stored between 68-77 degrees Fahrenheit and out of direct sunlight. This medication cannot be stored in a vehicle for over 2 hours. When issued to officers, the Naloxone must be carried inside the employee pouch on their person. Nurses will store in a designated safe place in the nurses station on each campus. Mishandling of the medication will cause it to degrade and will not have the desired effect when needed.

E. Procedures for Administration.

1. An employee's first priority is scene safety. Mitigating threats prior to direct treatment of a victim is the number one priority. Ensure proper backup is present prior to rendering aid. Once an employee begins treatment of a victim.
2. Ensure Fire/EMS has been requested to the scene.
3. Ensure proper personal safety with **universal precautions**, such as latex gloves, are utilized prior to treatment.
 - a. **ASSESSMENT:**
 - 1) If a victim is unconscious and unresponsive, assess for signs of life including pulse and respirations. If either is not present, immediately begin CPR.

2) **NO PULSE OR NO BREATHING AT ALL = CPR**

- b. If pulse and respirations are present, assess for indicators of an opioid overdose.
- 4. Signs and symptoms of suspected opioid overdose:
 - a. Decreased level of consciousness or unresponsiveness.
 - b. Pinpoint pupils.
 - c. Breathing may be slow and shallow (less than 10 breaths per minute which equals 1 breath every 6 seconds) or may have stopped. Loud snoring noises may be present.
 - d. Skin may turn gray, blue, or ashen.
 - e. Individual may not respond to verbal commands, shaking or sternum rub.
 - f. Pulse may be slow, erratic or not present.
- 5. Administer Narcan as directed below if signs and symptoms of overdose are present:

(*REMEMBER – If you suspect someone has overdosed, but you’re not sure if they used opioids, you should give them Narcan anyway. It may not be effective, but it doesn’t cause any harm and it’s safe to take even when you don’t have opioids in your system.)

 - a. Lay the person on their back to receive a dose of Naloxone HCl Nasal Spray.
 - b. Remove Naloxone HCl Nasal Spray from the pouch. Peel back the tab with the circle to open Naloxone HCl Nasal Spray.
 - c. Hold Naloxone HCl Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
 - d. Tilt the person’s head back and provide support under the neck with your hand.
 - e. Insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person’s nose.
 - f. Press the plunger firmly to give the dose of Naloxone HCl Nasal Spray. Then remove the plunger after giving the dose.
 - g. After using Naloxone HCl Nasal Spray, get emergency medical help right away.
 - h. Once you give them the first dose of Narcan, you should support their breathing by starting CPR or doing hands-only CPR until they begin breathing on their own or until emergency services arrive. If the person starts breathing again and becomes responsive in two to three minutes, the Narcan worked. You can rotate them onto their side in the recovery position.
 - i. Watch the person closely until emergency personnel arrive.
 - j. If the person does not respond or relapses into respiratory depression, re-administer another dose of Naloxone HCl Nasal Spray in alternating nostrils every 2-3 minutes until the person responds or emergency personnel arrive.
 - k. Each Naloxone HCl Nasal Spray device contains a single dose and cannot be reused.

**Narcan can be administered to a police K9 that has accidentally inhaled an opioid during their search duties. Dosing is the same as for a human. **

F. Risks.

Administration of Naloxone (Narcan) to a chronic opiate abuser may produce rapid withdrawal, potentially causing nausea, vomiting, and diarrhea. It is important the victim is in the left recovery position (as described in training), if possible, to prevent aspiration. Further, this can cause exposure to the provider. Patients may become aggressive and agitated after administration.

G. Narcan use for non-opiates.

1. Narcan will not reverse overdoses that are caused by non-opioid drugs, such as cocaine, benzodiazepines (e.g., Xanax, Klonopin, and Valium), methamphetamines, or alcohol. It should not be used when evidence shows overdose is caused by a nonopioid drug.
2. If a "mixed overdose" is suspected, where non-opioid and opioid based drugs are used together, follow the listed procedures for an opioid overdose. Administering Narcan on a subject that is not experiencing an opioid overdose will not harm the subject.

H. Reporting.

1. If Naloxone (Narcan) is utilized in the field by office and/or nurse, a usage report will need to be generated to document the following:
 - a. What physical symptoms were present indicating the need for Naloxone (Narcan)?
 - b. Was Naloxone (Narcan) used?
 - c. What was the outcome after the usage of Naloxone (Narcan)?
2. The medication supervisor and district nurse/designee should be notified so the used Naloxone (Narcan) can be replaced as soon as possible.