

TREATMENT GUIDELINES FOR HEALTH STAFF ALCOHOL OR DRUG USE BEHAVIOR

Level 1: Student is responsive, and shows signs of alcohol or drug intoxication (e.g., stumbling, slurring words)

Authorized health and wellness staff may treat possible alcohol or drug use behaviors as follows:

1. Bring the student to a private area for evaluation.
2. Determine if the student may have ingested alcohol or drugs by questioning the student and other staff and peer witnesses.
3. Assess for alcohol usage
 - a. Conduct an alcohol-screening test and urine drug screen on suspicion according to the standard operating procedure (SOP). All urine drug screens should be collected by authorized center staff while maintaining chain-of-custody according to the ePRH and SOP.
 - b. Perform an alcohol test to determine blood alcohol content (BAC) level using a medical breathalyzer or testing strips. Perform a second alcohol test within 15 minutes to determine if the BAC level is increasing. Continue to test until the BAC level is decreasing.
4. Any student under the influence of alcohol or drugs must be observed in security, residential area, or the Health and Wellness Center (HWC) to ensure safety until symptoms have improved and the BAC level decreases.
5. If there is reasonable suspicion that a student is using drugs, complete the necessary documentation for a suspicion urine drug test based on the center's SOP.
6. Ensure that the completed documentation is sent to HWC for inclusion in the student health record (SHR).

Level 2: Student is responsive (awake and alert), and is showing extreme signs of drug or alcohol intoxication (e.g., excessive vomiting, cannot stand up, hyperactive, paranoid, and/or hallucinating)

1. Bring the student to a private area for evaluation.
2. Determine if the student may have ingested alcohol or drugs by questioning student and witnesses.
3. Assess severity of symptoms. When in doubt about severity of symptoms, or if a student poses risk to others, alert emergency services immediately.

4. Assess for alcohol usage
 - a. Conduct an alcohol-screening test and urine drug screen on suspicion according to the SOP. All urine drug screens should be collected by authorized center staff while maintaining chain-of-custody according to the ePRH and SOP.
 - b. Perform an alcohol test to determine BAC level using a medical breathalyzer or testing strips. Perform a second alcohol test within 15 minutes to determine if the BAC level is increasing. Continue to test until the BAC level is decreasing.
5. If there is reasonable suspicion that a student is using drugs, complete the necessary documentation for a suspicion urine drug test based on the center's SOP.
6. Ensure that the completed documentation is sent to HWC for inclusion in the SHR.

Level 3: Student is unresponsive

1. Call 911.
2. Assess airway, breathing, and circulation.
3. Implement first aid based on assessment.
4. If evidence of opioid overdose*, administer Narcan according to protocol.

* The following are indicators for opioid overdose. If these are present, refer to the Intranasal Narcan for Suspected Opioid Overdose Treatment Guideline:

- If the student is unresponsive to sternal rub
 - If the student's lips and fingertips are turning blue
 - If the student has pinpoint pupils
 - If the student's breathing and heart rate have slowed or stopped
 - If rescue breathing or chest compressions are needed
 - If the student has a seizure/convulsion
 - If there is physical evidence of injection drug use present
5. Documentation of observed behavior and interventions must be sent to the HWC for follow-up and inclusion in the SHR.

WHEN TO REFER TO OTHER WELLNESS STAFF

- If there appears to be a developing pattern of alcohol misuse or abuse, refer to the TEAP specialist.
- If the student doesn't seem to recognize the potentially serious nature of his/her intoxication, schedule a meeting with the center physician to discuss the episode, especially if there are any findings of damage to physical or emotional well being.
- If any depression or other emotional problems are evidenced, refer to the center mental health consultant to determine if any serious emotional problems need attention

TREATMENT GUIDELINES FOR HEALTH STAFF

NICOTINE REPLACEMENT THERAPY

Authorized health and wellness staff may provide students with a weekly supply of Nicotine Replacement Therapy product under the following conditions:

1. Nicotine Replacement Therapy (NRT) risks, benefits, alternatives and side effects should be thoroughly reviewed with student before initiation of therapy.
2. NRT is indicated for students with physiologic dependence on nicotine, generally defined as smoking 10 cigarettes (1/2 pack) or more daily.
3. The student should be counseled on the potential for nicotine withdrawal.
4. Student should be actively enrolled in Tobacco Use and Prevention Program (TUPP).
5. Student should verbalize a serious commitment to cease use of tobacco products.
6. Student should understand the correct use of nicotine replacement product (nicotine patch, gum, inhaler, nasal spray or lozenge).
7. Student should be educated in the proper and safe disposal of nicotine patches (as these can be toxic to children and pets).
8. Students should be routinely scheduled for weekly follow-up visits for monitoring and tapering of NRT.
9. Although students aged 16 to 21 years may be prohibited from purchasing or possessing tobacco products, depending upon state law, a physician may prescribe NRT to students of any age.

WHEN TO REFER TO THE CENTER PHYSICIAN

- If the student experiences any side effect from NRT
- If the student is reported to continue the use of any tobacco product while concurrently using NRT
- If the student becomes pregnant while using NRT
- If the student expresses a desire to try oral medication assistance with nicotine cravings

TREATMENT GUIDELINES FOR HEALTH STAFF

USE OF INTRANASAL NARCAN FOR SUSPECTED OPIOID OVERDOSE

Administer first aid and CPR as indicated. Where permitted by state law, properly trained and authorized center health and non-health staff may administer intranasal naloxone (Narcan) for suspected opioid overdose.

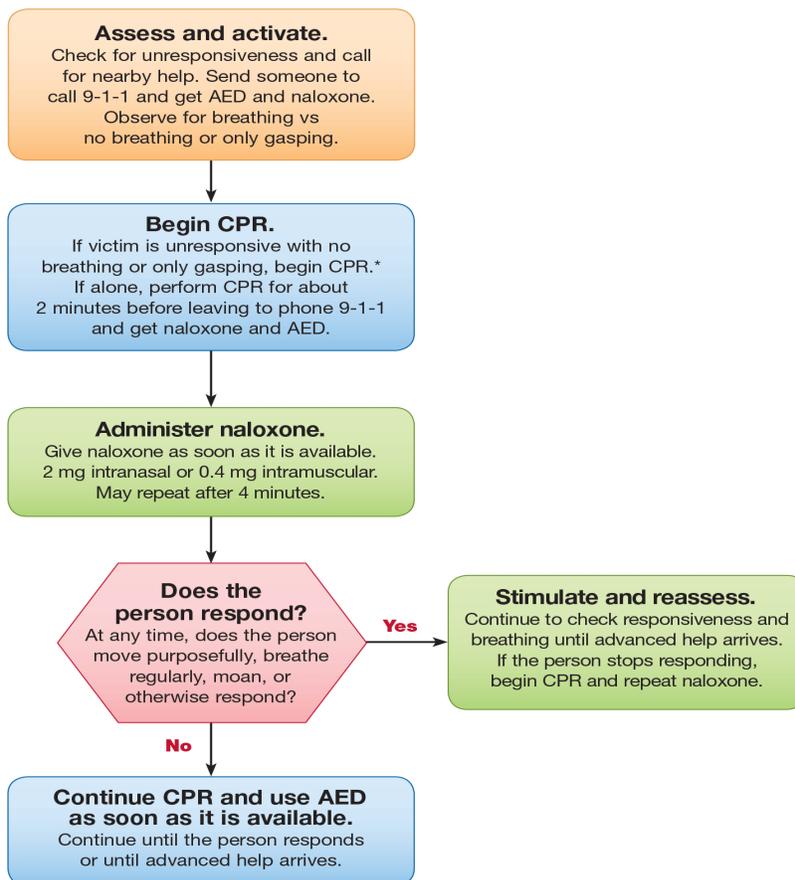
Identifying an overdose

1. Suspect if student is unconscious or excessively sleepy and cannot be aroused with a loud voice or sternal rub (a painful stimulus induced by pressing and rubbing the knuckles up and down the victim's breastbone).
2. Suspect if slow or shallow breathing or no breathing. A "death rattle" from respiratory secretions may be mistaken for snoring.

Responding to an overdose

Call 911 immediately and report a suspected drug overdose.

Opioid-Associated Life-Threatening Emergency (Adult) Algorithm—New 2015



*CPR technique based on rescuer's level of training.

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Administer intranasal naloxone (brand name Narcan)

Naloxone is a life-saving, short-acting drug for emergency use in opioid overdose. It should be administered as soon as possible. Naloxone can precipitate opioid withdrawal, but this is not life threatening.

- Using Narcan nasal spray 4 mg in a prepackaged atomizer, depress the plunger to administer a single dose in one nostril only. Do not test or prime the device prior to use. This is easiest formulation for non-health staff to use. May repeat after 4 minutes.
- Using naloxone hydrochloride 1 mg/mL solution (requires preparation by staff at time of use)
 1. If the person isn't breathing, do rescue breathing for a few quick breaths *first*.
 2. Next, attach the nasal atomizer (the soft white cone) to the needleless syringe and then assemble the glass cartridge of naloxone solution.
 3. Tilt the person's head back and spray half of the naloxone up one side of the nose (1 mL) and half up the other side of the nose (1 mL). Don't worry if it isn't exactly half per side.
 4. If the person isn't breathing or breathing continues to be shallow, *continue to perform rescue breathing* while waiting for the naloxone to take effect or EMS to arrive.
 5. If there is no change in about 4 minutes, administer another dose of naloxone following the steps above and continue rescue breathing for the person.

If the second dose of naloxone is not effective, then something else is wrong—either it has been too long and the heart has stopped, there are no opioids present, non-opioid drugs are the primary cause of the overdose (even if opioids were also taken), or the opioids are unusually strong and require even more naloxone (as with Fentanyl, for example).

If naloxone is mistakenly administered, no adverse effects will occur in a healthy individual. Naloxone does not alter mental status, produce tolerance or cause physical or psychological dependence. When administered in usual doses in the absence of opioids, naloxone exhibits essentially no pharmacologic activity.

Do not give the victim anything to drink. Do not induce vomiting. Do not put the victim in a bath. Do not apply ice to the victim. Do not try to stimulate the victim in a way that could cause harm, such as slapping, kicking, or burning.

WHEN TO REFER TO THE CENTER PHYSICIAN

- The center physician should be informed of all suspected drug overdose events, but notification should not delay treatment.