



Guidance for Implementing Opioid Overdose Prevention Measures in Schools

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 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.

As part of a coordinated State effort, the New York State Education Department (NYSED), the New York State Department of Health (NYSDOH), and the Harm Reduction Coalition have been collaborating 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 and Commissioner's Regulation §136.7 permits NYS school districts, boards of cooperative educational services (BOCES), county vocational education and extension boards, charter schools, and non-public elementary and secondary schools to provide and maintain opioid antagonists on site in each instructional facility to ensure emergency access for any student or school personnel having opioid overdose symptoms, whether or not they have a previous known history of opioid abuse. Schools choosing to participate in the program as an opioid antagonist recipient may permit volunteer employees to be trained by a program approved under Public Health Law §3309 to administer an opioid antagonist in the event of an emergency. Therefore, such entities may deliver, and 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.

- Additionally, Part V of Chapter 57, included amendments to §6527 and 6909 of the Education Law to 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.
- Public Health Law §3309 and the implementing regulations (NYCRR §80.138) establish the framework for regulated community access to naloxone. The law states 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. 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.

I. POLICY DEVELOPMENT

Prior to providing 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 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 guidelines. 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).

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

- All schools and school districts electing to participate must first have approval from their governing body and have approved policies and procedures in place prior to implementation.
- Policies should 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) 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 protocols and procedures should be detailed to ensure consistency of practice within the district and should include the following:
 - Identification of school personnel roles and responsibilities; and
 - Identification and provision of professional development and education needs for both licensed and unlicensed personnel.

Additional resources and sample guidance for developing policies and procedures for opioid overdose prevention can be located at the NYSDOH Opioid Prevention webpage <http://www.health.ny.gov/overdose> and the New York Statewide School Health Services Center (NSSSHSC) link: <http://www.schoolhealthservicesny.com/HeroinandOpioidToolkitResources> .

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 who chose to maintain and administer an opioid antagonist in the school setting. Although options 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*” flow chart.

OPTION #1-Becoming a NYSDOH Registered Opioid Overdose Prevention Program

Public schools districts, which are required to employ a medical director under Education Law §902, and other schools that have a medical director, may register with the NYSDOH to become a *Registered Opioid Overdose Prevention Program*. The medical director who is a NYS licensed prescriber 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, unlicensed 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, unlicensed 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 IN naloxone at their discretion and in collaboration with the district’s medical director. In school settings the administration of IM naloxone is recommended as an option only for an appropriately licensed health 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 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 a Clinical Director** who must be a NYS licensed prescriber. Responsibilities of the Clinical Director are outlined in the Guidance for Medical Directors.
- **Designate a Program Director** (e.g., Superintendent, Principal, RN) 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

Requirements to Become a NYSDOH Registered Opioid Overdose Prevention Program (continued)

- **Designate a Program Director** (e.g., Superintendent, Principal, RN) responsibilities include but are not limited to:
 - 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

OPTION #2- Issuing a Non-patient Specific Order

As a NYS licensed prescriber, the school's medical director can issue a non-patient specific order to school nurses (RNs) to administer IM or IN naloxone. It is recommended that the route of administration prescribed for the RN is based on the individual discretion of the RN in collaboration with the medical director. Under this option the medical director, in collaboration with school administration will acquire the IM or IN naloxone and provide to the school. School districts who choose to utilize this method of implementing an opioid overdose prevention program are not eligible to receive naloxone from NYSDOH.

OPTION #3 – Permitting Volunteers to be Trained by a NYSDOH Registered Overdose Prevention Program

Schools without medical directors may permit volunteer unlicensed school personnel to be trained to administer IN naloxone by collaborating with a NYSDOH Registered Overdose Prevention Program in their area. The school will become a participant under an already established registered program, and will be provided a NYSDOH approved training curriculum and receive free IN naloxone kits. Prior to contacting a NYSDOH Registered Program, schools must have approval from their governing body, and have approved policies and procedures in place. Schools that do not have a medical director but are electing to participate must have policies and procedures approved by the BOE or governing body in place *prior* to contacting a NYSDOH Registered Program in their area. These schools will then need to link with a New York State DOH-registered opioid overdose prevention program for purposes of training non-licensed personnel and furnishing them with naloxone. A directory of registered programs is available at: http://www.health.ny.gov/diseases/aids/general/resources/oop_directory/index.htm

III. MAINTENANCE OF OPIOID ANTAGONISTS IN SCHOOLS

Options 1 and 3

Schools and school districts that register as a NYSDOH Registered Provider (option 1) will receive naloxone overdose kits for free through NYSDOH. Schools and school districts that have volunteer, unlicensed personnel trained by an already established NYSDOH Registered Opioid Overdose Program (option 3) will get their naloxone for free from those registered programs.

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 2mg per2ml pre-filled syringes and two Mucosal Atomization Devices; two needle-free syringes and one pair of latex gloves. It also has instructions of 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 of 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

Schools and school districts whose medical directors provide non-patient specific orders for licensed health professionals, but are not prescribing naloxone to non-licensed school personnel (option 2) should refer to the ordering protocols noted in the Guidance for Medical Directors.

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 accessible during school hours and during on-site school sponsored activities. 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

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. All schools operating under these options will need to maintain a log of trained school personnel and report newly trained personnel on quarterly basis to the NYSDOH.

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 from which non-licensed personnel received their naloxone kits. 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. Schools and/or school districts participating with the NYSDOH can follow protocols developed for re-ordering stock naloxone by going to <http://www.health.ny.gov/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 comingled 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

School medical directors implementing the program solely with their district licensed health professionals are responsible for having approved policies in place for re-ordering. School nurses should report administration of naloxone under the non-patient specific order to the medical director.

STORAGE OF NALOXONE

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 break away 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 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 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

Options 1 and 3

Any administration of naloxone requires appropriate follow-up documentation. Naloxone is to 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 of administration; the 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.

Reporting

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 should document the administration of naloxone in the same manner they document administration of other medications under a non-patient specific order.

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 following the steps on the next slides. After administering Activate school emergency response and call/ask 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 UNLICENSED SCHOOL PERSONNEL

Option 1 and 3*

The NYSDOH approved training curriculum for volunteer unlicensed school personnel pursuant to section 3309 of Public Health Law is titled, *"Opioid Overdose Training for School Personnel: Recognizing a Life-Threatening Opioid Overdose and Using an Opioid Antagonist"*

For volunteer unlicensed 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 training webinar,
- Attainment of 100% accuracy on 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.
- *Volunteer staff contacting a NYSDOH Registered Prevention Program in their area, will need to collaborate with program providers on the appropriate training, which may or may not include the NYSDOH approved training; *"Opioid Overdose Training for School Personnel: Recognizing a Life-Threatening Opioid Overdose and Using an Opioid Antagonist"*. However, it is a recommendation to utilize this training, as it is the training that has been identified for school personnel.

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 Heroin and Opioid page of the NYSSHSC website <http://www.schoolhealthservicesny.com/HeroinandOpioidToolkitResources>.

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 SCHOOL DISTRICT MEDICAL DIRECTOR

Guidance to assist school district medical directors in understanding their roles and responsibilities of implementing an opioid overdose prevention program in the school setting has been developed and can be located at: <http://www.schoolhealthservicesny.com/HeroinandOpioidToolkitResources>

Additionally, sample non-patient specific orders for the administration of intranasal (IN) naloxone by volunteer trained unlicensed school personnel and/or by registered professional nurses, and administration of intramuscular (IM) naloxone by registered professional nurses (RN) can be found at the NYSHSSC's page for medical directors located at the resource located below at: <http://www.schoolhealthservicesny.com/SchoolMedicalDirector>

Note: Intranasal (IN) administration of naloxone is currently not offered on-label by the FDA, but is a widely practiced in NYS and supported by the NYSDOH, where the presence of sharps would be a barrier to overdose response or prospective responders are uncomfortable with conventional syringes. Clinical research for medical directors is available from the Archives of Medical Science and the Food and Drug Administration (FDA). [FDA: Exploring Naloxone Uptake and Use – A Public Meeting 7/1/15](#)

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 (school medical director). 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:

- Increase communication inside and outside of school 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 NYSSHSC website at: <http://www.schoolhealthservicesny.com/DrugPreventionandEducation>

VII. OTHER LICENSED PROFESSIONALS IN THE SCHOOL SETTING

It is the responsibility of all licensed professionals to know and understand their profession's scope of practice. Licensed professionals working in the schools are encouraged to review their scope of practice at the NYSED's Office of Professions website at: <http://www.op.nysed.gov/>

VIII. RESOURCES

Sample forms and resources to assist all schools in providing opioid antagonists in schools are available on the New York Statewide School Health Services website Heroin and Opioid Toolkit Resources page at: <http://www.schoolhealthservicesny.com/HeroinandOpioidToolkitResources>