



University of Findlay®

Cosiano Health Center
120 West Foulke Avenue
Findlay, Ohio 45840

Naloxone (Narcan)/ Fentanyl Test Strips Emergency Access Cabinets

Policy History

Effective Date: January 22, 2024

Cabinet Approval: January 22, 2024

Maintenance of Policy: Associate Vice President for Safety & Wellness; Cosiano Health Center

- I. **PURPOSE:** The purpose of this policy is to make naloxone/fentanyl test strips available during an emergency via an access cabinet.
- II. **POLICY:** The objective is to effectively treat and reduce fatalities due to opioid-involved overdoses and ultimately save lives.
- III. **PROCEDURE:** Naloxone Emergency Access Cabinets are installed in:
 - Alumni Memorial Union
 - Bare Residence Hall
 - Campus Safety
 - Center for Student Life and the College of Business
 - Koehler Fitness & Recreation Center
 - Lovett Residence Hall
 - UF Village Residence Hall

to make naloxone accessible to our campus community. Fentanyl test strips will be included near the cabinets to detect if fentanyl is present in a substance.

IV. DEFINITIONS

- A. **Naloxone** – Also referred to as Narcan®, is an intranasal medication that can be used to reverse an overdose caused by an opioid drug. When administered during an overdose, naloxone blocks the effects of opioids on the brain and quickly restores breathing. It is a non-controlled drug with no potential for abuse. If naloxone is given to a person who is

not going through an opioid overdose, it is harmless. If naloxone is given to a person who is dependent on opioids, it will cause withdrawal symptoms.

- B. **Opioids** – A class of drugs that include, but are not limited to, heroin, morphine, oxycodone, methadone, hydrocodone, fentanyl and codeine.
- C. **Fentanyl Test Strips**- A type of drug testing technology in the form of small paper strips. They can detect if fentanyl is present in a substance before it is used. They have an accuracy of 98% in detecting fentanyl.
- D. **Naloxone Emergency Access Cabinets**: An effective way to provide the public with access to life saving naloxone. Similar to an AED, an emergency access cabinet is a wall-mount device that contains the necessary tools to respond to an overdose.
 - Narcan® Nasal Spray 4mg (two (2) doses per box)
 - Fentanyl Test Strips- BTNX
 - Step-by-step instructions for Nasal Naloxone administration (follow the instructions located in the medication package).
 - Opioid Overdose Form
 - Gloves

V. DEPLOYMENT

- A. The Cosiano Health Center Director will be the coordinator for the Naloxone Emergency Access Cabinets on-campus.
 - 1. Offering training sessions for employees and students;
 - 2. Assuring the supply, integrity and expiration dates of the Naloxone and fentanyl test strips.

VI. REQUIRED ACTION (To be posted on the side of the cabinets)

- A. Evaluate for signs of opioid overdose.
 - Unconsciousness or inability to awaken.
 - Slow or shallow breathing or breathing difficulty such as choking sounds or a gurgling/snoring noise from a person who cannot be awakened.
 - Fingertips or lips turning blue/purple.
 - If an overdose is suspected, stimulate the person, call name and check breathing.
- B. Call 911 for help.
- C. Administer Medication
 - Open medication and follow the instructions enclosed in the package.
- D. Support the person's breathing
 - Make sure airway is clear
 - Perform CPR if needed.
- E. Monitor Response

- It is essential to get the person to an emergency department as quickly as possible, even if the person revives and seems to feel better, as overdose symptoms may return.

F. Complete the Naloxone Administration Record (form in Attachment A).

G. Fentanyl Test Strips

- Scan the QR code on the fentanyl test strip for instructional use.

VII. MAINTENANCE / REPLACEMENT OF NALOXONE AND FENTANYL TEST STRIPS

A. Naloxone Emergency Access Cabinets will be maintained in a manner consistent with manufacture's guidelines for temperature and sunlight exposure.

B. Used, lost, damaged, or expired Opioid Emergency Kits will be replaced according to the Cosiano Health Center Director.

C. Contact the Cosiano Health Center (419-434-4550) for replacement kits.

D. Expired Naloxone and fentanyl test strips will be:

- a. Properly disposed of according to the University's policy.
- b. Cosiano staff will perform monthly checks to see if the cabinets have been opened or the medication/strips need replaced.

ATTACHMENT A
Naloxone Administration Record
University of Findlay

Please return completed form to the Director of Cosiano Health Center.
This form is CONFIDENTIAL

NAME OF VICTIM	DATE OF OVERDOSE	TIME OF OVERDOSE	<input type="radio"/> AM <input type="radio"/> PM
LOCATION OF OVERDOSE	VICTIM RESIDENCE - City	State	Zip Code
GENDER OF THE VICTIM <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	AGE	RACE/ETHNICITY OF THE VICTIM (if unknown, state as such)	

Signs of Overdose *(Check all that apply)*

<input type="checkbox"/> Cyanotic/Grey	<input type="checkbox"/> Slow Weak Pulse	<input type="checkbox"/> Respiratory/Cardiac Arrest	<input type="checkbox"/> Pinpoint Pupils
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Depressed Breathing	<input type="checkbox"/> Muscles Are Limp/Slack	<input type="checkbox"/> Slurred Speech

Evidence

<input type="checkbox"/> Self Reported	<input type="checkbox"/> Drugs	<input type="checkbox"/> Paraphernalia
<input type="checkbox"/> Reported by Friend/Family	<input type="checkbox"/> Opiate Pills	Pill Type:
Dr.'s Name:		

Details of Naloxone Administration

WAS NALOXONE ADMINISTERED AT THE SCENE? <input type="radio"/> Yes <input type="radio"/> No	IF YES, BY WHOM?
NUMBER DOSES USED	HOW LONG DID IT TAKE FOR THE NALOXONE TO WORK? <input type="radio"/> < 1 Min. <input type="radio"/> 1-3 Min. <input type="radio"/> 3-5 Min. <input type="radio"/> > 5 Min. <input type="radio"/> Don't Know <input type="radio"/> Did Not Work

PERSON'S RESPONSE TO NALOXONE <i>(Check all that apply)</i> <input type="radio"/> Responsive & Alert <input type="radio"/> Combative <input type="radio"/> Responsive but Sedated <input type="radio"/> No Response to Naloxone	DID THE PERSON SURVIVE? <input type="radio"/> Yes <input type="radio"/> No
--	---

OTHER ACTIONS TAKEN *(Check all that apply)*

<input type="checkbox"/> Sternal Rub	<input type="checkbox"/> Recovery Position	<input type="checkbox"/> Rescue Breathing/Ambu Bag
<input type="checkbox"/> Automatic Defibrillator	<input type="checkbox"/> Yelled	<input type="checkbox"/> CPR <input type="checkbox"/> Other <i>(specify)</i>

EMS CALLED <input type="radio"/> Yes <input type="radio"/> No	TIME EMS WAS CALLED <input type="radio"/> AM <input type="radio"/> PM	EMS TRANSPORTED VICTIM? <input type="radio"/> Yes <input type="radio"/> No
--	--	---

NALOXONE LOT #	MANUFACTURER	EXPIRATION DATE
----------------	--------------	-----------------

NOTES/COMMENTS

NAME OF PERSON COMPLETING REPORT: