

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-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)

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. Document observed behavior on the TEAP referral or other form.
4. Assess for alcohol usage
 - a. An authorized person should conduct a breathalyzer/alcohol-screening test (or locate staff who is authorized).
 - b. An authorized person should 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.
5. 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 resolved.
6. 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 standard operating procedure (SOP).
7. Documentation of observed behavior and interventions must be sent to the HWC for follow-up and inclusion in the student's health record (SHR). All alcohol test results, (positive and negative) should be sent to the HWC for follow-up and inclusion in the 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. Call either the on-call health or wellness staff or 911, depending on the 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. An authorized person should conduct a breathalyzer/alcohol-screening test (or locate staff who is authorized).
 - b. If the alcohol screening test is positive, an authorized person should 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. Documentation of observed behavior and interventions must be sent to the HWC for follow-up and inclusion in the SHR. All alcohol test results, (positive and negative) should be sent to the HWC for follow-up and 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 Symptomatic Management 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.

SYMPTOMATIC MANAGEMENT GUIDELINES FOR NON-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.

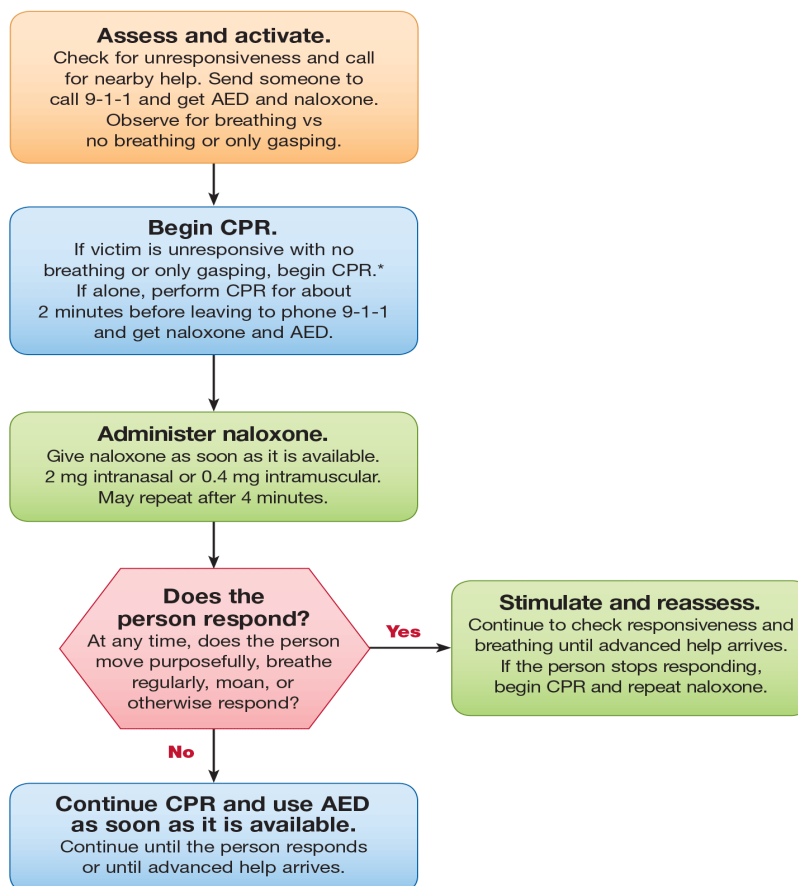
Identifying an overdose

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 to breathe 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 ON-CALL HEALTH AND WELLNESS STAFF

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