



FACULTY SENATE MINUTES

Meeting Date:	04/03/2023	Time:	14:45-16:30	Location:	Culp/Zoom	
Next Meeting:	04/17/2023				Scribe:	Ashley Sergiadis
Present:	Beatty, Kate; Blackhart, Ginni; Blackwell, Roger; Blevins, Emily; Boa, Jen; Bray, Sheree; Burns, Bracken; Byington, Randy; Chakraborty, Kanishka; Daniels, Jean; Desjardins, Matthew; Digavalli, Siva; Dowling-McClay, KariLynn; Easterday, Mary; Ecay, Thomas; Elangovan, Saravanan; Fisher, Stacey; Fiuza, Felipe; Foley, Virginia; Foreman, Robin Ann; Frye, Steph; Funk, Bobby; Garris, Bill; Gentry, Retha; Gray, Jeffrey; Greene, Amy; Harnois-Church, Patricia; Hauldren, Kacie; Hawthorne, Sean; Hemphill, Bill; Hendrix, Stephen; Herrmann, Andrew; Hounshell, Jonathan; Kim, Sookhyun; Kruppa, Michael; Landis, Ryan; Lyons, Reneé; Mackara, Fred; Mamudu, Hadii; McGarry, Theresa; Nivens, Ryan; O'Neil, Kason; Ramsey, Priscilla; Schroder, Laurie; Scott, Dane; Sergiadis, Ashley; Tai, Stevens, Alan; Chih-Che; Thigpen, Jim; Thompson, Beth Ann; Trogen, Paul; Uddin, Moin; Walden, Rachel; Waters, Susan; Weise, Constanze; Yampolsky, Lev; Youngberg, George; Zahner, Matthew					
Absent:	NOTE: Due to technical difficulties, attendance was not documented for this meeting.					

Agenda Items

Meeting called to order

1. Celebrations
2. Introductions of Speakers & Guests
3. Announcements
4. Guest Speakers
5. Approval of Minutes
6. Action Items
7. Information Items
8. Old Business
9. New Business
10. Comments from Guests
11. Final Comments/Announcements from Senators
12. Adjourn

DISCUSSIONS

1. Celebrations
 - 1.1 **Blackhart** had a lovely time on Spring Break in Europe (Brussels, Amsterdam).
2. Introductions of Speakers & Guests
 - David Harker, Chair of Philosophy and Humanities, Co-Chair of the General Education Redesign Task Force
 - Sharon McGee, Dean of College of Graduate and Continuing Studies, Co-Chair of the General Education Redesign Task Force
 - Sarah Melton, Professor of Pharmacy Practice
3. Announcements
 - 3.1. ETSU Faculty Trustee Election Results
Dr. Steph Frye-Clark was elected as ETSU Faculty Trustee. ~260 faculty voted.



DISCUSSIONS

3.2 The Executive Committee will next meet with President Noland on Wednesday, April 5th and with Provost McCorkle on Tuesday, April 18th. Any questions should be sent through Ask an Administrator form by tomorrow for the meeting with President Noland.

3.3 Save the Date – Faculty Senate Retreat to take place Tuesday, August 22nd.

Blackhart encouraged Senators to block 8AM-5PM on their calendars. Nivens is planning the retreat. More information will be provided over the summer.

3.4 The next Tennessee University Faculty Senates (TUFS) meeting will take place April 28-29 at UT Health Science Center in Memphis. **Blackhart** will be attending.

4. Guest Speakers

4.1 Dr. David Harker and Dr. Sharon McGee – Co-Chairs of the General Education Redesign

- The [General Education Redesign](#) website features a timeline, frequently asked questions, and resources on how other institutions have redesigned their general education curriculum.
- Towards the end of last semester, Provost McCorkle announced the General Education Task Force, consisting of 14 representatives including one student representative. Since one third of students' college career is general education, the task force wants to make general education more impactful, relevant, and engaging to students. Currently, students and the community view general education more as an obstacle to graduation.
- One part of the task force's project is branding by finding better ways to advertise and promote the general education curriculum. If ETSU improves their general education curriculum, then they can follow other universities' examples by using their general education program as a recruitment and retention tool.
- Second part of their project is redesign by reviewing the current requirements. They are considering factors such as introducing more high impact strategies. ETSU follows a distribution model for general education with a focus on checking boxes/requirements. Other universities that have had similar redesign processes created a more integrated educational experience.
- The task force created two documents (framework and competencies). The framework is the mission statement, explaining why people should care about general education. They are hopeful that incoming students and faculty can use this framework to consider how the general education curriculum will achieve this mission. The other document outlines six core competencies. Both documents will be foundational when it comes to the evaluating curriculum design. They encouraged everyone to comment on the General Education Redesign Task Force's proposed [framework](#) and [competencies](#) by April 10.
- During the summer, the task force will review other general education curricula from universities that have completed a similar redesign process in order to understand what ETSU would like to implement here.
 - They provided a few examples. Some universities having bookend courses (a seminar during their first year and another closer to graduation). Some universities have integrated learning experiences in which a theme is approached from the perspective of different disciplines (e.g., social behavioral sciences, humanities) in order for students to understand how all disciplines are important and valuable.
- The task force has a Town Hall on April 14 at 2 PM.

Scott: Could existing courses be excluded from general education and new courses become part of general education?

Harker: It is possible that new courses will be added, which would lead to a wider selection of courses. We might be consulting departments and other units that want to be included. On the exclusion side, some courses might become less in demand as a result of the redesign. It is not clear at the moment if any of them will be excluded.

McGee: Some existing courses might require curricular redesign to align with the competencies.

Digavalli: Can you give an example of what an interconnected but diverse discipline would be?

Harker: You could think about "Appalachia" or "Sustainability" from the perspective of literature, fine arts, social behavioral sciences, and humanities. All of those disciplines have important insights and perspectives on those topics.



DISCUSSIONS

Yampolsky: Is there any effort to create major-specific general education courses (e.g., Philosophy for Biologists)?

Harker: We are not far enough along in the process to think about this question. We are aware that some majors presuppose that their students have taken certain courses to satisfy general education. That is something we will be mindful of.

Yampolsky: For biologists, the way our majors take math is the same way math majors take it. The course focuses on theory and proving theorems with zero practical implementation. We would love to see a calculus course taught for biologists with more applications to real-life programs. The math department would like to teach that course but do not have the resources. It would be a relatively minor investment to help departments who teach general education to specialize.

McGee: We will review this at as we move forward. On the other hand, we want to allow students mobility. Many students change majors. We do not want to lock them into or out of a pathway. There needs to be a balance between specificity and flexibility.

Hemphill: For bioengineering, faculty are already talking to math and natural science faculty about paying an adjunct to teach those courses and incorporate that theory.

Lyons: I really liked the essentials of the community college competencies, especially Information Literacy. How was this competency considered?

Harker: Our paragraph on critical thinking captures part of information literacy. Information literacy is something that the task force discussed and we hope that it gets sufficient emphasis. Please share in the public comment if you think it needs more emphasis.

Lyons: I noticed also the language of "local and global... ." Where does national fit in? Students need to understand our civics, our government!

Weise: Can you elaborate on what courses are still demanded from the state side such as American history or world history?

McGee: Tennessee statute requests certain things. All general education is required to be at the 1000 or 2000 level. They require 9 credits of communication (6 written, 3 oral), 9 credits of humanities and fine arts, 6 credits of social and behavioral sciences, 6 credits of history, 8 credits of natural sciences, and 3-4 credits of mathematics. In terms of American History, if a student has taken American History as a high school student, they do not have to take American history at the university level. "No person shall be granted a baccalaureate degree of any kind from any institution of higher learning supported or maintained by the state, or from any community college supported or maintained by the state, unless the person has earned credit in American history, consisting of six (6) semester hours or nine (9) quarter hours. Persons who pursue baccalaureate degrees in those areas of study exempted either by regulation of the board of regents or by regulations or delegated authority of the board of trustees of the University of Tennessee, are not required to meet the requirements of this section if they have successfully completed a course in American history in high school. Any student shall have the option, at the student's request, to substitute three (3) semester or three (3) quarter hours of Tennessee history for three (3) of the semester or quarter hours in American history required by the terms of this section if offered by the institution." American history is an option but not required at the University of Tennessee and Middle Tennessee State University. We are not at the point where we are reviewing general education course by course.

4.2 Operation Substance Use Disorders – Naloxone Training

Sarah Melton provided naloxone training. Slides from the training are provided at the end of the minutes. Any college or faculty member can contact Sarah Melton (meltonst@etsu.edu) to request naloxone training. Trainers can travel to the faculty and others needing training.

5. Approval of Minutes

Blackhart questioned whether there was an objection to approving the minutes from the 03/20/2023 meeting. **Sergiadis** noted that Senator McGarry submitted corrections.

No Objection: Minutes Approved



DISCUSSIONS

6. Action Items

6.1 Faculty Senate Officer Elections – Nominations open

Nominations for Faculty Senate Officer Elections begin today. Elections will happen for Secretary, Vice President, and COO/Treasurer on April 17th. Alan Stevens was nominated for Vice President, Ashley Sergiadis was nominated for Secretary, and Ryan Nivens was nominated for COO/Treasurer. Nominations remain open through April 17th.

7. Information Items

7.1 Faculty Handbook Committee Update – Hendrix

Susan Epps has been appointed by the Office of the Provost to review the Faculty Handbook. Susan Epps and Karin Keith are working on identifying the policies that need to be removed from the handbook, determining who those policies belong to, and moving them into the institution’s normal policy process. Dr. Epps is now working on a new website (within the Faculty Senate website) to feature a version of the Faculty Handbook previously shared with Faculty Senate.

7.2 Reports from University Committees

None.

7.3 Other Items of Discussion from the Floor

TikTok Ban on Campus

Desjardins started a discussion on the TikTok legislation. Digital Media and Media Communications faculty and students have research connected with social media such as TikTok and are unable to complete their research on campus due to the ban. **Foley** suggested Desjardins submit this issue in the Ask an Administrator forum so the Faculty Senate Executive Committee can discuss it with the provost and president. **Byington** suggested contacting Bridget Baird about the legislation.

Foley clarified that the reason the universities had a ban and not K-12 schools was most likely due to K-12 schools already having firewalls that screens for sites like TikTok. **Hendrix** clarified that students most likely can access TikTok through the internet in the dorms because they are connected through ResNet. ResNet is different than the ETSU network (and not funded through state dollars).

Faculty Senate Elections

McGarry asked about the progress of elections for Faculty Senators in each college. **Blackhart** stated that all colleges are either done or in progress with their elections. She asked colleges to email herself and Senator Sergiadis their progress.

8. Old Business

None.

9. New Business

None.

10. Comments from Guests

None.

11. Final Comments/Announcements from Senators

None.

12. Adjourn

Motion to Adjourn: Desjardins

Second: Nivens



DISCUSSIONS

Meeting Adjourned

Please notify Senator Ashley Sergiadis (sergiadis@etsu.edu, Faculty Senate Secretary, 2022-2023) of any changes or corrections to the minutes.

Note: Meeting minutes are not a word-for-word transcript. Statements and questions by Senators are edited and summarized for clarity.



**Volunteer to
Save a Life**

**Tennessee Overdose
Education
and Naloxone Distribution**

Presented by Operation Substance Use Disorders – Gatton College of Pharmacy

1

Disclosures

The organizations and persons participating in this educational program DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

2

Objectives

1. Describe the naloxone rescue act of Tennessee and associated Good Samaritan protection.
2. Examine risk factors associated with opioid overdose.
3. Dispel common myths about how to reverse an opioid overdose
4. Learn how to respond to an opioid overdose emergency with the administration of naloxone

3

FDA NEWS RELEASE

FDA Approves First Over-the-Counter Naloxone Nasal Spray

Agency Continues to Take Critical Steps to Reduce Drug Overdose Deaths Being Driven Primarily by Illicit Opioids

f Share | W Tweet | In LinkedIn | Email | Print

For Immediate Release: March 29, 2023

4

Naloxone Rescue Act (SB1631/HB1427)

- Effective July 1, 2014
- Allows a licensed healthcare practitioner to prescribe naloxone to a person at risk of having an opioid-related overdose, or a family member or friend of the at risk individual
- Requires training in administration of naloxone prior to drug being prescribed
- Good Samaritan protection
- Immunity from civil prosecution for both prescribing practitioner and individual administering naloxone
- Public Chapter 623

5

What are commonly misused opioids?

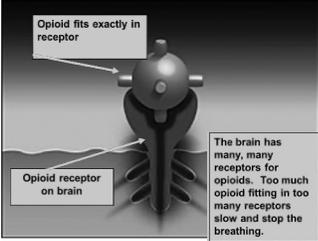
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Commonly Misused Opioids

Generic	Trade	Street
Hydrocodone	Lortab, Vicodin	Hydro, Norco, Vikes, Wicodins
Oxycodone	Oxycontin, Percocet	Ox, Olys, Oxycontin, Kicker, HiBully Heroin
Morphine	Kadian, MScotin	M, Miss Emma, Monkey, White Stuff
Codeine	Tylenol #3	Schoolboy, T-3s
Fentanyl	Duragesic	Apache, China Girl, China White, Goodfella, TNT
Carfentanyl	Wildnil	Drop Dead, Flatline, Lethal Injection, Poison, Tango & Cash, TNT
Hydromorphone	Dilaudid	Dil, Durt, Footballs, D, Big D, M-2, M-8oz, Crazy Bs, Super Bs
Oxymorphone	Opana	Blue Heaven, Octagons, Oranges, Pink, Pink Heaven, Stop Signs
Meperidine	Demerol	Dilles, D, Juice
Methadone	Dolophine, Methadose	Meth, Anik, Fizzles, Dolls, Jungle Juice
Heroin	Diacetylmorphine	Dope, Smack, Big H, Black Tar, Dog Food
Buprenorphine	Bunavail, Suboxone, Subutex, Zubsolv	Sobos, Bupe, Stopis, Stop Signs, Oranges

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Opioid Overdose



<http://www.utahnaloxone.org/information-on-opioid-overdose-and-how-naloxone-works>

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Opioid Overdose

Causes

- Reduced sensitivity to changes in O₂ and CO₂ outside of normal ranges
- Decreased tidal volume and respiratory frequency
- Respiratory failure and death because of hypoventilation

Develops over minutes to hours

- Decreased respiratory rate, blood pressure, heart rate, body temperature
- Unresponsiveness
- Miosis – pinpoint pupils
- Blue/gray lips and nails

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What are common risk factors for opioid overdose?

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Common Risks for Opioid Overdose

- **Abstinence**
 - Release from incarceration
 - Relapse
 - Completion of detoxification
- **Previous Overdose**
- **History of Addiction**
- **Opioid Dose and Changes in Purity**
- **Mixing Substances/Polypharmacy**
 - Alcohol, benzodiazepines, other respiratory depressants
- **Chronic Medical Illness**
 - Lung, liver, renal compromise, and comorbid mental illness
- **Social Isolation**
 - Using alone



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Other Risk Factors

- Changing from immediate release to long-acting opioids
- Receiving a methadone prescription
- Prescribed > 50 Morphine Milligram Equivalents (MME) daily
- Receiving prescriptions from multiple pharmacies and prescribers

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What is the difference between "being high" and an overdose?

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Recognition of Opioid Overdose

"High"	Overdose
Relaxed Muscles	Pale, clammy skin
Impaired speech: slow or slurred	Breathing is infrequent or absent
Drowsy, lethargic	Snoring or gurgling (death rattle)
Responsive to verbal or painful stimuli	Unresponsive to any stimuli
Normal heart rate	Slow or no heart rate
Normal skin tone	Cyanosis present at lips/fingertips

KEY POINT:
Persons in a state of overdose are unresponsive to any stimuli.

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Common Myths of Opioid Overdose Reversal

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Myths on Reversing Opioid Overdose

- Do not** put the person in a cold/ice bath or shower
 - They could drown
 - Cooling the body temperature down can further depress heart rate
- Do not** induce vomiting or give something to drink
 - They could choke
- Do not** slap, kick, punch
 - Aggressive actions can lead to broken bones or internal bleeding
- Do not** inject them with foreign substances (e.g., salt water or milk)
 - This could lead to severe infections of the skin, heart, virus transmission, abscesses, etc.

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KEY POINT:

Naloxone is the only effective response to an opioid overdose emergency!

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How Does Naloxone Work?

Naloxone has a stronger affinity to the opioid receptors than the opioid, so it knocks the heroin off the receptors for a short time and lets the person breathe again.

<http://www.utahnaloxone.org/information-on-opioid-overdose-and-how-naloxone-works>

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Addressing Concerns About Naloxone

- Naloxone has no abuse potential
- Does not allow people who abuse to take more opioids without fear
 - Naloxone precipitates withdrawal
- It has no effect if accidentally administered or self administered to someone not taking opioids (i.e., a child)

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INTRANASAL NALOXONE



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Narcan Nasal Spray



<https://www.narcan.com/patients/how-to-use-narcan>

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FDA-Approved Intranasal Naloxone (2, 4 mg of naloxone hydrochloride in 0.1 mL)



- Seek emergency medical care immediately after use
- Administer a single spray of naloxone nasal spray to adults or pediatric patients intranasally into one nostril
- Additional doses should be administered using a new nasal spray with each dose
 - If patient does not respond or responds and then relapses into respiratory depression, additional doses of naloxone may be given every 2 to 3 minutes until emergency medical assistance arrives
- Rescue breathing measures may be helpful while awaiting for emergency assistance

NOTE: The 2 mg strength nasal spray was FDA approved on January 25, 2017
<https://www.narcan.com/>

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INTRAMUSCULAR NALOXONE

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Cost

NALOXONE FORMULATION	APPROXIMATE COST
Intranasal Naloxone Two 2 mg/2 mL prefilled syringes	\$80.00
FDA-Approved Naloxone Nasal Spray (GENERIC) Two 4 mg/0.1 mL unit dose	\$100.00
Naloxone Syringe for Intramuscular Injection – Two 0.4 mg/ml vials	\$25.00

Anticipated Cost of OTC naloxone: \$35 - \$65 — plus a retailer's mark

Costs available from www.goodrx.com; April 2023

<http://prescriptionevent.org/wp-content/uploads/2020/06/naloxone-product-chart-16-01-21.pdf>

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Responding to an Opioid Overdose

- **Step 1: Check for responsiveness**
 - Tap their shoulder and shout their name
 - Check for breathing
 - Put your ear to the person's mouth and nose so that you can also watch their chest
 - Feel for breath and watch to see if the person's chest rises and falls
 - If unresponsive or shallow/irregular breathing is present, proceed to step 2.

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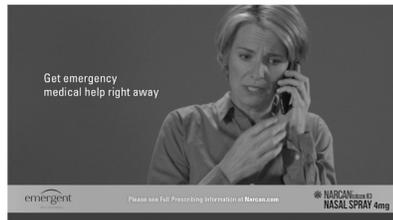
Responding to an Opioid Overdose

- **Step 2 Administer naloxone**
 - Intranasal
 - Intramuscular
 - Withdrawal effects
- Refer to naloxone slides for each specific product

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Responding to an Opioid Overdose

- **Step 3 Place individual into recovery position**



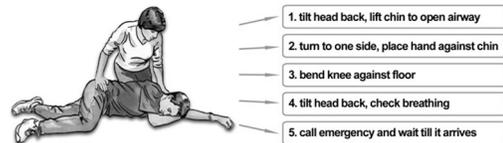
<https://www.narcan.com/patients/how-to-use-narcan>

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Responding to an Opioid Overdose

- **Step 3 Place individual into recovery position**

Overdose Recovery Position



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Responding to an Opioid Overdose

- **Step 4 Call 911**
- **Step 5 Initiate rescue breathing/CPR** (if certified or as instructed by 911 operator) if the person has not started breathing
 - Brain damage can occur after three to five minutes without oxygen
 - The American Heart Association (AHA 2015) guidelines have integrated naloxone administration with chest compressions

<https://eccguidelines.heart.org/wp-content/uploads/2016/06/2015-AHA-Guidelines-Highlights-English.pdf>

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Assess and Respond

Step 6 Assess and respond based on outcome of first naloxone administration

- Continue to monitor them until emergency medical services arrive
- Calm and soothe overdose victim
- Do not allow them to take more drugs or eat or drink anything
- Tell them that opioid withdrawal is not life-threatening and that naloxone will wear off in 30-45 minutes
- Depending on what substances they were taking, they could relapse into overdose once the first dose of naloxone wears off
- Emphasize the importance of waiting for emergency medical services to arrive so they can be assessed

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Assess and Respond

There are **two circumstances** in which you may need to administer a second dose of naloxone

CIRCUMSTANCE A

If the individual has not responded to the initial dose within three minutes

CIRCUMSTANCE B

If the individual has relapsed into an overdose again after having previously recovered with the initial dose.

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Storage of Naloxone

- Store naloxone in the original package at room temperature
- Avoid light exposure
- Shelf life of naloxone is generally 18 to 24 months
- Do not insert naloxone into the prefilled syringe until ready to use
 - Once inserted it expires within 2 weeks
- Monitor the expiration date on naloxone and replace before it expires
 - Note: when there are no other alternatives, expired naloxone can be administered but may not be as effective

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Access in the Pharmacy

- Tennessee is one of many states that allow dispensing of naloxone by a pharmacist through a collaborative pharmacy practice agreement – allowing a layperson to access naloxone without visiting a doctor!
- The pharmacist is uniquely positioned to support public health initiatives because of front-line access to the public
- The standing order establishes the protocol that allows pharmacists to dispense naloxone-containing products to at risk individuals by standing order from an authorized prescriber

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Recap

- Step 1: Check for responsiveness
- Step 2: If unresponsive, give naloxone
- Step 3: Put the person in the recovery position
- Step 4: Call 911
- Step 5: Initiate rescue breathing
- Give 2nd dose if needed and repeat steps 1-5

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Helpful Resources



Tennessee Department of Health Information on Naloxone: <https://www.tn.gov/health/health-program-areas/health-professional-boards/csm-board/csm-d-board/naloxone-training-information.html>



College of Psychiatric and Neurologic Pharmacists
Naloxone Access: Practical Guideline for Pharmacists
<https://ironp.org/guidelines/naloxone>

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Helpful Resources



<http://prescribetoprevent.org/>

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THANK YOU!

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