

## SCHALMONT CENTRAL SCHOOL DISTRICT

8121.1

( ) Required  
(X) Local  
( ) Notice

### OPIOID OVERDOSE PREVENTION

The Board of Education recognizes that the use of opioids can lead to overdose and death of district students, staff and visitors.

#### **Administration of Opioid Antagonist Pursuant to Non-Patient Specific Order**

The Board of Education approves the following program for use of opioid antagonists on students, staff, and visitors suspected of having opioid overdose whether or not there is a previous history of opioid abuse.

Opioid antagonist shall be limited to naloxone and other medications approved by the Department of Health for such purposes, and administered only to students, staff and visitors.

#### **The District Operates a NYSDOH Registered Opioid Overdose Prevention Program**

The school district will participate as an opioid overdose prevention program registered with the New York Department of Health (NYSDOH) as an opioid antagonist recipient. The school's medical director will:

- be the program director for the program;
- issue a non-patient specific order for the administration of an opioid antagonist (naloxone); and
- provide oversight of the clinical aspects of the program.

Naloxone will be stored in secure but accessible locations consistent with the district's emergency response plan. Such locations shall be designed to provide ready and appropriate access for use during emergencies, consistent with the district's emergency response plan.

Any school staff member may volunteer to participate in the program. Once trained by using a NYSDOH approved training program, staff member volunteers may administer intranasal naloxone in the event of an emergency, on-site during the school day or at any on-site and off-site school sponsored activities.

School nurses may also participate in the program. Pursuant to a non-patient specific order and protocol issued by a NYS licensed physician or certified nurse practitioner, school nurses may administer intranasal naloxone or, if allowable per their training, on school premises or at any school-sponsored activities occurring off school grounds. The non-patient specific order and protocols must meet the criteria established pursuant to the regulations of the commissioner of education (8 NYCRR §64.7).

The district will maintain a log of trained school personnel and report newly trained personnel on a quarterly basis to the NYSDOH. Any staff member wishing to participate in the program shall contact the program director.

Staff members will not be penalized by the district if they choose not to participate in this program.

The school district will designate a program director for its opioid prevention program. The program director will:

1. Ensure approved policies and procedures are in place to provide guidance on how the program will be administered;
2. Establish training consistent with the school district's policies and the NYSDOH guidance.

3. Ensure that volunteers complete a NYSDOH approved training prior to receiving a certificate of completion; and dispense and/or provide shared access to naloxone kits to trained responders in accordance with laws, rules and regulations;
4. Establish/maintain a recordkeeping system for training and opioid antagonist inventory and use according to the NYSDOH requirements;
5. Act as a liaison with emergency medical services and emergency dispatch agencies;
6. Assist the clinical director in collecting, reviewing and reporting information on overdose, and naloxone administration;

The school district will comply with the requirements of Public Health Law section 3309 including, but not limited to, appropriate clinical oversight, recordkeeping and reporting.

Ref: Education Law §§902 (requires public schools to employ medical director); 922 (volunteer naloxone responder); 6527 (emergency treatment of anaphylaxis and opioid overdose); 3023 (liability coverage); 6509-d (protection from liability for professional misconduct); 6909 (administration of naloxone by nurses)

Public Health Law §3309 (volunteer naloxone responder)

8 NYCRR §64.7 (administration of naloxone); Part 136 (school health services program, including naloxone)

10 NYCRR §80.138 (volunteer naloxone responder)

*Guidance for Implementing Opioid Overdose Prevention Measures in Schools*, New York State Education Department, updated 3/2019,  
[https://www.schoolhealthny.com/cms/lib/NY01832015/Centricity/Domain/85/NYSED\\_%20OpioidGuidance\\_3.2019.pdf](https://www.schoolhealthny.com/cms/lib/NY01832015/Centricity/Domain/85/NYSED_%20OpioidGuidance_3.2019.pdf)

*Opioid Overdose Prevention: Guidelines for Policies and Procedures*, New York State Department of Health, March 2014,  
[www.health.ny.gov/diseases/aids/general/opioid\\_overdose\\_prevention/docs/policies\\_andprocedures.pdf](http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/docs/policies_andprocedures.pdf)

Adoption date: 01/30/2023

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## **OPIOID OVERDOSE PREVENTION REGULATION**

### **Administration of Opioid Antagonist Pursuant to Non-Patient Specific Order**

The on-site inventory and placement of naloxone will be accounted for weekly, and counted by personnel designated by the school administrator. Accounting for naloxone in AED cabinets may occur at the same time the check of the AED is performed. This count should be included and recorded on the AED log. The log must include the date, time and signature of the designated personnel performing the count. The log will be kept with whatever naloxone has not yet been deployed in the school health office, with the log being maintained for no less than 7 years. When new naloxone is placed in the locked storage cabinet or AED cabinet, the lot number, date of receipt, expiration date, and location of the naloxone must be recorded on the log. The designated personnel placing the naloxone in the storage area will sign the log and will need to monitor expiration dates.

Naloxone will be documented in the individual's cumulative health record for students, or consistent with applicable policies for care administered to staff/visitors. Documentation must include the date and time and route of administration noting the anatomical location. The signs and symptoms displayed by the student/staff member/visitor prior to administration; the student, staff or visitors response to naloxone administration, if CPR/rescue breathing/AED was administered; the name of the EMS agency providing transport, along with the name of the health care facility the student/staff person/visitor was transported to; and signed by the person completing the documentation. Incident reports will be completed as per school district policy.

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