



# OPIOID/FENTANYL OVERDOSE AND NALOXONE/NARCAN



School Guidance

# INTRODUCTION

This guidance pertains to how staff in Nebraska school districts should respond to an opioid/fentanyl overdose and the administration of Naloxone/Narcan

## RATIONAL

Schools are responsible for anticipating and preparing to respond to a variety of emergencies. The school nurse is often the first health professional who responds to an emergency in the school setting. Thus, the school nurse and/or school designee(s) access to Naloxone as part of their school's emergency preparedness will improve opioid overdose response, response preparation, harm reduction, and avoid horrific outcomes such as death. With Naloxone as part of an emergency protocol, a school nurse or designee can quickly administer it to prevent overdose deaths by reversing life-threatening respiratory depression. Ensuring ready access to Naloxone at schools aligns with one of the **SAMHSA's five strategic approaches to prevent overdose deaths** (SAMHSA, 2016).

Opioid overdose-related deaths can be prevented when Naloxone is administered in a timely manner (SAMHSA, 2016). The use of Naloxone as an opioid overdose reversal agent by laypeople and first responders has more than doubled in recent years and has proven to be an effective strategy in preventing overdose opioid deaths.

Naloxone is an opioid antagonist that will temporarily reverse the potentially deadly respiratory depressive effects of legal and illicit drugs. It is available as intramuscular or subcutaneous injection and nasal spray. When administered quickly and effectively, Naloxone has the potential to immediately restore breathing to a victim experiencing an opioid overdose. Additional doses can be administered every 2-3 minutes (Johnson, 2019).

Naloxone saves lives and can be the first step toward opioid use disorder (OUD) recovery. Naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths (SAMHSA, 2016). Emergency protocol for any suspected overdose should include administering Naloxone and transporting the individual for emergency care.

School personnel should be familiar with the legal implications in their state when implementing Naloxone as part of their school district's emergency response plan.

## OPIOID FACTS

Per the Nebraska Department of Health and Human Services in 2021, 253 overdose deaths occurred in the state with at least 126 of those being opioid related. In 2022, Drug Enforcement Administration seized more than 58.4 million fake pills containing fentanyl with 60% of those pills containing a lethal dose of Fentanyl this is an increase from 40% a year earlier. Fentanyl is a synthetic opioid pain reliever drug 100 times more potent than morphine and 50 times more potent than heroin (2023a).

The three most common fake pills (Oxycotone, Xanax, Adderall) laced with fentanyl look identical to the prescribed pills from doctors. They can be ordered online and due to their appearance it is perceived to be an actual prescribed medication.

# NEBRASKA NALOXONE STANDING ORDER

## BACKGROUND

According to Neb. Rev. Stat. §28-470 this law authorized the expansion of access to Naloxone, a quick-acting drug that blocks opiate receptors in the nervous system, reversing or reducing the effects of opioids. Although the Naloxone statute (Neb. Rev. Stat. §28-470) allows for dispensing Naloxone without a prescription, if a prescription is desired this standing order (NE Department of Health and Human Services, 2023b) can be used in its place, pursuant to Neb. Rev. Stat. §38-2840.

## PURPOSE

This standing order, in accordance with Neb. Rev. Stat. §28-470 and §38-2840, is issued to further facilitate the availability of Naloxone. Expanding the availability of Naloxone to friends, family, and bystanders will increase the likelihood that it will be administered in a timely manner and prevent death from an opioid overdose. It is critical that 911 is contacted as a first step of administering Naloxone.

## IMMUNITY

Neb. Rev. Stat §28-470 provides protection from administrative action, criminal prosecution, or civil liability and is not subject to actions under the Uniform Credentialing Act:

A family member, friend, or other person, **including school personnel**, who is in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose, other than an emergency responder or peace officer, is not subject to actions under the Uniform Credentialing Act, administrative action, or criminal prosecution if the person, *acting in good faith*, obtains Naloxone from a health professional or a prescription for Naloxone from a health professional and administers the Naloxone obtained from the health professional or acquired pursuant to the prescription to a person who is apparently experiencing an opioid-related overdose (Neb. Rev. Stat §28-470 sec. 2).

## GOOD SAMARITAN LAW

In Nebraska, people giving emergency assistance to those they believe to be in danger, even if incapacitated, will not have civil penalties. This rule remains true even in the event they inadvertently contribute to a person's injuries (Neb. Rev. Stat §25-21,186).

## TRAINING IN THE ADMINISTRATION OF NARCAN/NALOXONE

School staff may utilize any training method applicable to the setting and population. Examples include slides, videos, manufacturer brochures, return demonstrations, post-tests, in-person trainings, and remote trainings (synchronous and asynchronous formats).

Best practice would be to have designated school staff to administer Narcan/Naloxone, trained by relevant expertise with familiarity to school settings and dynamics utilizing medically accurate and evidence-based information.

## STORAGE OF NARCAN/NALOXONE

Schools should identify a written process for the storage and location of Naloxone/Narcan doses including the following information:

1. Where Naloxone/Narcan doses are kept
2. How and who can access doses
3. A process for maintaining stock including:
  - staff responsible
  - a schedule for verifying doses is present
  - checking expiration dates

**NOTE:** *All Naloxone products have an expiration date, so it is important to check the expiration date and obtain replacement Naloxone as needed.*

## FREE NARCAN FROM AVAILABLE NEBRASKA PHARMACIES

Anyone who is a NEBRASKA resident CAN obtain Narcan for FREE at a participating pharmacy without a prescription (See link below of participating pharmacies).

1. If a pharmacy is not participating in the free Narcan distribution, FDA has approved Narcan to be made available for over-the-counter purchase without a prescription.
2. Also, if they are a non-participating pharmacy, the pharmacy can contact the Nebraska Pharmacists Association (NPA) [www.npharm.org](http://www.npharm.org) (2023) or [amy.holman@npharm.org](mailto:amy.holman@npharm.org) to join the participating group of FREE distributors.

## RESOURCES PHARMACY & NALOXONE/NARCAN LINKS

- [All Participating Narcan Pharmacies](#)
- [Stop Overdose Nebraska](#)
- [Stop Overdose Nebraska: Video Resources](#)
- [Narcan Consumer Information](#)
- [Naloxone Distribution Program Map](#)

### Coming Soon

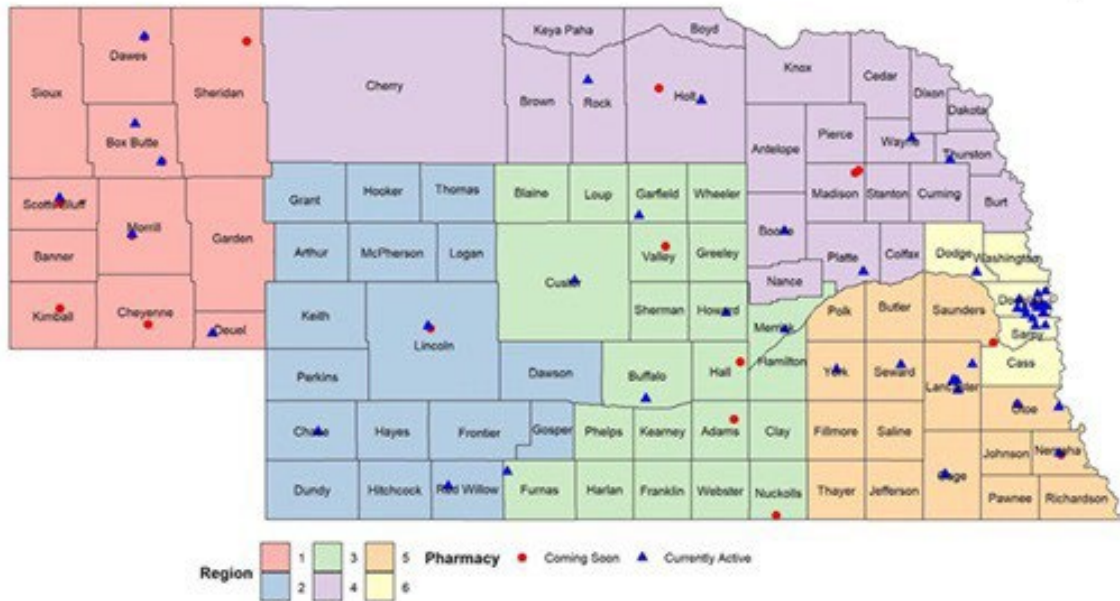
Ashland  
Atkinson

Gordon  
Grand Island

Hastings  
Kimball

Norfolk  
Ord

Sidney  
Superior



Current as of 2/23/2022

# FIVE ESSENTIAL STEPS FOR OPIOID OVERDOSE PREVENTION

The 5 steps below are taken from the Substance Abuse and Mental Health Service Administration (SAMHSA) Opioid Overdose Prevention Toolkit (2016). Supplemental guidance and resources have been added and identified.

## STEP 1 - SIGNS OF AN OPIOID OVERDOSE

1. Unconsciousness or inability to awaken.
2. Slow or shallow breathing or breathing difficulty such as choking sounds or a gurgling/snoring noise from a person who cannot be awakened.
3. Fingernails or lips turning blue/purple.
4. If an opioid overdose is suspected:
  - a. Call the person's name.
  - b. Give a sternum rub. Make a fist and rake your knuckles hard up and down the front of the person's sternum (breastbone). This is sometimes enough to wake the person up.
  - c. If the person responds, assess whether he or she can maintain responsiveness and breathing.
  - d. Continue to monitor the person, including breathing and alertness, and try to keep the person awake and alert.
5. If the person does not respond, call 911, provide rescue breathing if the person is not breathing on their own, and **administer one dose of Naloxone**.

## STEP 2 - CALL 911 FOR HELP

1. An opioid overdose requires immediate attention.
2. Call 911 to activate emergency medical services.
  1. Inform dispatch center "someone is unresponsive and not breathing."
  2. Give the specific address and location of the person receiving aid.
  3. Follow the 911 operators' instructions which may include beginning CPR.

## STEP 3 - ADMINISTERING NARCAN/NALOXONE

Follow [Nebraska Department of Education Rule 59 Regulations for School Health & Safety \(2006\)](#) on medication administration.

1. Naloxone should be administered to anyone who presents signs of opioid overdose or when opioid overdose is suspected.
  - a. All Naloxone products are effective in reversing opioid overdose, including fentanyl-involved opioid overdoses, although overdoses involving potent (e.g., fentanyl) or large quantities of opioids may require more doses of Naloxone.
  - b. Naloxone can be given by intranasal spray (Nasal Spray (Naloxone HCl) 8 mg/0.1 ml Nasal Spray) and by intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.



*Narcan nasal spray is the over-the-counter and the FREE version from pharmacies given to person's wanting to carry Naloxone (Emergent Devices, 2023). The other versions are by prescription only. If a person wants those versions consult a doctor or pharmacy. Therefore, in this guidance we are only providing the information on Narcan nasal spray application*

[Naloxone Training Video](#) (Kelly Ross Group, 2016)

- c. If your Naloxone kit is NARCAN® Nasal Spray:
  - i. Peel back the package to remove the device.
  - ii. Hold the nozzle between two fingers as shown in the image above.
  - iii. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
  - iv. Press the plunger firmly with your thumb to release the dose into the patient's nose.
  - v. If minimal or no response in 3 minutes, then give a second dose.
2. If the person overdosing does not respond or react to the Naloxone dose treatment within 2 to 3 minutes after administering a dose of Naloxone, administer a second dose of Naloxone.
3. Additional Considerations:
  - a. **Please know that it will not hurt anyone if they are not having an opioid overdose. So, we always say if you think that is what it could be, then give them Narcan (Nebraska Pharmacist Association, 2023).**
  - b. The goal of Naloxone therapy should be to restore adequate spontaneous breathing, but not necessarily complete arousal.
  - c. People who have taken longer acting or more potent opioids may require additional doses.
  - d. Comfort the person being treated, as withdrawal triggered by Naloxone can feel unpleasant. **Some people may become agitated or confused**, which may improve by providing reassurance and explaining what is happening.

#### STEP 4 - SUPPORT THE PERSON'S BREATHING

Ventilatory support is important and may be lifesaving on its own. Rescue breathing can be very effective in supporting respiration, and chest compressions can provide ventilatory support.

1. Rescue breathing involves the following steps:
  - a. Be sure the person's airway is clear (check that nothing inside is blocking the airway).
  - b. Place one hand on the person's chin, tilt the head back, and pinch the nose closed.
  - c. Place your mouth over the person's mouth to make a seal and give two slow breaths.
  - d. Watch for the person's chest to rise.
  - e. Follow up with one breath every 5 seconds.
2. Chest compressions involve the following steps:
  - a. Place the person on his or her back.
  - b. Press hard and fast on the center of the chest.
  - c. Keep your arms extended.

#### STEP 5 - MONITOR THE PERSON'S RESPONSE

1. All people should be monitored for recurrence of signs and symptoms of opioid toxicity from the last dose of Naloxone.
2. Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of Naloxone administration (continue resuscitation while waiting for the Naloxone to take effect).
3. Naloxone has a relatively short duration of effect (wears off in 30 to 45 minutes), overdose symptoms may return, possibly requiring an additional dose.
4. The signs and symptoms of opioid withdrawal may include body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection (gooseflesh), sweating, yawning, nausea or vomiting, nervousness, restlessness, irritability, shivering or trembling, abdominal cramps, weakness, tearing, insomnia, opioid craving, dilated pupils, and increased blood pressure.
5. If a person does not respond to Naloxone, an alternative explanation for the clinical symptoms should be considered.

## POST-EVENT FOLLOW-UP

Schools should identify a process for student and staff support options following an overdose event. This may include:

- Communication to staff, students, and families.
- Referral resources with treatment options including skill-building & recovery.
- Staff and community support options which may include critical incident stress debriefing for those impacted by the event.
- Prevention and wellness promotion options.

## ADDITIONAL RESOURCES

- **Parent/Educator Resources:**
  - » [SAMSHA overdose-prevention-response-toolkit](#)
  - » [One Pill Can Kill - US Drug Enforcement Administration](#)
  - » [Just Think Twice - US Drug Enforcement Administration](#)
  - » ["Talk. They Hear You." Campaign - SAMHSA](#)
  - » [Partnership to End Addiction](#)
- **Treatment and Recovery Resources:**
  - » [Treatment Centers - Stop Overdose Nebraska](#)
  - » [Addiction Treatment and Recovery - Nebraska DHHS](#)

## LIST OF REVIEWERS

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