

Required
 Local
 Notice

OPIOID OVERDOSE PREVENTION

The Board of Education recognizes that the use of opioids can lead to overdose and death of district students and staff. The Board wishes to minimize these deaths by the use of opioid overdose prevention measures.

Administration of Opioid Antagonist Pursuant to Non-Patient Specific Order

The Board of Education approves the following program for use of opioid antagonists on students or staff suspected of having opioid overdose whether or not there is a previous history of opioid abuse.

Opioid antagonist shall be limited to naloxone and other medications approved by the Department of Health for such purposes, and administered only to students and staff.

The District Participates in a NYSDOH Registered Opioid Overdose Prevention Program Operated by Another Organization

The school district will participate in an existing New York State Department of Health (NYSDOH) registered opioid overdose prevention program operated by another organization. The NYSDOH registered opioid overdose prevention program will have its own clinical director who will issue a non-patient specific order and be responsible for prescribing naloxone kits for the school. The district will collaborate with the registered program's clinical director to follow protocol and procedures related to management of an opioid antagonist in the school.

The district shall designate a main liaison to the NYSDOH registered opioid overdose prevention program.

Naloxone will be stored in secure but accessible locations consistent with the district's emergency response plan. Such locations shall be designed to provide ready and appropriate access for use during emergencies, consistent with the district's emergency response plan.

Any school staff member may volunteer to participate in the program. Once trained by using a NYSDOH approved training program, staff members who volunteer may administer intranasal (in the nose) naloxone in the event of an emergency, on-site during the school day or at any on-site school sponsored activity.

Staff members will not be penalized by the district if they choose not to participate in this program.

NYSSBA Policy 8121.1

School nurses may also participate in the program. Pursuant to a non-patient specific order and protocol issued by a NYS licensed physician or certified nurse practitioner, school nurses may administer intranasal naloxone or, if allowable per their training, intramuscular (in the muscle) naloxone, on school premises or at any school-sponsored activities occurring off school grounds. The non-patient specific order and protocols must meet the criteria established pursuant to the regulations of the commissioner of education (8 NYCRR §64.7).

The Superintendent of Schools will ensure the school district will comply with the requirements of Public Health Law section 3309 including, but not limited to, appropriate clinical oversight, recordkeeping and reporting.

Documentation and Other Provisions

School nurses will document the administration of naloxone in accordance with the non-patient specific order and protocol that authorized the nurse to administer the naloxone, and report the administration of the naloxone to the district's medical director.

If there is a patient specific order for a particular student, the district will refer to the current New York State Education Department Guidelines for Medication Management in Schools as appropriate.

This policy, regulation, and any related procedures will be reviewed annually to ensure they continue to meet the needs of the district and are consistent with recommended best practice.

Those trained as volunteer responders in the administering of naloxone will be required to review training every year.

Ref: Education Law §§902 (requires public schools to employ medical director); 922 (volunteer naloxone responder); 6527 (emergency treatment of anaphylaxis and opioid overdose); 3023 (liability coverage); 6509-d (protection from liability for professional misconduct); 6909 (administration of naloxone by nurses)
Public Health Law §3309 (volunteer naloxone responder)
8 NYCRR §64.7 (administration of naloxone); Part 136 (school health services program, including naloxone)
10 NYCRR §80.138 (volunteer naloxone responder)
Guidance for Implementing Opioid Overdose Prevention Measures in Schools, New York State Education Department, updated 3/2019, https://www.schoolhealthny.com/cms/lib/NY01832015/Centricity/Domain/85/NYSED_%20OpioidGuidance_3.2019.pdf
Opioid Overdose Prevention: Guidelines for Policies and Procedures, New York State Department of Health, March 2014, www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/policies_and_procedures.pdf

Adoption date:

OPIOID OVERDOSE PREVENTION REGULATION

Administration of Opioid Antagonist Pursuant to Non-Patient Specific Order

In an effort to ensure the health and safety of its students and staff, the District will maintain and administer an opioid agonist on its property, specifically the intranasal form of Naloxone, also known as Narcan, in the event of an emergency to any student, staff member, or visitor experiencing a known or suspected opioid overdose.

Faculty, staff members, and students of Parishville-Hopkinton Central School District who choose to become trained overdose responders as part of the Seaway Valley Prevention Council Opioid Overdose Prevention Program (Cert. #1154) as registered by the New York State Department of Health (NYSDOH) shall be permitted to administer Naloxone on-site during the school day or during school activities. Licensed healthcare personnel employed by the district (Registered Nurses [RNs], Licensed Professional Nurses [LPNs], Medical Doctors [MDs], Doctors of Osteopathy [DOs], Nurse Practitioners [NPs] or Physician's Assistants [PAs]) will act within their scope of practice regarding patient non-specific orders for the purposes of this program. The Clinical Director of Seaway Valley Prevention Council's Opioid Overdose Prevention Program (SVPC OOPP) shall issue a non-patient-specific order for Naloxone. The Program Director of SVPC OOPP and the district's Medical Director shall be notified whenever Naloxone is administered on-site.

Seaway Valley Prevention Council's Opioid Overdose Prevention Program will be responsible for training faculty, staff, and students who choose to become trained overdose responders, maintaining a record of trained overdose responders in the district, and maintaining the supply of Naloxone within the school district. Parishville-Hopkinton Central School District is responsible for identifying and selecting persons to become trained overdose responders and ensuring that Naloxone is accessible to all trained overdose responders in the event of an emergency. The school district will notify Seaway Valley Prevention Council of any changes to the employment status of trained individuals in a timely fashion.

The on-site inventory and placement of naloxone will be accounted for weekly, and counted by personnel designated by the school administrator. Accounting for naloxone in AED cabinets may occur at the same time the check of the AED is performed. This count should be included and recorded on the AED log. The log must include the date, time and signature of the designated personnel performing the count. The log will be kept with whatever naloxone has not yet been deployed in the school health office, with the log being maintained for no less than 7 years. When new naloxone is placed in the locked storage cabinet or AED cabinet, the lot number, date of receipt, expiration date, and location of the naloxone must be recorded on the log. The designated personnel placing the naloxone in the storage area will sign the log and will need to monitor expiration dates.

Naloxone will be documented in the individual's cumulative health record for students, or consistent with applicable policies for care administered to staff. Documentation must include the date and time and route of administration noting the anatomical location if intramuscular was administered; the signs and symptoms displayed by the student or staff member prior to administration; the student or staff member's response to naloxone administration, if CPR/rescue breathing/AED was administered; the name of the EMS agency providing transport, along with the name of the health care facility the student/staff person was transported to; and signed by the person completing the documentation. Incident reports will be completed as per school district policy.

Adoption date:

Naloxone Administration Protocol

Trained opioid overdose responders (TOORs) of Parishville-Hopkinton Central School District (PHCSD) who have received hands-on training through Seaway Valley Prevention Council (SVPC) Opioid Overdose Prevention Program (Cert. #1154) as registered by the New York State Department of Health (NYSDOH) shall be permitted to administer Naloxone on-site to any student, staff or community member who exhibit signs of suspected drug overdose during the school day or during school activities.

Naloxone Administration Training components consist of:

- Completion of the NYSDOH approved Opioid Overdose Prevention Training for School as presented by SVPC.
- Personnel Webinar with 100% accuracy on the post-test.
- Review of the post-test by the District Director of School Health Services.
- Review and complete the Opioid Overdose Prevention Training Skills Checklist for responding to, and administering intramuscular (IM) or intranasal (IN) naloxone.
- TOORs will be given access to naloxone after an assessment by the District Director of School Health Services that the TOOR has retained mastery over the core competencies of recognizing a suspected opioid overdose and responding to it appropriately. If any core competencies listed on the Skills Checklist are lacking, there shall be additional training.
- Licensed health professional whose scope of practice includes medication administration can administer either IN or IM naloxone.
- Although training certification is valid for two years, NYSED strongly encourages trained responders to review training annually to ensure understanding and skills competency. TOORs will be required to take a refresher training in order to retain active status.
- Prescribers do not need to be present when responders are trained, but procedures need to be in place to ensure naloxone can be given under a non-patient specific order and that all responders have been trained in overdose recognition and response.
- Provision of naloxone in the school setting may maintain non-patient specific orders for administration of shared access of Intranasal (IN) naloxone by volunteer trained unlicensed school personnel; and/or intranasal (IN) and/or intramuscular (IM) naloxone by registered professional nurses (RN), for the purpose of providing naloxone for emergency response to a suspected opioid overdose.
- Naloxone should be stored at room temperature in a secure location accessible by the TOOR. Records will be maintained on the inventory of naloxone by the PHCSD.
- Medical records will be stored in the School Health Office in a secure location. If there is an established medical chart in the facility, a note will be made in the chart in keeping with policy regarding medical services.
- Naloxone kits- Intramuscular include two (2) syringes; 2 vials of naloxone, instructions for administering naloxone, one (1) face mask for mouth-to-mouth resuscitation, two (2) alcohol swabs and one (1) one pair of gloves.
- Naloxone kits- Intranasal include two (2) vials of naloxone, two (2) mucosal atomizers, instructions for administering naloxone, one (1) face mask for mouth-to-mouth resuscitation, two (2) alcohol swabs and one (1) pair of gloves.
- PHCSD will ensure that naloxone is stored safely consistent with the manufacturer's guidelines and that an adequate inventory of naloxone be maintained consistent with reasonable projected demand.
- All overdose reversals will be recorded on the form supplied by the NYSDOH and reviewed immediately. PHCSD

WHAT YOU NEED TO DO IN THE EVENT OF AN OVERDOSE

- **CHECK**
 - Assess the person for signs of OVERDOSE
 - NOT BREATHING(or < 10 per minute)
 - NON-RESPONSIVE (body limp- stimulate, yell, shake, sternal rub, pinch skin)
 - BLUE NAILS & SKIN (face pale)
- **CALL**
 - 911
 - Activate school emergency response
 - GET AED
- **CARE**
 - CPR/RESCUE BREATHS simultaneously with
 - GIVE NALOXONE
 - ROLL ON SIDE (recovery position)
 - Monitor and support until EMS ARRIVES
 - If unresponsive may give 2nd dose in 2-5 minutes
- **COMMUNICATE AND REPORT**
 - Call Parent/Guardian
 - Administration of naloxone to Program Director
- **KEY POINTS**
 - Naloxone reverses opioid overdose only
 - Effects last 45 minutes-1 ½ hours
 - Affected individual may awaken in a combative state
 - Naloxone is light & heat sensitive, store in cool dry protected place

WHAT YOU DO TODAY MAY SAVE A LIFE

Specific guidance to Assembly and Administration of Naloxone

- **Intranasal naloxone**
 - **Assemble nasal atomizer-** pull or pry protective caps from both ends of needle free syringe and the glass naloxone vial. Remove one nasal atomizer (white cone) from package and gently screw on syringe. Screw naloxone glass vial onto open end of syringe.
 - **Administer naloxone-**place nasal atomizer in one nostril and push vial into syringe using 1 ml. Of naloxone (½). Repeat in other nostril using the rest of the naloxone left in the syringe. If nostrils are blocked- may administer in roof of mouth.
- **Intramuscular naloxone**
 - **Assemble IM injection-** Pop the top off the vial of naloxone and draw up entry vial of medicine.
 - **Administer naloxone-** Inject into a large muscle such as upper arm or thigh.
 - Dispose of used syringe in a puncture proof container.

District Director of School Health Signature: _____

Date: _____