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Opioid Overdose Prevention

The Board of Education of the Sharon Springs Central School District adopts the following policy to combat the continuing rise in opioid-related deaths in New York State.

In establishing this policy, the Board seeks to offer guidance and direction to staff and administration to address processes and provision of medication and medical services that shall be employed in the event that a community member is suspected of suffering from an opioid overdose.

Authority to Administer:

- 1. The Superintendent of Schools or designee shall register the District with the NYSDOH and obtain a certificate of approval.
- 2. The District medical director, Joseph R. Sellers, MD, shall be designated the Clinical Director of the program, whose responsibilities include:
 - a. Provide clinical consultation, expertise and oversight to the program;
 - b. Adopt a training program approved by the New York State Center for School Health and protocols as needed, in consultation with the Program Director;
 - c. Provide consultation to ensure that all trained overdose responders are properly trained:
 - d. Approve affiliated prescribers;
 - e. Review reports of all administrations of naloxone with the Program Director; and
 - f. Prescribe and oversee procurement of naloxone.
- 3. The Superintendent of Schools shall be designated the Program Director, whose responsibilities include:
 - a. Establishing training consistent with this Policy and NYSDOH/NYSCSH protocol;
 - b. Personally or through a designee:
 - i. Ensuring responders complete a NYSDOH/NYSCSH training prior to receiving a certificate of completion;
 - ii. Dispense and/or provide shared access to naloxone to trained responders;
 - iii. Establishing a recordkeeping system according to NYSDOH requirements;
 - iv. Act as a liaison with emergency medical services and emergency dispatch agencies:
 - v. Assist the Clinical Director in collecting, reviewing & reporting information on overdose; and
 - vi. Report on a quarterly basis the number of doses of naloxone available to the school and the number of responders trained.

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- 4. Certified responders shall complete the NYSDOH/NYSCSH training program and be assessed by the Clinical Director or designee and may not act in such a capacity until receiving the certificate of completion which must be kept on file and passing the "NYSCSH Opioid Overdose Prevention Training Skills Checklist for Schools."
- 5. Naloxone shall be provided to the District through the NYSDOH.

Storage and Disposal of Opioid Antagonists:

Naloxone shall be stored in secure but accessible locations that ensure it is readily accessible to trained staff members. Any remaining stock of naloxone that is not for immediate accessibility may be stored in a locked medicine cabinet in the school health office. Used naloxone containers must be disposed of according to NYS Department of Environmental Conservation recommendations.

The [Superintendent of Schools/Program Director] or designee shall periodically but no less than twice per school year inventory the stock of naloxone, and ensure that all doses have at least nine (9) months prior to the expiration date.

Record Keeping

The [Superintendent of Schools/Program Director] shall maintain confidential records of the program. In the case of an administration of naloxone, a note shall be placed in the appropriate medical record to reflect this.

Other information that must be maintained by the [Superintendent/Program Director] includes:

- Inventory and expiration dates of naloxone;
- Dates, times, and locations of trainings for certified responders;
- Names of certified responders;
- Record of each administration of naloxone; and
- Log of all current affiliated prescribers.

Treatment for Opioid Overdose - Protocol

A person experiencing opioid overdose requires immediate medical attention and emergency response intervention. The following protocol shall be followed if a person is suspected of suffering from an opioid overdose:

1. Follow the appropriate plan to respond to the suspected opioid overdose, including calling 911 and activating the school's emergency response system.

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2.

- As permitted by NYS Law, naloxone may be administered by school personnel responding to an emergency who have received training and certification on administrating naloxone by the NYSDOH. Non-licensed personnel should only be used to administer naloxone when a RN is not immediately available. Only those responders who have been trained and certified by the NYSDOH may administer naloxone in the event of an emergency where a nurse is not immediately available. Trained and certified non-licensed school personnel who administer naloxone emergency response are covered by the "Good Samaritan Law."
- 3. A record must be maintained for all persons who receive naloxone while on school grounds or at a school function.
- 4. Following administration of naloxone, document appropriate follow up, including contacting local emergency services, and notification to parents. Ensure that the emergency services personnel or the other follow up care providers receive a report that naloxone was administered, time administered, dose, strength and route of administration.
- 5. Notification shall be made to the building administrator and a record kept of administration of naloxone to anyone on school grounds or at a school function.
- 6. The Program Director or designee must report administration of naloxone to the NYSDOH as soon as possible, using the NYSDOH Opioid Overdose Reporting Form, and must retain a copy of the form for District records.
- 7. Following administration of naloxone to a student, a report must be sent to the student's primary health care provider, unless unable to obtain his information from the Parent/Guardian or student.
- 8. The Clinical Director shall arrange to restock the supply of naloxone.

This Policy shall remain in full force and effect unless and until modified by the Board of Education.

Authority: New York Education Law §922; §916; §6527; §6909.

New York Public Health Law §3309.

New York Regulations of the Commissioner at 8 NYCRR§136.7 and §80.138.