



Guidance for opioid and naloxone/Narcan school staff training

This guidance is intended to clarify Oregon Health Authority (OHA) recommendations for training school staff on opioid overdose response and naloxone/Narcan administration in school settings.

BACKGROUND

Oregon laws related to naloxone/Narcan provide broad permissions for distributing and administering naloxone/Narcan, including civil liability protection when doses are administered in good faith [[ORS 689.681](#)]. While Oregon laws do not require training for the general public, related statute provides authority for naloxone/Narcan administration by persons “trained under rules adopted by the State Board of Education pursuant to ORS 339.869” [[ORS 689.684](#)].

ORS 339.869 provides authority for Oregon Department of Education (ODE) to develop rules related to naloxone/Narcan administration in schools, in consultation with partners including the Oregon Health Authority (OHA) [[ORS 339.869](#)]. Related school medication administration rules permit districts to develop policy for the administration of naloxone/Narcan by designated and trained staff. [[OAR 581-021-0037](#)]

This memo outlines OHA recommendations related to training school staff.

Note: For additional support regarding policy and process, please refer to the [Fentanyl and Opioid Toolkit for Schools](#) developed by OHA and ODE.

1. General training guidelines

- 1.1. School staff designated to administer naloxone/Narcan must complete training at a minimum of every 3 years. Annual updates and more frequent training are encouraged and may be required by the local setting.
- 1.2. School staff who are only designated to administer naloxone/Narcan are not required to complete additional medication training unless such training is required by local regulations or ODE rules.
- 1.3. Regardless of training status, OHA recommends against school discipline if naloxone/Narcan is administered in good faith, pursuant to Oregon’s “good Samaritan” law [[ORS 689.681](#)].



2. Approved trainers
 - 2.1. OHA does not require trainer licensure or certification to teach opioid response and naloxone/Narcan administration.
 - 2.2. OHA recommends training be led by persons with relevant expertise and familiarity with the local setting, such as the school RN, emergency medical responders, or local public health authority (LPHA) partners.
 - 2.3. OHA recommends that trainers consider individual scope and competency
 - a. Providing chest compressions and rescue breathing (CPR) is a component of the [OHA opioid response training protocol](#). While a variety of trainers may cover this material, only a certified CPR trainer can provide CPR certification cards.
 - b. Oregon's Nurse Practice Act identifies the RN's scope of practice authority related to the teaching of unlicensed persons, specifically including "Teaching a UAP how to administer naloxone as authorized by ORS 689.681." [[OAR 851-045-0060](#)] For the RN to determine whether teaching naloxone/Narcan administration, or chest compressions with rescue breathing, is within their individual scope of practice, utilize the Oregon State Board of Nursing's [Scope of Practice Decision Making-Framework](#).
3. Training methods
 - 3.1. OHA does not require the use of specific training methods.
 - 3.2. Trainings for school staff may utilize any method applicable to the setting and population. Examples include slides, videos, manufacturer brochures, return demonstrations, post-tests, in-person and remote training, synchronous and asynchronous formats.
4. Training content
 - 4.1. OHA does not require the use of OHA-posted materials.
 - 4.2. OHA recommends that any training to recognize opioid overdose and administer naloxone/Narcan should focus on increasing knowledge and skills (avoid messaging that is stigmatizing, fear-based, or punitive), and
 - a. Utilize medically accurate and evidence-based information
 - b. Align with manufacturer guidelines
 - c. Address setting-specific details
 - 4.3. Medically accurate, evidence-based materials are posted on the Opioid Overdose section of the [OHA Lifesaving Treatment Protocols](#) page.
 - 4.4. Manufacturer guidelines can be found using the pharmacy brochure and manufacturer websites specific to the naloxone/Narcan product. An example is <https://www.narcan.com/>.
 - 4.5. Setting-specific information recommendations are provided below. Main topics (**bold**) are likely to apply to all staff. Sub-topics (*italics*) may be addressed per staff role and local process.
 - a. **Storage and location**
 - a.1) *where naloxone/Narcan doses are kept*
 - a.2) *how to access doses*



- a.3) *maintaining stock; staff responsible and schedule for verifying doses are present, checking expiration dates*
- b. **Action steps during an event**
- b.1) *how to activate EMS*
 - b.2) *how to contact key personnel, such as staff with CPR certification, RN, response team, building administrator (Note: staff should not delay giving a dose waiting for others to arrive. Oregon law provides civil liability protection when doses are administered in good faith [ORS 689.681].)*
 - b.3) *individualized plan for classroom management during an emergency*
- c. **Record keeping and information sharing**
- c.1) *process for parent/guardian notification*
 - c.2) *where/how to document a dose was given*
 - c.3) *where/ how to document an incident report*
 - c.4) *who to notify to restock naloxone/Narcan*
- d. **Follow-up, referrals, and other support**
- d.1) *student support options (may include referral resources; options emphasizing skill-building and recovery rather than discipline)*
 - d.2) *staff and community support options (may include critical incident stress debriefing, Flight team, other supportive response)*
 - d.3) *prevention and wellness promotion options (may include collaboration with health educators, skill-building, community-building to reduce future harm)*

Questions? Please contact Corinna Brower, OHA State School Nurse Consultant,
corinna.e.brower@dhsoha.state.or.us; 971-401-1424
