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A photograph showing a female coach in a dark blue and red jacket kneeling on a grassy field. She is administering Narcan to an athlete who is lying on their back on the grass. The athlete is wearing an orange shirt and black leggings. The coach is holding a small vial and a syringe, injecting the athlete's neck. The background is a green grassy field with some trees in the distance.

The Coach's Role in Management of Opioid Overdose and Narcan Administration

By Melinda Watts, PhD, LAT, ATC

More people die from an overdose each year in the United States than the total number of U.S. citizens killed in the Vietnam war (Benjamin et al., 2024; Harrod et al. 2024). Since 2019, there has been an exponential rise in adolescent opioid overdose deaths, and it has quickly become a crisis in the United States (Friedman et al. 2022). On average, 130 people die from an opioid overdose each day. Athletic participation has also increased among the nation's youth, along with injuries, surgeries, and prescribed opioid medications for pain relief (National Federation of State High School Association [NFSHSA], 2018). Athletes who are prescribed an opioid

medication for pain relief are at risk for misuse and possible overdose. Trying to return to play sooner or play through pain by taking increased doses of opioid pain medicine can be dangerous to the athlete's health and possibly lead to misuse of opioid drugs (NFSHSA, 2018).

To help address the problem, several states (including California, Colorado, Oregon, Texas, and Virginia) have passed bills related to the administration of opioid antagonists in schools. As part of an opioid overdose action plan, designated staff are trained to recognize the signs and symptoms of an overdose and how to administer an opioid overdose reversal drug called Narcan. It is important for coaches to be aware of the signs and

symptoms of opioid overdose and how to provide emergency care when needed. Coaches should be attentive to any changes in their athletes' behavior and mental health if it is known that they are using opioid drugs. This is especially crucial if the school district does not employ an athletic trainer or if one is not around at the time of the emergency. This article will provide background information on opioid drugs and overdose, introduce one of the state bills (Texas Senate Bill 629) allowing the implementation of an opioid overdose action plan, provide a list of common signs and symptoms of opioid overdose, and list four steps to properly administer Narcan to save the individual's life.

Opioid Overdose

Opioid overdose occurs when an individual takes more than the prescribed dose of prescription or illegal opioid drugs. Prescription opioid drugs used for pain relief include codeine, hydrocodone (Vicodin), dilaudid, morphine, and oxycodone (oxycontin, Percodan, Percocet). Illegal opioid drugs include heroin and fentanyl (synthetic opioid). The widespread prevalence of fentanyl availability has contributed to 77% of adolescent (ages 14–18) overdose deaths since 2020 (Benjamin et al., 2024). Both prescription and illegal opioids can lead to an overdose.

Texas Senate Bill 629

As opioid overdose has become a problem nationwide, several bills have been passed providing guidelines and policies for the use of opiate antagonists in emergency situations in schools. For example, Texas Senate bill 629 requires Narcan to be available on every middle school and high school campus in Texas. The bill passed in the 2023 legislative session and became effective on January 1, 2024. All middle and high schools in Texas are required to comply with the state mandate by implementing an opioid overdose action plan. The opioid overdose plan requires staff to be trained to recognize the signs and symptoms of an opioid overdose, and to know how to properly administer Narcan and how to store the appropriate amount of Narcan in a safe location on each campus (e.g., the Narcan nasal spray is sold over the counter in pharmacies without a prescription and can easily be stored in each automated external defibrillator station throughout the school campus; Texas Association of School Boards, 2024). Narcan is a fast-acting opioid overdose reversal drug that is safe for administration to all ages. Readily accessible Narcan and properly trained staff members can reduce opioid overdose fatalities in adolescents at both middle and high schools. Coaches should be aware of the policies in their state and know how to implement the opioid overdose plan in their school.

Signs and Symptoms of Opioid Overdose

It is important to recognize the signs and symptoms of an opioid overdose to quickly provide lifesaving care. During an overdose, the individual's normal body functions begin to slow,

including breathing. Most often the individual will be unresponsive and may make audible snorting or gurgling sounds. The following signs and symptoms may also be present during an opioid overdose:

- unresponsiveness (unable to speak or respond to verbal or physical stimuli);
- shallow breathing or no breathing;
- audible snorting or gurgling sound;
- pale, clammy skin;
- pinpoint pupils (if eyes are closed, gently lift eyelids to see);
- blue lips or fingertips; and
- slowed heartbeat/pulse.

Once signs and symptoms have been identified, Narcan should quickly be given to the individual. Quickly identifying the signs and symptoms of an opioid overdose can lead to treatment being administered quickly, which is important in providing emergency care.

Administering Narcan

Narcan can be given to possible opioid overdose individuals either through injection or a nasal spray. It is important to note that no harm occurs to individuals who are given Narcan but are not having an opioid overdose. If administered quickly, Narcan can reverse the effects of the opioid overdose and result in fast and effective treatment to save a life. In the case of an overdose emergency, coaches can follow these four steps:

1. Attempt to establish responsiveness with the individual:
 - Tap the individual and ask, "Are you okay?"
 - Shout the individual's name and "Wake up!"
 - Call 9-1-1.
2. Position the individual:
 - Roll the individual onto their back.
 - Tilt their head back and lift their chin up.
3. Administer Narcan nasal spray:
 - Insert the nasal spray into the individual's nostril until your fingers touch the edges of their nostril.
 - Push the plunger to release the entire dose.
 - Note the time the dose was given to emergency personnel.
4. Place the individual in the recovery position:
 - The individual should be placed on their left side to assist with keeping the airway clear in case the individual vomits.
 - If two to three minutes pass and the individual has not awakened, a second dose should be given. Narcan nasal spray has two doses in each box.

When the individual awakens, they may be disoriented and unaware of their location or what happened. Try to keep the individual calm until emergency medical services (EMS) arrive. When EMS arrives, update them on the patient's condition, including how they were found, signs and symptoms, and time the dose(s) of Narcan was administered.

Conclusion

Opioid overdose action plans should be implemented at all middle school and high school campuses. Athletes may be at risk for misuse of prescription opioid drugs for pain relief from injury or surgery while trying to return to play sooner. Athletic trainers who normally render care may not always be available or even employed in some school districts. Therefore, coaches should be familiar with opioid overdose signs and symptoms and know how to administer Narcan. Increased awareness, education, and training can contribute to improved opioid overdose outcomes and possibly saving a life.

Disclosure Statement

No potential conflict of interest was reported by the author(s).

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Submissions Welcome!

Readers are encouraged to send “Coach’s Corner” submissions to *Strategies* Editor at Istrecker@shapeamerica.org.

The purpose of the Coach’s Corner column is to feature short articles about one specific coaching lesson that readers can immediately implement with their team. Articles should contain a brief introduction, followed by quick-hitting information such as bullet points or lists. Submissions should not exceed 1,000–1,500 words (or roughly four typed, double-spaced pages).



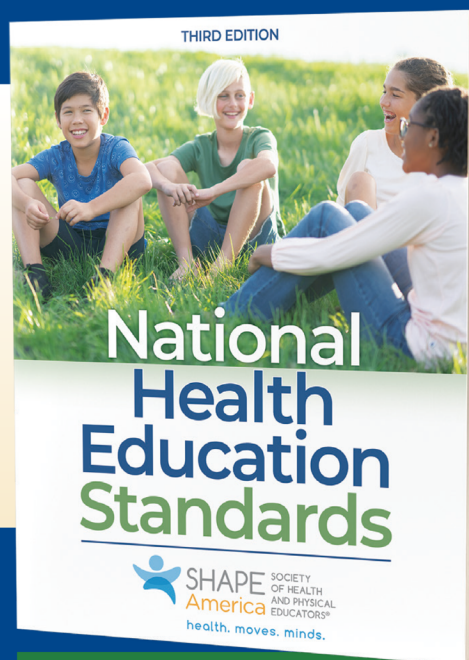
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