

# New York State Education Guidance on Implementing Opioid Overdose Prevention in Schools



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*This guidance document was created in partnership the New York State Department of Health (NYSDOH), the New York State Office of Alcoholism and Substance Abuse Services (NYS OASAS) Bureau of Prevention Services, and the New York Center for School Health.*

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# Guidance for Implementing Opioid Overdose Prevention Measures in Schools

## Forward

This Guidance Document was originally published on 8/11/15. It was updated on 12/29/2016 to include information regarding laws allowing libraries to participate in opiate overdose prevention programs. The 2019 updates address new FDA approved naloxone products such as Narcan® intranasal spray and align with the NYSDOH-NYSED approved training webinar for opioid overdose prevention training for non-medical school staff updated in March 2019.

## BACKGROUND

NYS continues to see a rise in opioid-related deaths. In 2015, laws were enacted to allow schools to provide and maintain non-patient specific opioid antagonists (naloxone) on-site in each instructional school facility to ensure ready and appropriate access during emergencies for students or staff suspected of having opioid overdose whether or not there is a previous history of opioid abuse. In 2016, NYS laws were amended to allow New York State public libraries to participate in opiate overdose prevention programs and limit the liability of certain professionals licensed under title eight of the Education Law should they administer an opioid antagonist in the event of an emergency. As part of a coordinated State effort, the New York State Education Department (NYSED), the NYSDOH, and the Harm Reduction Coalition have continued to collaborate on statewide communications, guidance, and training for schools electing to participate as opioid antagonist recipients as defined by Public Health Law §3309.

Public Health Law §3309 and its implementing regulations (10 NYCRR §80.138) establish opioid overdose prevention programs, which allow trained individuals to administer naloxone in an emergency to persons suspected of having an opioid overdose. The law provides that the use of an opioid antagonist under this section shall be considered first aid or emergency treatment for any statute relating to liability. Schools/school districts choosing to participate in these programs as opioid antagonist recipients may permit volunteer employees to be trained, in accordance with Public Health Law §3309, to administer an opioid antagonist in the event of an emergency. Schools/school districts who choose to participate may maintain on-site, opioid antagonists in adequate supplies and types deemed by the Commissioner of the New York State Education Department, in consultation with the Commissioner of the New York State Department of Health.

## Statutory Framework for Opioid Overdose Prevention in NYS

- [Education Law §922](#), as added by Section 4 of Part V of Chapter 57 of the Laws of 2015, was amended by Chapter 68 of the Laws of 2016 to include New York State public libraries as eligible participants in the opioid overdose prevention programs.
- Education Law §922 and [Commissioner's Regulation §136.8](#), as added by section 4 of Part V of Chapter 57 of the Laws of 2015 added permitting NYS school districts, BOCES, charter schools, non-public elementary and/or secondary schools to provide and maintain opioid antagonists on-site in each instructional facility to ensure emergency access to any student or school personnel having opioid overdose symptoms, whether or not they have a previously known history of opioid abuse. Any person employed by any such entity that has elected to participate may administer an opioid antagonist in the event of an emergency, provided that such person shall have been trained by a program approved under section three thousand three hundred nine of the public health law. As of August 11, 2015, schools and school districts may register and operate opioid overdose prevention programs pursuant to NYSDOH regulations and permit shared access among its trained personnel to naloxone kits.
- [Public Health Law §3309](#) and implementing regulations in [10 NYCRR §80.138](#) establish the framework for regulated community access to naloxone. The law states the use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability. This law allows trained non-medical, unlicensed persons to use naloxone on individuals suspected of an opioid overdose if trained by a NYSDOH approved training curriculum.
- [Education Law §902](#) requires all public school districts to employ a qualified physician or NP to perform the duties of a director of school health services, i.e., the district's medical director.
- Part V of Chapter 57 of the Laws of 2015 added a new paragraph (f), to subdivision 6 [of §6527 \(Article 131 Medicine\)](#) and subdivision 4 of [§6909 \(Article 139 Nursing\)](#) of the NYS Education Law, authorizing registered professional nurses (RNs) to execute non-patient specific orders prescribed by a NYS licensed physician or an NP, to administer urgent or emergency treatment of opioid-related overdose or suspected opioid-related overdose, and authorizes physicians and NP's to write a non-patient specific order for an opioid antagonist.
- [Education Law §6509-d](#) provides protection from liability for professional misconduct to a person who is licensed to practice a profession under title eight of the Education Law if the person would otherwise be prohibited from prescribing or administering drugs and the person administers an opioid antagonist in an emergency. For information on licensed professionals under title eight of Education Law, visit the NYSED's Office of Professions website – <http://www.op.nysed.gov/title8>
- [Education Law Article 131 §6527](#) - a licensed physician may prescribe and order a non-patient specific regimen to an RN pursuant to regulations promulgated by the Commissioner of Education and consistent with the Public Health Law §3309 for the urgent or emergent treatment of opioid-related overdose or suspected opioid-related overdose.
- [Education Law Article 139 §6909](#) – an NP may prescribe and order a non-patient specific regimen to an RN pursuant to regulations promulgated by the Commissioner of Education consistent with subdivision three of section six thousand nine hundred two and consistent with Public Health Law §3309 for the urgent or emergent treatment of opioid-related overdose or suspected opioid-related overdose. This section also authorizes RNs to execute non-patient specific orders prescribed by a NYS licensed physician or an NP to administer urgent or emergency treatment of opioid-related overdose or suspected opioid-related overdose.

## I. SCHOOL/SCHOOL DISTRICT POLICY DEVELOPMENT

Prior to participation in an opioid overdose prevention program and providing an opioid antagonist in a school, district boards of education and school governing bodies should develop policies consistent with the laws and regulations of the State of New York. It is the responsibility of the school/school district electing to participate in the opioid overdose prevention program to determine and choose the most appropriate option for participation in the administration of an opioid antagonist (naloxone) in schools, the route of administration and to create policies and procedures aligned with the option chosen and NYS laws and regulations. The NYSED recommends that this decision is made in collaboration with, and under the advisement of, the school and/or school district’s attorney’s, and licensed medical staff (i.e., district medical director and registered professional nurses).

## II. OPTIONS FOR IMPLEMENTING AND PROVIDING OPIOID ANTAGONISTS IN SCHOOLS

There are three options available for schools that chose to maintain and administer an opioid antagonist in the school setting. Although options for participation differ, the guidance and forms provided in this document have been tailored for all schools to follow in implementing safe and effective policies, protocols and procedures in the use of opioid antagonist in schools. In addition to descriptions of the options, below please also refer to the “Administration of Naloxone in School Settings Option Chart,” located on the N NYSCSH website under Opioid Overdose Prevention Toolkit and Resources.

Options to obtain, store and use naloxone in schools are below. [Click here](#) to view full size.

Prior to participation in an opioid overdose prevention program and providing an opioid antagonist in a school, district boards of education and school governing bodies should develop policies consistent with the laws and regulations of New York State.

**All options should include communication with those providing health oversight to the school/school district.**

**Note:** Education Law permits NYS school districts, boards of cooperative educational services, county vocational education and extension boards, charter schools, and non-public elementary and secondary schools to participate in NYSDOH opioid overdose prevention programs. Therefore, these groups will be generally referenced under school/school district.

	Options for Non-Patient Administration of Naloxone	Non-Patient Specific Order Is Issued By:	Opioid Antagonist (Naloxone) Available free from NYSDOH	Volunteer School Personnel Training	Volunteer School Personnel Administration of Naloxone	School Nurses (RN) Administration of Naloxone
<b>Option 1</b>	School/school district registers with the NYSDOH to operate a NYSDOH Opioid Overdose Prevention Program; School Medical Director required	School Medical Director Only	Yes	To be trained using the NYSDOH-NYSED approved training program	May administer to students or staff on-site at school who exhibit signs of overdose	RNs can only administer naloxone pursuant to a valid non-patient specific order and protocol issued by a licensed physician or NP
<b>Option 2</b>	School/school district allows school nurses to execute non-patient specific orders & protocols for administering opioid related overdose treatment to students and staff in school	School Medical Director or Licensed Physician or Certified Nurse Practitioner (NP)	No	Not applicable	Not applicable	May assign with proper training and on-site direction to Licensed Practical Nurses (LPNs) to administer
<b>Option 3</b>	The school/school district staff receives training as a participant in a NYSDOH Registered Opioid Overdose Prevention Program that is operated by another organization	Clinical Director of a NYSDOH Registered Opioid Overdose Prevention Program Note: An RN can only follow non-patient orders from a licensed physician or NP	Yes	To be trained using the NYSDOH-NYSED approved training program	May administer to students or staff on-site at school under a non-patient specific order	

**PRACTICE NOTE:** RNs and LPNs may administer an opioid overdose drug/treatment to a student that has a valid **patient specific** order prescribed by a duly licensed physician, physician assistant or nurse practitioner. Students at risk for opioid overdose may already have these orders in place.

This resource was created by the New York State Center for School Health and is available on the Opioid Overdose Prevention Toolkit and Resources Page at: [www.schoolhealthny.com](http://www.schoolhealthny.com). Updated 12/2016

The planning process should include, but is not limited to:

- Schools /school districts electing to participate under Options 1 and 3 must first have approval from their governing body and have approved policies and procedures in place prior to implementation. Governing body approval is recommended for Option 2.
- Policies should be signed, dated and reviewed regularly to ensure they continue to meet the needs of the program and are consistent with recommended best practice.
- The use of an opioid antagonist (naloxone) should be included in district emergency response procedures, which in the public schools includes an Automated External Defibrillator (AED).
- Protocols should be in place to monitor the inventory, storage, use, and reporting of naloxone administration and any overdose reversals.
- Written procedures should be detailed to ensure consistency of practice and include the following:
- Identification of school personnel roles and responsibilities.
- Identification and provision of professional development and education need inclusive of evaluation procedures to ensure recognition and appropriate response to Opioid Overdose emergencies in the school setting.
- Identification of linkages with an existing NYSDOH Registered Program if applicable.

Additional resources and sample guidance for developing policies and procedures for opioid overdose prevention can be found on the NYSDOH Opioid Overdose Prevention Program web page: and the New York State Center for School Health (NYSCSH) website at <http://www.schoolhealthny.com>. It is highly recommended that schools maintain hard copies of all NYS Laws and Regulations, guidance and training materials, and supportive resources for opioid overdose prevention in a properly labeled binder in appropriate district and school offices.

## **OPTION 1**

### **School/School District Registers with the New York State Department of Health (NYSDOH) to Become A Registered Opioid Overdose Prevention Program**

Under Option 1, a School or District registers with the New York State Department of Health (NYSDOH) to become a Registered Opioid Overdose Prevention Program. Education Law §902 public schools districts are required to employ a medical director. The medical director, an NYS licensed physician or certified nurse practitioner, qualifies the school to become an NYSDOH Registered Provider. Under Public Health Law §3309 and implementing regulations NYCRR §80.138, naloxone may be prescribed by the school district's medical director, who also serves as the School's Registered Opioid Overdose Program Clinical Director. The medical director is responsible for ordering naloxone from the NYSDOH, which will provide it to the Clinical Director at no cost to the school district. Pursuant to Education §922—volunteer school personnel can be trained to become responders and administer an opioid antagonist intranasal naloxone (IN) on-site during the school day or at any on-site school-sponsored activity by completing an NYSDOH approved training program under Public Health Law §3309. School nurses can also participate under Option 1 and can administer either intramuscular (IM) naloxone or intranasal (IN) naloxone pursuant to a non-patient specific order and protocol issued by an NYS licensed physician or certified nurse practitioner. The non-patient specific order and protocols written for registered professional nurses must meet the criteria established under [Commissioner's Regulations \(8 NYCRR §64.7\) Nursing](#).

- Register with the NYSDOH and obtain a certificate of approval. The NYSDOH has created an [Opioid Overdose Prevention Resources for School Settings resource page](#) specifically for schools. A link to this page is also available on the [NYSCSH website Opioid Overdose Prevention Toolkit and Resources Page](#).
- Designate the Clinical Director (School Medical Director). The responsibilities of the Clinical Director are outlined in the document titled: "NYSED School Medical Director Implementation Guidelines Related to Non-Patient Specific Orders for Naloxone Administration in NYS Schools," available on the [NYSCSH website Medical Director page](#).
- Designate the Program Director (e.g., Superintendent, Principal, RN) whose responsibilities include but are not limited to:
  - Ensure approved policies and procedures are in place to guide how the program will be administered;
  - Ensure that there is a clinical director who oversees the clinical aspects of the program;
  - Establish training consistent with the school or school district's policies and the NYSDOH guidance; and
  - Personally, or through a designee:
    - Ensure volunteer responders complete the NYSDOH approved training prior to receiving a certificate of completion. NYSDOH approved training titled: "Opioid Overdose Prevention Training for School Personnel" is available on the [NYSCSH website Professional Learning Page](#).
    - Dispense and provide shared access to naloxone (referred to as communal access), to trained responders in accordance with laws, rules, and regulations.
    - Establish/maintain a recordkeeping system for training and opioid antagonist inventory and use according to the NYSDOH requirement.
    - Act as a liaison with emergency medical services (EMS) and emergency dispatch agencies
    - Assist the clinical director in collecting, reviewing and reporting information on overdose, and naloxone administration.
    - Report to the NYSDOH quarterly the number of doses of naloxone available in the school or school district and the number of overdose responders trained.

## **OPTION #2**

### **School Nurse Administration of Opioid Overdose Treatments Pursuant to a Non-patient Specific Order and Protocols (Available to licensed medical professionals: physicians & nurses)**

Under Option 2, the school district may allow the school medical director or other NYS licensed physician, or certified nurse practitioner to issue a non-patient specific order and protocol authorizing school nurses (RNs) to administer IM or IN naloxone and/or other opioid-related overdose treatment to students or staff suspected of having an opioid overdose. The non-patient specific order and protocols must comply with [Commissioner's Regulations \(8 NYCRR §64.7\) Nursing](#). RNs responsible for implementing the non-patient specific order and protocol may assign licensed practical nurses to help (i.e., administer ordered naloxone or other opioid overdose treatment, call an ambulance). The RN must provide training and on-site direction to the LPNs except in emergencies. School nurses are not required but highly encouraged to complete the NYSDOH or other evidence-based training to maintain currency related to professional practice (i.e., assessment skills related to opioid overdose), as required in the scope of practice for professional school nurses. School nurses may also administer naloxone to a student pursuant to a valid patient-specific order from the student's physician, nurse practitioner or other NYS licensed prescriber.

### OPTION #3

#### Participating with a NYSDOH Registered Opioid Overdose Prevention Program Operated by another Organization

Under Option 3, a school/school district can participate in an existing NYSDOH Registered Overdose Prevention Program operated by another organization. Participating with an existing NYSDOH registered program does not require a medical director, as all existing NYSDOH Registered Overdose Prevention Programs have a Clinical Director, who is responsible for prescribing naloxone for the school at no cost.

**Note:** According to Education Law §6909 and Commissioner’s regulations (8 NYCRR §64.7), NYS registered professional nurses (RNs) may only administer opioid-related overdose treatment pursuant to a non-patient specific order and protocol prescribed by a licensed physician or a certified nurse practitioner, and are unable to follow a non-patient specific order written by a physician’s assistant, (PA). Therefore, if licensed medical professionals participate in this program, the Clinical Director issuing the non-patient specific order must be an NYS licensed physician or a certified nurse practitioner. Volunteer school responders participating under an existing NYSDOH-registered opioid overdose prevention program, and pursuant to Education Law §922, are required to complete an NYSDOH approved training program pursuant to Public Health Law §3309. NYSDOH approved training titled: “Opioid Overdose Prevention Training for School Personnel” is available on the [NYSCSH website Professional Learning Page](#).

School nurses (RNs), can also participate under Option 3 and can administer either intramuscular (IM) naloxone or IN naloxone pursuant to a non-patient specific order and protocol issued by an NYS licensed physician or certified nurse practitioner. In school settings, the administration of IM naloxone is only recommended as an option for an appropriately licensed medical professional whose scope of practice includes medication administration.

It is critically important that clear communication along with a well-defined delegation of program responsibilities are outlined in the school district policies and procedures when participating in an NYSDOH Registered Opioid Overdose Prevention Program operated by another organization. Identifying who will communicate with the NYSDOH program may be assistive. The NYSDOH Registered Program may assist schools with policy and procedure approval and development. However, it remains the responsibility of the school district to have approval from their governing body, along with approved policies and procedures *prior* to program implementation.

It is the responsibility of the school and/or school districts board of education or governing body to determine and choose the most appropriate option for participation in opioid overdose prevention. The NYSED recommends this decision is made in collaboration with, and under the advisement of, the school and/or school district’s attorney’s, and licensed medical staff (i.e., district medical director and registered professional nurses). Schools electing to participate in an existing NYSDOH Registered Overdose Prevention Program operated by another organization can find links to existing programs in the [NYSDOH Opioid Overdose Prevention Programs Directory](#) on the NYSDOH website.

## COMMISSIONER'S REGULATIONS PART 64, NURSING NON-PATIENT SPECIFIC ORDER AND PROTOCOLS APPLICABLE TO OPTIONS 1, 2 AND 3.

Whichever Opioid Overdose Prevention option the school and/or school district elects as the method for participation, all non-patient specific orders, and protocols written for school nurses (RNs), by the school district medical director, another NYS licensed physician or certified nurse practitioner authorized by the school, or an NYSDOH Registered Program Clinical Director, are required to comply with the regulations of the Commissioner. ([8 NYCRR §64.7 -Opioid-Related Overdose Treatment](#)) Sample order protocols for licensed prescribers are available on the NYSCSH website [Medical Directors](#) page.

### III. OBTAINING AND MAINTAINING OPIOID ANTAGONISTS IN SCHOOLS

#### OBTAINING NALOXONE

Under Option 1 (schools and school districts that register as an NYSDOH Registered Provider) or Option 3 (schools that participate under an existing NYSDOH Registered Provider), schools/districts may obtain free intranasal naloxone is provided through the NYSDOH.

The NYSDOH provides intranasal naloxone in the form of NARCAN® 4 mg/.1mL nasal spray, instructions on what to do in English and Spanish, alcohol pads and a disposable face shield to use as a barrier for rescue breathing. Two doses of naloxone are provided per naloxone units ordered, as the victim may require a second dose. Gloves are not provided by the NYSDOH but should be included in response items by schools so that responders can maintain universal precautions if there is contact with body fluids.

Under Option 2 (School Nurse Administration of Opioid Overdose Treatments Pursuant to a Non-patient Specific Order and Protocols - Available only to licensed medical professionals), schools/school districts can obtain naloxone in the following ways:

- District completes a purchase order for naloxone, attaches the medical director's order and submits it to the manufacturer of their choice.
- An NYS licensed prescriber (i.e., district medical director, duly licensed physician or NP) completes paperwork required and orders naloxone from a physician supply company or pharmaceutical distributor.
- District obtains naloxone from Adapt Pharma, who provides US high schools with two cartons of Nasal Spray (4 doses) of NARCAN® (4 mg/mL naloxone HCl) For additional information contact [Adapt Pharma directly on their website](#).
- District obtains naloxone from a participating NYSDOH Opioid Overdose Prevention pharmacy. Please call the pharmacy for specific information.

Distribution of opioid antagonists through an opioid overdose prevention program should include information on such items as how to recognize symptoms of an overdose; steps to take prior to and after an opioid antagonist is administered, including calling first responders; the number for the toll-free Office of OASAS Hopeline (1-877-846-7369). Resources for schools are on the [NYS Center for School Health website](#).

## STORAGE OF NALOXONE IN SCHOOLS

Under all options selected, naloxone should be stored in secure but accessible locations consistent with the district emergency response plan, which in public schools includes immediate transport of an AED to the scene of an emergency. Naloxone should be available to ensure ready and appropriate access for use during emergencies. It may be kept in the school health office or stored inside the flap of the schools AED case. If placed in an AED cabinet, a plastic breakaway lock could be placed on the cabinet. Store naloxone according to the manufacturer's directions. Naloxone and the AEDs are both heat and cold sensitive.

## INVENTORY RECORD KEEPING OF NALOXONE IN SCHOOLS

Inventory of naloxone and other overdose supplies (gloves, disposable face shield, alcohol pads and instructions in English and Spanish) should be routinely counted, with a recommended frequency of weekly, to determine whether there are any discrepancies between documented inventory and actual inventory. IN naloxone has an expiration date; checking the date should be part of any district protocol – similar to checking the AED and epinephrine auto-injectors. The expiration date should be recorded at the time the naloxone is received and monitored, so it is appropriate for emergency use.

- Under Option 1 (schools and school districts that register as an NYSDOH Registered Providers) or Option 3 (schools that participate under an existing NYSDOH Registered Provider), Inventory records of naloxone and related supplies should be maintained according to district policy and procedures. The NYSDOH and NYSED recommend that personnel designated by the school administrator monitors on-site inventory and placement of naloxone. Accounting for naloxone in AED cabinets could occur at the same time that the AED check is performed and included on that log or a separate log maintained solely for naloxone record keeping.
- Under option 2, licensed prescribers, school nurses or school medical directors should follow district policies for re-ordering naloxone or other overdose related supplies. School nurses should report the administration of naloxone in accordance with the non-patient or patient-specific orders and protocols that authorized the nurse to administer the naloxone and to the school medical director.

Under all options, Clinical and Program Directors should be notified whenever naloxone is administered, and the additional stock is needed or needs to be replaced prior to the expiration date of existing stock. Naloxone should be replaced even if only one dose is used. Instructions for Registered Programs to order naloxone is available on the [NYSDOH Opioid Overdose Prevention Program web page](#).

Accounting for naloxone in AED cabinets could occur at the same time that the AED check is performed and included on that log or a separate log maintained solely for naloxone record keeping.

Sample inventory forms are available on the [NYSCSH website Opioid Overdose Prevention Toolkit and Resources Webpage](#). The log should be kept in the school health office, with any naloxone not deployed in the school and maintained for no less than five years per [NYSED ED-1 Retention Schedule 4\[329\]](#). When new naloxone is the received by the school, the lot number, time/date of receipt, expiration date, and location of the naloxone is recorded on the log. The designated personnel placing the naloxone in the storage or deployment areas will sign the log.

## EMERGENCY RESPONSE FOR SUSPECTED OPIOID OVERDOSE EMERGENCY

Someone experiencing opioid overdose needs immediate medical attention and emergency response intervention.

- Call 911; activate the school's emergency response system, which for public schools must include obtaining the AED, and follow emergency response protocol (CPR/Rescue Breaths/AED).
- Administer naloxone and follow school emergency response by calling/asking someone to call 911.
- State the person is not breathing.
- Follow district procedure for administration of naloxone.
- Notify Parent/guardians and administration as soon as practicable about naloxone administered to a student along with planned transport to the emergency room.
- Notification should be documented in the student's cumulative health record.
- Notification of staff member's emergency contact(s) should follow district policy.

## DOCUMENTING AND REPORTING NALOXONE ADMINISTRATIONS

Report all naloxone administrations to both the clinical director and the program director, whose responsibility is to report to the NYSDOH as soon as possible and appropriate follow-up documentation in accordance with district policy. Document naloxone administration in the individual's cumulative health record for students, or consistent with applicable policies for care administered to staff. Documentation must include the date, time and route of administration, 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 should also be included. NYSDOH Opioid Overdose Reporting Forms are available to registered opioid overdose programs from the NYSDOH. Districts should keep a copy of reports to allow evaluation of opioid overdose prevention.

School nurses must document the administration of naloxone in accordance with the non-patient or patient specific order and protocol that authorized the nurse to administer the naloxone and must include:

- A copy of the non-patient specific order
- Name of the person who administered the naloxone
- Name of naloxone recipient (if known)
- Location/date/ time/route when naloxone was administered
- Signs and symptoms displayed by the student or staff member prior to administration
- 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;
- Signature of the person completing the documentation

Documentation should be in alignment with Commissioners Regulations §64.7 Administration Of Immunizations, Emergency Treatment Of Anaphylaxis, Purified Protein Derivative (PPD) Mantoux Tuberculin Skin Tests, Human Immunodeficiency Virus (HIV) Tests, Opioid-Related Overdose Treatments And Hepatitis C Tests Pursuant To Non-Patient Specific Orders And Protocols.

#### IV. REQUIRED TRAINING FOR VOLUNTEER SCHOOL PERSONNEL

School/school districts operating as an NYSDOH Registered Prevention Program (Option 1) or participating under an established NYSDOH Registered Prevention Program (Option 3), are required to participate in the NYS DOH approved training; “**Opioid Overdose Training for School Personnel**. The NYSDOH has approved this NYSED training developed in collaboration with the NYS Center for School Health NYSDOH as the approved curriculum for volunteer school personnel to become trained overdose responders in the school setting.

The following are required to administer IN naloxone in schools:

- Completion of the [NYSDOH approved training curriculum](#) noted above for volunteer school personnel pursuant to section 3309 of Public Health Law with the attainment of 100% accuracy on the post-test.
- Successful completion of the Skills Compliance Checklist for Administering Naloxone with a licensed health professional whose scope of practice includes medication administration, such as a physician, nurse practitioner, physician assistant, or RN. LPNs may not perform this function, as teaching is not within their scope of practice.

After successful completion of this training, the individual will receive a certificate of training in opioid overdose prevention valid for two years. The NYSED **strongly encourages** an annual review to ensure that understanding and skills in opioid overdose response are current and timely. The school must maintain a current list of its trained school personnel. Maintain the list in the health office or a location designated by the school district administration. The link to the NYSDOH approved training curriculum, Post-Test, Training Skills Checklist, and Certificate can be found on the [Opioid Overdose Prevention Toolkit and Resources](#) page of the NYSCSH website.

**Note:** School nurses are not required to complete the NYSDOH approved training webinar but are highly encouraged to do so to keep their assessment skills for overdoses current. Additional information for school nurses is available on the NYSCSH website at [www.schoolhealthny.com](http://www.schoolhealthny.com).

#### DOCUMENTATION AND REPORTING OF TRAINED VOLUNTEER SCHOOL STAFF

All registered programs are required to file quarterly and annual reports with the NYSDOH to track individuals, agencies trained, naloxone received and administered. Schools/school districts that register as a NYSDOH Registered Providers (Option1), need to maintain a log of trained school personnel and report newly trained personnel quarterly to the NYSDOH. Schools that participate under an existing NYSDOH Registered Provider (Option 3) should detail in their policies and procedures if the school or the NYSDOH Registered Program, will assume the role and responsibilities of the Program Director for documentation and reporting of training volunteer school personnel. NYSED recommends ongoing communication and collaboration with school and district administration and licensed medical staff (i.e., district medical director and registered professional nurses).

Sample logs for training documentation forms are available on the [NYSCSH website Opioid Overdose Prevention Toolkit and Resources page](#). The Original Training Skills Checklist for each volunteer responder should be kept for two years unless superseded by a newer one. Retain the summary training log for no less than six from the date of the last person trained per [NYSED ED-1 Retention Schedule 10 \[35\]](#), or longer per district policy.

## V. ROLE OF LICENSED PRESCRIBERS

Guidance to assist licensed prescribers (i.e., a school district medical director, other NYS licensed physician, certified nurse practitioner authorized by the school or an established NYSDOH Registered Program Clinical Director) in understanding their roles and responsibilities of implementing an opioid overdose prevention program in the school setting can be found on the NYSCSH website [Opioid Overdose Prevention Toolkit and Resources](#) page and [NYSCSH Medical Directors page](#). Sample non-patient specific orders for the administration of intranasal (IN) naloxone by volunteer trained school personnel and/or by registered professional nurses, and administration of intramuscular (IM) naloxone by registered professional nurses (RN) is available at the NYSCSH website [Medical Director](#) page.

## VI. ROLE OF SCHOOL NURSE (REGISTERED NURSE)

The school nurse is the on-site health expert and may be designated in writing to complete the post-training skills check for unlicensed, non-medical school personnel at the request of the Clinical Director. Please note that NYSDOH Registered Programs may have a program trainer that can provide compliance training aligned with the NYSDOH protocols and can provide assistance to the school/school district and the RN. School nurses also play a crucial role in planning and responding as part of the school's emergency team. In addition to the duties previously mentioned for school nurses, the school nurse may:

- Support education efforts regarding the dangers of prescription drug misuse and overdose prevention.
- Provide resources to students, parents, and colleagues regarding non-medical use of prescription drugs. Additional resources can be available on the NYSCSH website [Opioid Overdose Prevention Toolkit and Resources](#) page.

## VII. RESOURCES

Sample forms and resources to assist all schools in providing opioid antagonists in schools are available on the NYSCSH website [Opioid Overdose Prevention Toolkit and Resources](#) page.

## VIII. DISCLAIMER

This document provides local educational agencies with a framework for developing an Opioid Overdose Prevention Program, along with the requirements for training participating school staff. Every attempt has been made to ensure that the information contained in this document is accurate and reflects current best practices. This document is to be used for guidance purposes only with any local policies and procedures developed based upon this document, in whole or in part, to be consistent with federal and state laws, to be approved at the district level and remain consistent with local community values and needs. Any outcomes resulting from this guidance should be reviewed through standard school district procedures, which may include review by legal counsel and the school district's medical director.