

Details within key content areas for local opioid overdose reversal medication protocols

1. District policy and local practices

- Consider how medication and/or emergency response is addressed in:
 - Board policy
 - Related ARs
 - Local protocols, procedures, practices
- 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 such as health educators, physical education teachers and athletic coaches
 - 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

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- Research shows that these may be the best locations for a naloxone kit:
 - Somewhere 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
 - On buses
- 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.
- 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 3 years.

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?

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- 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.

- 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.)