Guidance for Implementing Opioid Overdose Prevention Measures in Schools

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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BACKGROUND

To combat the continuing rise in opioid-related deaths in New York State (NYS), laws were recently enacted allowing schools to provide and maintain non-patient specific opioid antagonists (naloxone) on-site in each instructional school facility to ensure ready and appropriate access for use during emergencies to any student or staff suspected of having opioid overdose whether or not there is a previous history of opioid abuse. Additionally, these laws were recently amended to allow New York State’s public libraries to participate in opioid overdose prevention programs, and limited 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. Please note this expanded guidance (12/16) also provides best practices for schools who choose to participate in a New York State Department of Health (NYSDOH) Registered Opioid Overdose Prevention Program operated by another organization (Option 3 described below). 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.

- 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 permit school districts, boards of cooperative educational services (BOCES), county vocational education and extension boards, charter schools, and non-public elementary and/or secondary schools to participate in these programs. The above constituency groups will be referred to throughout the remainder of this document as schools/school districts. Schools/school districts choosing to participate in these programs as an opioid antagonist recipient may permit employees who volunteer to be trained in accordance with Public Health Law §3309 to administer an opioid antagonist in the event of an emergency. The schools may maintain on-site, opioid antagonists in adequate supplies and types deemed appropriate by the Commissioner of the New York State Education Department, in consultation with the Commissioner of the New York State Department of Health.
- Education Law §6527 and 6909 and Commissioner’s regulations §64.7 authorize registered professional nurses (RNs) to administer opioid-related overdose treatment pursuant to a non-patient specific order and protocol prescribed by a licensed physician or a certified nurse practitioner. Under this law, a school medical director (required to be a licensed physician or certified nurse practitioner), or another licensed physician or certified nurse practitioner authorized by the school may issue a non-patient specific order and protocol authorizing school nurses to administer naloxone and/or other opioid-related overdose treatments to students or staff suspected of having an opioid overdose.
- 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 the Education Law, visit the NYSED’s Office of Professions website – http://www.op.nysed.gov/title8.
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 pursuant to this section shall be considered first aid or emergency treatment for the purpose of 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.

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. It is a recommendation of the NYSED 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).

It is recommended that the planning process includes, 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. Recommended for Option 2.
- Policies to be signed dated and reviewed on a regular basis 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) to be included in district emergency response procedures, which in the public schools includes an Automated External Defibrillator (AED).
- Protocols to 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; and
  - Identification and provision of professional development and education needs 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.
II. 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.

OPTION #1
Become A NYSDOH Registered Opioid Overdose Prevention Program

Under Education Law §902 public schools districts are required to employ a medical director. The medical director, a NYS licensed physician or certified nurse practitioner, qualifies the school to become a NYSDOH Registered Provider, and is identified as the Clinical Director of the program under Public Health Law §3309 and implementing regulations NYCRR §80.138. As responders under a NYSDOH registered opioid overdose program—and pursuant to Education §922—volunteer school personnel can be trained to administer an opioid antagonist on-site during the school day or at any on-site school-sponsored activity by completing a NYSDOH approved training program under Public Health Law §3309. In accordance with this approved training curriculum, volunteer school personnel are trained to administer intranasal (IN) naloxone.

School nurses can also participate in this program, and are able to administer either intramuscular (IM) naloxone or intranasal (IN) naloxone pursuant to a non-patient specific order and protocol issued only by a 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 http://www.op.nysed.gov/prof/nurse/part64.htm.

In school settings, the administration of IM naloxone is recommended as an option only for an appropriately licensed medical professional whose scope of practice includes medication administration. Under Option 1, naloxone is prescribed by the Registered Opioid Overdose Program’s Clinical Director, who is also the school district’s medical director. This individual is also responsible for ordering the rescue kits from the NYSDOH through a simple process overseen by NYSDOH which will provide the kits to the Clinical Director at no cost to the school district.

Requirements to Become a NYSDOH Registered Opioid Overdose Prevention Program

- Register with the NYSDOH and obtain a certificate of approval
- Designate the Clinical Director whose responsibilities are outlined in the Guidance for Medical Directors
- 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 provide guidance on 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 that responders complete a NYSDOH approved training prior to receiving a certificate of completion.


Dispense and/or provide shared access to naloxone kits (referred to as communal access), to trained responders in accordance with laws, rules and regulations

- Personally or through a designee:
  - 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, especially where naloxone is administered
  - Report on a quarterly basis the number of doses of naloxone newly made available in the school or school district and the number of overdose responders trained

Registration instructions for schools choosing to become NYSDOH Registered Program are available on the NYSCSH website Opioid Overdose Prevention Toolkit and Resources page.

**OPTION #2**

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

For schools choosing to participate under Option 2, the school district may allow the school medical director or other licensed physician, or a 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: [http://www.op.nysed.gov/prof/nurse/part64.htm](http://www.op.nysed.gov/prof/nurse/part64.htm) An RN who is responsible for implementing the non-patient specific order and protocol may assign licensed practical nurses to help (i.e., administer the ordered naloxone or other opioid overdose treatment, call an ambulance). The RN must provide training and on-site direction to the LPNs except in emergency situations.

Option 2 is available only to licensed medical professionals (i.e., physicians and nurses). It does not apply to school personnel. Option 2 does not require school nurses to complete the NYSDOH approved training. However, school nurses are highly encouraged to do so or to complete other training that includes current evidence-based information on opioid overdose assessment and response. Participation in professional development and training to maintain knowledgeable and current on issues related to professional practice (i.e., assessment skills related to opioid overdose), is required within 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 prescriber.

**OPTION #3**

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

Under Option 3, the school/school district can participate in an existing NYSDOH Registered Overdose Prevention Program. Participating with an existing NYSDOH registered program does not require a medical director. All existing NYSDOH Registered Overdose Prevention Programs have a Clinical Director, who can be responsible for prescribing naloxone kits for the school at no cost.
However, please note that NYS registered professional nurses (RNs) may administer opioid-related overdose treatment pursuant to a non-patient specific order and protocol prescribed only by a licensed physician or a certified nurse practitioner, and are unable to follow a non-patient specific order written by a physician’s assistance according to Education Law §6909 and Commissioner’s regulations (8 NYCRR §64.7). Therefore, if licensed medical professionals participate in this program, the Clinical Director issuing the non-patient specific order must be a NYS licensed physician or a certified nurse practitioner.

As responders under an already existing NYSDOH-registered opioid overdose prevention program, and pursuant to Education Law §922 volunteer school personnel are required to complete a NYSDOH approved training program pursuant to Public Health Law §3309.

School nurses can also participate in this program and are able to administer either intramuscular (IM) naloxone or IN naloxone pursuant to a non-patient specific order and protocol issued by a NYS licensed physician or certified nurse practitioner. In school settings, the administration of IM naloxone is recommended as an option only for an appropriately licensed medical professional whose scope of practice includes medication administration, and as outlined in the NYSDOH-NYSED approved training curriculum, “Opioid Overdose Prevention Training for School Personnel”, available on the NYSCSH Opioid Overdose Prevention Toolkit and Resources page.

It remains of critical importance that clear communication along with well-defined delegation of program responsibilities are outlined in the school district policies and procedures when participating in a 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 remains 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). For schools electing to link with a NYSDOH Registered Opioid Overdose Prevention Program please refer to NYSDOH Opioid Overdose Prevention Programs Directory on the NYSDOH website.

**Commissioner’s Regulations Part 64, Nursing Non-Patient Specific Order and Protocol for ALL Options**

Whichever 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 a NYSDOH Registered Program Clinical Director, are required to comply with the regulations of the Commissioner. (8 NYCRR §64.7 -Opioid Related Overdose Treatment) [http://www.op.nysed.gov/prof/nurse/part64.html](http://www.op.nysed.gov/prof/nurse/part64.html) Additionally, sample ordering protocols for all licensed prescribers can be accessed on the NYSCSH website Medical Directors page.
III. MAINTENANCE OF OPIOID ANTAGONISTS IN SCHOOLS

Options 1 and 3
Schools and school districts that register as a NYSDOH Registered Provider (option 1) OR participate under an existing NYSDOH Registered Provider (Option 3) may receive naloxone overdose kits for free through the NYSDOH. Any distribution of opioid antagonists through an opioid overdose prevention program shall include an informational card or sheet with information on the following: 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), and how to access the OASAS website – http://www.oasas.ny.gov.

**The NYSDOH IN Naloxone Kit contains**: two naloxone Hydrochloride 2 mg per 2 mL pre-filled syringes and two Mucosal Atomization Devices.; two needle-free syringes and one pair of latex gloves. It also has 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 as the victim may require a second dose. Gloves are provided to so that responders can maintain universal precautions if there is contact with body fluids.

**The NYSDOH IM Naloxone Kit contains**: two naloxone Hydrochloride 0.4mg/1mL vials, and two IM syringes and one set of gloves. It also has 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 as the victim may require a second dose. Gloves are provided to so that responders can maintain universal precautions if there is contact with body fluids.

**Option 2**
Under Option 2, either the school nurse (with a valid non-patient specific order and protocol in place) may procure naloxone from a pharmacy, or the school/school district may procure naloxone from New York State or another government entity authorized to furnish the naloxone.

**ALL OPTIONS**
In all cases, 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. A naloxone overdose kit may be stored inside the flap of the AED case. Naloxone and the AEDs are both heat and cold sensitive.

**ACCOUNTING/INVENTORY/PLACEMENT IN SCHOOLS**

**Options 1 and 3**
The on-site inventory and placement of naloxone is recommended to be accounted for weekly, and counted by personnel designated by the school administrator. Accounting for naloxone in AED cabinets could 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. This 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 seven 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 is 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.
ACCOUNTING/INVENTORY/PLACEMENT IN SCHOOLS Options 1 and 3
Schools/school districts operating under Option 1 will need to maintain a log of trained school personnel
and report newly trained personnel on a quarterly basis to the NYSDOH. Schools/school districts
participating under Option 3 should clearly detail in their policies and procedures if the school or the
NYSDOH Registered Program, will assume the role and responsibilities of the Program Director.

All registered programs are required to file quarterly and annual reports to NYSDOH to track individuals,
agencies trained, kits assigned, naloxone administered, etc. Schools/school districts can allow the NYSDOH
Registered Program to submit the required paperwork on their behalf. NYSDOH recommends ongoing
communication and collaboration with school and district administration and licensed medical staff (i.e.,
district medical director and registered professional nurses).

The Clinical and Program Directors should be notified whenever naloxone is administered. Replacement
naloxone should be ordered for shipment to the clinical director if there are not adequate stocks of non-
deployed naloxone available on site to replace what was used. In Option 1 the clinical director will be the
district’s medical director, and in Option 3 the clinical director will be the prescriber for the NYSDOH
Registered Program. New kits should be ordered prior to the expiration date of existing stock. Even if only
one naloxone dose is used, it should be replaced. All schools and/or school districts can follow protocols
developed for re-ordering stock naloxone by going to the NYSDOH New York State’s Opioid Overdose

District or school policies for the disposal of medications should apply to the disposal of naloxone. Schools
may use expired IN naloxone for training purposes, however, caution should be exercised so that it is not
commingled with naloxone deployed for rescue purposes. If expired IN naloxone is used for training
purposes, schools may consider implementing the following practices: labeling expired naloxone box with a
permanent marker in large lettering: TRAINER--DOES NOT CONTAIN MEDICATION; filling the glass vial with
colored water, and keeping the training units separate from the IN naloxone which contains medication.

Option 2
Licensed prescribers, school nurses or school medical directors may implement policies for re-ordering
naloxone or other overdose related supplies. School nurses should report the administration of naloxone in
accordance with the non-patient specific order and protocol that authorized the nurse to administer the
naloxone and to the medical director.

STORAGE OF NALOXONE IN SCHOOLS-Options 1 and 3
Naloxone is to be placed in a location ensuring it is ready and accessible to designated staff members. If
placed in an AED cabinet, a plastic breakaway lock could be placed on the cabinet. The remaining stock of
naloxone could be stored in a locked cabinet in the school’s health office. The drug will be stored in an
environment as outlined by the manufacturer’s guidelines. Inventory of naloxone and accompanying
overdose kit supplies (gloves, disposable face shield, alcohol pads and instructions in English and Spanish)
are to be routinely counted, with a recommended frequency of weekly, to determine whether there are
any discrepancies between documented inventory and actual inventory and check that the solution in the
vial is clear and not discolored. Both the IN naloxone glass vial and the IM vial have expiration dates;
checking these dates should be part of any district protocol —similar to checking the AED and epinephrine
auto-injectors. The expiration date (typically two years from the date of manufacture) should be recorded
at the time the kit is received and monitored so it is appropriate for emergency use. Used nasal atomizers
and/or syringes can be given to EMS personnel upon arrival or disposed of under district policies and
procedures.
DOCUMENTATION AND REPORTING
Options 1 and 3
Any administration of naloxone requires appropriate follow-up documentation. Naloxone should 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 IM 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. All administrations should be reported to both the clinical director and the program director, whose responsibility is to report to the NYSDOH as soon as possible. Incident reports should be completed as per district policy.

- Report and document use of naloxone in accordance with district policy.
- 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.

Option 2
School nurses must document the administration of naloxone in accordance with the non-patient specific order and protocol that authorized the nurse to administer the naloxone.

NOTIFICATIONS
Someone experiencing opioid overdose needs immediate medical attention and emergency response intervention. Call 911; activate your 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. Parent/guardians and administration must be notified as soon as practicable about naloxone administered to a student along with planned transport to the emergency room. Such notification should also be documented in the student’s cumulative health record. Notification of staff member’s emergency contact(s) should be done as per district policy.

IV. REQUIRED TRAINING FOR VOLUNTEER SCHOOL PERSONNEL
Option 1 and 3
School/school districts operating as a NYSDOH Registered Prevention Program, or participating under an established NYSDOH Registered Prevention Program are required to participate in the NYSDOH approved training; “Opioid Overdose Training for School Personnel: Recognizing a Life-Threatening Opioid Overdose and Using an Opioid Antagonist”. This is the NYSED training that has been identified for school personnel utilizing the NYSDOH approved curriculum. For volunteer school personnel to become trained overdose responders in the school setting and be able to administer IN naloxone in the school setting the following are required:

- Completion of the NYSDOH approved training curriculum noted above for volunteer school personnel pursuant to section 3309 of Public Health Law with 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: 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 2 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. This list will be maintained in the health office or in a location designated by 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](https://www.nyschc.org/opioid-overdose-prevention) page of the NYSCSH website.

**Option 2**

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.

**V. ROLE OF LICENSED PRESCRIBERS**

Guidance to assist licensed prescribers (i.e., a school district medical director, other NYS licensed physician or 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 [Opioid Overdose Prevention Toolkit and Resources](https://www.nyschc.org/opioid-overdose-prevention) 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) can be found at the NYSCSH website [Medical Director](https://www.nyschc.org) page.

**Note:** In 2015, the Federal Drug Administration (FDA) approved IN devices to administer naloxone, The IN naloxone “kits” available from the NYSDOH are not currently offered on-label by the FDA, and are not the same dose or device as the FDA approved device, but is a widely accepted practice in NYS and supported by the NYSDOH. The sample ordering protocols for NYS licensed physicians and certified NPs available on the NYSCSH Medical Director Page are based on the naloxone kits currently provided by the NYSDOH. Clinical research is available from the Archives of Medical Science, and the FDA.

**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 key 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 also:

- 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 found on the NYSCSH website [Opioid Overdose Prevention Toolkit and Resources](https://www.nyschc.org/opioid-overdose-prevention) 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.

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 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 normal school district procedures, which may include review by legal counsel and the school district’s medical director.