

Administration of Opioid Antagonists (Naloxone)

I. PURPOSE

The purpose of this policy is to establish guidelines and procedures for the utilization of the opioid antagonist known as Naloxone in Monroe County Schools.

II. RATIONALE

To combat the continuing rise in opioid-related deaths in West Virginia, in accordance with W. Va. Code §16-46-7, West Virginia's State Health Officer issued a statewide standing order for the distribution of Naloxone by eligible recipient organizations on August 10, 2021. Monroe County Schools is an eligible recipient.

II. DEFINITIONS

Naloxone (Naloxone Hydrochloride) is an opioid antagonist medication indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid related drugs such as heroin morphine, codeine, hydrocodone, oxycodone and fentanyl. Opioid overdose may cause breathing to slow, and even stop, resulting in death. If given soon enough, Naloxone can counter the overdose effects, usually within minutes. Naloxone is safe and easy to administer.

School Nurse is the Registered Nurse certified by the State Superintendent of Schools working in Monroe County Schools hired by the board of education to protect and promote student health, facilitate optimal development, and advance academic success.

Trained personnel are individuals working for Monroe County Schools that have been trained by the School Nurse, deemed competent and authorized to administer Naloxone in accordance with W. Va. Code §§ 18-5-22 and 18-5-22d, West Virginia Board of Education Policy 2422.7, and Department of Health and Human Resources guidance.

III. ADMINISTRATION OF NALOXONE

It is the policy of the Monroe County Schools that the certified School Nurse shall be trained in Naloxone use and maintain Naloxone on-site at each school and at Monroe County Schools central offices. Opioid antagonists maintained in schools shall be in a secure but convenient location which is only accessible by the individuals authorized to administer the opioid antagonist.

An opioid antagonist may be administered to a student, school employee, or to any person on school property during regular school hours, at a school function, at an event

on school property when the School Nurse or authorized and designated nonmedical school personnel reasonably believes, based upon their training, that the individual is experiencing an adverse opioid event. A 911 call must be placed any time Naloxone is administered. Any certified school nurse, other licensed nurse, and/or designated school personnel working in the school who administers Naloxone to a person believed to be suffering from an opioid-related overdose is required to seek additional medical treatment at a medical facility for that person immediately following the administration of the opioid antagonist to avoid further complications resulting from a suspected opioid-related overdose.

Prior notice to the parents of a student of the administration of the opioid antagonist is not required. Immediately following the administration of Naloxone, the school shall provide notice to the parent/guardian of a student who received the opioid antagonist. The notice shall include who administered the opioid antagonist, the rationale for administering the antagonist, the approximate time of the administration of the opioid antagonist, and any other necessary elements to make the student's parent/guardian fully aware of the circumstances surrounding the administration of the antagonist. If Naloxone is administered when the School Nurse is not on site, the school principal must inform the School Nurse immediately following the administration as soon as it is safe to do so.

Any certified school RN, other licensed nurses, and designated and trained school personnel who administers an opioid antagonist as provided in this policy and W. Va. Code §18-5-22d is immune from liability for any civil action arising out of any act or omission resulting from the administration of the opioid antagonist unless the act or omission resulted from the school RN or trained and authorized nonmedical school personnel's gross negligence or willful misconduct.

IV. TRAINING

Training shall be provided by the School Nurse in accordance with DHHR guidance and requirements. Only those employees who have been trained by the School Nurse, deemed competent and authorized to administer Naloxone in accordance with W. Va. Code §§ 18-5-22 and 18-5-22d, West Virginia Board of Education Policy 2422.7, and Department of Health and Human Resources guidance are authorized to administer Naloxone.

VIII. REPORTING

All public schools must report each incident resulting in administration of Naloxone to the West Virginia Poison Center by calling 800-222-1222 after emergency medical services have transported the student, staff member, or other person to acute care. The notification should include:

- a. the name of the student/staff member/other individual;
- b. the student's/staff member's age and gender;
- c. the date and the approximate time the incident occurred;
- d. symptoms observed;
- e. who administered the injection;
- f. the name of the school the student attends;
- g. a contact telephone number;
- h. the rationale for administering the injection;
- i. the response to the opioid antagonists administration;
- j. the dose of opioid antagonists administered; and
- k. any other necessary elements to provide a complete report for the individual situation.

The West Virginia Poison Center will provide the data upon request to the public schools, county boards, and annually to the State Superintendent of Schools.

Adopted by Board Action: March 21, 2023

MONROE COUNTY SCHOOLS
NALOXONE EMERGENCY RESPONSE SUMMARY SHEET

Client's Name _____

Today's date _____ Location _____

Birthdate _____ Age _____ Gender _____

Describe situation surrounding incident: _____

Symptoms Observed: _____

Medication or drug paraphernalia found _____

EMS Called (time) _____ Arrived (time) _____ Departed (time) _____

Person who called EMS _____ Phone Number _____

Client reaction to medication: _____

Amount of medication administered: _____

Signature of who administered _____ Date _____

Name (print) _____

Email: _____ Phone Number: _____

Please add any additional information to the bottom or back of this form and submit to Monroe County School Nurse promptly.

Suspected Overdose Incident Report

WHEN: Date of Incident

WHERE: County of Incident

WHERE: Town/City or Township

WHAT: Occurred (check all that apply)

OD fatal

OD non-fatal

Tainted prescription suspected

Drug Format (pills, patches, powder, etc.)

Suspected drug(s) involved (brief description)

Was 911 called?

Was naloxone administered?

How much naloxone was used?

Please include any additional information at the bottom or back of this form to submit to Poison Control and to the Monroe County School Nurse promptly.