



Minneota Public School District Policy 516.5

Adopted: August 2023

Revised: _____

516.5 OVERDOSE MEDICATION

I. PURPOSE

As a means of enhancing the health and safety of its students, staff and visitors, the school district will acquire, administer, and store doses of an opiate antagonist, specifically Naloxone (Narcan)ⁱ, and administration devices or kits for emergency use to assist a student, staff member, or other individual believed or suspected to be experiencing an opioid overdose on school district property during the school day or at school district activities.

II. GENERAL STATEMENT OF POLICY

The school board authorizes school district administration to obtain and possess opioid overdose reversal medication, such as Naloxone, to be maintained and administered to a student or other individual by trained school staff if the staff member determines in good faith that the person to whom the medication is administered is experiencing an opioid overdose. Authorization for obtaining, possessing and administering Naloxone or similar permissible medications under this policy are contingent upon: 1) the continued validity of state and federal law that permit a person who is not a healthcare professional to dispense an opiate antagonist to the school district and its employees by law; 2) that the school district and its staff are immune from criminal prosecution and not otherwise liable for civil damages for administering the opiate antagonist to another person who the staff member believes in good faith to be suffering from a drug overdose; and 3) the availability of funding either from outside sources or as approved by the school board to obtain and administer opioid overdose reversal medication.

III. DEFINITIONS

- A. **“Drug-related overdose”** means an acute condition, including mania, hysteria, extreme physical illness, respiratory depression or coma, resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires immediate medical assistance.
- B. **“Naloxone Coordinator”** is a school district staff person or administrator appointed to monitor adherence to protocols outlined in this policy and referenced procedures. The Naloxone Coordinator is responsible for building-level administration and management of Opiate Antagonist medications and supplies. The school district’s Naloxone Coordinator

is [insert title of staff person appointed as coordinator].

- C. **“Opiate”** means any dangerous substance having an addiction forming or addiction sustaining liability similar to morphine or being capable of conversion into a drug having such addiction forming or addiction sustaining liability.
- D. **“Opiate Antagonist”** means naloxone hydrochloride (“Naloxone”) or any similarly acting drug approved by the federal Food and Drug Administration for the treatment of a drug overdose.
- E. **“Standing Order”** means directions from the school district’s medical provider that sets forth how to house and administer Naloxone or other Opiate Antagonist medications to students, staff members or other individuals believed or suspected to be experiencing an opioid overdose. This Standing Order should include the following information:
 - 1. Administration type
 - 2. Dosage
 - 3. Date of issuance
 - 4. Signature of the authorized provider

IV. GENERAL STATEMENT OF POLICY AND RESPONSIBILITIES

- A. The school district must maintain a supply of opiate antagonists at each school site to be administered in compliance with Minnesota law. Each school building must have two doses of nasal naloxone available on-site.
- B. A licensed physician, a licensed advanced practice registered nurse authorized to prescribe drugs pursuant to Minnesota Statutes, section 148.235, or a licensed physician assistant may authorize a nurse or other personnel employed by, or under contract with, a public school may be authorized to administer opiate antagonists as defined under Minnesota Statutes, section 604A.04, subdivision 1.
- C. A licensed practical nurse is authorized to possess and administer an opiate antagonist in a school setting notwithstanding Minnesota Statutes, 148.235, subdivisions 8 and 9.
- D. District Collaborative Planning and Implementation Team

To the extent Naloxone is obtained for use consistent with this policy, the school district will establish a district-wide collaborative planning and implementation team (“District Planning Team”) who will oversee the general development and operations related to the use of opiate antagonist Naloxone and regularly report to the school board as to its activities.

1. The District Planning Team will include the Naloxone Coordinator and may include the superintendent (or designee), school nurse, public health experts, first responders, student or family representatives, and community partners who will be assigned to the Team by the superintendent or designee or solicited as volunteers by the superintendent.
2. The District Planning Team, through the Naloxone Coordinator, will obtain a protocol or Standing Order from a licensed medical prescriber for the use of Naloxone or other Opiate Antagonist by school district staff in all school facilities and activities and will update or renew the protocol or Standing Order annually or as otherwise required. A copy of the protocol or Standing Order will be maintained in the office of the Naloxone Coordinator.
3. The District Planning Team will develop district-wide guidelines and procedures and determine the form(s) of Naloxone to be used within the school district (nasal, auto injector, manual injector) and the method and manner of arranging for the financing and purchasing, storage and use of Naloxone to be approved by the school board. Once approved by the school board, these guidelines and procedures will be attached and incorporated into this policy. At a minimum, these guidelines and procedures will:
 - a. Ensure that when Naloxone is administered, school district employees must activate the community emergency response system (911) to ensure additional medical support due to the limited temporary effect of Naloxone and the continued need of recipients of additional medical care;
 - b. Require school district employees to contact a school district healthcare professional to obtain medical assistance for the recipient of the Naloxone, if possible, pending arrival of emergency personnel;
 - c. Direct school district employees to make immediate attempts to determine if the recipient is a minor and, if so, locate the identity of the parent or guardian of the minor and ensure contact with that parent or guardian is made as soon as possible after administration of the Naloxone for the purpose of informing the parent or guardian of the actions that have been taken; and
 - d. Require school district staff to inform the building administrator or other administrator overseeing an event or activity of the administration of Naloxone, as well as the Naloxone Coordinator, after taking necessary immediate emergency steps.
4. The District Planning Team will determine the type and method of annual training, identify staff members at each school site to be trained and coordinate the implementation of the training with the assistance of the Naloxone Coordinator.

E. Site Planning Teams

1. In consultation with the District Planning Team, the administrator at each school site may establish, in the manner the superintendent or Naloxone Coordinator deems appropriate, a Site Planning Team within the school site.
2. The Site Planning Team will be responsible for the coordination and implementation of this policy, district-wide guidelines and procedures within the school site and will develop and implement any specific guidelines and procedure for the storage and use of Naloxone within the school site in a manner consistent with this policy and district wide procedures and guidelines.

F. School District Staff

School district staff members will be responsible for attending all required training pertaining to the policy, procedures and guidelines for the storage and use of Naloxone and performing any assigned responsibilities pursuant to the guidelines and procedures.

V. NALOXONE STORAGE

- A. The Site Planning Team will select numerous Naloxone storage locations within the school site and outside the school site when activities are conducted off school grounds (i.e., transportation services, field trips, etc.).
- B. The selected storage locations of Naloxone will be classified as non-public “security information” as the school board has determined that the disclosure of this data to the general public would be likely to substantially jeopardize the security of the medication that could be subject to theft, tampering, and improper use. Therefore, the identity of the storage locations will be shared only with those school district staff members whom the District Planning Team or Site Team have determined need access to this information to aid public health and safety as determined in the procedures and guidelines.
- C. Stock Naloxone will be clearly labeled, monitored for expiration dates, and stored in a secured location that is accessible by trained staff as set forth in paragraph V.B.

VI. Privacy Protections

The school district will maintain the privacy of students and staff related to the administration of Naloxone as required by law.

Legal References: Minn. Stat. § 13.32 (Educational Data)
Minn. Stat. § 13.43 (Personnel Data)
Minn. Stat. § 13.37 (General Nonpublic Data)
Minn. Stat. § 121A.21 (School Health Services)
Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)
Minn. Stat. § 121A.224 (Opiate Antagonists)

Minn. Stat. § 144.344 (Emergency Treatment)
Minn. Stat. § 148.235 (Prescribing Drugs and Therapeutic Devices)
Minn. Stat. § 151.37 (Legend Drugs; Who May Prescribe, Possess)
Minn. Stat. § 152.01 (Definitions)
Minn. Stat. § 152.02 (Schedules of Controlled Substances)
Minn. Stat. § 604A.01 (Good Samaritan Law)
Minn. Stat. § 604A.015 (School Bus Driver Immunity from Liability)
Minn. Stat. § 604A.04 (Good Samaritan Overdose Prevention)
Minn. Stat. § 604A.05 (Good Samaritan Overdose Medical Assistance)
Minn. R. Pt. 6800.4220 (Schedule II Controlled Substances)
20 U.S.C. § 1232g (Family Educational and Privacy Rights)

Cross Reference: MSBA/MASA Model Policy 516 (Student Medication)
Minnesota Department of Health Toolkit on the Administration of Naloxone

ⁱ Naloxone is the medication that reverses an opioid overdose. Narcan® is the brand name for the intranasal applicator (nasal spray) form of naloxone. Naloxone usually refers to an intramuscular (IN+M) naloxone form that comes in a vial and is administered with a syringe, normally dispensed as an “IM kit.”



Minneota Public School District Policy 516.5 - Addendum

Adopted: October 2023

Revised: _____

516.5 ADDENDUM: NALOXONE EMERGENCY RESPONSE PROCEDURES

PURPOSE:

Opioid overdose and deaths from prescription medications and illegal substances is a public health crisis and has the potential to compromise the health and safety of the school community. Training school employees to administer Naloxone to a person at risk of opioid overdose helps enhance the health and safety of students, staff, and visitors. The purpose of these Emergency Response Procedures is to provide emergency care, medication, and response to someone with a suspected opioid overdose.

WHEN TO USE:

Staff who have been trained per Minneota Public Schools Policy #516.5 may administer naloxone to any student, staff, or visitor, in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected of a student, staff member, or visitor during the school day and during before/after school sponsored events if in attendance.

SIGNS AND SYMPTOMS OF OPIOID OVERDOSE:

Signs and Symptoms of Opioid Overdose	Signs and Symptoms of Opioid High
<ul style="list-style-type: none"> • Blue skin tinge or yellow or gray in darker skin tones-usually lips and fingertips show first color changes • Body is very limp • Face is very pale color from normal skin tone • Pulse (heartbeat) is slow, erratic, or not there at all • Throwing up • Passing out • Choking sounds or a gurgling/snoring noise • Breathing is very slow, irregular or has stopped • Unresponsive 	<ul style="list-style-type: none"> • Normal skin tone • Breathing appears normal • Normal heart rate • Looks sleepy • Speech is slurred or slow • Responsive to Stimuli • Pinpoint pupils (with some exceptions)

PROCEDURE:

1. When responding to a suspected drug overdose, district employees shall follow the steps outlined below:
 - a. **Call for medical help immediately (Dial 9-1-1).**
 - b. Check for signs of opioid overdose.
 - c. Perform initial rescue breathing (or CPR if needed), as instructed in training.
 - d. Administer Naloxone, as instructed in training.
 - e. Allow 3-5 minutes for the medication to work. If no change in the individual's condition, repeat administration of Naloxone.
 - f. Continue rescue breathing (or CPR if needed), as instructed in training.
 - g. Administer second dose of Naloxone if needed, as instructed in training.
 - h. Place in recovery position, as instructed in training.
 - i. Stay with the individual until emergency medical help arrives.
 - j. Cooperate with EMS personnel responding to the incident.
 - k. Notify the building administrator or designee of the incident.

OR

2. **Call 911 to get help and activate school specific emergency response**
3. **Perform rescue breathing** to provide oxygen if person is not breathing
4. Assess and **Monitor Breathing and Heart Rate. Initiate CPR**, use **AED** and **Rescue Breathing** as needed.
 - a. For a person who is not breathing, rescue breathing is an important step in preventing an overdose death and should be done as soon as possible.
 - b. Steps for rescue breathing are:
 - ✓ Place the person on his or her back and pinch their nose or use Ambu bag to administer rescue breaths
 - ✓ Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
 - ✓ Give 2 slow breaths.
 - ✓ Blow enough air into the lungs to make the chest rise.
 - ✓ Assess each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
 - ✓ Breath again every 5-6 seconds



5. **Administer Naloxone**

Naloxone shall be safely stored in unlocked cabinets near each of the AEDs that are installed at various locations throughout the school as designated by the school district in accordance with the drug manufacturer's instructions.


Naloxone shall be made readily accessible to those employees who have completed the required training to administer it in the event of a suspected drug overdose. All properly-trained employees shall be informed of the exact location where Naloxone is being stored.

The school nurses and administration shall obtain sufficient supplies of Naloxone pursuant in the same manner as other medical supplies acquired for the school health program. The school nurse or designee shall regularly inventory and refresh Naloxone stocks, and maintain records thereof, in accordance with the established internal procedures, manufacturer recommendations and Department of Health Guidelines.

Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.





Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.




Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



6. **Stay with the person** until 911 arrives
 - Place person in recovery position (lying on their side).
 - Stay with the person.
 - Continue rescue breathing if needed. Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of naloxone administration. Because naloxone has a relatively short duration of effect, overdose symptoms may return.
 - When EMS arrives, the person must be transported to nearest hospital.
 - Send the used naloxone medication device with EMS personnel.
7. **Documentation, Notification, Debriefing**
 - a. Post Naloxone Support
 - ✓ Explain to the person that you've just given them Naloxone, provide comfort during withdrawal symptoms.
 - ✓ Stay with the person until EMS arrives.
 - b. Notification Procedures: In the event of naloxone administration and emergency response activation, the following people must be notified:
 - ✓ School Nurse
 - ✓ Building Administrators
 - ✓ Superintendent of Schools
 - ✓ Emergency Communication Center (SEM) 651-744-1191
 - ✓ Parents/guardians, as appropriate
 - c. After administration of naloxone, the school nurse, teacher, or other staff member, will follow Minneota Public Schools' reporting protocols.
 - d. The school nurse, teacher, or other staff member will:
 - ✓ Ensure that the overdose victim was transported to the emergency room.
 - ✓ Notify appropriate student support personnel.
 - ✓ Provide substance abuse prevention resources to the overdose victim and family, as appropriate.

- e. Hold a debriefing session after administration of naloxone
- ✓ Organize and lead a debriefing session (a directed and intentional conversation) with staff members involved in the response.
 - ✓ At the debriefing session, review the incident and elicit a response from each staff member on their perspective on how the incident unfolded.
 - ✓ Identify if there are key issues or procedural gaps to address.
 - ✓ Provide feedback on if any changes need to be made to the policy, administration procedures, communication/information sharing or training.
 - ✓ Document outcomes of the debrief on a Naloxone administration record.

Administering Narcan

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN Nasal Spray.



2 Give NARCAN Nasal Spray

Remove NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

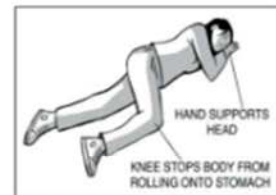
Move the person on their side (recovery position)

after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.



<https://www.naloxoneexchange.com/training/>