



AEA Community Board Approved Policies

C5: AEA Naloxone Policy

A. PURPOSE AND SCOPE

1. To outline administrative procedures and provide trained AEA staff with guidelines to administer Naloxone (often referred to as NARCAN) to persons suffering from opioid overdose at the earliest possible opportunity to reduce potential fatal opioid overdoses in our schools.

B. POLICY BACKGROUND

1. California Department of Health Care Services (DHCS) created the [Naloxone Distribution Project](#) (NDP) to combat opioid overdose-related deaths throughout California. The NDP aims to address the opioid crisis by reducing opioid overdose deaths through the provision of free Naloxone. DHCS has recommended that all schools serving grades 6 through 12 have at least two doses of Naloxone on campus to support their students or staff in times of crises.

At this time, the following eligible agencies may participate in the program:

- a. First responders, fire, EMS
- b. Law enforcement, courts, & criminal justice partners
- c. Community organizations, Harm reduction organizations, homeless programs, veteran organizations, religious organizations
- d. Schools, universities, libraries
- e. County public health or behavioral health agencies

C. DEFINITIONS

1. **EMS:** Emergency Medical Services that provide pre-hospital emergency medical care
2. **Naloxone:** An opioid antagonist and antidote for opioid overdose produced in intramuscular and intranasal forms
3. **Opioids:** Catchall term for prescription, synthetic, semi-synthetic, or natural opiate drugs
4. **Opiates:** Naturally derived drugs from the poppy plant, such as heroin or opium

5. **Opioid Overdose:** An acute condition caused by the flooding of the opioid receptors in the brain by opioids. It can cause extreme physical illness, decreased level of consciousness, respiratory arrest, or death
6. **IN Naloxone:** Refers to the intranasal (IN) administration of Naloxone from a nasal spray.

D. IMPLEMENTATION: ON-SITE NALOXONE PROCEDURES

1. AEA shall appoint a Naloxone Coordinator. The Naloxone Coordinator's responsibilities will include:
 - a. Collaborating with local partners to obtain naloxone, either directly or by standing order prescription
 - b. Choose key areas to store Naloxone, ensuring that storage temperatures do not exceed recommended range
 - c. Ensure that Naloxone kits are current and not past expiration dates
 - d. Ensure that staff are adequately trained in overdose recognition, naloxone use, and storage
 - e. Create and maintain naloxone use report form and log (see Appendix 2 for template)
 - f. Replace naloxone kits that are damaged, unusable, expired, or used.
2. Each IN (intranasal) naloxone kit shall include:
 - a. Instructions for administration of Naloxone
 - b. One box Naloxone nasal spray (comes with two devices)
 - c. One CPR face mask/barrier device for mouth-to-mouth resuscitation if needed
3. Indications and Use
 - a. Trained staff shall check for responsiveness if a person is believed to be suffering from an opioid overdose. Information that a person is suffering from an opioid overdose includes, but is not limited to:
 - No response to external stimulation, such as a sternum rub
 - Blue or gray skin, lips, or fingertips
 - Depressed or slow respirations
 - Difficulty breathing (labored, shallow, or halted breaths)
 - Decreased pulse rate
 - Pinpoint pupils, even in a darkened environment

- Evidence of ingestion, inhalation, or injection (needles, cookers, tourniquets, needle tracks, aluminum foil, etc.)
 - b. Staff shall summon EMS by calling 911 and communicating that the patient is not breathing or in suspected overdose, and that naloxone administration is intended
 - c. Staff shall maintain universal precautions against pathogens by using a CPR face shield or barrier if performing rescue breathing.
 - d. Staff shall administer one dose of naloxone
 - e. If possible, staff shall begin rescue breathing for two minutes. Rescue breathing consists of one deep breath in the patient's mouth every five seconds, ensuring that the patient is lying on their back, head is tilted up, and nose is plugged.
 - f. If no response after two minutes, staff shall administer second dose of naloxone and resume rescue breathing until patient begins breathing on their own or EMS arrives
 - g. Staff shall ensure accurate communication to EMS for proper patient record documentation before transport to hospital emergency department
 - h. Supervisor notification should be made as soon as practicable
 - i. Documentation of naloxone use will be recorded in a log book.
4. Maintenance, Storage, and Replacement of Naloxone
- a. Staff who use naloxone shall communicate with Naloxone Coordinator to ensure naloxone is replaced when used
 - b. Missing, damaged, or expired naloxone kits will be reported directly to the Naloxone Coordinator and replaced
 - c. Temperature storage:
 - i. IN Narcan spray store at 59-77 °F, incursions permitted from 39-104 °F

BOARD APPROVED POLICY

Approved and Adopted: 10/11/2022

Revised: [date]