

POLICY

RHODE ISLAND SCHOOL FOR THE DEAF BOARD OF TRUSTEES

NALOXONE POLICY

I. PURPOSE

The purpose of this policy is to establish guidelines and procedures governing the utilization of Naloxone (commonly known as Narcan) administered by members of Rhode Island School for the Deaf.

II. POLICY

Per RIGL§ 16-21-35 (2015-S 0154A, 2015-H 5047A) it is the policy of the Rhode Island School for the Deaf, that it shall provide and maintain opioid antagonists on-site in its facility, being that it houses middle, junior and high school within its facility. To treat a case of suspected opioid over dosage in a school setting, any trained nurse-teacher may administer an opioid antagonist, during an emergency, to any student or staff suspected of having an opioid-related drug overdose whether or not there is a previous history of opioid abuse.

No school nurse teacher shall be liable for civil damages which may result from acts of omission relating to the use of the opioid antagonist which may constitute ordinary negligence; nor shall school personnel be subject to criminal prosecution which may result from acts or omissions in the good faith administration of an opioid antagonist. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct. No school nurse teacher shall be subject to penalty or disciplinary action for refusing to be trained in the administration of an opioid antagonist.

III. TRAINING

School nurse teachers shall be trained in the use of naloxone by the Rhode Island Department of Health (RI DOH), the Medical Reserve Corp (MRC) or a designee. School departments are encouraged to send other staff to be trained, including coaches, guidance counselors, custodians, teachers, etc.

IV. PROCUREMENT OF NALOXONE

- a. The superintendent, principal, certified school nurse teacher, or designee will be responsible for the procurement of naloxone. The school physician shall prepare standing orders.
- b. The Rhode Island Department of Health recommends that schools provide intranasal naloxone. At minimum, each school should have the following supplies:
 - Naloxone 2mg/2ml Leur-Jet leur-lock prefilled syringes; quantity: 2 syringes
 - MAD nasal atomizer (mucosal atomization device)
 - Nitrile gloves
 - 1 breathing mask/barrier
 - Step by step instructions

The Rhode Island School for the Deaf does not discriminate on the basis of age, color, sex, sexual orientation, race, religion, national origin, or disability.

V. STORAGE

- a. Naloxone will be clearly marked and stored in an accessible place at the discretion of the school nurse teacher. The school nurse teacher will ensure that all other relevant staff are aware of the naloxone storage location.
- b. Naloxone will be stored in accordance with manufacturer's instructions to avoid extreme cold, heat and direct sunlight.
- c. Inspection of the naloxone shall be conducted regularly
 - Check the expiration date found on either box or vial
 - Check condition of mucosal atomization devices (considered sterile for approximately 4-5 years)

VI. USE OF NALOXONE

In case of a suspected opioid overdose, school nurse teachers or other trained staff shall follow the protocols outlined in the naloxone training and the instructions in the naloxone kit:

- Call 911
- Administer rescue breathing
- Prepare and administer naloxone
- Alert the school crisis response team
- Continue rescue breathing
- Give another dose of naloxone in 3 minutes if no response or minimal breathing or responsiveness
- Naloxone wears off in 30-90 minutes, which necessitates definitive medical care
- Comfort them; withdrawal can be unpleasant
- Encourage survivors to seek treatment
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VII. FOLLOW-UP

- a. After administration of naloxone, the school nurse teacher, or other staff, will follow the Rhode Island School for the Deaf reporting protocols.
- b. The school nurse teacher or other staff will:
 - Ensure that the overdose victim was transported to the emergency room
 - Notify appropriate student services
 - Provide substance abuse prevention resources to the overdose victim and family, as appropriate

Adopted November 1, 2015