**Students**

**Opioid Related Overdose Reversal**

An opioid overdose requires immediate medical attention. It is essential to initiate emergency medical services for medical assessment and support.

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 will utilize the *Opioid Related Overdose Policy Guidelines & Training in the School Setting* published by the Office of the Superintendent of Public Instruction (OSPI).

**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 opioids 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.

An opioid high presents differently than an opioid overdose.

| Opioid High | Opioid Overdose |
|---|---|
| Normal skin tone | Pale, clammy skin<br>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<br>Respiratory rate less than 8 breaths per minute |
| Normal heart rate | Slow or irregular heartbeat |
| 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 |

**Opioid Overdose Response**

In the case of an opioid overdose, naloxone should be administered without delay to restore breathing and improve the person's chance of survival.

Naloxone is effective only if there are opioids involved in the overdose. Naloxone will not reverse an overdose involving alcohol, benzodiazepines, methamphetamines, or cocaine. The district will follow the Washington Department of Health's steps for administering naloxone for drug overdose.

Assessing an individual for responsiveness and breathing is critical to a successful outcome for a person suspected of experiencing an opioid overdose. A few quick ways to determine this are:

- Shout their name and if they do not respond, shake them
- Rub knuckles hard on the breastbone in the middle of the chest of the individual.

If the person responds to the stimuli, assume an overdose has not yet occurred but may continue to progress. Emergency medical services must be notified. Remain with the individual and monitor for responsiveness and continued 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 if they are not breathing, assume they may be experiencing an opioid overdose and administer naloxone per standing order and prescription.

All schools are expected to activate emergency medical services in an expected case of an overdose. Washington's Good Samaritan Law provides some protections when calling 911 to save a life, even if drugs are at the scene according to RCW 69.50.315. The victim and person calling 911 cannot be prosecuted for simple possession.

**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 distributers. If a district is unable to obtain naloxone through a donation source and pursues an exemption from the requirement to stock naloxone per RCW 26A.210.390 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 school will ensure that opioid overdose reversal medication is stored safely and consistently with the manufacturer's guidelines. School administrators also will make sure that an adequate inventory of opioid overdose reversal medication is maintained consistent with reasonably projected demands. Medication should be routinely assessed to ensure there is enough time to reacquire the medication prior to the expiration date.

Opioid overdose reversal medication must be clearly labeled in an unlocked, easily accessible cabinet in a supervised location. The district will 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 should be stored with the medication.

**Training**

The district will ensure each school has at least one personnel member who can distribute or administer opioid overdose reversal medication. Any staff member may be designated and trained upon approval by the principal.

Training for designated school personnel 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 person. Training 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 school personnel on the administration of the opioid overdose reversal medication consistent with OSPI's guidelines and this policy/procedure.

Training for designated personnel will include:

- District policy and procedure
- What are opioids
- What is an opioid overdose
- Other types of overdoses
- Signs and symptoms of an overdose
- Actions to take when a suspected opioid overdose occurs
- Naloxone access points in the school
- Reporting requirements

- Skill practice
- Good Samaritan Law

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

**Student Possession of Opioid Overdose Reversal Medication – "Self-Carry"**

Individuals who have been directly prescribed opioid overdose reversal medication according to RCW 69.41.095 may lawfully possess and administer opioid overdose reversal medication, based on their personal prescription. However, such "self-carrying" individuals and those who obtain opioid overdose reversal medication over-the-counter, 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.

Administration of the district's opioid overdose reversal medication will be performed by designated, trained, district personnel as needed. However, "RCW 69.41.095) allows for "any person" (including students) to lawfully possess, store, deliver, distribute, and administer an opioid overdose reversal medication that has been properly prescribed and/or authorized. The Board further recognizes that:

- Incidences of opioid overdoses are increasing in communities and schools;
- Naloxone is highly unlikely to cause harm if administered when not needed;
- Students may carry naloxone at school in order to have access to it outside of school; and
- Delay in administering naloxone for suspected overdose or delay activating emergency medical services could cause severe harm.

Therefore, neither the district nor its schools will pursue disciplinary action for students or personnel solely for possession or good faith administration on naloxone. Naloxone will not be confiscated from students.

Students who exhibit concern for the risk of overdose for themselves or others will be counseled on the availability of behavioral health supports and instructed of the district policy and procedure for opioid overdose response, and the importance of summoning adult help and emergency services for any suspect overdose must be emphasized.

**Liability**

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

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