



Naloxone Use in the School Setting: The Role of the School Nurse

Position Statement *New Hampshire School Nurses' Association*

SUMMARY

The New Hampshire School Nurses Association (NHSNA) supports the position of the National School Nurses Association (NASN; 2015) that the safe and effective management of opioid-pain-reliever (OPR) overdose in the school setting should be incorporated into the school emergency preparedness and response plan. When emergencies happen, including drug-related emergencies, managing these incidents at school in a timely manner is vital to positive outcomes. The registered professional school nurse provides leadership in all phases of emergency preparedness and is an essential part of the school team responsible for developing emergency response procedures. School nurses, under the policy of their local jurisdictions, should facilitate access to naloxone for the management of OPR-related overdose in the school setting.

BACKGROUND

In 2014, there were 326 opioid-related overdoses in New Hampshire (NH). Of these 326 overdoses, 320 were related to heroin, Fentanyl, or a combination of the two (NHDHHS HAN, 2015). A key mitigating factor involves the nonmedical use of prescription drugs and/or illicit drug use to get a “high”. Drug-related overdose deaths in NH increased 69% from 2013 to 2014 (NHDHHS HAN, 2015). In the 2013 Youth Risk Behavior Surveillance System (YRBSS), 16.5% of NH high school students reported misuse of prescription drugs and/or illicit drug use with 2.7% reporting heroin use or trying heroin at least once (Kann, Kinchen, Shanklin, Flint, Hawkins, Harris, et al., 2014, pp. 103- 112).

Due to the geographic nature of NH, some schools do not have access to emergency medical services (EMS) in a timely manner, with an EMS response time of up to 30 minutes in 7.6% of schools and a response time of up to 20 minutes in 26.3% of schools (Chuda, 2015).

Given the extent of the problem, in June 2015 NH House Bill 271 was put into law exempting from the provisions of the Controlled Drug Act (NH RSA 318-B) a healthcare professional or other person who prescribes, dispenses, distributes, or stores an opioid antagonist or who administers it to an individual suffering from an apparent opioid-related overdose.

RATIONALE

Harm-reduction approaches to opioid overdoses include expanded access (NH HB 271) to naloxone--an opioid overdose antidote--which can prevent overdose deaths by reversing life threatening respiratory depression (FDA, n.d.). When administered quickly and effectively, naloxone has the potential to immediately restore breathing to the victim of an opioid overdose.

The NHSNA, in conjunction with NASN, agrees that school nurses in NH should be responsible for anticipating, preparing, and responding to a variety of emergencies (Doyle, 2013). The school nurse is often the first health professional who responds to an emergency in the school setting and possesses the education and knowledge to identify emergent situations. The school nurse manages the medical emergency until relieved by EMS personnel, communicates the assessment and interventions to EMS, and initiates follow-up with a health care provider when applicable. The unique geography and rural nature of New Hampshire can often negatively impact and delay EMS response times to many schools within the

state, as can the fact that many EMS providers in the state are volunteers. This delay necessitates the immediate access by school nurses to the life-saving measures that naloxone can provide.

CONCLUSION

OPR overdose kills hundreds in New Hampshire every year (NH DHHS, 2015). Many of these deaths are preventable with the timely use of an opioid antagonist (naloxone) as well as the quick summoning of EMS and the initiation of care. NH school nurses, as allowed by local administration and policy, are in the position to administer life-saving measures in the event of an opioid overdose. In addition, as an integral part of the interdisciplinary team, school nurses are also in the unique position to provide prevention awareness and support to students, family, faculty, and staff-- a critical step in the on-going management of substance abuse and misuse.

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