Naloxone Use in the School Setting

(Background information for Policy Sub-Committee)

Opioid overdoses (OPR) have become epidemic. OPR overdose kills thousands of Americans every year. Many of these deaths are preventable through the timely provision of an inexpensive, safe, and effective drug and the summoning of emergency responders. In Connecticut, on average, one person dies every day from an opioid overdose. Opioids include street drugs, like heroin, and prescription drugs like OxyContin. People do overdose and die from prescription drugs by using too much or mixing them with other pills, street drugs, or alcohol.

Deaths from prescription painkillers (opioid or narcotic pain relievers) have reached epidemic levels in the past decade according to the Centers for Disease Control and Prevention (CDC). A crucial mitigating factor involves the nonmedical use of prescription painkillers, using drugs without a prescription or using drugs to obtain the "high" they produce. In 2010, the CDC stated about 12 million Americans (age 12 or older) reported nonmedical use of prescription painkillers in the past year. The 2013 Partnership Attitude Tracking Study (PATS) stated almost one in four teens (23 percent) reported abusing or misusing a prescription drug at least once in his or her lifetime, and one in six (16 percent) reported doing so within the past year. In Connecticut, on average 1 to 2 people die every day from an opioid overdose. Such overdoses have become the leading cause of adult injury deaths; more than those due to motor vehicle accidents, fires and firearms combined.

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health in 2013, there were 2.2 million adolescents, ages 12 to 17, who were current illicit drug users. Given the magnitude of the problem, in 2014 the CDC added OPR overdose prevention to its list of top five public health challenges.

Although drug overdoses in the school setting are rare, some school nurses are increasingly thinking of the drug Naloxone as an essential part of their first-aid kits. Administered via syringe or a nasal spray, it works almost immediately to get an overdose patient breathing again, and it does not create a "high" or have major side effects.

Naloxone, also known by the brand name Narcan, is the antidote that reverses an opioid overdose. It has been used in ambulances and hospitals for decades to reverse overdose. It's legal and has been approved by the Food and Drug Administration (FDA). It works by neutralizing the opioids in a person's system and helping the individual to breathe again. It only works if a person has opioids in their system. It doesn't work on other drugs. Naloxone (Narcan) was first approved by the Food and Drug Administration in 1971. Advocates of its use say it could save a child, parent or school employee who overdoses on heroin or prescription pain killers.

Some states, including neighboring Rhode Island, have passed legislation permitting the use of naloxone in schools. In Rhode Island, the drug must be available in all middle, junior high and high schools. A survey conducted in Rhode Island last year indicated that 81 school nurses who had participated in a naloxone training program found that 43 percent of high school nurses responded that students in their schools were abusing opioids.

Districts nationwide, are now struggling with whether to add the antidote to their medical supplies. Laws in Kentucky and New York explicitly allow school employees to obtain and administer Naloxone and excuse them from liability for using it in an emergency. Illinois does not require schools to carry the drug but allows nurses to administer it. The cost is estimated to be at $25 to $40 per dose.

It is the position of the National Association of School Nurses (NASN) that the safe and effective management of opioid pain reliever (OPR)-related overdose in schools be incorporated into the school emergency preparedness and response plan. The Association believes that the registered professional school nurse provides leadership in all phases of emergency preparedness and response. When emergencies happen, including drug related emergencies, managing incidents at school is vital to positive outcomes. The school nurse is an essential part of the school team responsible for developing emergency response procedures. The Association believes school nurses in this role should facilitate access to Naloxone for the management of OPR-related overdose in the school setting.

Schools must anticipate and prepare to respond to a variety of emergencies. The school nurse is often the first health professional who responds to an emergency in the school setting. The school nurse possesses the education and knowledge to identify emergent situations, manage the emergency until relieved by emergency medical services (EMS) personnel, communicate the assessment and interventions to EMS personnel, and follow up with the healthcare provider.

Current Connecticut Laws Related to Naloxone (Narcan)*:

- In 2011, a "Good Samaritan Law" (P.A. 11-210 codified as C.G.S. 21a-279) was passed in an attempt to address people's unwillingness to call 911 for an overdose situation. This law protects people who call 911 seeking emergency medical services for an overdose from arrest for possession of drugs/paraphernalia. The law limits protection to this situation. It doesn't protect someone from other charges or stop the police from serving a search or arrest warrant if that was already in process.
- The 2012 Narcan law (P.A. 12-159 codified as C.G.S. 17a-714) allows prescribers (physicians, surgeons, physicians' assistants, APRNs, dentists, and podiatrists) to prescribe, dispense or administer Narcan to any person to prevent or treat a drug overdose and the prescriber is protected from civil liability and criminal prosecution.
- In 2014, (P.A. 14-61 codified as C.G.S. 17a-714) protection from civil liability and criminal prosecution was extended to the person administering Narcan in response to an overdose.
- The 2015 legislation (P.A. 15-198) allows pharmacists who have been trained/certified to prescribe and dispense Narcan directly to customers requesting it. The pharmacist is required to educate the person on how to use Narcan. The law also requires one hour of continuing education for physicians, PAs (Physicians' Assistants), APRNs (Advanced Practice Registered Nurses) and Dentists in a risk management topic that includes prescribing controlled substances and pain management. Prescribers are required to check the electronic Connecticut Prescription Monitoring and Reporting System (CPMRS) before prescribing greater than a 72-hour supply of a controlled substance and, for those persons prescribed opiates long-term, at least every 90 days.

- In 2016, P.A. 16-43, "An Act Concerning Opioids and Access to Overdose Reversal Drugs" was passed. This legislation includes the following:

    - A 7-day limit on opioid prescriptions which applies only to the first outpatient prescription for adults, but always applies to minors. In the case of minors, the prescriber is required to discuss the risks of opioids with them and their parent/caregiver, if they are present. Exceptions to this 7-day limit can be made if the prescriber believes its warranted and documents the reason in the medical record, including why an alternative was not appropriate (effective July 1, 2016).

    - Licensed health care professionals (LHCPs) are allowed to administer Naloxone without fear of civil liability, criminal prosecution, or violating standards of their profession (effective from passage).

    - Each municipality must ensure that their designated first responder(s) are trained on and equipped with Naloxone and that their emergency medical services plan is revised to reflect this by October 1, 2016.

    - Starting July 1, 2016, pharmacies will be required to enter information into the Connecticut Prescription Monitoring and Reporting System (CPMRS) by the next business day for all controlled substances dispensed. Veterinarians will be required to submit information at least weekly on prescriptions dispensed for controlled substances.

    - The two conditions which already require prescribers to check the CPMRS (see 2015 legislation) continue with the following modifications (effective July 1, 2016):

        - The prescriber's authorized agent is no longer required to be a licensed health care professional (LHCP). The prescriber is responsible for ensuring that his/her authorized agent accesses the protected health information appropriately and safeguards patient confidentiality. When the prescriber is working for a hospital and wishes to designate an authorized agent(s), an approved written protocol must be in place. Whenever an authorized agent is used, the designated prescriber providing the oversight will be held responsible for the authorized agent's actions with respect to the CPMRS.

            - If the patient is prescribed a Schedule V nonnarcotic long-term, the CPMRS only needs to be checked at least annually, not at least every 90 days.

- Individual and group health insurers that provide coverage for prescriptions and have naloxone on their formulary cannot require prior authorization for the Naloxone (effective January 1, 2017).

*Source: State of Connecticut Department of Mental Health and Addiction Services, Publication - "Opioid Overdose Prevention/Naloxone (Narcan) Initiative," accessible at: http://www.ct.gov/dmhas/cwp/view.asp?q=509650. This document also contains a link to "Naloxone Prescribing Pharmacists" in Connecticut.

A key component of P.A. 16-43 is Section 1 which allows any licensed health care professional to administer an opioid antagonist to treat or prevent a drug overdose without being (1) civilly or criminally liable for such action or (2) deemed as violating his/her professional standard of care. The law also allows anyone, if acting with reasonable care, to administer an opioid antagonist to a person he/she believes, in good faith, is experiencing an opioid-related drug overdose. It generally gives civil and criminal immunity to such a person regarding the administration of the opioid antagonist. (C.G.S. 17a-714a).

Policy Implications

The question has been raised in some Connecticut school districts pertaining to whether a school nurse is allowed to obtain and administer Naloxone (Narcan) in the school setting in an emergency situation and also be excused from any liability in its use.

The CABE Policy Service contacted Stephanie Knutson, Education Consultant, Connecticut State Department of Education, Office of Student Supports and Organizational Effectiveness Bureau of Health/Nutrition, Family Services and Adult Education, regarding the above question. She indicated that schools currently have the ability to include Naloxone in their formulary (the official list giving details of medicines that may be administered) for the purpose of emergency administration, as they do with medications such as epinephrine, etc. It was further indicated that medical advisors may write standing orders for emergency medications such as Naloxone, epinephrine, etc. to be administered by school nurses. In short, it is entirely up to the school district to decide which medications they want in their formulary and the corresponding orders so that school nurses may administer them.

The liability of school nurses in administering Naloxone would not be any different from the liability they would assume in administering any emergency drug in the school environment.

The Department of Consumer Protection, Drug Control Division previously provided guidance to school districts regarding the ordering of the emergency medication, epinephrine. The memo is applicable to drugs such as Naloxone and is accessible at:

http://www.sde.ct.gov/sde/lib/sde/pdf/digest/epinephrine_in_public_schools.pdf.

Therefore, based upon the above guidance, school medical advisors may order Naloxone from any properly credentialed wholesaler of drugs and the wholesaler may deliver the Naloxone directly to the respective school health system(s) for the purpose of emergency first aid to students and/or staff.

CABE's Policy Service encourages local school districts to engage in conversations with the district's school medical advisor, school attorney, representatives of local emergency medical services, school nurses and members of the community to determine whether adopting a policy on administering Naloxone in a drug overdose situation is appropriate for the district. It is important for the school and community to become educated on the issue of opioid overdose and prevention.

Current research about Naloxone and its use appears to indicate that stocking it and using it in accordance with proper procedures, oversight, and training should present a very low risk of harm or liability.

A new sample policy, #5141.213 and an accompanying administrative regulation have been developed on this topic for consideration and possible use, if determined appropriate for the local district. This is considered an optional policy for inclusion in the district's policy manual.

An optional policy to consider.

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

The Board of Education (Board) recognizes that many factors, including the use and misuse of prescription painkillers, can lead to the dependence on and addiction to opioids, and that such dependence and addiction can lead to overdose and death among the general public, including District students and staff. The Board wants to minimize these deaths by the use of opioid overdose prevention measures.

Alternate Language:

The Board of Education (Board) is committed to enhancing the health and safety of individuals within the school environment. The District will identify specific locations for the storage of Naloxone and protocols for its administration in emergency situations to assist individuals suspected to be experiencing an opioid overdose.

Definitions

Drug overdose means an acute medical condition, including, but not limited to, severe physical illness, coma, mania, hysteria or death, which is the result of consumption or use of one or more controlled substances causing an adverse reaction. The signs of opioid overdose include unresponsiveness; nonconsciousness; shallow breathing with rate less than 10 breaths per minute or not breathing at all; blue or gray face, especially fingernails and lips; and loud, uneven snoring or gurgling noises.

Naloxone (Narcan) means a medication that can reverse an overdose caused by an opioid drug. As a narcotic antagonist, Naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.

Opioid means illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin), fentanyl, hydromorphone (Dilaudid), and buprenorphine.

Delegation of Responsibility

The Superintendent or his/her designee, in consultation with the school nurse(s) and the school physician/School Medical Advisor shall establish appropriate internal procedures for the acquisition, stocking and administration of Naloxone (Narcan) and related emergency response procedures pursuant to this policy.

The school physician/School Medical Advisor shall be the prescribing and supervising medical professional for the District's stocking and use of Naloxone (Narcan). The Superintendent or his/her designee shall obtain a standing order from the school physician/School Medical Advisor for the administration of Naloxone (Narcan).

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

Delegation of Responsibility (continued)

Alternate Language:

The school physician/School Medical Advisor shall provide and annually renew a standing order for the administration of Naloxone to students, staff members or other individuals believed or suspected to be experiencing an opioid overdose on school grounds or at a school-sponsored activity. The standing order shall include at least the following information:

1. Type of Naloxone (intranasal and auto-injector)
2. Date of issuance
3. Dosage
4. Signature of the school physician/School Medical Advisor

The standing order shall be maintained in the Superintendent's office and copies of the standing order shall be kept in each location where Naloxone is stored.

The school nurse shall be responsible for building-level administration and management of Naloxone and management of Naloxone stocks. Each school nurse and any other individual(s) authorized by the Superintendent shall be trained in the administration of Naloxone.

Naloxone shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

Alternate Language:

The Board directs the school physician/School Medical Advisor to issue a non-patient specific order to District school nurses to administer ***(select as per the medical order: intranasal or intramuscular)*** Naloxone (also known as Narcan, among other names) for the purpose of emergency first aid to students or staff who do not have a prior written order from a qualified medical professional for the administration of Naloxone. The non-patient specific order shall include a written protocol containing the elements required by the regulations of the Department of Consumer Protection.

The Board permits school nurses to administer Naloxone to any person at school or a school event displaying symptoms of an opioid overdose. The District will store the Naloxone kits in a secure but accessible location consistent with the district's emergency response plan, such as the nurse's office. Naloxone shall be accessible during school hours and during on-site school-sponsored activities.

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone) (continued)

Acquisition, Storage and Disposal

Naloxone shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

The school nurse shall obtain sufficient supplies of Naloxone pursuant to the standing order in the same manner as other medical supplies acquired for the school health program. The school nurse or designee shall regularly inventory and refresh Naloxone stocks, and maintain records thereof. In accordance with internal procedures, manufacturer's recommendations and any applicable Department of Public Health guidelines.

(cf. 5141.21 – Administering Medications)

Legal Reference: Connecticut General Statutes

10-212 School nurses and nurse practitioners. Administration of medications by parents or guardians on school grounds. Criminal history; records check.

10-212a Administration of medications in schools

17a-714 Immunity for prescribing, dispensing or administering an opioid antagonist to treat or prevent a drug overdose.

21a-279(g)Penalty for illegal possession. Alternate sentences. Immunity.

52-557b Immunity from liability for emergency medical assistance first aid or medication by injection. School personnel not required to administer or render.

Connecticut Regulations of State Agencies 10-212a-1 through 10-212a-10, inclusive, as amended.

PA 22-80 An Act Concerning Childhood Mental and Physical Health Services in School

Policy adopted:
cps 11/16
rev 7/22

An administrative regulation to consider.

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

The District's opioid overdose prevention program shall establish and follow appropriate procedures for the use of Naloxone (Narcan), regarding placement, storage, inventory, reordering, documenting and reporting incidents of usage and training.

Communication

Each school stocking Naloxone (Narcan) will have the school nurse, along with the District administration, plan for annually informing all parents/guardians and staff about the policy pertaining to its use and specifically:

- The availability of Naloxone to treat opioid overdoses and what it does;
- The symptoms of opioid drug overdoses;
- The manner in which individuals should report suspected overdoses;
- The protection from criminal prosecution provided by law for persons who report a suspected overdose using their name and remaining with the overdosing person until emergency medical services (EMS) or law enforcement arrive;
- The protection from civil liability provided by law for persons who report overdoses or administer Naloxone (Narcan) in overdose emergencies.

Standing Order from the School Physician/School Medical Advisor

The school physician/School Medical Advisor shall provide and annually renew a standing order for administration of Naloxone (Narcan) to students or staff suspected of experiencing an opioid overdose. The standing order shall be maintained in the Superintendent's office and copies of the standing order shall be kept in each location where Naloxone (Narcan) is stored.

Training

School nurses having custody of Naloxone shall be trained in its use by the _____ EMT Department, school physician/School Medical Advisor, or Department of Public Health (DPH) approved training or from the appropriate division of the Connecticut State Department of Education. Such training program shall include overdose risk factors, recognizing opioid-related overdoses, calling 911, rescue breathing administering Naloxone (Narcan), recovery position and promptly seeking medical attention for drug overdoses.

The following signs may indicate an overdose situation:

- The person is unresponsive or limp.
- The person is awake but unable to talk.
- The person's breathing is slow or erratic or the individual is not breathing.

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

Training (continued)

- The person's pulse is slow or erratic or there is no pulse.
- The person's skin is pale gray or blue, especially around the fingernails and lips.
- The person is making deep, slow snoring, choking or gurgling sounds.
- The person is vomiting.

A list of District individuals who successfully completed such training shall be maintained, updated and kept in the school nurse's office and the District's Central Office.

Acquisition, Storage, and Disposal

The school physician/School Medical Advisor shall order for each school site Naloxone (Narcan) from a properly credentialed wholesaler of drugs, cosmetics and medical devices.

Naloxone (Narcan) will be clearly marked and stored in the nurse's office. It will be stored in accordance with the manufacturer's instructions to avoid extreme cold, heat and direct sunlight. It is to be stored in moderate temperatures, out of direct sunlight, and not in a refrigerator.

Inspection of the Naloxone is to be conducted regularly by the school nurse. The expiration date is to be checked. Expiration is generally 12 to 24 months.

There should always be one backup naloxone kit for each kit that is ready to be used ***(suggested alternate text*: one backup Naloxone kit per building OR one backup Naloxone kit for the District).** When a Naloxone kit is used, another backup kit is to be ordered. Naloxone that is nearing its expiration date should be replaced. The school nurse is to maintain a log of Naloxone supplies containing the following information: lot number, date of receipt, expiration date, and location. The school nurse shall perform an inventory check on a monthly basis.

Administration of Naloxone (Narcan)

When responding to a suspected drug overdose, the school nurse shall:

1. Call for medical help immediately (Dial 911).
2. Check for signs of opioid overdose.
3. Perform initial rescue breathing (or CPR if needed), as instructed in training.
4. Prepare and administer Naloxone (Narcan), as instructed in training.
5. Continue the rescue breathing (or CPR if needed), as instructed in training.

Students

Administering Medication

Opioid Overdose Prevention (Emergency Administration of Naloxone)

Administration of Naloxone (Narcan) (continued)

6. Administer second dose of Naloxone (Narcan) in 3 minutes if no response or minimal breathing or responsiveness.
7. Place in recovery position, as instructed in training.
8. Stay with the individual until emergency medical help arrives.
9. Cooperate with EMS personnel responding to the incident.
10. Notify the building administrator or designee of the incident.

Follow-Up

After the administration of Naloxone (Narcan) the school nurse will follow the District's reporting protocols.

The school nurse, or other staff, is also to notify appropriate student services and provide substance abuse prevention resources to the overdose victim and family, as appropriate.

School nurses are to document all administration of Naloxone (Narcan) in the same manner as the administration of other medications under non-patient specific orders. The school nurse must report all administration of Naloxone (Narcan) to the school physician/School Medical Advisor, Building Principal, and Superintendent.

The Superintendent or his/her designee will immediately report incidents involving the use of controlled substances on school property, at any school-sponsored activity or on a school bus to the local police department in accordance with state law and regulations, the procedure set forth in the memorandum of understanding with local law enforcement and Board policies.

The Superintendent or his/her designee will notify the parent/guardian of any student involved in an incident involving the use of controlled substances as soon as practicable. All attempts made to reach the parent/guardian will be documented.

Any student who experiences a drug overdose is to be referred to the District's Student Assistance Program.

Regulation approved:
cps11/16