



Highline Public Schools Board Action Report

DATE: 6.03.24

FROM: Dr. Ivan Duran, Superintendent

LEAD STAFF: Michelle Jervis, Director of Health Services, Holly Ferguson, Chief Policy & Strategy Officer

For Introduction: 6.17.24

For Action: 7.10.24

I. TITLE Amendments to Board Policy 3418 Opioid Related Overdose Reversal

Select one: ☐ New Item ☐ Renewed Item ☐ Annual Item ☒ Revised Item

II. WHY BOARD ACTION IS NECESSARY

Per Policy 1310, Board action is required to amend Board policies. This policy is proposed for Introduction followed by Action at a subsequent meeting to allow the public to provide comments during the Public Testimony portion of the School Board meeting, pursuant to Board Policy 1310.

III. BACKGROUND INFORMATION

Current law specifies that any district with more than 2,000 students must provide opioid reversal medication in each high school. In 2024 the state legislature amended that law to specify that all school districts, regardless of size, must provide opioid reversal medication in every school. This action is a technical edit to clarify that now opioid reversal medications will be provided to every school in Highline, and, pursuant to the current requirements, all schools will have staff who are trained in the appropriate use of opioid reversal medications.

Under our current training process school nurses, social workers, and safety and security review the Naloxone Administration training each year to ensure there are multiple trained individuals on site to respond to a suspected overdose. Social workers and safety and security do skills check off with the site nurse to review administration of Narcan.

Now that Naloxone is at elementary site as well, the nurse in coordination with site administrators will seek out volunteers to be trained responders on site. Staff members can register for the Naloxone Vector training and check off with the school nurse after scheduling time. Documentation of training is completed yearly to maintain compliance with district policy and state requirements.

Vector Training: All Highline employees can self-register for self-guided Vector training that includes a PowerPoint with demonstration videos and guidance for Narcan administrations.

IV. RECOMMENDED MOTION

I move that the Highline School Board approve the amendments to Policy 3418 to provide opioid reversal medication at each district school.

V. FISCAL IMPACT/REVENUE SOURCE

Fiscal impact to this action will be \$3,100 from budget code 013J 2681-5599.

The revenue source for this motion is general fund.

Expenditure: ☐ One-time ☒ Annual

VI. APPLICABLE POLICY(S)

This action is in compliance with the following:

N/A

VII. ALTERNATIVES

The alternative is to not approve this change, or to make a different amendment. This is not recommended as not having opioid reversal medications at each school site would mean Highline would be out of compliance with the law.

VIII. COMMUNITY ENGAGEMENT

Community Engagement Required: ☐ Yes ☒ No

The public is able to provide testimony on this item pursuant to Policy 1310.

IX. ATTACHMENTS

Policy 3418 red line For review

Policy 3418 clean For approval

Procedure 3418 red line for review

Procedure 3418 clean for review



Policy 3418 – Opioid Related Overdose Reversal

The board recognizes that the opioid epidemic is a public health crisis and access to opioid-related overdose reversal medication can be lifesaving. To assist a person at risk of experiencing an opioid-related overdose, the district will seek to obtain and maintain at least one set of opioid overdose reversal medication doses in each of its ~~high~~-schools.

The district has authority to obtain and maintain opioid overdose reversal medication either through a standing order, prescribed and dispensed according to RCW 69.41.095(5), or through one or more donation sources. The district will seek at least one set of opioid reversal medication doses for each of its ~~high~~-schools. However, if the district documents a good faith effort to obtain and maintain opioid overdose reversal medication through a donation source, and is unable to do so, the district is exempt from the obligation to have a set of opioid reversal medication doses for each ~~high~~-school.

The following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose:

- School nurse
- School personnel who become designated trained responders (i.e. front office staff, administration, social workers, counselors, security staff, and Dean of students)
- A health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district.

Training for school personnel to become designated trained responders and distribute or administer opioid overdose reversal medication must meet the requirements for training described in the statute and any rules or guidelines for such training adopted by the Office of Superintendent Public Instruction. If a district ~~high~~-school does not have a full-time school nurse or trained health care clinic staff, the district shall identify at least two members of each ~~high~~-school's personnel to become a designated trained responder who can distribute and administer opioid overdose reversal medication.

Opioid overdose reversal medication may be used on school property, including the school building, playground, and school bus, as well as during field trips or sanctioned excursions away from school property. A school nurse or a designated trained responder may but is not required to carry an appropriate supply of school-owned opioid overdose reversal medication on in-state field trips and sanctioned in-state excursions.

Individuals who have been directly prescribed opioid overdose reversal medication

according to RCW 69.41.095 lawfully possess and administer opioid overdose reversal medication, based on their personal prescription. However, such “self-carrying” individuals must show proof of training as verified by a licensed registered professional nurse employed or contracted by the district or participate in district training as specified in the accompanying procedure.

If any type of overdose is suspected, including an opioid related overdose, district staff will call 911 (9-911 if using district phone) and alert a first responder. The school nurse, designated trained responder, or trained staff person located at a health care clinic on public school property or under contract with the school district will follow the [Washington Department of Health](#) steps for administering naloxone for a suspected opioid related overdose.

Cross Reference:

3416 – Medication at School
[WSSDA Policy #3424](#)

WSSDA Cross Reference:

[WSSDA Policy 3424](#)

Legal Reference:

Chapter 60.50.315 RCW – Drug-related overdose
Chapter 69.41.095 RCW -- Opioid overdose reversal medication—Standing order permitted.
Chapter 60.50.315 RCW – Health Screening and Requirements
Chapter 28A.210 RCW – Health Screening and Requirements

Management Resources:

OSPI, January 2020, Opioid Related Overdose Policy Guidelines and Training in the School Setting

Highline School District 401
Adopted by the Board: July 8, 2020
Revised by the Board: [July 2024](#)
Classification: Essential



Policy 3418 – Opioid Related Overdose Reversal

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The following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose:

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Training for school personnel to become designated trained responders and distribute or administer opioid overdose reversal medication must meet the requirements for training described in the statute and any rules or guidelines for such training adopted by the Office of Superintendent Public Instruction. If a district school does not have a full-time school nurse or trained health care clinic staff, the district shall identify at least two members of each school's personnel to become a designated trained responder who can distribute and administer opioid overdose reversal medication.

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Procedure 3418 – Opioid Related Overdose Reversal

Opioid overdose reversal medication and rescue breathing are evidence-based interventions known to result in positive outcomes for individuals experiencing an opioid related overdose. The district shall utilize the *Opioid Related Overdose Policy Guidelines & Training in the School Setting* published by the Office of the Superintendent of Public Instruction.

Opioids and Overdose

Opioids are a class of drugs derived from opium poppy or entirely created in a lab. Opioids include morphine, codeine, oxycodone, hydrocodone, hydromorphone, heroin, meperidine, fentanyl, and methadone. There are prescription opioids and opioids that are created and obtained illicitly.

An opioid overdose happens when someone has taken too much of an opioid. Synthetic opioids such as Fentanyl are especially dangerous due to its potency and can be added to illicit street drugs. A person may experience non-life-threatening effects such as nausea, vomiting, or sleepiness. A person may also experience life threatening effects that may lead to death, including infrequent or absent breathing, slowed or irregular heartbeat, no response to stimuli, and severe allergic reaction.

Risk factors for an opioid overdose include:

- Mixing opioids with other substances including benzodiazepines or alcohol
- Using after a break in use due to decreased tolerance
- Taking too many opioids
- Other health conditions
- Previous overdose
- Using opioids not from a pharmacy because the strength is unknown
- Using alone (increases risk from dying from an overdose)

Those who overdose rarely experience sudden breathing cessation. There is usually enough time to intervene before breathing completely stops and death occurs. Opioid overdose reversal medication and rescue breathing are evidence-based intervention outcomes for individuals experiencing an opioid overdose.

An opioid-high presents differently than an opioid overdose.

| Opioid High | Opioid Overdose |
|--|---|
| Normal skin tone | Pale, clammy skin Blue or purple lips or fingernails for person with light complexion and white or ashy lips and fingernails for person with dark complexion |
| Breathing appears normal | Infrequent, shallow, or absent breathing Respiratory rate less than 8 breaths per minute |
| Normal heart rate | Slow or irregular heartbeat |
| Looks sleepy | Unconscious or unable to wake |
| Speech slurred or slow | Deep snoring, gurgling, or choking sounds (death rattle) |
| Responsive to stimuli | Not responsive to stimuli |
| Pinpoint pupils (with some exceptions) | Pinpoint pupils |

An opioid overdose may occur intentionally or in many cases unintentionally after injection, ingestion, or inhalation of an opioid. Assessing an individual for responsiveness and breathing is critical to a successful outcome of a person experiencing an opioid overdose. A few quick ways to determine this are:

- Shout their name and shake them
- Rub knuckles hard on the breastbone in the middle of the chest or on the upper lip of the individual.

If the person responds to the stimuli, assume an overdose has not yet occurred. However, emergency medical services (for district phone call 9-911) should be notified. Remain with the individual and continue to assess for responsiveness and breathing until help arrives. It is important to monitor the person and try to keep the individual awake and alert. If the person does not respond to hearing their name, being shook, or having knuckles rubbed on their breastbone or upper lip, assume they may be experiencing an opioid overdose.

An opioid overdose requires immediate medical attention. It is essential to have a trained medical professional assess the condition of a person experiencing an overdose. All schools are expected to activate emergency medical services in an expected case of an overdose. Naloxone is effective only if there are opioids involved in the overdose. Naloxone will not reverse an overdose involving alcohol, benzodiazepines, or cocaine. The District shall follow the Washington Department of Health's steps for administering naloxone for drug overdose. (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/150-126-NaloxoneInstructions.pdf>)

Obtaining and Maintaining Opioid Overdose Medication

If a statewide standing order for intranasal or auto-injection intramuscular forms of naloxone is available, the district will obtain and maintain those forms of opioid overdose reversal medication exclusively.

The district may seek to obtain opioid overdose reversal medication through donations from manufacturers, non-profit organizations, hospitals, and local health jurisdictions. The district may also purchase opioid overdose reversal medication directly from companies or distributors at discounted pricing. The district must maintain written documentation of its good faith effort to obtain opioid overdose reversal medication from these sources.

A school administrator at each district ~~high~~-school shall ensure that the opioid overdose reversal medication is stored safely and consistently with the manufacture's guidelines. School administrators will also make sure that an adequate inventory of opioid overdose reversal medication is maintained with reasonably projected demands. Medication should be routinely assessed to ensure enough time for reacquiring the medication prior to the expiration date.

Opioid overdose reversal medication shall be clearly labeled in an unlocked, easily accessible cabinet in a supervised location. Consider storing opioid overdose reversal medication in the same location as other rescue medications. Expiration dates should be documented on an appropriate log a minimum of two times per year. Additional materials (e.g. barrier masks, gloves, etc.) associated with responding to an individual with a suspected opioid overdose can be stored with the medication.

Training

School-based health centers are responsible for training their personnel.

The district will ensure each ~~high~~-school has at least one personnel member who can distribute or administer opioid overdose reversal medication. Training for designated trained responders will occur annually prior to the beginning of each school year and throughout the school year as needed. Training may take place through a variety of platforms, including online or in a more conventional classroom setting. Training may occur in small groups or conducted one-on-one and may be offered by nonprofit organizations, higher education institutions, or local public health agencies. A licensed registered professional nurse who is employed or contracted by the district may train the designated trained responders on the administration of the opioid overdose reversal medication consistent with OSPI's guidelines and this policy/procedure.

The district will maintain a log of all designated trained responders for each ~~high~~-school. The log will include a list of all persons who are designated trained responders, a list of their trainings with the date and location of the training and the name of the trainer.

Liability

The district's and practitioner's liability are limited as described in RCW 69.41.095.

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