# Developing a policy and protocol to rapidly reverse opioid overdose

Districts should adopt policies and protocols to respond to opioid-related overdose events in schools. This includes seeking local legal advice on how to best implement the distribution and use of opioid antagonist medications on school grounds. These medications are also known as opioid overdose reversal medications (OORMs), such as naloxone. When drug-related emergencies occur in or around schools, a proper response protocol is critical to save lives. This resource is intended to compliment the Fentanyl Toolkit for Schools.

School district boards may adopt a policy for staff to administer an opioid antagonist<sup>[1]</sup> to a student or other person if they believe the person is experiencing an opioid overdose. Regardless of policy, school districts are required, per OAR 581-021-0037, to provide the following information to the parents and guardians of all students:

- A description of an opioid antagonist and its purpose
- A statement about, in an emergency, the risks of BOTH:
  - Administering an opioid antagonist, and
  - o **NOT administering** an opioid antagonist
- A statement identifying which schools in the district, if any, will have:
  - Opioid antagonists
  - The necessary medical supplies to administer opioid antagonists on-site, and
  - Opioid antagonists available for emergencies, and
- A statement that a representative of a district may administer to a student an opioid antagonist in an emergency if it appears the student is:
  - Not conscious, and
  - Experiencing an opioid overdose.

In partnership with OHA, ODE has developed a parent and guardian <u>letter template</u> you can use.

In addition, OAR 581-021-0037 requires that school district policy must ensure the parent or legal guardian of a minor student enrolled in the school district is immediately notified when an opioid antagonist is administered to the student if it is while the student:

- Is at school
- On school property under the jurisdiction of the school district, or
- At any activity under the jurisdiction of the school district.

<sup>[1]</sup> OAR 581-021-0037 uses the term "opioid antagonist" which has the same meaning as OORM.

### Developing an opioid antagonist policy

School board policy language about the administration of an opioid antagonist by school personnel may be added to the existing school medication administration policy. School staff who administer an opioid antagonist but do not administer other medications to students are not required to complete the ODE medication administration training. See OAR 581-021-0037.

The Oregon School Board Association (OSBA) offers a model policy and administrative regulation for medications. This includes language about opioid antagonists such as naloxone. Members of OSBA can request the model language from OSBA at 800-578-6722 or policy@osba.org.

The National Association of School Nurses (NASN) developed a <u>naloxone toolkit</u>. It is a free resource accessible to any member of professional school nurse organizations. That includes OSNA or NASN. The NASN toolkit provides sample policy language and resources for planning your school and district response.

### Developing an opioid antagonist administration protocol

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

OHA offers <u>training protocols</u> for identifying opioid overdose and administration of opioid antagonists. Local school teams should clarify the needs of each site and consult appropriate legal counsel.

#### Key content to consider for local protocols:

- District policy and local practices
- Training
- Storage
- Replacement of doses
- Record keeping and information sharing
- Action steps during an event
- Parent notification per OAR 581-021-0037, and
- Follow-up, referrals, and other support.

## **Training**

While Oregon laws and regulations <u>do not require</u> training to administer a short-acting opioid antagonist, clear quidance and site-specific information enhances likelihood of successful use.

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Component	Considerations	Examples			
Trainer(s) and source of training	<ul> <li>Who provides training or where can trainings be accessed?</li> <li>Where is training material accessed?</li> <li>How will questions be addressed? (trainer contact information or other options)</li> </ul>	Trainers and training sources may include  □ school nurse (Registered Nurse familiar with the school setting)  □ manufacturer guidelines including written instructions and other resources  □ OHA Lifesaving Treatment Protocols  □ Community partners including Schoolbased Health Center staff			
Who receives training?	<ul> <li>Does school policy require staff to be trained?</li> <li>What staff should be trained to help ensure coverage across school campus?</li> <li>What staff should be trained to ensure coverage for activities after and before school?</li> </ul>	Designated and trained staff may include  □ all staff at start-of-year  □ staff already CPR trained  □ staff designated to respond to other emergencies  □ staff whose role places them near areas where students might overdose			
Frequency and availability of training	<ul> <li>How often do staff require training, if applicable?</li> <li>If not required where are training or learning resources available</li> <li>ODE rule does not mandate specific timeframe.</li> </ul>	Training frequency may include  □ annual trainings offered during inservice days  □ minimum interval of 3 years for any designated trained staff			
Type of training to be utilized	Trainings may differ per staff role, such as in-depth training for designated responders, brief review for all staff.  OHA offers related resources. See OHA's Lifesaving Treatment Protocols and School Staff Training Guidance	Type of training may include  ☐ In-person sessions ☐ Slides ☐ Videos ☐ Written instructions ☐ Q&A with school nurse or other ☐ Other type applicable to setting			

Storage				
Component	Considerations	Examples		
Location	<ul> <li>Where on campus might an overdose occur?</li> <li>How quickly can a dose be accessed?</li> </ul>	Dose locations at each site may include:  □ Easily accessible in the event of an emergency (e.g., NOT in a locked cabinet)  □ Near the AED kit □ Near the restroom(s) □ In the same location as the first-aid equipment/kit □ By the fire extinguisher □ Areas where public may gather such as gymnasium, cafeteria, auditorium □ On buses		
Temperature	What are the manufacturer's instructions for storing the specific short-acting opioid antagonist?	Temperature control options may include  ☐ Storage location(s) where room temperature is maintained (out of direct sunlight, extreme heat or cold)  ☐ Insulated pouch for doses carried by staff (not pockets)		
Staff Access and Role	<ul> <li>What processes need to be followed in each building?</li> <li>Who is responsible for what?</li> </ul>	Staff access and roles may include carries doses during school hours carries doses for off-campus events (field trips, Outdoor school, etc.) signs doses in and out to staff carrying signs doses in and out for before/after school programming keeps keys or access codes		
Maintaining school stock	<ul> <li>Who conducts routine checks to verify current stock?</li> <li>Who orders/obtains the school- stocked short-acting opioid antagonist?</li> </ul>	Stock maintenance may include  conducts routine checks to verify stock in place, not expired  ensures process to replace doses, including budget allowance		

Record Keeping and Information Sharing			
Considerations		Examples	
•	Who is notified of an emergency medical event?  Per OAR 581-021-0037, who will notify the parent or guardian if a student is administrated a short-acting opioid antagonist?  Who enters, what information, into the student record?	Co	mmunication and documentation protocols may clude the following  Notify during/immediately after a dose is given (school RN, designated response staff)  Code to be used for medical emergency or unconscious person  notifies EMS (responder or front office)  notifies family (responder or school admin)
•	Who tracks when school-stocked doses need to be replaced?		enters information into student record (responder, other participants) completes incident report; other applicable documentation to be notified of used dose(s), responsible for re-stocking reviews documentation such as for end-of- year reporting, long-term records, etc.

Action Steps				
Considerations	Examples			
Staff should be prepared to take action,	Action steps clarified for local protocol may include			
including:	☐ is trained to recognize overdose			
<ul> <li>Recognize signs of opioid overdose</li> </ul>	<ul><li>responds during any emergency</li></ul>			
• Respond to emergency; call 911; initiate	□ Doses are located			
site-specific emergency response	☐ EMS (911) is called by			
• Reverse an opioid overdose; administer	☐ School emergency team is activated by			
naloxone/Narcan	☐ Local referrals options and follow-up supports			
<ul> <li>Refer to higher-level care and follow-up</li> </ul>	include (see next box)			
support	<del></del> -			
See Opioid Overdose training materials on				
OHA's <u>Lifesaving Treatment Protocol</u> page.				

Follow-up, Referrals, Other Support		
Considerations	Examples	
Planning should anticipate case-by-case needs and identify local resources in advance, including:  Support and services for the individual  Support and services for witnesses and others in the school community  Continuing education and community-building.	Follow-up clarified for local protocol may include  □ For the individual:  • Immediate medical support provided by  • Social-emotional support provided by  • Continuing support:  ○ school evaluation by  ○ school physical/mental health services include  ○ referrals to community providers including  □ For witnesses, others:  • Social-emotional support provided by  • Communication to students and families about relevant community resources including	