

## **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.

The signs and symptoms of opioid overdose are: shallow, slow, erratic, or no breathing; slow, erratic, or no pulse; snoring; choking with a gurgling rattle; unconsciousness, minimal responsiveness, limp body, unresponsive to painful stimuli; pinpoint pupils; blue or purple lips or fingertips; pale, blue, gray, or ashen skin; clammy face. The district will display these signs and symptoms in school buildings with instructions to contact emergency responders. The district will provide training to all staff and students on the signs and symptoms of an opioid overdose.

### **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.

### **School Nurse Administration of Opioid Overdose Treatments Pursuant to a Non-patient Specific Order and Protocols**

The school district's medical director will issue a non-patient specific order and protocol authorizing school nurses to administer naloxone and/or other opioid-related overdose treatment to students or staff suspected of having an opioid overdose. The school nurse may administer intranasal (in the nose) 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 comply with regulations of the commissioner of education (8 NYCRR §64.7).

A registered nurse (RN) who is responsible for implementing the non-patient specific order and protocol may assign licensed practical nurses (LPNs) to help (i.e., administer the ordered naloxone or other opioid overdose treatment, call an ambulance). The registered nurse must provide training and on-site direction to the LPNs except in emergency situations.

**Opioid Overdose Prevention (Continued)****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.

Adoption date:

June 27, 2022

**OPIOID OVERDOSE PREVENTION REGULATION****Administration of Opioid Antagonist Pursuant to Non-Patient Specific Order**

The on-site inventory and placement of naloxone will be routinely accounted for 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.

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