**Sample Procedure #2: 3424P  
Section: 3000 - Students**

**Sample Procedure #2 – Opioid-Related Overdose Reversal**

Opioid overdose reversal medication and rescue breathing are evidence-based interventions known to result in positive outcomes for individuals experiencing an opioid related overdose.The district shall utilize the *Opioid Related Overdose Policy Guidelines & Training in the School Setting* published by the Office of the Superintendent of Public Instruction.

**Opioids**

Opioid is a term used to refer to a broad category of pain relieving drugs, including opium, opium derivatives, and semi-synthetic substitutes for opium. Examples include the illicit drug heroin and pharmaceutical drugs like OxyContin, Vicodin, codeine, morphine, methadone, and fentanyl.

**Opioid Overdose**

Opioid overdoses happen when there are so many opioids or a combination of opioids and other drugs in the body that the overdose victim becomes unresponsive to stimulation and/or becomes unable to breathe adequately. Synthetic opioids, such as Fentanyl, are especially dangerous due to their potency. Non-life threatening overdose effects include nausea, vomiting or sleepiness. Life-threatening overdose effects include infrequent or absent breathing, slowed or irregular heartbeat, unconscious or unable to wake, no response to stimuli, and severe allergic reaction.

An opioid overdose may occur intentionally or in many cases unintentionally after injection, ingestion, or inhalation of an opioid. While an overdose can happen to anyone, some individuals are at higher risk. Opioid overdose risk factors include:

* Taking opioids with other drugs or alcohol
* Resuming opioids after a break from use
* Taking opioids that are not prescribed for them or taking more than prescribed
* Health conditions, like heart or lung disease
* Previous overdose
* Using opioids of unknown strength
* Using opioids when alone (increases risk from dying from an overdose)

Individuals who overdose rarely experience sudden breathing cessation. There is usually enough time to intervene before breathing completely stops and death occurs. Opioid overdose reversal medication and rescue breathing are evidence-based interventions for individuals experiencing an opioid overdose.

Differentiating an individual experiencing an opioid high from an opioid overdose:

|  |  |
| --- | --- |
| **Opioid High** | **Opioid Overdose** |
| Normal skin tone | Pale, clammy skin.  Blue or purple lips or fingernails for person with light complexion and white or ashy lips and fingernails for person with dark complexion |
| Breathing appears normal | Infrequent, shallow, or absent breathing.  Respiratory rate less than 8 breaths per minute. |
| Normal heart rate | Slow or irregular heartbeat. |
| Looks sleepy | Unconscious or unable to wake. |
| Speech slurred or slow | Deep snoring, gurgling, or choking sounds (death rattle). |
| Responsive to stimuli | Not responsive to stimuli. |
| Pinpoint pupils (with some exceptions) | Pinpoint pupils. |

**Suspected Overdose Actions**

The District shall follow the Washington Department of Health’s steps for administering naloxone for drug overdose (DOH 150-126; August 2019) (https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-126-NaloxoneInstructions.pdf)

Identifying an overdose individual for responsiveness and breathing is critical to a successful outcome. When an individual overdoses, their breathing will get very slow and may stop. They may look like they are asleep. Assess responsiveness and breathing by:

1. Try to wake them up. Shake and shout the individual’s name.
2. Firmly rub your knuckles hard on the center of their chest or on their upper lip.
3. Hold your ear close to their nose, listen and feel for signs of breathing.
4. Look at their lips and fingernails – blue or purple lips or fingernails for person with light complexion and white or ashy lips and fingernails for person with dark complexion are overdose indicators.
5. If the individual is responsive and breathing, notify emergency medical services immediately. Until help arrives, remain with the individual, continue to observe for responsiveness and breathing and try to keep the individual awake and alert. Ensure student privacy (e.g., clear hallway or room).
6. If the individual must be left alone for any reason, roll them on their side in a recovery position.
7. If there is no response to shake and shout or having knuckles firmly rubbed on the center of the chest or upper lip, assume the individual may be experiencing an opioid overdose.
8. Activate emergency medical services in all cases of suspected overdose. Initiate the district emergency medical services notification process, including 9-1-1 notification. Washington’s Good Samaritan Law provides some protections when calling 9-1-1 to save a life, even if drugs are at the scene (RCW 69.50.315). The victim and 9-1-1 caller cannot be prosecuted for simple possession.
9. Inform the 9-1-1 operator naloxone will be administered. Request advanced life support assistance.
10. Assess the individual for breathing. Perform rescue breathing if indicated until naloxone available.

11. All illegal and/or non-prescribed opioid narcotics found on victim will be seized and processed in accordance with school district protocols.

**Naloxone Administration:**

1. **Naloxone Hydrochloride Nasal Spray**

The nasal spray device needs no assembly. Each device contains a single dose. **Do not test the device.** The device only works one time.

* Remove device from the package. Place and hold the tip of the nozzle in either nostril, then press the plunger firmly to release the dose into the nose.
* A second dose of naloxone may be required. Administer in alternate nostrils every 3 minutes as needed if there is no or minimal response.

1. **Naloxone Hydrochloride Injection**

A naloxone injection requires assembly.

* Remove the cap from the naloxone vial and remove the cover from the needle. Hold the vial upside down and insert the needle through the rubber stopper. Draw all the fluid into the needle by pulling back on the plunger. Be sure the syringe fills with liquid, not air.
* Inject the needle straight into muscle in the shoulder or into front of thigh. Push down on the plunger to empty the syringe. It is OK to inject through clothing.
* A second dose of naloxone may be required. If the person does not respond in 3-5 minutes, inject another dose of naloxone. Do not wait more than 5 minutes to give a second dose.

1. **Naloxone Auto-Injector (Evzio)**

A naloxone auto-injector requires a prescription from a license and approved and approved provider (if not included on the WA DOH prescription).

* Remove red safety guard when ready to use.
* Place the black end against the middle of the patient's outer thigh, through clothing (pants, jeans, etc.) if necessary, then press firmly and hold in place for 5 seconds.
* After use, place the auto-injector back into its outer case. Do not replace the **red** safety guard.

**After Administering Naloxone:**

* When the individual wakes up, communicate what happened. Watch for signs of opioid withdrawal, including chills, nausea and muscle aches. They may be scared, nervous or restless. Keep them calm until help arrives.
* Naloxone wears off in 30 to 90 minutes. Additional doses may be necessary.
* Monitor the individual closely until emergency medical personnel arrive. If the individual is not breathing, perform rescue breathing or cardiopulmonary resuscitation as indicated.
* If the individual must be left alone, turn them on their side (recovery position) to prevent choking.
* When emergency medical personnel arrive, communicate the individual’s name, emergency contact information, symptoms prior to naloxone administration and the time(s), and dose of naloxone administration. Give emergency personnel the empty medication containers.
* The individual will be transported by emergency medical personnel to a medical facility, even if symptoms are improving.
* Report the event and naloxone administration to school administration and the school nurse to ensure parent/guardian contact, administration documentation, follow-up with the appropriate medical provider, naloxone reorder and replacement, and initiation of district recovery process.

**Obtaining and Maintaining Opioid Overdose Medication**

The district will use the WA State DOH “Standing Order to Dispense Naloxone” (non-expired standing order) to obtain opioid overdose reversal medication in the product of their choice. Pharmacies and other entities can dispense and deliver the following naloxone products to eligible persons based on availability and preference. The standing order can be used for refills as needed.

1. Intramuscular Naloxone Hydrochloride Injection Solution (0.4 mg/ml). Dispense: Two 1ml single dose vials of naloxone HCL (0.4mg/l ml) inj. and two 3 ml syringes with 23 or 25 gauge 1" needles. Directions for use: Call 911. Inject the entire solution of the vial intramuscularly in the shoulder or thigh. Repeat after three minutes as needed if no or minimal response.
2. NARCAN™ Nasal Spray (4 mg/0.1 ml). Dispense: Two NARCAN® 4mg nasal sprays. Directions for use: Call 911. Administer a single spray of NARCAN® in one nostril. Repeat after three minutes as needed if no or minimal response.
3. Generic Naloxone Hydrochloride Nasal Spray (4 mg/0.1 ml). Dispense: Two generic naloxone HCI 4mg nasal sprays. Directions for use: Call 911. Administer a single spray in one nostril. Repeat after three minutes as needed if no or minimal response.

A 4th administration option, a naloxone auto-injector (Evzio), is available via pharmacies and requires a prescription from a licensed and approved medical provider (unless included on the WA DOH prescription). Directions for use: Call 911. Follow manufacturer’s administration directions.

The district may seek to obtain opioid overdose reversal medication through donations from manufacturers, non-profit organizations, hospitals, and local health jurisdictions. The district may also purchase opioid overdose reversal medication directly from companies or distributers at discounted pricing. The district must maintain written documentation of its good faith effort to obtain opioid overdose reversal medication from these sources.

A school administrator shall ensure that the opioid overdose reversal medication is stored safely and consistently with the manufacture’s guidelines and that an adequate inventory of opioid overdose reversal medication is maintained with reasonably projected demands. The medication inventory will be routinely assessed to ensure enough time for reacquiring the medication prior to the expiration date.

Opioid overdose reversal medication shall be clearly labeled in an unlocked, easily accessible cabinet in a supervised location. Expiration dates will be documented on an appropriate log a minimum of two times per year. Additional materials (e.g. barrier masks, gloves, etc.) associated with responding to an individual with a suspected opioid overdose can be stored with the medication.

**Training**

The district will ensure each school building that maintains opioid reversal medication has at least one designated trained responder (a school nurse, trained school personnel, or a health care professional or trained staff located at a health care clinic on public school property or under contract with the school district) who can distribute or administer opioid overdose reversal medication. Training for designated trained responders will occur annually prior to the beginning of each school year and throughout the school year as needed.

Training may take place through a variety of platforms, including online and conventional classroom settings, either conducted in small groups or one-on-one. Training may be offered by nonprofit organizations, higher education institutions, or local public health agencies. A licensed registered professional nurse who is employed or contracted by the district may train the designated trained responders on the administration of the opioid overdose reversal medication consistent with WA State DOH and OSPI’s guidelines and this policy/procedure. Training of designated trained responders in the administration of the district supply of opioid overdose reversal medication, when conducted by a licensed registered professional nurse, is not delegation by the registered nurse.

The district will maintain a log of all designated trained responders for each school building. The log will include a list of all persons who are designated trained responders, the responders training content (whether nasal, injectable and/or auto-injection route), a list of completed trainings that includes the date and location of the training and the name of the trainer.

Individuals who have been directly prescribed opioid overdose reversal medication according to RCW 69.41.095 lawfully possess and administer opioid overdose reversal medication, based on their personal prescription. However, such “self-carrying” individuals must either show proof of training as verified by a licensed registered professional nurse employed or contracted by the district or participate in district training. These self-carrying individuals do not count as a designated trained responder at a school.

**Recovery**

The district will team with community partners to assist students, staff, teachers and faculty in the healing process, and restore a healthy and safe learning environment following the event.

**Liability**

The district’s and practitioner’s liability is limited as described in RCW 69.41.095.

Adoption Date: **02.20**  
Classification: **Essential**  
Revised Dates:

© 2020-2025 Washington State School Directors' Association. All rights reserved.