**[XXXX] School District Naloxone Policy**

1. **PURPOSE**

The purpose of this policy is to establish guidelines and procedures for the administration and use of the opioid antagonist naloxone administered by members of the **[XXXX]** School District for the purpose of emergency opioid overdose reversal.

1. **POLICY**

It is the policy of the [XXXX] School District that all elementary schools, middle schools, junior high schools, and high schools (that host gatherings of the public), shall provide and maintain on-site access to opioid antagonists in each school facility. Any trained school-staff may administer an opioid antagonist to treat a case of suspected opioid overdose in a school setting, to any student or staff or member of the public suspected of having an opioid-related drug overdose whether or not there is a previous history of opioid abuse.

* The [XXXX] School District will obtain and possess naloxone to be maintained and administered by trained school staff to a student or other individual if it is determined in good faith that person is experiencing an opioid overdose.
* The School District will obtain a standing order for naloxone by a licensed medical prescriber and update as needed.
* Stock naloxone will be clearly labeled, stored in original packaging, and stored in a secured location that is accessible by trained staff.
* School Administration will identify appropriate staff to be trained annually at each school site. Refresher training recommended every two years via video.

\*\* Minnesota Statute (604A.04) “Good Samaritan Overdose Protection” allows for “A person who is not a healthcare professional who acts in good faith in administering an opiate antagonist to another person whom the person believes in good faith to be suffering an opioid overdose is immune from criminal prosecution for the act and is not liable for any civil damages for acts or omissions resulting from the act.” In accordance with this statute, the individual who is seeking assistance and the individual who is experiencing an overdose have a limited immunity from prosecution. \*\*

\*\*insert relevant state statute in this section: <https://pdaps.org/datasets/good-samaritan-overdose-laws-1501695153>

1. **TRAINING**

School nurses and resource officers shall be trained in the use of naloxone for overdose reversal by identified Public Health staff or trained designees. If a nurse or resource officer is not onsite, schools should identify a program champion based on available staff and resources.

School departments are encouraged to send other staff to be trained, including coaches, guidance counselors, custodians, teachers, and any other interested staff that may be in proximity to respond to a suspected opioid overdose

1. **PROCUREMENT OF NALOXONE**

The superintendent, principal, certified school nurse teacher, or designee will be responsible for the procurement of naloxone. An approved standing order will be on-file and updated annually as needed.

In addition to medication, each school should have the following supplies on hand:

|  |  |  |
| --- | --- | --- |
| **ITEM** | **MANUFACTURER** | **QUANTITY** |
| Naloxone HCL 4mg/0.1ml Nasal spray | Various | 4 |
| Nitrile gloves, pair | Various | 1 |
| Mask/barrier device | Various | 1 |
| Step by step instructions | Various | 1 |

1. **STORAGE**

* Naloxone will be clearly marked and stored in an accessible place at the discretion of the school nurse. The school nurse will ensure that all other relevant staff are aware of the naloxone storage location.
* Naloxone will be stored in accordance with manufacturer’s instructions to avoid extreme cold, heat, and direct sunlight.
* Inspection of the naloxone shall be conducted regularly.
* Outdated product should be replaced.

1. **USE OF NALOXONE**

In case of a suspected opioid overdose, trained school staff shall follow the protocols outlined in the naloxone training:

* Call 911
* Administer rescue breathing
* Prepare and administer naloxone
* Continue rescue breathing
* Alert the school building Principal
* Give another dose of naloxone in 2-3 minutes if no response or minimal breathing or responsiveness
* Naloxone wears off in 30-90 minutes, which necessitates definitive medical care. The person suspected of overdose should go with Emergency Medical Services to the Emergency Department for additional care.
* After administration of naloxone, the school nurse (or other responsible staff), will follow the incident reporting protocols.

**SAMPLE Naloxone Administration Reporting Form**

Date of Report \_\_\_\_\_\_\_\_\_\_ Date and Approximate Time of Incident \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Location of Incident (select one)
   1. Room Number
   2. Hallway
   3. Gym
   4. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did someone administer naloxone before you arrived? (select one) Yes No
3. What physical clues indicated need for naloxone? (select all that apply)
   1. Person looked blue
   2. Person was not breathing or had very shallow breathing
   3. Person did not respond to sternal rub or other attempts to be awakened
   4. Drugs or drug paraphernalia at the scene
   5. Known history of drug use
   6. Report of drug use by a bystander
   7. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. How many doses were administered? \_\_\_\_\_\_\_\_\_\_
5. What happened after you gave the person naloxone? (select all that apply)
   1. Person woke up from overdose
   2. Person vomited
   3. Person was agitated or had violent behavior
   4. Person went to hospital
   5. Person did not wake up from the overdose
   6. Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_