

OPIOID OVERDOSE PREVENTION PROGRAM

The Superintendent of Schools or his/her designee shall oversee policies and procedures to take necessary actions to avoid accidental death related to opioid overdose.

Heroin and Prescription Opiates are devastating families and communities across New York State. Young people aged 25 and under are particularly at risk. Many impacted by heroin injections report abusing prescription pain killers before actually starting heroin.

To combat opioid-related deaths in New York State, laws were recently enacted allowing schools to provide and maintain opioid antagonists (Naloxone/Narcan) on site in each instructional school facility to ensure ready and appropriate access for use during emergencies to any student or staff suspected of having opioid overdose, whether or not there is a previous history of opioid abuse.

As part of a coordinated effort, the New York State Education Department, the New York State Department of Health, and the Harm Reduction Coalition have been collaborating on statewide communications, guidance, and training for schools electing to participate as opioid antagonist recipients as defined by Public Health Law, Education Law, and the Commissioner's Regulation. This permits New York State school districts, Boards of Cooperative Educational Services (BOCES), county vocational education and extension boards, charter schools, and non-public elementary and secondary schools to provide and maintain opioid antagonists on site in each instructional facility to ensure emergency access for any student or school personnel having opioid overdose symptoms, whether or not they have a previous known history of opioid abuse.

New York State Education Law authorizes registered professional nurses to administer opioid related overdose treatment pursuant to a non-patient specific order and protocol prescribed by a licensed physician or a certified nurse practitioner. Public Health Law and the implementing regulations establish the framework for regulated community access to Naloxone. The law states that the use of an opioid antagonist shall be considered first aid or emergency treatment for the purpose of any statute relating to liability.

Reference: Public Health Law § 3309
Education Law §§ 922, 6527, 6909
NYCRR § 80.138
Commissioner's Regulation § 136.8
New York State Opioid Overdose Regulations Questions & Answers (*May 12, 2015*)
Opioid Overdose Prevention Facts, NYS Office of Alcoholism & Substance Abuse Services (OASAS)

Adopted: June 21, 2016

OPIOID OVERDOSE PREVENTION REGULATION**1. Program Director Responsibilities**

The Program Director shall:

- Identify a New York State licensed physician, physician assistant, or nurse practitioner to oversee the clinical aspects of the opioid overdose prevention program prior to the operation of the program.
- Develop a training curriculum, which meets the approval of the New York State Department of Health.
- Identify and select persons as Trained Overdose Responders (TORs).
- Ensure that all Trained Overdose Responders successfully complete all components of the training program.
- Issue certificates of completion to Trained Overdose Responders who have completed the training program.
- Maintain opioid overdose prevention program records including Trained Overdose Responder training records, opioid overdose prevention program usage records, and inventories of opioid overdose prevention program supplies and materials.
- Provide liaison with local Emergency Medical Services.
- Assist Clinical Director with review of all overdose reports, particularly those including opioid antagonist administration.
- Report all administrations of opioid antagonist on forms prescribed by the New York State Department of Health.
- Ensure that the program's registration with the New York State Department of Health remain up-to-date, with no lapse in the program's ability to operate.
- Ensure that the New York State Department of Health is notified in a timely fashion of all changes in the information contained on the program's registration form, including names and contact information for the Program Director, the Clinical Director and affiliated prescribers, as well as sites at which the program operates.
- Work in conjunction with off-site schools with South Colonie nurses (private, BOCES, etc.) to provide similar opioid overdose prevention intervention. (Note: these organizations must agree by policy or written agreement).

2. Clinical Director Responsibilities

The Clinical Director must be a New York State-licensed physician, nurse practitioner or physician assistant and shall:

- Provide clinical consultation, expertise and oversight of medical issues related to program.
- Adapt training program content and protocols as needed, in consultation with the Program Director.
- Approve and provide ongoing supervision of the trainers.

- Approve of affiliated prescribers.
- Review reports of all administrations of an opioid antagonist with the Program Director.
- Oversee procurement of Naloxone/Narcan.

3. Affiliated Prescribers

Affiliated prescribers must be New York State licensed physicians, nurse practitioners or physician assistants. Each affiliated prescriber must be approved by the Clinical Director, who must keep a written record of such approval. The affiliated prescribers must be knowledgeable regarding the following:

- opioid overdose;
- administration and storage of Naloxone/Narcan;
- conducting the necessary brief medical assessment;
- completing the medical history; and
- strongly encourage Trained Overdose Responders to report the use or loss of Naloxone/Narcan.

Affiliated prescribers must periodically report their program-related activities to the Clinical Director and must ensure that all reports of opioid antagonist administration are communicated to the Clinical Director as soon as practicable.

4. Training Protocol

The program must maintain an up-to-date training curriculum, which has been approved by the New York State Department of Health. All trainings will address at a minimum:

- a. Risk factors for opioid overdose:
 - loss of tolerance
 - mixing drugs
 - using alone
- b. Signs of an overdose:
 - lack of response to sternal rub
 - shallow or no breathing
 - bluish lips or nail beds
- c. Actions:
 - phone 911
 - rescue breathing
 - rescue position
 - use Naloxone/Narcan

5. Trained Staff

The Program Director in conjunction with school administration shall implement training programs which include all School Nurses, the School Athletic Trainer, and Leadership Team members (school administrators).

6. Maintaining Medical Records

The medical records will be stored by the Clinical Director in a place secured by a lock. If there is an established medical chart in the facility, a note will be made in the chart in keeping with policy regarding medical services.

7. Record Keeping

The Program Director will maintain:

- a log of all Trained Overdose Responders with the name of the Trained Overdose Responders and the date trained;
- a log of all trainings with the date of the training, the location of the training, the name of the trainer and the names of the Trained Overdose Responders; and
- a list of all persons who are designated trainers.

The Program Director must also maintain records in order to comply with the requirement of reporting opioid antagonist administrations to the New York State Department of Health, as detailed below under Overdose Reversals. The Clinical Director must maintain a log of current affiliated prescribers, and this information must be shared with the Program Director.

8. Storage of Naloxone/Narcan

The Program Director will ensure that Naloxone/Narcan is stored safely consistent with the manufacturer's guidelines and that an adequate inventory of Naloxone/Narcan be maintained consistent with reasonable projected demand. The Naloxone/Narcan inventory should be routinely assessed to ensure that Trained Overdose Responders are furnished Naloxone/Narcan which has at least nine (9) months, and preferably twelve (12) months, prior to the expiration date.

9. Naloxone/Narcan Kits

The kits shall include:

Intranasal: two (2) vials of Naloxone/Narcan, two (2) mucosal atomizers, instructions for administration of Naloxone/Narcan, one (1) face mask for mouth-to-mouth resuscitation, two (2) alcohol swabs, and one (1) pair of gloves.

10. Instructions Regarding Use or Loss of Naloxone/Narcan Kit

Trained Overdose Responders will be strongly encouraged to make best efforts to report all use and loss of the kits to the Program Director, Clinical Director, or affiliated prescriber.

11. Refill Protocol

Trained Overdose Responders requiring refills will be informed of the hours and location where a prescriber (Clinical Director or affiliated prescriber) is available to dispense the Naloxone/Narcan.

Each Trained Overdose Responder's training record shall be reviewed and a refresher training will be scheduled consistent with the Refresher Course.

12. Overdose Reversals

All overdose reversals will be recorded on the form supplied by the New York State Department of Health and reviewed immediately by the Program Director. The reports will be reviewed monthly with the Clinical Director. Copies of these reports will be sent to the New York State Department of Health on a monthly basis. If there are more than two reversals in a week or if there are specific concerns over either the strength or contamination of drugs in the area, the concern will be discussed with the Clinical Director and reported immediately to the local health department as well as to the New York State Department of Health.

13. Care and Support

The Program Director in conjunction with school administration shall communicate with families and provide resources to provide information on critical follow-up care which will engage and support patients throughout the stages of recovery.

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