

New York State Education Department  
Guidelines for Implementing Opioid Overdose  
Prevention in Schools

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## Background

Death by overdose remains

# Statutory Framework

## Planning Process and Policy Development

Prior to participation in an opioid overdose prevention program and/or providing an opioid antagonist in a school, boards of education and school governing bodies should develop policies consistent with State and federal laws and regulations. This should be done in collaboration with the school's med

- Option 3 - A school chooses to collaborate with a community based registered opioid prevention program.

Schools may choose to operate with both option 2 and option 1 or 3, to ensure their nursing staff has what they need to administer naloxone, while permitting additional school personnel to be trained to administer.

Although options for participation differ, the guidelines and forms provided in this document have been tailored for all schools to use for implementation of safe and effective policies, protocols, and procedures on the use of opioid antagonist in schools. The chart and these resources can be found on the New York State Center for School Health's (NYSCSH) website under [O resources](#), Opioid Overdose Prevention.

It is the responsibility of a school district's board of education or a school's governing body to determine the most appropriate option for the school. NYSED recommends this decision is made in collaboration with the school or school district's legal counsel and licensed health professionals (e.g., district medical director or registered professional nurses). Schools electing to participate in an existing NYSDOH Registered OOPP operated by another organization can find existing programs on the [NYSDOH Provider Directory](#).

NOTE: RNs and LPNs may also administer an opioid overdose drug/treatment to a student that has a valid patient specific order prescribed by a duly licensed physician, physician assistant, or nurse practitioner.





- antagonist administrations according to NYSDOH requirements;
- Reporting quarterly to NYSDOH through [NYSOOPPS](#); and
- Acting as a liaison with emergency medical services (EMS) and emergency dispatch agencies.

The Clinical Director must be a physician, physician assistant or nurse practitioner. A school's medical director may act as the OOPP Clinical Director. Guidelines to assist Clinical Directors in understanding their role and responsibilities of the opioid overdose prevention program in the school setting can be found on the NYSCSH's [Opioid Overdose Prevention](#) and [NYSCSH Medical Director's page](#).

The Clinical Director's responsibilities include but are not limited to:

- Providing clinical oversight and prescribing an opioid antagonist;
- Developing, or adapting, and implementing an overdose prevention training curriculum in collaboration with the Program Director;
- Working with the Program Director to ensure that all overdose responders are trained;
- Reviewing opioid antagonist administration reports;
- Possessing a validated account on the [NYSOOPPS](#) and creating additional accounts as needed;
- Electronically signing the "ship to" form on the NYSOOPPS, if orders for opioid antagonist nasal spray will be placed through the NYSDOH; and
- Reviewing storage and inventory controls for opioid antagonists.

## Option 2

### *School Nurse Administration of Opioid Overdose Treatments Pursuant to a Non-patient Specific Order*

The school medical director (or other NYS licensed physician or nurse practitioner) can issue a non-patient specific order and protocol authorizing school nurses (who are RNs) to administer an opioid antagonist to someone suspected of having an opioid overdose. The non-patient specific order must comply with the requirements in regulation for a non-patient specific order [[NYS Nursing: Laws, Rules & Regulations: Part 64.7\(e\)](#)]:

The non-patient specific order shall include, at a minimum, the following:

- the name, license number and signature of the licensed physician or certified nurse practitioner who orders or prescribes the non-patient specific order and protocol;
- the name, dose, and route of administration of the drug to be administered to treat opioid related overdose;
- a protocol for administering the ordered opioid related overdose treatment (opioid antagonist), or a specific reference to a separate written protocol for administering the ordered opioid related overdose treatment;
- the period of time that the order is effective, including the beginning and ending dates;

- a description of the group(s) of persons to be treated; and
- the name and license number of the registered professional nurse(s) authorized to execute the non-patient specific order and protocol to administer the opioid antagonist; or the name of the entity that employs or contracts with registered professional nurses to execute the non-patient specific order and protocol, provided that the registered professional nurses execute the non-patient specific order and protocol only in the course of such employment or pursuant to such contract and provided further that the entity is legally authorized to employ or contract with registered professional nurses to provide nursing services.

The written protocol must be incorporated into the order, include instructions for administering the opioid related overdose treatment and require the registered professional nurse to ensure that:

- Each potential recipient is assessed, pursuant to criteria in the protocol, for conditions that would qualify or preclude receiving the ordered opioid antagonist;
- Consent to administer treatment is obtained, pursuant to criteria in the protocol, if the potential recipient is capable of providing it;
- The opioid antagonist administration is documented, pursuant to criteria in the protocol, and includes the name and dose of drug administered, the date, time and location of the treatment, the recipient's name and the administering registered professional nurse's name and this medical documentation relating to opioid related overdose treatment is maintained; and

organization. Participating with an existing NYSDOH registered OOPP does not require the school have a clinical director, as all existing NYSDOH registered OOPP's have a clinical director.

Volunteer school personnel participating under an existing OOPP are required to complete a NYSDOH-NYSED approved training program pursuant to Public Health Law §3309.

The following are required for volunteer school personnel to administer an intranasal opioid antagonist in schools:

- In addition to any training provided by the OOPP, NYSED and the NYSDOH require completion of the [NYSDOH-NYSED approved training](#) for volunteer school personnel with the attainment of 80% accuracy on the posttest; and
- After successful completion of the Opioid Overdose Prevention Training, a certificate of training in opioid overdose prevention will be issued and valid for two years. NYSED strongly encourages an annual refresher training to ensure that understanding and skills in opioid overdose response are current and timely. The school must maintain a current list of its trained volunteer school personnel. Maintaining this list in the health office, or a location designated by school district administration, is recommended.

It is critically important that clear communication along with a well-defined delegation of program responsibilities are outlined in the school district policies and procedures when participating with a NYSDOH registered OOPP operated by another organization. Identifying who will communicate with the NYSDOH program is imperative, including who will report the administration of an opioid antagonist.

## Obtaining Opioid Antagonists

Under Option 1 (register as an OOPP) or Option 3 (participate under an existing OOPP) schools may obtain free opioid antagonists through NYSDOH. NYSDOH provides opioid antagonist in a nasal spray or intramuscular formulations, a disposable face shield to use as a barrier for rescue breaths, and instructions available in English and Spanish.

Gloves are not provided by the NYSDOH; therefore, schools are responsible for providing disposable gloves to responders to maintain standard precautions in case of contact with body fluids. See [Managing Emergency Health Care and Communicable Diseases in the School Setting](#) for more information on standard precautions.

Under Option 2 (School Nurse Administration of Opioid Overdose Treatments Pursuant to a Non-patient Specific Order and Protocols), schools can obtain opioid antagonists by purchasing them over the counter.

## Storage of Opioid Antagonists

Opioid antagonists should be available to ensure ready and appropriate access for use during emergencies. Opioid antagonists should be stored in secure but accessible locations consistent with the district emergency response plan. For example, opioid antagonists may be kept in the school health office or stored inside the flap of the schools AED case. If placed in an AED cabinet, a plastic breakaway lock should be placed on the cabinet for secure storage. Note that manufacturer's instructions may prescribe additional conditions for storage.

## Inventory

Inventory of opioid antagonists should be counted on a routine basis (weekly is recommended) to determine whether there are any discrepancies between recorded inventory and actual inventory. Inventory records of opioid antagonists and related supplies should be maintained according to school policy and procedures. NYSDOH and NYSED recommend that personnel designated by school administration monitor on-site inventory and placement of opioid antagonists. Opioid antagonists should be replaced even if only one dose is used.

Accounting for opioid antagonists in AED cabinets could occur at the same time the routine AED check is performed and included on the same log, or on a separate log which is maintained solely for opioid antagonist's record keeping. Opioid antagonists have expiration dates; checking the date should be part of any protocol like checking the AED and epinephrine auto-injectors.

### ***Options 1 and 3:***

Clinical and program directors of the OOPPs should also be notified by designated personnel responsible for monitoring inventory when additional stock is needed or when the opioid antagonist is nearing expiration.

### ***Option 2***

School nurses or school medical directors should follow district protocols and policies for

re-ordering opioid antagonists and related supplies.

Note: Licensed nurses are not permitted to administer expired medications. The only exception is if the Food and Drug Administration (FDA) approves extension of the expiration date for that formulation.

Sample inventory forms are available on the [NYSCSH Opioid Overdose Prevention webpage](#). The log should include the following information:

- date received;
- storage (placement) location;
- lot #;
- expiration date;
- time and date of unit use or disposal; and
- the signature of the person placing opioid antagonists in the storage or deployment areas.

The [New York State Archives School District and BOCES \(ED-1 329\)](#) instructs inventory, storage, receipt, and distribution records for vaccines and controlled substances (or other drugs or medication) administered to students and/or employees, should be maintained 5 years from the administration date.







# Resources