



## BOARD OF TRUSTEES

Date: November 17, 2025 Prepared By: D. Latham

Subject: Discuss and Consider the Board Policy FFAC(LOCAL)- WELLNESS AND HEALTH SERVICES - MEDICAL TREATMENT

# Action

### **PURPOSE OF RECOMMENDATION:**

The proposed Policy FFAC(LOCAL) amendment would provide a policy that allows the Millsap Elementary Nurse to store unassigned Opioid Antagonist Injectors (Naloxone /trade name: Narcan), for emergency use by trained personnel.

### **BACKGROUND INFORMATION:**

MISD Board Policy FFAC [Local] was adopted December 18, 2023 [88<sup>th</sup> TX. Legislature], in Policy Update #122, which required Board policy to have opioid antagonist injectors on secondary (6-12) campuses. Since that time, MISD Administration and Nurse Matlock presented to SHAC their desire to have Opioid Antagonist Injectors available at MES, which was approved by SHAC, for Board recommendation. MISD Administration has created a regulation FFAC[R] outlining maintenance, administration, and disposal requirements. (attached)

### **BOARD ACTION REQUIRED**

Possible motion: "I move approval of the amendment of Policy FFAC(LOCAL), to strike "grades 6-12." and insert "grades PK-12." as presented."

WELLNESS AND HEALTH SERVICES  
MEDICAL TREATMENT

FFAC  
(LOCAL)

No employee shall give any student prescription medication, non-prescription medication, herbal substances, anabolic steroids, or dietary supplements of any type, except as authorized by this or other District policy.

**Medication Provided  
by Parent**

The Superintendent shall designate the employees who are authorized to administer medication that has been provided by a student's parent. An authorized employee is permitted to administer the following medication in accordance with administrative regulations:

1. Prescription medication in accordance with legal requirements.
2. Nonprescription medication, upon a parent's written request, when properly labeled and in the original container.
3. Herbal substances or dietary supplements provided by the parent and only if required by the individualized education program or Section 504 plan for a student with disabilities.

**Medication Provided  
by District**

Except as required by law and provided by this policy, the District shall not purchase medication to administer to a student.

**Emergency Basis**

The District shall purchase certain nonprescription medications to administer to students only on an emergency basis and in accordance with:

1. Protocols established by the District's medical adviser who must be licensed to practice medicine in the state of Texas; and
2. Parental consent given on the emergency treatment form.

The Superintendent shall designate the employees who are authorized to administer nonprescription medication under these protocols and permissions.

**Athletic Program**

The District shall purchase nonprescription medication that may be used to prevent or treat illness or injury in the District's athletic program. Only a licensed athletic trainer or a physician licensed to practice medicine in the state of Texas may administer this medication and may do so only if:

1. The District has prior written consent for medication to be administered [see Medical Treatment, below]; and
2. The administration of a medication by an athletic trainer is in accordance with a standing order or procedures approved by a physician licensed to practice medicine in the state of Texas.

WELLNESS AND HEALTH SERVICES  
MEDICAL TREATMENT

FFAC  
(LOCAL)

**Opioid Antagonist**

This provision shall be applicable to each campus that serves students in ~~grades 6-12~~ grades PK -12

*On Campus*

The District authorizes school personnel who have been adequately trained to administer an opioid antagonist in accordance with law and this policy. Administration of an opioid antagonist shall only be permitted when an authorized and trained individual reasonably believes a person is experiencing an opioid-related overdose.

Each applicable campus shall have at least one individual who is authorized and trained to administer an opioid antagonist present during regular school hours.

*Maintenance,  
Availability,  
Training, and  
Reporting*

Each applicable campus shall have at least two unused, unexpired opioid antagonist doses available.

All opioid antagonists shall be stored in a secure location and shall be easily accessible by individuals who are authorized and trained to administer an opioid antagonist.

The Superintendent shall develop administrative regulations addressing acquisition, maintenance, expiration, and disposal of opioid antagonists in the District, as well as reporting, employee training, and emergency notification requirements.

**Psychotropics**

Except as permitted by law, an employee shall not:

1. Recommend to a student or a parent that the student use a psychotropic drug;
2. Suggest a particular diagnosis; or
3. Exclude the student from a class or a school-related activity because of the parent's refusal to consent to psychiatric evaluation or examination or treatment of the student.

**Medical Treatment**

A student's parent, legal guardian, or other person having lawful control shall annually complete and sign a form that provides emergency information and addresses authorization regarding medical treatment. A student who has reached age 18 shall be permitted to complete this form.

The District shall seek appropriate emergency care for a student as required or deemed necessary.



# **Millsap ISD Policy FFAC-[R] for the Maintenance, Administration, and Disposal of Opioid Antagonists**

Millsap ISD is committed to the continued academic success and well-being of every student. The purpose of this policy is to implement Texas SB 1462 related to the use of opioid antagonist medication (Naloxone) in the school setting. This will establish guidelines and procedures that allow properly trained Millsap ISD employees to administer nasal Naloxone to any student, staff or visitor, during an emergency situation.

## **Maintenance of Naloxone**

It is the policy of Millsap ISD that all campuses shall store and maintain opioid antagonists on-site at each campus. The opioid antagonist is used to treat a case of suspected opioid exposure and overdose in a school setting. Any Millsap ISD employee trained in the administration of Naloxone, may administer the medication during an emergency situation to any student, staff or visitor suspected of having an opioid-related overdose regardless of if there is a previous history of opioid abuse.

The Millsap ISD nurses will be the first to respond and assess the need for the use of Naloxone. In the event that the school nurse is not available, the SRO, campus administrator, or other trained personnel will respond.

Select Millsap ISD employees will be trained in the use of Naloxone. Only trained staff should administer Naloxone.

Naloxone is to be clearly marked and stored in accordance with the manufacturer's instructions to avoid extreme cold, heat and direct sunlight. Naloxone shall be stored in the nurse's office in a secure accessible place for those who have completed the training, and per the discretion of the Millsap ISD nurses. Naloxone will be taken by the nurse each time the Emergency Response Team (ERT) is activated. Each campus will be supplied with no less than 2 doses of Naloxone.

Millsap ISD will provide notice to parents/guardians and staff regarding the implementation of Texas SB 1462.

## **FUNDING AND STANDING ORDERS**

Naloxone medication, Naloxone standing orders, and training will be provided by the Texas Opioid Training Initiative. The standing orders will be renewed annually. If funding from outside sources cease, the implementation of opioid antagonist medication will be re-evaluated.

## **IMMUNITY FROM LIABILITY**

Texas Health and Safety Code §483.106 (“Administration of Opioid Antagonist”) provides that any person who, acting in good faith and with reasonable care, administers or does not administer an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any professional licensing statute, or civil liability, for an act or omission resulting from the administration of or failure to administer the opioid antagonist.

<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.483.htm>

## **REPORTING NALOXONE ADMINISTRATION**

The Report of Naloxone/Narcan Administration Form will be filled out immediately and must include all of the following information:

- Name of the person who received the Naloxone
- Age of the person who received the Naloxone
- Title of the person who received the naloxone (student, school staff, school volunteer, or visitor)
- Physical location of where Naloxone was administered
- Number of doses administered
- Title of trained personnel who administered Naloxone

The report shall be submitted to the Millsap ISD District Nurse, who will then report to the following:

- The Millsap ISD Superintendent
- The physician or other person who prescribed the opioid antagonist
- The commissioner of state health services (DSHS)

## **DEFINITIONS**

Opioid – A medication or drug that is derived from the opium poppy plant or one that is chemically created (synthetic) to mimic the effect of an opiate. Opiate drugs act on opioid receptors by binding to receptors in the brain and spinal cord, triggering the central nervous system, which is responsible for breathing, heart rate and blood pressure. These will produce morphine-like effects to reduce pain, induce sleep and in overdose may cause people to stop breathing. Opiates can often be found in prescription and non-prescription medications such as, but not limited to, morphine, methadone, codeine, heroin, fentanyl, oxycodone and hydrocodone.

Overdose – When too much of an opioid is consumed, a person’s bodily functions begin to slow, including the impulse to breathe. The individual may exhibit extreme illness, decreased level of consciousness, constriction of the pupils, respiratory depression, or coma. An overdose can lead to brain damage or even death.

Opioid Antagonist – Any drug that blocks the effect of the opioid by binding to opioid receptors. The medication can have an immediate impact, but the duration of the effects only lasts 30-60 minutes.

Naloxone – An opioid antagonist that can be used to reverse the effects of an opiate overdose. Naloxone blocks the effects of opioids on the brain and can help restore normal breathing within two to eight minutes of the medication being administered to an individual.

## **Administration of Naloxone**

### **IDENTIFY SIGNS AND SYMPTOMS OF OPIOID OVERDOSE**

**Suspected or confirmed opioid overdose consists of:**

- Respiratory depression evidenced by irregular, slow respirations or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name or sternal rub)
- Pupils are small
- Fingernails or lips are blue
- Making choking or gurgling sounds
- Has no pulse

**Suspicion of opioid overdose can be based on:**

- Presenting symptoms (pale, clammy skin, deep snorting or gurgling, cyanotic lips/fingertips, pinpoint pupils)
- History
- Report from bystanders
- School nurse or staff prior knowledge of person
- Nearby medications, illicit drugs, or drug paraphernalia

### **CALL FOR HELP**

- Immediately call for help from others nearby
- Initiate Emergency Response Team (ERT) as applicable
- Call 911 and report suspected Opioid overdose

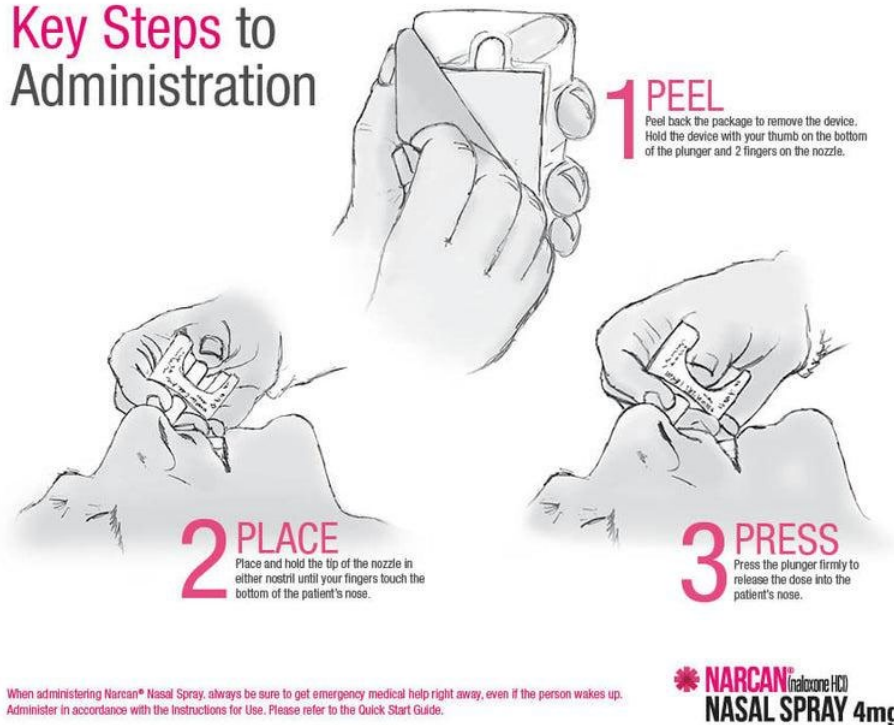
### **ASSESS BREATHING-PERFORM CPR IF NEEDED**

- Place the person on their back.
- Tilt their chin up and open the airway.
- Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, or cheeked Fentanyl patch. If present, remove it while WEARING GLOVES. Do not touch.
- If no foreign body seen, and no regular breathing or pulse noted, START CPR.

### **ADMINISTER NARCAN**

Millsap ISD trained staff will administer Naloxone using Naloxone nasal spray as soon as it is available on the scene.

## Key Steps to Administration



- Remove Naloxone Nasal Spray from the box.
- Peel back the tab to open the Naloxone nasal spray.
- Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- 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 nostril.
- Press the plunger firmly to give the dose of Naloxone nasal spray.
- Remove the Naloxone nasal spray from the nostril after giving the dose.
- Note time and which nostril Naloxone was administered in.
- Continue rescue breathing or CPR as indicated.

## **MONITOR AND SUPPORT**

### **\*Repeat Naloxone administration if needed\***

***\*Give a second dose after 2-3 minutes if the person has not woken up or their breathing is not improved. Alternate nostrils with each dose given.***

- Place the person lying on their side in recovery position if normal breathing resumes.
- Stay with the person until help arrives.
- Wearing gloves, secure all illegal and/or non-prescribed opioid narcotics found on the victim.
- If Naloxone is given, the person **MUST** be transported, via EMS, to the nearest hospital. **No Exceptions!**
- Campus administration will contact the parent and or guardian.

- Complete “Report of Naloxone/Narcan Administration” form.
- Follow up with treatment referral recommendations.

## **Disposal of Naloxone**

Used, unassigned opioid antagonists are considered infectious waste and will be sent with EMS or will be disposed of in sharps container if EMS declines container.

Expired, unassigned opioid antagonists will be disposed of by the district nurse in accordance with the Federal Drug Administration's disposal of unused medications guidelines and local policy of the district.

## **Report of Naloxone/Narcan Administration**

The following form must be completed immediately after the administration of an opioid antagonist medication (Naloxone) by the staff member that administered the medication.



### REPORT OF NALOXONE / NARCAN ADMINISTRATION

#### Student Demographics and Health History

Name: \_\_\_\_\_ School: \_\_\_\_\_  
Age: \_\_\_\_\_ Type of Person: ☐ Student ☐ Staff ☐ Visitor Gender: ☐ M ☐ F ☐ Transgender  
Ethnicity: Spanish/Hispanic/Latino: ☐ Yes ☐ No  
Race: ☐ American Indian/Alaskan Native ☐ African American ☐ Asian  
☐ Native Hawaiian/Hawaiian/Pacific Islander ☐ White ☐ Other

#### Signs of Overdose Present

☐ Blue lips ☐ Breathing slowly ☐ Shallow breathing ☐ Slow pulse ☐ Unresponsive  
☐ Weak pulse ☐ Other (specify) \_\_\_\_\_

#### Suspected Overdose on What Drugs?

☐ Heroin ☐ Benzos/Barbituates ☐ Cocaine/Crack ☐ Alcohol  
☐ Methadone ☐ Suboxone ☐ Don't Know ☐ Other (specify) \_\_\_\_\_

#### Naloxone Administration Incident Reporting

Date of occurrence: \_\_\_\_\_ Time of occurrence: \_\_\_\_\_  
Vital signs: BP \_\_\_\_\_/\_\_\_\_ Temp \_\_\_\_\_ Pulse \_\_\_\_\_ Respiration \_\_\_\_\_  
Location where student was found:  
☐ Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Other (specify): \_\_\_\_\_  
How was the naloxone given: ☐ Injected into muscle ☐ Sprayed into nose  
Naloxone lot #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
Naloxone administered by: (Name) \_\_\_\_\_  
Was this person formally trained? ☐ Yes ☐ No ☐ Don't know  
Parent notified of naloxone administration: (time) \_\_\_\_\_  
Was a second dose of naloxone required? ☐ Yes ☐ No ☐ Unknown  
If yes, was that dose administered at the school prior to arrival of EMS? ☐ Yes ☐ No ☐ Unknown  
Approximate time between the first and second dose \_\_\_\_\_  
Naloxone lot #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

#### Person's Response to Naloxone

☐ Combative ☐ Responsive/Angry ☐ Responsive but sedated ☐ Responsive and Alert ☐ No response to naloxone

**Post-Naloxone Observations (Check all that apply)**

☐ None ☐ Seizure ☐ Vomiting ☐ Difficulty breathing ☐ Other (specify): \_\_\_\_\_

**Other Actions Taken**

☐ Sternal rub ☐ Recovery position ☐ Rescue breathing ☐ Chest compressions ☐ Automatic defibrillator  
☐ Yelled ☐ Shook the person ☐ Oxygen ☐ Other (specify): \_\_\_\_\_

**Disposition**

EMS notified at: (time) \_\_\_\_\_

Transferred to ER: ☐ Yes ☐ No ☐ Unknown

If yes, transferred via: ☐ Ambulance ☐ Parent/Guardian ☐ Other

Parent: ☐ At school ☐ Will come to school ☐ Will meet student at hospital ☐ Other: \_\_\_\_\_

Hospitalized: ☐ Yes ☐ If yes, discharged after \_\_\_\_\_ days ☐ No

Name of hospital: \_\_\_\_\_

Student/Staff/Visitor outcome:

\_\_\_\_\_

**School Follow-up**

Did a debriefing meeting occur? ☐ Yes ☐ No

Recommendation for changes: ☐ Protocol change ☐ Policy change ☐ Educational change ☐ Information sharing ☐ None

Comments (include names of school staff, parent, others who attend debriefing):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Form completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Ext.: \_\_\_\_\_

School District: \_\_\_\_\_

School address: \_\_\_\_\_