

ADMINISTRATIVE PROCEDURE 440 OPIOID POISONING RESPONSE

This Procedure outlines the response to a potential opioid poisoning sites within the Chilliwack School District (“the District”). It provides clear guidelines for staff who have been identified and trained to recognize and respond to signs of a student opioid poisoning at school sites and during school-sanctioned events.

Scope

This Procedure applies to:

- All Principals and Vice Principals.
- Middle and Secondary Occupational First Aid Attendant staff.
- Managers who are trained to recognize and respond to a suspected toxic drug poisoning.

Under the Good Samaritan Act, anyone may administer naloxone in an emergency situation outside of a hospital setting.

Definitions

- Opioid – A class of drug, such as morphine, heroin, codeine, oxycodone, methadone, and fentanyl.
- Opioid Poisoning – An acute life-threatening condition caused by using an opioid.
- Naloxone - An antidote to an opioid poisoning.
- Nasal Naloxone Spray – A naloxone-based nasal spray that can restore breathing during an opioid poisoning by being administered into one nostril. It has no effect on individuals who have not taken opioids.

Education and Training

Staff within the scope of the Procedure will be Canadian Red Cross trained in First Aid for Opioid Poisoning. This will provide them with education and training in opioid identification and Nasal Naloxone Spray administration.

There will be one Nasal Naloxone kit provided by the District for each school or site. Each school or site will be responsible for storing it in a secure site location and for replacing the Nasal Naloxone when it expires or as needed.

THE BOARD OF EDUCATION OF SCHOOL DISTRICT NO. 33 (CHILLIWACK) Administrative Procedure



Staff should understand that there may be health and safety risks in responding to a poisoning. It involves the use of personal protective equipment (included in the Kit), and potential contact with drugs or blood and body fluids.

Individuals may be angry and physically aggressive or violent upon revival with Naloxone. Staff must be prepared to stand back and de-escalate these situations.

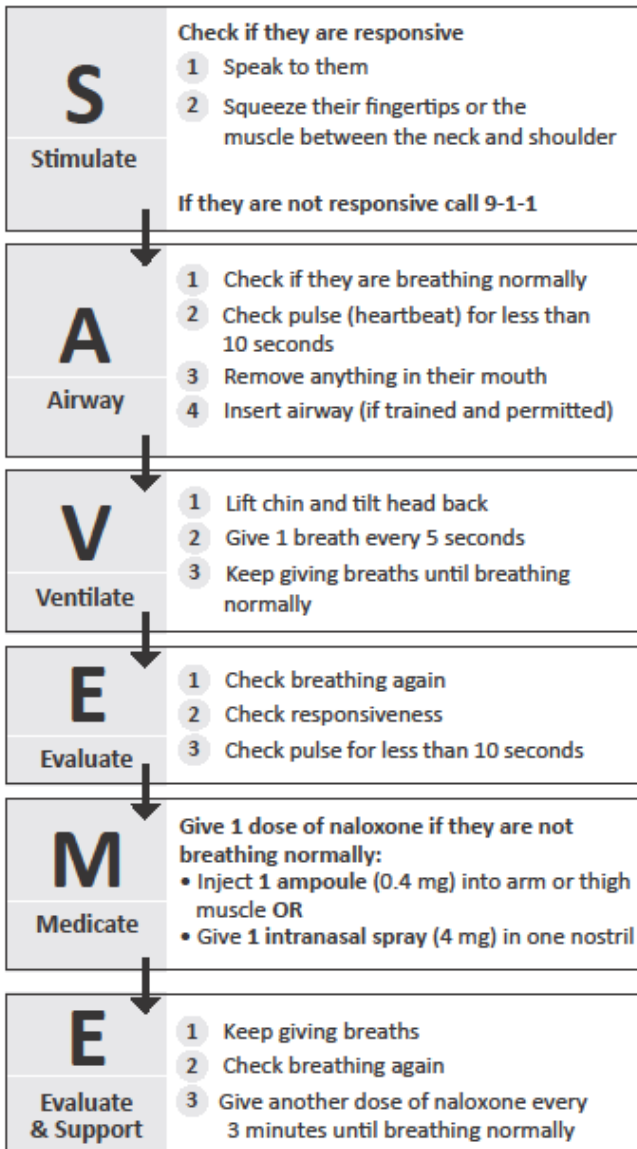
Procedures

1. Identification that a person is having an Opioid Poisoning is the first and most critical step in saving a person's life. Some early signs that a person is experiencing an Opioid Poisoning include:
 - Severe sleepiness or unconsciousness
 - Trouble breathing or slow, shallow breathing or snoring
 - Cold, and clammy skin
 - Trouble walking or talking.
2. The educated and trained staff first responder with their Nasal Naloxone kit calls 911 and then may choose to give cardiopulmonary resuscitation (CPR) and/or Nasal Naloxone spray depending on the circumstances and their comfort level.
3. The *Towards the Heart* program has been adopted as District procedure. These procedures entitled *How to Respond to an Opioid Poisoning* are available [online at this webpage](#) and are on page 3 of this Procedure.
4. Documentation – Staff who respond to a poisoning will report the event to their supervisor and provide a written summary of the events using [Form 440A](#): Opioid Poisoning Response Report.
5. Reporting – The School Administrator will report the event to their Assistant Superintendent and complete a [BC Schools Protection Program](#) (SPP) report.

Mental Wellbeing Follow-up after an Opioid Poisoning

Responding to an Opioid Poisoning can be a stressful and difficult experience for first responders and bystander staff. Both are asked to debrief with their direct Supervisor as soon as practicable. Ongoing support for staff is available through the District Employee and Family Assistance Program (EFAP).

How to Respond to an Opioid Poisoning



Responsiveness means:

- Awake and alert OR
- Easy to wake up

Breathing normally means:

- Taking 12 or more breaths per minute AND
- No unusual breathing sounds (e.g. gurgling)

If at any time:

There is NO PULSE:
Start CPR with rescue breathing and compressions

They start breathing normally:

- Place them on their side
- Do not leave them alone
- Keep monitoring them
- Repeat SAVE ME if their breathing changes
- STOP giving naloxone when they are breathing normally – even if they are still unresponsive