

Oregon Health Authority | Oregon Department of Education

Fentanyl & Opioid Response Toolkit for Schools

May 2022

Dear Education Leaders and Partners,

The Oregon Health Authority (OHA) and the Oregon Department of Education (ODE) co-developed this **Fentanyl & Opioid Response Toolkit for Schools** to support educators, administrators, school nurses, students and families in response to the public health crisis related to rising youth and adult opioid overdoses and deaths in Oregon.

Schools are the heart of Oregon communities. This toolkit provides information about how schools may create an emergency protocol to administer Naloxone, also known as Narcan. The toolkit includes information on how to access, administer and store this life-saving opioid overdose prevention medication. In addition, this toolkit has resources to support staff training, prevention education, and other resources essential to developing and implementing school emergency response procedures.

Rising opioid overdose deaths are a public health crisis. According to the Centers for Disease Control and Prevention (CDC), from May 2020 - April 2021, deaths due to accidental overdose surpassed 100,000 for the first time on record. Sixty-four percent of those deaths were attributed to illicitly manufactured fentanyl, which often comes in the form of pills that closely resemble prescription oxycodone or benzodiazepines such as Xanax. In Oregon, fentanyl-related overdose deaths increased by 74% from 2019 – 2020, for a total of 298 fentanyl-related deaths in 2020. Unfortunately, this trend is expected to continue, as Oregon has continued to see an increase in accidental overdose deaths due to fentanyl.

Naloxone is an opioid antagonist that will temporarily reverse deadly respiratory depression experienced during an opioid overdose. It is available as intramuscular or subcutaneous injection and nasal spray. When administered quickly and effectively, naloxone can immediately restore breathing to a victim experiencing an opioid overdose. It is important to note that if naloxone is mistakenly given to someone not actually experiencing an opioid overdose, it will not harm them. There is no potential for addiction or other misuse of naloxone. With naloxone as part of an emergency protocol, school staff can quickly administer and prevent opioid overdose deaths.

OHA and ODE strongly encourage schools to adopt policies and practices for safe and effective management and prevention of opioid-related overdoses in schools. When drug-related emergencies occur in or around schools, proper response is critical to save lives.

Naloxone administration is one part of a coordinated community prevention strategy to address the public health crisis of opioid-related overdoses. Schools are encouraged to partner with community [Alcohol and Drug Prevention Education Program Coordinators](#) and [Regional Overdose Prevention Coordinators](#). School and community partnerships to implement research-based, culturally responsive, primary prevention strategies are key to protecting and supporting youth and family wellness.

If you have any questions about this toolkit or would like additional ideas and thoughts in using some of the recommendations and resources provided in this document, please contact Bernadino De La Torre, OHA Youth SUD Program & Policy Coordinator at bernardino.delatorre@dhsaha.state.or.us.

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Part 1: Education and awareness

Overview: Opioids in Oregon

The term *opioid* refers broadly to all compounds related to opium, the drug derived from the opium poppy. Opioids can be natural products (e.g., morphine, codeine), semi-synthetic products (e.g., heroin, oxycodone, hydrocodone) or completely synthetic (e.g., fentanyl, methadone).

Opioids are prescribed by doctors to people to help manage severe pain. However, opioids are also used without a prescription by youth and adults. Whether used with or without a prescription, opioids can become addictive for people. Non-prescription use of opioids can include heroin, prescription opioids (e.g., oxycodone, hydrocodone, fentanyl, etc.), or opioids manufactured illegally (e.g., counterfeit oxycodone laced with fentanyl).

Opioid overdose is the accidental overdose or intentional self-poisoning by opioids is the most common cause of drug-related mortality in the United States. Synthetic opioids (primarily illicit fentanyl) appear to be the primary driver of the increase in opioid overdose deaths.

See Oregon's [April 2022 High Intensity Drug Trafficking Area \(HIDTA\) bulletin](#) for more information.

Recognize the symptoms of an opioid overdose

Respiratory depression (shallow or absent breathing) is a hallmark sign of opioid overdose, potentially culminating in a stupor or unconsciousness, cyanosis (bluish or grayish discoloration around lips and nail beds), and lack of oxygenation to vital organs resulting in a heart attack and death. Opioid ingestion can be confirmed once the patient is alert, but naloxone treatment should begin before confirming if opioid overdose is suspected.

*It is important to note that if naloxone is mistakenly given to someone not actually experiencing an opioid overdose, **it will not harm them**. There is no potential for addiction or other misuse of naloxone.

Know the signs of an opioid overdose:

- Pinpoint pupils
- Slow, shallow, or no breathing
- Gurgling or snoring
- Difficult to wake or can't wake
- Extreme drowsiness
- Cold, clammy skin
- Gray or blue skin, fingernails, or lips

Immediately call 9-1-1 if a person is found unconscious or an overdose is suspected. Even if the victim responds well to naloxone, opioids can stay in the body for several hours and respiratory depression can recur. Emergency Medical Services personnel are trained to manage opioid overdose and get the patient further care at the local hospital.

Naloxone saves lives

Naloxone is a medication that works to rapidly reverse an opioid overdose when administered properly and at the right time. It is available as an injection or nasal spray. It is available generically or as various branded products (*Narcan, Evzio, Zimhi, etc.*).

Naloxone **can very quickly restore normal breathing** for a person whose breathing has slowed down or stopped because of an overdose of fentanyl, prescription opioids or heroin. Naloxone onset occurs within 2-3 minutes and can last for 30-90 minutes. Sometimes a second dose of naloxone is necessary if symptoms of overdose return.



Immediately call 9-1-1 if a person is found unconscious or an overdose is suspected. Even if the victim responds well to naloxone, opioids can stay in the body for several hours and respiratory depression can recur. Emergency Medical Services personnel are trained to manage opioid overdose and get the patient further care at the local hospital.

*Remember: if naloxone is mistakenly given to someone not actually experiencing an opioid overdose, **it will not harm them**. There is no potential for addiction or other misuse of naloxone.

Giving Narcan can save a life.
Giving Narcan will do no harm.
When in doubt, give Narcan.

Anyone who administers naloxone to save a life is **protected from liability** under Oregon law. [Read the Good Samaritan Law \(pdf\)](#).

See [Oregon Health Authority Frequently Asked Questions for naloxone](#) for more information.

Sample letter/email to students and families

Use this letter/email to help build awareness about the dangers of fake fentanyl-laced pills and risks of opioid use. Let students and families know what school leaders are doing to protect and support youth, as well as where to go for support and more information. This letter template will be available soon in multiple languages [here](#).

Suggested subject line: Information About Dangers of Fentanyl and Fake Pills

Dear Students & Families,

Our school holds student wellbeing at the heart of the work that we do. We are writing to share concerns about fentanyl and opioid drugs. These drugs are harming people in our community. We hope this information will help protect students.

What is the danger? Each week, about 5 Oregonians die of drug overdose. Right now, fake opioid pills with fentanyl added to them are all over Oregon. These fake pills are very dangerous. A single pill can cause overdose.

What is an opioid? Opioids are drugs that slow down breathing and make people feel sleepy. Opioids include morphine, oxycodone, dilaudid, and heroin. Fentanyl is another powerful opioid: a dose as small as a few grains of sand can kill a person.

Why do people use opioids? Opioids may be prescribed as pain medicine. Some young people try drugs because they are curious. Some people use drugs to avoid feeling difficult emotions. Opioids are addictive.

What is naloxone? Naloxone (also known as Narcan) is a medication that can be delivered by a nasal spray or injection to quickly restore normal breathing for a person whose breathing has slowed down or stopped because of an overdose of fentanyl, prescription opioids or heroin. Naloxone onset occurs within 2-3 minutes and can last for 30-90 minutes. Sometimes a second dose of naloxone is necessary if symptoms of overdose return. If someone you know is using opioids, please think about getting Narcan to carry and have available in your home. You can learn more about how to get Narcan and how to use it here: [Narcan Rescue for Opioid Overdose](#).

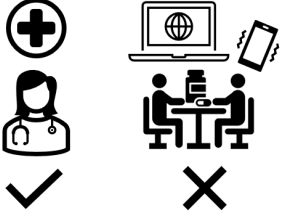

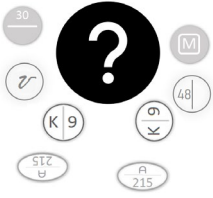

What can we do? Please talk about these concerns with your students and others you care about. This letter has important information, guidance to respond to an overdose, and resource links. Please share this with anyone who might need it.

We care deeply about the health and safety of every student in our school community. We know these conversations can be hard. The best person to contact should you have questions is: _____ (Insert School Contact).

Warm regards,

(Insert Principal/School Superintendent/School Health Services Administrator)

Information to share with students and families

	<p>Pills from friends, and pills that you buy online or from social media, are not safe.</p>	<ul style="list-style-type: none"> • If a pill comes from anyone other than a doctor or pharmacist, do not take it. It could be a fake pill. • Fake pills are not controlled. Each pill can have a different amount of drug. Every fake pill is a risk.
	<p>Pills that a doctor prescribes for one person should be used only by that person, exactly as instructed.</p>	<ul style="list-style-type: none"> • Do not take pills that were prescribed for someone else or that you receive from friends or other sources. • Everybody is different. A pill that is safe for one person can be harmful for someone else. • Any pill can be dangerous if it is taken wrong, such as too much or too often.
	<p>Fake pills can look just like real pills.</p>	<ul style="list-style-type: none"> • A fake fentanyl-laced pill can be any color. They are often blue, greenish, or pale-colored pills. • Some fake pills have marks that look like real pills. Some are marked "M30," "K9," "215," or "V48." Fake pills may have other markings or no markings.
	<p>Schools and families want to help.</p>	<ul style="list-style-type: none"> • It's ok to ask for help. • Students who tell us they are using drugs, or ask for help, will not be punished. • Students can speak with _____ (Insert staff: the school counselor, school social worker, school nurse, principal, SBHC staff), or another trusted adult. • If a student feels unsafe or knows someone who feels unsafe, they can share concerns by going to safeoregon.com or calling or texting 844-472-3367.

Actions to take if you witness an overdose in your home or community

RECOGNIZE: Know the signs of an opioid overdose:

- Pinpoint pupils
- Slow, shallow, or no breathing
- Gurgling or snoring
- Difficult to wake or can't wake
- Extreme drowsiness
- Cold, clammy skin
- Gray or blue skin, fingernails, or lips

RESPOND: If an opioid overdose is suspected, call 9-1-1 right away.

Do the following if possible:

- Check the unconscious person's pulse and breathing.
- Immediately begin CPR if there is a lack of pulse or breathing.
- Administer naloxone (Narcan) as quickly as possible.

You can learn more about how to get naloxone (Narcan) and how to use it by visiting the [Narcan Rescue for Opioid Overdose](#) page from Oregon Health Authority.

Helpful websites

- **Support for students and families**
 - [8 Tips for Talking to Your Teen about Alcohol and Other Drugs](#) created by Safety First.
 - [Youth Substance Use Disorders](#) treatment and recovery resources from Oregon Health Authority
 - [Helping Families Help](#) Resources, groups, trainings, and other support for families dealing with addiction
 - [Oregon Youth Suicide Prevention Programs](#)
- **Information about opioids, fentanyl, and naloxone/Narcan rescue**
 - [Fake and Fatal](#): Fentanyl/counterfeit pill campaign and curriculum developed by the Beaverton School District
 - [Laced and Lethal](#): King County, Washington campaign designed to teach teens about the risk of buying pills and powders potentially laced with fentanyl
 - [Song for Charlie](#): A family-run nonprofit charity dedicated to raising awareness about "fentapills."
 - [April 2022 Community Threat Bulletin](#) from Oregon High Intensity Drug Trafficking Area (HIDTA)
 - [Naloxone rescue for opioid overdose](#) resources from Oregon Health Authority
- **Helplines**
 - 24-hour National Suicide Prevention Line (run by Lines for Life): 1-800-273-8255
 - **Lines for Life**: text "273TALK" to 839863 (text services available Monday – Friday 2-6PM Pacific).
 - **24/7 Crisis Text Line**: Text "OREGON" to 741741.
 - [Youthline](#) is a teen-to-teen crisis and help line. Call 1-877-968-8491 or text "teen2teen" to 839863.

Key Messages for Prevention Education and Awareness

Youth need to know about the dangers of fentanyl. Schools, youth-serving organizations, and families should share the following messages with youth:

1. Counterfeit pills laced with fentanyl are flooding the Pacific Northwest. In just one year (2019-2020), Oregon saw a 74% increase in fentanyl-related deaths.
2. Do not take any pill that you do not directly get from your doctor or a pharmacist. Pills received from friends or purchased online or from social media are not safe.
3. Fentanyl is tasteless, odorless, and too small to see with the naked eye. It's extremely potent. An amount the size of two grains of sand is enough to cause a deadly overdose.
4. Fentanyl-laced pills appear identical to those prescribed by doctors. In Oregon, fentanyl is most commonly seen in blue, greenish, or pale colored counterfeit pills. There may be other colors. These pills may be marked as "M30." Unless a pharmacist directly hands you a prescription pill, assume it is counterfeit and contains fentanyl.
5. There is no such thing as a "safe" source: pills are often laced with fentanyl long before they reach a direct supplier. Assume any pills obtained from social media, the internet, or a friend are counterfeit and contain fentanyl.
6. The blending of fentanyl in counterfeit pills is inconsistent and completely random, making every single dose a risk. One dose may not contain fentanyl, while another does—even though both come from the same supply.
7. Naloxone is the only medication that can reverse an opioid overdose.
8. If someone is going to use, the best way to prevent a fatal overdose is to avoid using alone and to always have naloxone on hand. If using alone and you overdose, you can't call for help or administer naloxone to yourself.
9. The clearest sign of an overdose is if someone is unresponsive (won't wake up). Other signs include:
 - Slow, shallow or no breathing
 - Pinpoint pupils
 - Heavy gurgling or snoring sounds
 - Cold or clammy skin
 - Difficult to wake, or can't wake
 - Blue or gray skin, lips, or nails
10. An overdose is always a medical emergency. Call 911 immediately. Remember that the Good Samaritan Law protects witnesses and victims from being prosecuted for drug possession. If you seek medical assistance in a drug-related overdose, you and the victim cannot be prosecuted for drug possession.

Sample social media, infographics, and flyers for posting

Safety First Curriculum: How to Recognize a Drug Overdose - [Web Link](#)

Overdoses and other drug-related medical emergencies are far more common than most people think – but they don't have to be lethal. Learn the signs of what a drug overdose or medical emergency looks like for some commonly used drugs and what actions you can take to help save someone's life.

Beaverton School District - [Fake and Fatal](#) campaign



King County, WA - [Laced and Lethal](#) campaign



Part 2: School preparation and response

Developing a school naloxone policy and protocol

Developing a naloxone policy

School board policy language for the administration of naloxone by school personnel may be added to existing school Medication Administration policy. Current rule requires designated school staff to complete naloxone training. School staff who are solely designated to provide naloxone, and are not administering other medications to students, are not required to complete the additional ODE Medication Administration training specific to individual student medications. See [OAR 581-021-0037](#).

The Oregon School Board Association (OSBA) offers sample policy for medication and naloxone. You can search for a district’s current policy at <https://policy.osba.org/>. See examples in policies JHCD/JHCDA or contact OSBA for more information.

The National Association of School Nurses (NASN) developed a [naloxone toolkit](#), a free resource accessible to any member of the professional school nurse organizations including OSNA or NASN. The NASN toolkit includes sample policy language and resources for planning your school and district response.

Developing a naloxone administration protocol

Each school community and school building is unique, so site-specific protocols are important.

The Oregon Health Authority offers a [training protocol](#) for identifying opioid overdose and administration of naloxone, but local school teams should clarify what is needed for each site.

Key content to consider for local protocols:

1. District policy and local practices
2. Training
3. Storage
4. Record keeping and information sharing
5. Action steps during an event
6. Follow-up, referrals, and other support

Details within key content areas

1. **District policy and local practices**
 - Consider how medication and/or emergency response is addressed in:
 - Board policy
 - Related ARs
 - Local protocols, procedures, practices

Details within key content areas

- What changes or clarifications could ensure naloxone is available?

2. Training requirements

- Designated trainer or source of training
 - Who trains or where can training be accessed?
 - Examples: school nurse; community partners; OHA website; School-based Health Center teams
 - Trainer contact information
 - *Note:* Providing chest compressions with rescue breathing (CPR) is a component of the OHA training protocols to respond to opioid overdose and administer naloxone/Narcan.
 - For the RN to determine whether teaching chest compressions with rescue breathing is within their individual scope of practice, utilize [Board's Scope of Practice Decision Making-Framework](#).
 - Only a certified CPR trainer can provide CPR certification cards.
- Designated staff person to be trained
 - Who gets trained? Consider options such as:
 - all staff during start-of-year in-service
 - staff who are already CPR trained
 - staff who are already designated to respond to other medical emergencies
 - staff whose role places them near areas where students might overdose
- Frequency of training about opioids/naloxone administration
 - ODE rule states training must be completed every 3 years
 - District could offer and/or require training more often
- Type of training to be utilized
 - OHA training protocol is named in ODE rule
 - Training in accordance with OHA protocol may include slides, videos, other formats; see Opioid Overdose training materials on [OHA's Lifesaving Treatment Protocol page](#)
- Possession and administration of naloxone.
 - School districts may adopt policies that permit administration of naloxone by designated, trained school personnel (OAR 581-021-0037)
- Any person or entity, having once lawfully obtained naloxone may possess, distribute or administer it for the purpose of reversing opioid overdose (OAR 855-019-0460).

3. Storage

- Location
 - Research shows that these may be the best locations for a naloxone kit:
 - Near the AED kit
 - Near the restroom(s)
 - In the same location as the first-aid equipment/kit
 - By the fire extinguisher
 - On buses
 - Somewhere accessible in the event of an emergency (e.g., NOT in a locked cabinet)
- Temperature
 - Follow the manufacturer's instructions for storing naloxone. If instructions are not available, the Centers for Disease Control & Prevention (CDC) recommends keeping naloxone in the original box or storage container, protected from light, and stored at room temperature (59-77°F or 15-25°C) until ready for use.

Details within key content areas

- Staff access
 - If naloxone is stored in a secured area, who has access?
 - If naloxone is stored in an accessible location, who verifies it is in place, and how often?
 - If staff are designated to carry naloxone during school hours or special activities, how is school stock signed out and returned?
 - Will school-stocked naloxone be accessible for after-hours events on campus or outside?
 - Will school-stocked naloxone ever leave the campus, such as on field trips or Outdoor School?
- Maintaining school stock
 - Who orders/obtains the school-stocked naloxone? (See section below ‘Process for schools to obtain naloxone.’)
- Naloxone must be discarded prior to the expiration date on the label and replaced with a new product. Prescriptions in Oregon expire after 1 year, so schools must plan to replace naloxone annually if unused.

4. Record keeping and information sharing

- District requirements for entry into a student’s file; how long records are kept. See [ODE Student Record Keeping and Privacy](#)
- Who is notified of an emergency medical event?
- Who maintains records to track when school-stocked naloxone needs to be replaced?

5. Action steps

- Designated staff should be prepared to take action, including:
 - Recognize signs of opioid overdose
 - Respond to emergency; call 911; initiate site-specific emergency response
 - Reverse an opioid overdose; administer naloxone/Narcan
 - Refer to higher-level care and follow-up support
 - *See Opioid Overdose training materials on [OHA’s Lifesaving Treatment Protocol page](#).*
- Clarify site-specific details for each action step:
 - Who is trained to recognize overdose?
 - Who responds during an emergency?
 - Where is the school’s naloxone/Narcan located?
- What local referrals and follow-up supports are available? etc.

6. Follow-up, referrals, and other support. (See Resources section below.)

- Anticipate case-by-case considerations. Identify local resources in advance.
- Consider support and follow-up services for the individual
 - Immediate medical support
 - Social-emotional support
 - Continuing support in the form of school evaluation and health/mental health services and/or referrals to community providers.
- Consider support and follow-up services for witnesses and others in the school community
 - Social-emotional support
 - Communication to students and families including relevant community resources
- Continuing education and community-building. (See Education and Awareness section above.)

Process for schools and districts to access naloxone

Oregon schools can obtain naloxone (Narcan) in a variety of ways. Some community organizations provide naloxone kits to schools as permitted by OAR [855-019-0460](#). Other sources that provide naloxone may require a prescription. Naloxone can be prescribed by a pharmacist, and may be prescribed to a school, similar to school-stocked epinephrine, per OAR [855-019-0460](#).

The Overdose Coordinator at your Local Public Health Authority (LPHA) may have information about local organizations that provide Narcan for schools. Some Oregon schools have obtained Narcan from the following sources:

- [LPHA / Regional Overdose Prevention Program](#) connected schools to a local organization
- [FreeNarcan for High Schools program](#)
- [NARCANDirect](#)
- [OPAT](#) (Opioids + other drugs, Pain + Addiction Treatment) conference, and other trainings where kits were distributed
- Local Emergency Medical Services (EMS)MS
- Purchased directly from local pharmacy

Resources for School Personnel

- Visit the Oregon Health Authority Public Health Division for resources:
www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/naloxone.aspx.
- [Oregon Health Authority, Youth Substance Use Disorders](#): *visit the webpage for treatment and recovery resources.*
- [Reverse Overdose Oregon](#): *Media campaign to empower employers and bystanders to recognize and respond to overdose in the workplace.*
- [Naloxone Education for School Nurses Toolkit](#): *Free toolkit developed by the National Association of School Nurses.*
- [Safety First: Real Drug Education for Teens](#): *Harm reduction-based drug education curriculum for high school students, developed by the Drug Policy Alliance.*
- [Need 4 Narcan](#): *New Oregon organization whose goal is to educate and train school staff and help distribute Naloxone in schools.*
- [Fake and Fatal](#): *Fentanyl/counterfeit pill campaign and curriculum developed by the Beaverton School District.*
- [Sources of Strength](#): *A best practice suicide prevention project that focuses on multiple sources of support (strengths). Schools engage in work prioritized by members of the school community, with age-appropriate modules that support mental health promotion, substance use prevention, anti-bullying, and community-building.*

Resources for Families and Youth

- Visit the Oregon Health Authority Public Health Division for resources:
www.oregon.gov/oha/ph/preventionwellness/substanceuse/opioids/pages/naloxone.aspx.
- **Fake and Fatal**: *Fentanyl/counterfeit pill campaign and curriculum developed by the Beaverton School District*
- **Oregon Health Authority, Youth Substance Use Disorders**: *visit the webpage for treatment and recovery resources.*
- **Laced and Lethal**: *King County, Washington campaign designed to teach teens about the risk of buying pills and powders potentially laced with fentanyl.*
- **Song for Charlie**: *A family-run nonprofit charity dedicated to raising awareness about “fentapills.”*
- **SafeOregon Tip Line**: *Program created for Oregon students, families, school staff and community members, and law enforcement officers to report and respond to student safety threats.*
- **Oregon Youth Suicide Prevention Programs**: *Compiled list of youth suicide prevention resources and programming available.*
- **Families Helping Families** resources for families dealing with addiction
- **8 Tips for Talking to Your Teen about Alcohol and Other Drugs** created by Safety First.

Help Lines

- **24-hour National Suicide Prevention Line** (run by Lines for Life): 1-800-273-8255
- Contact **Lines for Life** by texting “273TALK” to 839863 (text services available Monday – Friday 2-6PM Pacific).
- **24/7 Crisis Text Line**: Text “OREGON” to 741741.
- **Youthline** is a teen-to-teen crisis and help line. Call 1-877-968-8491 or text “teen2teen” to 839863.

Community & Provider Resources

- **[Local Public Health Authority Overdose Coordinator Contacts](#)**: *Overdose Coordinators support regional and community partnerships to prevent opioid overdose.*
 - *For more information, please contact Courtney Fultineer, OHA Overdose Prevention Community Partnerships Coordinator at Courtney.Fultineer@dhsosha.state.or.us.*
- **[Local and Tribal Alcohol and Drug Prevention Education Program \(ADPEP\) Directory](#)**: *Online directory of ADPEP program coordinators working to advance community-guided alcohol and other drug prevention initiatives.*
- **[OpiRescue](#)**: *Safe opioid prescribing platform for care providers to manage the process of assessing pain, function, risk, and monitoring through automated PDMP/PMP checking and random urinalysis.*
- **[Shatterproof](#)**: *National nonprofit organization dedicated to reversing addiction by revolutionizing addiction treatment, ending the stigma of addiction, and empowering and educating communities.*
- **[National Council for Mental Wellbeing](#)**: *Preventing Overdose and Increasing Access to Harm Reduction Services initiative has worked with the CDC to develop training and technical assistance tools to increase adoption of effective harm reduction practices.*
- **[US Department of Health & Human Services Overdose Prevention Strategy](#)**: *Online resource highlighting current federal activities that promote harm reduction.*

APPENDIX

I. Oregon laws related to naloxone administration in schools

- [ORS 339.867](#): defines medication in 339.869 and 339.870: “Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose or an opioid drug.”
- [ORS 339.869](#): “The State Board of Education, in consultation with the Oregon Health Authority, the Oregon State Board of Nursing and the State Board of Pharmacy, shall adopt:...Rules for administration of naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug by trained school personnel to any student or other individual on school premises who the personnel believe in good faith is experiencing an overdose of an opioid drug.”
- [ORS 339.871](#): protections against school staff against criminal or civil liability if use naloxone: “Naloxone or any similar medication that is in any form available for safe administration and that is designed to rapidly reverse an overdose of an opioid drug to a student or other individual who the school administrator, school nurse, teacher or other school employee believes in good faith is experiencing an overdose of an opioid drug.”
- [OAR 855-019-0460](#): Pharmacists may prescribe and dispense naloxone to individuals or to an entity (i.e., school district). If naloxone is prescribed for school use, the prescriptions should be made out to the school district.
- [OAR 855-019-0460](#): Once the naloxone is dispensed from the pharmacy, anyone may possess, distribute or administer it for the purpose of reversing an opioid overdose. This flexibility in the rule is intended to make it easier to get naloxone out into our schools, businesses, and communities.
- [OAR 851-045-0060](#): Nurse Practice Act, establishes that a registered nurse may consider “Teaching a UAP how to administer naloxone as authorized by ORS 689.681.”
- [OAR 581-021-0037](#): Establishes requirements for school policies related to school personnel administering medication to students; and school policies for self-administration and self-carry of medication by students. Requires that staff be trained prior to administering medication to students.

II. Example policies and protocols from Oregon school districts

Board policy examples

Some publicly posted Oregon school district board policies can be found at <https://policy.osba.org/>.

Examples of district naloxone administration policies are linked below:

- [Coos Bay School District Board Policy](#)
- [Corvallis School District Board Policy](#)
- [Lake Oswego School District Board Policy](#)
- [Oregon City School District Board Policy](#)
- [Tigard-Tualatin School District Board Policy](#)

Local protocol examples

School nursing teams in Beaverton School District and Salem-Keizer Public Schools recently developed district-specific protocols and local trainings. To obtain copies, please contact OHA State School Nurse Consultant, Corinna Brower at Corinna.E.Brower@dhsoha.state.or.us.

You can get this document in other languages, large print, braille or a format you prefer. Contact Ashley Thirstrup at 503-720-2557 or ashley.thirstrup@dhsoha.state.or.us. We accept all relay calls or you can dial 711.