



DISTRICT PRACTICE 10950 OPIOID OVERDOSE RESPONSE

DISTRICT PRACTICE:

PURPOSE

District practice 10950, opioid overdose response, is intended to establish guidelines and procedures for the utilization of naloxone, an opioid antagonist or “reversal agent” administered by members of the School District in response to an opioid overdose emergency.

SCOPE

Designated schools (gr. 7-12 and Alternate Schools) will maintain on-site naloxone in designated spots in each facility.

To treat a suspected opioid overdose in a school setting, a staff member trained in opioid overdose response may administer naloxone to any student or staff suspected of having an opioid-related drug overdose.

Further, the Emergency Health Services Act allows all health care professionals (regulated and non-regulated), first responders, and citizens to administer naloxone in non-hospital settings.

DEFINITIONS

Naloxone: Naloxone HCL (Narcan): pure opioid antagonist. Naloxone temporarily reverses the effects of opioids by competing for the same receptor sites. Naloxone is available in British Columbia without a prescription and is administered by injection into a muscle or intranasally.

Opioid: Depressant medication typically used for pain relief that has the potential to slow breathing and heart rate. They may be prescribed or obtained from an illicit market. Common opioids include heroin, fentanyl, oxycodone, codeine, morphine, methadone and hydromorphone.

Overdose: An overdose is a physiological event induced by the introduction of a substance or substances in the body of a person.

Opioid Overdose: An acute life-threatening event that requires medical assistance. Defined as the body’s response to excessive opioids which results in unconsciousness, respiratory depression and pinpoint pupils.

School Administrator: The individual in charge of the daily operations of the school.

Staff: Any member or volunteer at the School District.

Trained Opioid Overdose Responder: A School District staff member with Opioid Overdose Response training as recommended by the local health authority including the administration of the opioid antagonist naloxone.



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PROCUREMENT OF NALOXONE

The District Health and Safety Officer will be responsible for the procurement of naloxone and replacing supplies prior to expiration dates.

At minimum, each school site should have following supplies contained within a naloxone kit:

INJECTABLE NALOXONE KIT		
ITEM	MANUFACTURER	QUANTITY
Naloxone Ampoules (0.4 mg/mL)	NARCAN	3
Vanishing Point Syringes – Retractable (3 mL)	Various	3
Plastic ampoule breakers	Various	3
Nitrile gloves, pair	Various	1
Mask/barrier device	Various	1
Alcohol swabs	Various	1

[Blue Kit Program](#)

STORAGE OF NALOXONE

Naloxone kits will be stored with other emergency medical supplies for easy access when required. Naloxone will be stored in accordance with manufacturer’s instructions. Inspection of the naloxone and ancillary kit item shall be conducted regularly including regular review of the expiration date.

TRAINING

Opioid overdoses response training including the administration of naloxone can be provided in person, virtually or through online courses. Recommended training resources:

[Responding to the Effects of Substances: Interior Health, Harm Reduction Program – Youth Services](#)

Staff should be aware that overdose response, like many other emergency response protocols, may involve health and safety issues. District health and safety protocols should always be followed.

SUSPECTED OPIOID OVERDOSE RESPONSE AND NALOXONE ADMINISTRATION

In the case of a suspected opioid overdose a Trained Opioid Overdose Responder shall follow the protocols outlined in their opioid overdose response training including the administration of naloxone.

IMPORTANT!


- ✓ Call 9-1-1 immediately when an opioid overdose is suspected
- ✓ Naloxone can be administered by non-health care professionals before emergency assistance becomes available, BUT It is not a substitute for medical attention.
- ✓ Even when naloxone is unavailable breaths can save a life.

1. Check for signs of overdose


- Breathing is slow, irregular or stopped
- Gurgling or snoring type sound
- Pupils are very small/constricted/pinpoint
- Lips and nailbeds may be blue, skin cold and clammy
- Person is minimally responsive or unresponsive
- Slow or absent heart rate
- Person may be rigid or experience seizure
- Vomiting

2. Follow the SAVE ME steps


Follow the **SAVE ME steps below to respond.**




Stimulate
Unresponsive? **CALL 911**




Airway




Ventilate
1 breath every 5 seconds



Evaluate




Muscular Injection
1 mL of naloxone



Evaluate
2nd dose?

If the person must be left unattended at any time, put them in the recovery position.



Source: Toward the Heart – BC Center for Disease



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Stimulate

- First, try to rouse the person; call their name, apply pain stimuli if necessary, squeeze trapezius muscle or press pen/object to nail bed. Tell the person you will be touching them before beginning.
- If unresponsive call 911 – Let operator know person is unresponsive and your exact location.

Airway

- Tilt head back to open the airway.
- Use gloves to remove any objects that may be blocking the airway.

Ventilate

- Use the mask in the naloxone kit to cover the mouth.
- Plug nose, keep head tilted back and give two breaths, five seconds apart. Watch for the rise and fall of the chest.
- Continue to give 1 breath every 5 seconds until the person is breathing on their own or help arrives.

Evaluate

- Are they breathing on their own?
 - YES, the person is breathing on their own – move the person into recovery position and monitor for breathing.
 - NO, the person is NOT breathing on their own – Prepare to administer naloxone and continue rescue breathing with mask, one breath every 5 seconds.

3. MUSCULAR INJECTION OF NALOXONE

Administering NARCAN™ Injectable



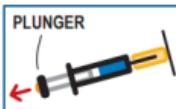
Take 1 ampoule out from the medicine bottle



Snap off the top of the ampoule. It will break in two pieces with little pressure.



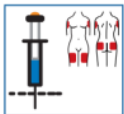
Swirl ampoule in circles to get all liquid to bottom



Unwrap syringe, put needle in liquid, pull up plunger. Try to draw up all of the ampoule's liquid into the syringe.



Push air out of syringe. Turn the needle facing tip-up, gently push the plunger until most of the air is pushed out.



Firmly push needle in thigh, butt, or upper arm muscle. Needle can go through clothes. Never put it in the heart.



Push plunger down hard. It will click and needle will retract.



Person still unresponsive after 3 – 5 minutes? Give another injection. Continue to give 1 breath every 5 seconds.

Continue to give 1 breath every 5 seconds.

Stay with the person until the ambulance arrives.

If you need to leave, or if the person becomes ill, put them in the recovery position:





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4. AFTERCARE

- Tell first responders what happened. Be prepared to provide Emergency Services/First Responders information regarding suspected overdose and treatment provided.

5. POST – INCIDENT RESPONSE

- Overdose response incidents can be traumatic for those who respond to and witness overdose. The District Critical Incident Response and Debrief Protocols should be followed after an overdose.
- Proceed with all required School District Health and Safety reporting.
- The District Health and Safety Officer will acquire supplies in a timely manner to restock naloxone kits.