



INDEPENDENT PROCEDURE

Title: **Naloxone Administration in an Overdose Emergency** Procedure No.:
Effective Date:

Department: Organizational Support Services – Human Resources

Reference(s):

- 2005 Occupational Health and Safety Policy
- Occupational Health and Safety Act
- 2005b First Aid and Training Procedure
- 4001 Emergency Procedures Policy (Safe Schools)
- 4001a Emergency Procedures (Safe Schools)
- 4008 Safe Schools Policy
- 4008h Safe Schools Procedure
- Good Samaritan Act
- 3017 Employee Code of Conduct Policy
- 3017a Employee Code of Conduct Procedure
- O.Reg 347 General Waste Management

PURPOSE: To provide a consistent, coordinated approach to the care and control of use of Naloxone administration at identified Thames Valley District School Board (TVDSB) locations and to provide a consistent response by staff to those who may be experiencing a suspected opioid overdose.

The intent of this procedure is to support public health measures related to the availability and issuance of Naloxone, a lifesaving medication that is given when someone is experiencing an overdose from opioids that may reverse their affects. There may be a risk to the public's health and safety while at or on school property, specifically among students and the public who may use TVDSB's locations.

Those involved in an opioid overdose response will ensure they maintain the privacy, dignity, and confidentiality of the patient as much as possible.

1.0 Definitions

- **Opioids:** belong to a group of drugs known as depressants. Depressants slow the activity of the brain and the body. Commonly known opioids include heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin, Lartab, Norco), fentanyl (Duragesic, Fentora), hydromorphone (Dilaudid, Exalgo) and buprenorphine (Subutex, Suboxone).
 - Opioids exert their effects on the body in three ways:
 - Opioids decrease respiratory drive (the urge to breathe).
 - As breathing decreases (and eventually stops), there is less oxygen in the blood, the lack of oxygen causes brain damage.

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- Oxygen starvation results in organ failure of the heart, the brain and eventually death.
- **Opioid Overdose:** Occurs when an opioid or combination of substances with an opioid overwhelm the body and consequently the central nervous system (CNS) is no longer able to control basic life functions (i.e., breathing, heart rate, body temperature, consciousness).
- **Naloxone** – is an antidote to opioid overdose. Naloxone binds to the same receptors in the brain that opiates do. However, Naloxone binds more effectively to these receptors and temporarily removes the opioid(s) and their harmful effects. This in turn reverses the respiratory depression that can lead to a fatal overdose.
- **Good Samaritan Act:** In Ontario, the Good Samaritan Act, 2001, provides legal protection to a person providing emergency first aid assistance to a person who is ill, injured, or unconscious as a result of an accident or other emergency, unless it is established that damages caused to the injured / ill person were a result of gross negligence.

2.0 Naloxone Kits

- Naloxone kits will be stored, as available, at a location identified by the school Administrator or Building Manager that will provide access and maintain integrity of the kit contents as per the manufacturer's instruction.
- TVDSB will use the nasal type of naloxone kits.
- Naloxone kits will be provided to the schools through TVDSB's Health and Safety Department and are to be the sole kits used in TVDSB sites.
- Naloxone kits will follow the most current OHSA Regulation 559 for contents, listed below but subject to change:
 - 1 hard case
 - 2 doses of intranasal naloxone hydrochloride intra-nasal spray (4 mg/0.1 ml)
 - 1 one-way rescue breathing barrier
 - 1 pair of non-latex gloves

A Naloxone administration poster will be available through OSS – Human Resources - Health and Safety and is to be posted in a conspicuous location (Health Room or with Kit) that provides Naloxone administration instructions along with the monograph.

Inspection and Management of Naloxone Kits

Naloxone kits must be:

- Inspected monthly by the Administrator for non-school sites a delegate will be identified.
- Stored according to manufacturer's recommendations Cannot be stored in First Aid kits per Reg. 1101 – First Aid Requirements; school-based decision on storage (e.g., main office).

3.0 Naloxone Disposal

- Disposal of full bottles of naloxone will be as per directions provided by TVDSB's Health and Safety Department. Empty naloxone nasal sprays can be disposed of in the non-hazardous garbage.

4.0 Naloxone Training

- Training on the signs / symptoms of an opioid emergency, how to administer Naloxone and the hazards related to the administration of naloxone, will be offered to all staff and is considered discretionary. This will be made available through the training portal.
- Training will be required and provided to Administrators and First Aid training participants.
- Training recertification will follow the first aid training guidelines.
- Names of the workers who have received naloxone training and who have offered to provide support in a suspected opioid overdose, will be posted in the main office and/or nearest to where the naloxone kit is stored.

5.0 Naloxone Administration and Process

- Who can overdose/Who is at risk?
 - Anyone can overdose first-time users, long-time users, seniors, young people, people who only use occasionally; overdose doesn't discriminate. There is no exact formula for determining how much of a certain drug or combination of drugs will lead to an overdose.
 - An individual's physical characteristics play a role: weight, health, tolerance for a drug at that time.
 - Other factors: drug potency (how strong it is), how it is taken (swallowed, snorted, injected), and how often and how much of a drug is used.
 - Overdose risk is higher if a person hasn't used in a while.
- Signs of Opioid Overdose:
 - Breathing is very slow, erratic or not at all (a respiratory rate of less than 12 breaths per minute) and the person may be "nodding" off or drowsy
 - Fingernails and / or lips are blue or purple
 - Body is limp
 - Deep snoring or gurgling sounds
 - Vomiting
 - Loss of consciousness
 - Unresponsive to stimuli (stimuli such as pressure applied to the fingernail beds or vigorous rubbing of closed fist on the person's sternum)
 - Pinpoint pupils
- Suspicion of overdose is strengthened by history from someone who knows that

the person is or was a user of opioids or other substances.

- First Aid and Training
 - TVDSB's Health and Safety Department must be notified if someone experiences unconsciousness in the workplace.
 - The Administrator must complete an Ontario School Board Insurance Exchange (OSBIE) report when Naloxone is used for students and a staff incident report for staff.
 - A debrief meeting with staff should occur after the event to provide support to all parties involved. The Employee Family Assistance Program may also be used to provide support for employees.
 - Students involved will be monitored and supports will be provided as necessary

6.0 Responsibilities

6.1 Responsibilities of TVDSB

TVDSB shall:

- a) Identify which TVDSB locations will be provided Naloxone kits. Generally, with some exceptions this will include all schools and administration buildings.
- b) Support the use of naloxone at identified TVDSB locations including schools and administration buildings.
- c) Provide naloxone to the TVDSB locations and other sites that have been selected.

6.2 Responsibilities of the School Administrator(s)

The School Administrator(s) / Building Manager shall:

- a) Keep a minimum of one naloxone nasal spray kit at the school/site for opioid-related emergencies. The Administrator is to contact OSS – Human Resources – Health and Safety if replenishment is required.
- b) Ensure 911 is immediately called at the time (when notified) of the suspected overdose.
- c) Notify the TVDSB Health and Safety Department when a naloxone Kit has been used so that a centrally stocked kit can be immediately dispatched to the school/site as a replacement
- d) Complete monthly inspection of the naloxone kit as per TVDSB's Health and Safety requirements.
- e) Attend / complete naloxone Kit Administration training as identified. Frequency of training will follow the first aid procedure.
- f) Ensure that there are Standard First Aid/CPR-C trained staff and/or Administrators who are willing to provide a response during a suspected opioid emergency.

- g) Remind staff that discretionary training is available and review the school specific procedures to summon immediate response during a medical emergency.
- h) Notify all other relevant parties of the medical emergency / suspected opioid overdose / use of Naloxone (parent/guardian, family members, Superintendent, etc.).
- i) Provide information about community support(s) (e.g., public health addiction counselling, referral to community agencies) as applicable to the person who experienced the opioid overdose.
- j) Communicate with the Superintendent of Student Achievement for the school/ building and OSS – Human Resources – Health and Safety, if a staff member discloses the risk of an opioid overdose to them.

6.3 Responsibilities of Staff:

- a) Be aware of the signs /symptoms of a suspected opioid overdose (see Section 5.0), and that discretionary training is available.
- b) Notify the office for dispatching of the Naloxone trained and First Aid/ CPR trained staff and to initiate call to 911. Staff may call 911 as required when a suspected opioid overdose occurs.
- d) Alert the Administrator if there is indication that someone may be at risk of an opioid overdose.
- e) Complete a Safe Schools Incident Reporting Form, If the individual involved is a student, consideration of the activity for which suspension / expulsion must be considered (e.g., possessing illegal drugs, trafficking illegal drugs).
- f) Follow the “3017a Employee Code of Conduct Policy and Procedure”.
- g) Are asked to disclose if they are at risk of an opioid overdose to their Administrator/Supervisor.
- h) Completion of an OSBIE form

6.4 Responsibilities of the Student/Other Person (not TVDSB Staff)

The student/person shall not:

- A) be in possession of, or under the influence of, or provide others with alcohol, illegal drugs, or unless the pupil is a medical cannabis user, cannabis, per the Safe Schools Procedure.

6.5 Health and Safety

Health and Safety Department shall:

- a) Provide expertise on health and safety legislation and legal requirements as pertains to Occupational Health and Safety Act.
- b) Support the procurement and materials needed for an effective program.
- c) Oversee the development and implementation of training.

6.6 Safe Schools (Mental Health Leads) will:

- a) Provide support, as required (as a resource).

6.7 Naloxone / First aid Attendants responding to an emergency will:

- a) Be notified by the Administrator, the office or another staff member who requires help.
- b) As the situation may become hostile the response where possible should include additional individuals to support the administration of naloxone.
- c) Manage the emergency scene to help maintain scene safety (e.g., remove additional people from the scene, obtain first aid kit, automated external defibrillator).