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WESTMINSTER COLLEGE
Policy on the Administration of Naloxone (Narcan)

1. STATEMENT OF POLICY

The purpose of this policy is to describe the emergency administration of the opiate antagonist naloxone, commonly known as Narcan, to individuals who are suspected to be suffering from an opioid overdose. Westminster College authorizes specific staff members to administer naloxone in response to a suspected opioid overdose on campus as described in this policy consistent with Utah Code Title 26 Chapter 55.

2. SCOPE

The scope of this policy applies to the staff members who have access to and are authorized to administer naloxone in response to a suspected opioid overdose on campus, which includes Residence Life staff members and Campus Patrol.

3. DEFINITIONS

Drug Overdose: For the purpose of this policy, a drug overdose is defined as an acute medical condition, symptoms of which may include severe physical illness, coma or loss of consciousness, unresponsiveness, pinpoint pupils, blue lips and/or nail beds, and abnormal breathing (not breathing or slow, shallow breathing or agonal gasps).

Opioid: An opioid is a compound which binds to the opioid receptors of the body, and may include illegal drugs such as heroin or prescription medications used to treat pain. Common opioid medications include:
- Morphine (Kadian, MS Contin, Morphabond)
- Codeine
- Methadone (Dolophine, Methadose)
- Oxycodone (Oxycontin, Oxyado, Percocet, Percodan)
- Hydrocodone (Vicodin, Lortab, Norco, Hysingla, Zohydro ER)
- Fentanyl (Actiq, Duragesic, Fentora, Abstral, Onsolis)
- Hydronorphine (Dilaudid, Exalgo)
- Meperidine (Demorol)
- Buprenorphine (Subutex, Subozone)

Narcan: A brand name for an opioid antagonist solution (Naloxone Hydrochloride, also known as Naloxone) administered intra-nasally or by injection to reverse the potentially fatal respiratory depression caused by opioid drug-related overdose. This solution has no known negative effect on non-opioid overdoses such as those which involve alcohol, cocaine, or benzodiazepines.
4. ROLES AND RESPONSIBILITIES

**College Leadership**

College leadership is responsible to provide a safe and healthy learning environment for students by endorsing the content of this program and allocating the necessary resources to comply with its requirements.

**Director of Campus Security**

The Director of Campus Security is responsible for ensuring that Campus Patrol officers receive the training required by this policy and for maintaining the required supply of naloxone by tracking product expiration dates and arranging for replacement after any use.

**Director of Residence Life**

The Director of Residence Life is responsible for ensuring that Residence Life staff authorized to administer naloxone receive the training required by this policy and for maintaining the required supply of naloxone by tracking product expiration dates and arranging for replacement after any use.

**Residence Life Staff**

Residence Life staff authorized to administer naloxone in cases of suspected opioid overdoses on campus are responsible for fulfilling training requirements, following the naloxone administration procedure in Section 5 of this document, and notifying the Director of Residence Life of any issues with naloxone supply or use.

**Campus Patrol Officers**

Campus Patrol officers authorized to administer naloxone in cases of suspected opioid overdoses on campus are responsible for fulfilling training requirements, following the naloxone administration procedure in Section 5 of this document, and notifying the Director of Campus Security of any issues with naloxone supply or use.

**Student Health Services**

Student Health Services is responsible for re-supplying Residence Life and Campus Patrol with low or no cost naloxone through opioid addiction recovery projects when possible.

**Human Resources**

Human Resources is responsible for maintaining all records related to workers compensation claims.
5. NAloxone Administration Procedure

A. General Information

Opioid antagonists, which have been proven to save lives, have been used by health professionals for more than 40 years. Direct outreach and increased availability of Naloxone has contributed to a decline of opioid overdose-related deaths in Utah. The United States Center for Disease Control recommends expanding the use of opioid antagonists as a means of responding to the opioid epidemic.

Naloxone is simple to administer, and no cases of allergic reactions to naloxone have been reported. Serious side effects are rare, and the administration of naloxone has no harmful effects if administered to a person not suffering from an opioid overdose. It has no potential for abuse, but should be kept in a secure location to prevent theft.

Utah Code Title 26 Chapter 55 Section 104 provides that an institution of higher education is not liable for any civil damages for acts or omissions made as a result of administering an opiate antagonist when the administrator acts in good faith to administer the opiate antagonist to a person believed to be experiencing an opioid-related drug overdose event.

B. Administration

Authorized Residence Life staff using their training and professional judgment may administer naloxone nasal spray to an individual if that individual is experiencing a potentially life-threatening emergency. Campus Patrol officers may administer naloxone via nasal spray or by injection to an individual in the same circumstances.

The following procedure should be followed when administering naloxone:

1. Call 911 for emergency medical services.

2. If the affected individual is experiencing cardiac arrest or does not have a pulse, call 911 for emergency medical services and immediately begin CPR if able and trained to do so. Any attempt to administer naloxone should not interrupt chest compressions and rescue breathing. Delegate another person to retrieve the nearest AED.

3. Naloxone should only be administered to an individual suspected of opioid overdose in response to symptoms of overdose and/or other indicating factors such as prescription containers or drug paraphernalia.

4. Administer naloxone according to training and use instructions.
5. Do not administer naloxone to any individual with a known sensitivity to Naloxone Hydrochloride or other ingredients contained in Narcan.

6. Remain with the affected individual until emergency medical services arrive. Be ready to administer a second dose of naloxone if necessary, as the opioid antagonist can wear off more quickly than the opioid overdose.

7. Be aware that an individual responding to the administration of naloxone may regain consciousness suddenly and violently, and ensure your own safety first.

8. Ensure that all of the necessary information is included in the incident report when documenting the event.

6. TRAINING

Naloxone administration training will be provided to the authorized Residence Life staff members and Campus Patrol officers upon initial hire (or upon initial designation as an authorized naloxone administrator), and as needed thereafter.

Awareness training may be provided to Resident Advisors and other non-authorized Residence Life staff members so that authorized naloxone administrators may be contacted as quickly as possible in response to a suspected opioid overdose.

7. RECORDKEEPING

Any instances in which naloxone is administered must be reported and documented, so that the required minimum supply of naloxone can be maintained.

8. RESPONSIBLE ADMINISTRATOR

The Director of Campus Security is responsible to administer this policy.

9. HISTORY

<table>
<thead>
<tr>
<th>Date of Last Action</th>
<th>Action Taken</th>
<th>Authorizing Entity</th>
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<tbody>
<tr>
<td>August 21, 2019</td>
<td>Final Policy Adopted</td>
<td>Policy Governance Committee</td>
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<tr>
<td>July 9, 2019</td>
<td>Interim Policy on Administration of Narcan Approved</td>
<td>President’s Cabinet</td>
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</tbody>
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10. SIGNATURE, TITLE, AND DATE OF APPROVAL

Approved: /s/ ________________________________
Bethami Dobkin, President