

516.5 OVERDOSE MEDICATION

[Note: The 2023 Minnesota legislature enacted legislation requiring school districts to maintain a supply of opiate antagonists. School districts and their employees are legally permitted to purchase, store, and administer Naloxone (Narcan) in response to an opiate overdose in schools and those who do assist with such administration are immune from civil liability as well as exempt from criminal prosecution from possession, use, etc. of medication. The provisions of this policy outline the requirements of the law with respect to the use of Naloxone (Narcan) in schools.]

I. PURPOSE

As a means of enhancing the health and safety of its students, staff and visitors, the school district will acquire, administer, and store doses of an opiate antagonist, specifically Naloxone (Narcan)ⁱ, and administration devices or kits for emergency use to assist a student, staff member, or other individual believed or suspected to be experiencing an opioid overdose on school district property during the school day or at school district activities.

II. GENERAL STATEMENT OF POLICY

The school board authorizes school administration to obtain and possess opioid overdose reversal medication, such as Naloxone, to be maintained and administered to a student or other individual by trained school staff if the staff member determines in good faith that the person to whom the medication is administered is experiencing an opioid overdose. Authorization for obtaining, possessing and administering Naloxone or similar permissible medications under this policy are contingent upon: 1) the continued validity of state and federal law that permit a person who is not a healthcare professional to dispense an opiate antagonist to the school district's students and its employees by law; 2) that the school district and its staff are immune from criminal prosecution and not otherwise liable for civil damages for administering the opiate antagonist to another person who the staff member believes in good faith to be suffering from a drug overdose; and 3) the availability of funding either from outside sources or as approved by the school board to obtain and administer opioid overdose reversal medication.

III. DEFINITIONS

- A. **"Drug-related overdose"** means an acute condition, including mania, hysteria, extreme physical illness, respiratory depression or coma, resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires immediate medical assistance.
- B. **"Naloxone Coordinator"** is a school district staff person or administrator appointed to monitor adherence to protocols outlined in this policy and referenced procedures. The Naloxone Coordinator is responsible for building-level administration and management of Opiate Antagonist medications and supplies. The school district's Naloxone Coordinator is the district's licensed school nurse.
- C. **"Opiate"** means any dangerous substance having an addiction forming or addiction

sustaining liability similar to morphine or being capable of conversion into a drug having such addiction forming or addiction sustaining liability.

- D. **"Opiate Antagonist"** means naloxone hydrochloride ("Naloxone") or any similarly acting drug approved by the federal Food and Drug Administration for the treatment of a drug overdose.
- E. **"Standing Order"** means directions from the school district's medical provider that sets forth how to house and administer Naloxone or other Opiate Antagonist medications to students, staff members or other individuals believed or suspected to be experiencing an opioid overdose. This Standing Order should include the following information:
 - 1. Administration type
 - 2. Dosage
 - 3. Date of issuance
 - 4. Signature of the authorized provider

IV. GENERAL STATEMENT OF POLICY AND RESPONSIBILITIES

- A. The school district must maintain a supply of opiate antagonists at each school site to be administered in compliance with Minnesota law. Each school building must have two doses of nasal naloxone available on-site.

[Note: The Minnesota Department of Education offered guidance regarding the meaning of "school site." If a school site includes multiple buildings, the two-dose requirement applies to buildings used for instruction. It does not apply to administrative buildings, facility buildings, ice arenas, and similar buildings not used for instruction.]
- B. A licensed physician, a licensed advanced practice registered nurse authorized to prescribe drugs pursuant to Minnesota Statutes, section 148.235, or a licensed physician assistant may authorize a nurse or other personnel employed by, or under contract with, a public school may be authorized to administer opiate antagonists as defined under Minnesota Statutes, section 604A.04, subdivision 1.
- C. A licensed practical nurse is authorized to possess and administer an opiate antagonist in a school setting notwithstanding Minnesota Statutes, 148.235, subdivisions 8 and 9.
- D. School District Collaborative Planning and Implementation Team

To the extent Naloxone is obtained for use consistent with this policy, the school district will establish a school district-wide collaborative planning and implementation team ("School District Planning Team") who will oversee the general development and operations related to the use of opiate antagonist Naloxone and regularly report to the school board as to its activities.

- 1. The School District Planning Team will include the Naloxone Coordinator and may include the superintendent (or designee), school nurse, public health experts, first responders, student or family representatives, and community partners who will be assigned to the Team by the superintendent or designee or solicited as volunteers by the superintendent.

2. The School District Planning Team, through the Naloxone Coordinator, will obtain a protocol or Standing Order from a licensed medical prescriber for the use of Naloxone or other Opiate Antagonist by school district staff in all school facilities and activities and will update or renew the protocol or Standing Order annually or as otherwise required. A copy of the protocol or Standing Order will be maintained in the office of the Naloxone Coordinator.
3. The School District Planning Team will develop school district-wide guidelines and procedures and determine the form(s) of Naloxone to be used within the school district (nasal, auto injector, manual injector) and the method and manner of arranging for the financing and purchasing, storage and use of Naloxone to be approved by the school board. Once approved by the school district board, these guidelines and procedures will be attached and incorporated into this policy. At a minimum, these guidelines and procedures will:
 - a. Ensure that when Naloxone is administered, school district employees must activate the community emergency response system (911) to ensure additional medical support due to the limited temporary effect of Naloxone and the continued need of recipients of additional medical care;
 - b. Require school district employees to contact a school district healthcare professional to obtain medical assistance for the recipient of the Naloxone, if possible, pending arrival of emergency personnel;
 - c. Direct school district employees to make immediate attempts to determine if the recipient is a minor and, if so, locate the identity of the parent or guardian of the minor and ensure contact with that parent or guardian is made as soon as possible after administration of the Naloxone for the purpose of informing the parent or guardian of the actions that have been taken; and
 - d. Require school district staff to inform the building administrator or other administrator overseeing an event or activity of the administration of Naloxone, as well as the Naloxone Coordinator, after taking necessary immediate emergency steps.
4. The School District Planning Team will determine the type and method of annual training, identify staff members at each school site to be trained and coordinate the implementation of the training with the assistance of the Naloxone Coordinator.

E. Site Planning Teams

1. In consultation with the Emergency Response Team, the administrator at each school site may establish, in the manner the superintendent or Naloxone Coordinator deems appropriate, a Site Planning Team within the school site.
2. The Site Planning Team will be responsible for the coordination and implementation of this policy, school district-wide guidelines and procedures within the school site and will develop and implement any specific guidelines and procedure for the storage and use of Naloxone within the school site in a manner consistent with this policy and school district wide procedures and guidelines.

F. School District Staff

Emergency Response staff members will be responsible for attending all required training pertaining to the policy, procedures and guidelines for the storage and use of Naloxone and performing any assigned responsibilities pursuant to the guidelines and procedures.

G. The school district allows a student in grades 9 through 12 to possess and administer an opiate antagonist to another high school student. The protections of Minnesota Statutes, section 604A.04 apply to the possession and administration of opiate antagonists according to Minnesota Statutes, section 121A.224.

V. NALOXONE STORAGE

- A.** The Site Planning Team will select numerous Naloxone storage locations within the school site. The School District will not transport Naloxone on field trips.
- B.** The selected storage locations of Naloxone will be classified as non-public "security information" as the school board has determined that the disclosure of this data to the general public would be likely to substantially jeopardize the security of the medication that could be subject to theft, tampering, and improper use. Therefore, the identity of the storage locations will be shared only with those school district staff members whom the School District Planning Team or Site Team have determined need access to this information to aid public health and safety as determined in the procedures and guidelines.
- C.** Stock Naloxone will be clearly labeled, monitored for expiration dates, and stored in a secured location that is accessible by trained staff as set forth in paragraph V.B.

VI. Privacy Protections

The school district will maintain the privacy of students and staff related to the administration of Naloxone as required by law.

Legal References:

- Minn. Stat. § 13.32 (Educational Data)
- Minn. Stat. § 13.43 (Personnel Data)
- Minn. Stat. § 13.37 (General Nonpublic Data)
- Minn. Stat. § 121A.21 (School Health Services)
- Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)
- Minn. Stat. § 121A.224 (Opiate Antagonists)
- Minn. Stat. § 144.344 (Emergency Treatment)
- Minn. Stat. § 148.235 (Prescribing Drugs and Therapeutic Devices)
- Minn. Stat. § 151.37 (Legend Drugs; Who May Prescribe, Possess)
- Minn. Stat. § 152.01 (Definitions)
- Minn. Stat. § 152.02 (Schedules of Controlled Substances)
- Minn. Stat. § 604A.01 (Good Samaritan Law)
- Minn. Stat. § 604A.015 (School Bus Driver Immunity from Liability)
- Minn. Stat. § 604A.04 (Good Samaritan Overdose Prevention)
- Minn. Stat. § 604A.05 (Good Samaritan Overdose Medical Assistance)
- Minn. R. Pt. 6800.4220 (Schedule II Controlled Substances)
- 20 U.S.C. § 1232g (Family Educational and Privacy Rights)

Cross Reference:

- MSBA/MASA Model Policy 516 (Student Medication)
- Minnesota Department of Health Toolkit on the Administration of Naloxone

ⁱ Naloxone is the medication that reverses an opioid overdose. Narcan® is the brand name for the internasal applicator (nasal spray) form of naloxone. Naloxone usually refers to an intermuscular (IN+M) naloxone form that comes in a vial and is administered with a syringe, normally dispensed as an "IM kit."

Naloxone Emergency Response Procedure

Date Implemented: August 30, 2023

Date Updated:

Purpose:

To provide emergency care, medication, and response to someone with a suspected opioid overdose.

When to Use:

Staff who have been trained per district policy may administer naloxone to any student, staff, or visitor, in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected of a student, staff member, or visitor during the school day and during before/after school sponsored events if in attendance. Naloxone will not be sent off site for school sponsored events.

Signs and Symptoms of Opioid Overdose
• Blue skin tinge- usually lips and fingertips show first
• Body is very limp
• Face is very pale
• Pulse (heartbeat) is slow, erratic, or not there at all
• Throwing up
• Passing out
• Choking sounds or a gurgling/snoring noise
• Breathing is very slow, irregular or has stopped
• Unresponsive

Procedure:

1. **Call 911 to get help and activate school medical emergency response procedure**
 - If emergency is during the school day, call the office and alert them to the situation and your location. DO NOT leave victim unattended.
 - If the recipient is a minor, office staff will contact a parent as soon as possible.
2. **Office staff will announce over the PA “We have a medical emergency in (location). Medical Crisis Team please report. All other students and staff should remain clear of the area.**
3. **Perform rescue breathing with a barrier device to provide oxygen if person is not breathing normally.**
4. **Assess and Monitor Breathing and Heart Rate. Initiate CPR, use of AED and Rescue Breathing as needed**
 - a. For a person who is not breathing, rescue breathing is an important step in preventing an overdose death and should be done as soon as possible.
 - b. Steps for rescue breathing are:
 - ✓ Place the person on his or her back and pinch their nose or use Ambu bag to administer rescue breaths
 - ✓ Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
 - ✓ Give 2 slow breaths.

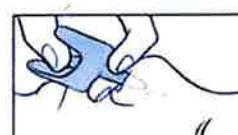
- ✓ Blow enough air into the lungs to make the chest rise.
- ✓ Assess each breath to ensure the chest is rising and falling. If it doesn't work, tilt the head back more.
- ✓ Breath again every 5-6 seconds

5. Administer Naloxone

Two doses of Nasal Narcan will be located in each AED cabinet. If the emergency happens during the school day, the staff person assigned to bring the AED to the medical emergency location will also bring the Narcan. One of the trained staff members will administer in the following way:

Remove NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.

6. Stay with the person until 911 arrives

- Place person in recovery position (lying on their side).
- Stay with the person. Continue rescue breathing if needed. Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of naloxone administration. Because naloxone has a relatively short duration of effect, overdose symptoms may return.
- When EMS arrives, the person must be transported to nearest hospital. Send the used naloxone medication device with EMS personnel.

7. Documentation, Notification, Debriefing

- After EMS have left the building, all staff involved with the situation will meet to debrief and document the events of the medical emergency. The School Principal and District Licensed School Nurse must be included, even if not involved directly with the situation. Documentation should include what medical interventions were given (CPR, AED, Narcan Administration, etc), who performed each intervention, and approximate time each intervention was given. This documentation will be kept in the district office.