

## **ADDENDUM TO THE 2002 MODEL POLICY AND GUIDELINES FOR ADMINISTERING MEDICATIONS TO PUPILS AT SCHOOL**

### **GUIDELINES FOR RESPONDING TO AN OPIOID-RELATED OVERDOSE AT SCHOOL**

#### **Overview**

According to the Michigan Department of Health and Human Services (MDHHS), states nationwide have experienced a dramatic increase in the number of opioid-related overdoses in recent years. In Michigan, the number of heroin-related overdose deaths per 100,000 residents increased from 1.1 in 2007 to 6.8 in 2015. Opioids, including heroin and prescription drugs, accounted for 473 deaths in 2007; in 2015, that number increased to 1,275. Naloxone is an opioid antagonist that is used along with emergency medical treatment to reverse the life-threatening effects of opiate and has a long history of safe and effective use by organized health care systems (King, 2016). Naloxone only has noticeable effects in people with opioids in their system [Substance Abuse and Mental Health Services Administration (SAMHSA), 2016; National Institute on Drug Abuse, 2016]. The National Association of School Nurses (2015) has endorsed having naloxone available in schools. When naloxone is administered quickly and effectively, it has the potential to immediately restore breathing to a victim experiencing an opioid-related overdose [Centers for Disease Control and Prevention (CDC), 2015; Hardesty, 2014].

#### **Michigan Data – Youth Risk Behavior Survey and Michigan Profile for Healthy Youth (MiPHY)**

The Michigan Youth Risk Behavior Survey (YRBS) is part of a nationwide surveying effort led by the CDC to monitor students' health risks and behaviors [Michigan Department of Education (MDE), 2017]. High response rates allow results of the Michigan YRBS to be generalized to all Michigan students in grades 9-12 (MDE, 2017). In 2015, 15.8% of Michigan high school students reported ever taking drugs without a doctor's prescription. School districts can review the county MiPHY survey data to help understand the prevalence of substance use risk behavior in their community at [www.michigan.gov/miphy](http://www.michigan.gov/miphy).

#### **Definitions**

Opioid Medications: Prescription opioids are medications that are chemically like endorphins, the opioids that our body makes naturally to relieve pain. Prescription opioids are like the illegal drug heroin. Opioid medications can be natural (made from plants), semi-synthetic (modified in a lab from the plant), and fully synthetic (completely made by people). Common opioids are oxycodone (OxyContin, Percodan, Percocet), hydrocodone (Vicodin, Lortab, Lorcet), morphine (Kadian, Avinza, MS Contin), codeine, fentanyl (Duragesic), propoxyphene (Darvon), hydromorphone (Dilaudid), meperidine (Demerol) and methodone (National Institute of Drug Abuse for Teens, 2017).

Michigan Act No. 385 Public Acts of 2016 provides the following definitions:

Opioid Antagonist: Naloxone hydrochloride or any other similarly acting and equally safe drug approved by the United States Food and Drug Administration. There are three FDA-approved formulations of naloxone:

- Injectable - A solution that can be injected intravenously, intramuscularly, or subcutaneously
- Auto-injectable (EVIO) - Prefilled auto-injection device containing a solution to be injected intramuscularly
- Nasal spray (NARCAN)

Opioid-related overdose: A condition, including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death that results from the consumption or use of an opioid or another substance with which an opioid was combined or that an individual who has received training approved by a licensed registered nurse in the administration of an opioid antagonist would believe to be an opioid-related overdose that requires medical assistance.

### **Legal Framework and Michigan Model Medication Policy and Guidelines for Administering Medications to Pupils at School**

Public Act 385 allows local school districts to stock and provide an opioid antagonist to pupils or other individuals who are believed to have an opioid-related overdose. MCL 380.1178 describes liability for school employees who in good faith administer an opioid antagonist as not liable in a criminal action or for civil damages because of an act or omission in the administration of the medication. Public Act 12 of 2014 requires schools to have a cardiac emergency response plan that includes incorporation and integration of the local emergency response system and emergency response agencies with the school's plan. Since Public Act 385 requires school personnel to call 9-1-1 if a student is believed to be having an opioid overdose, local school districts may consider including an opioid-related overdose in the emergency plan. The *MDE Model Policy and Guidelines for Administering Medications to Pupils at School* (2002) states that each building shall have a plan for handling medical emergencies.

<u>Public Act 385</u>	Adds three sections to the revised school code to allow local school districts to stock and provide an opioid antagonist to a pupil or other individual on school grounds who is believed to have an opioid-related overdose.
<u>Public Act 12 of 2014</u>	The governing body of a school that operates K-12 shall adopt and implement a cardiac emergency response plan for the school.

<p><u>§380.1178</u></p>	<p>Sets forth legal provisions for the immunity of school employees, <b>designated by the school administrator</b>, against an allegation of “simple” negligence if the employee administers the medication under certain requirements including being in the presence of another adult. <i>If a school employee is a licensed registered professional nurse, subsection (1) applies to that school employee regardless of whether the medication is administered in the presence of another adult.</i></p>
<p><u><a href="http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79678---,00.html">http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_79678---,00.html</a></u></p>	<p>Michigan pharmacists interested in providing naloxone to Michigan families under the standing order issued by the state of Michigan’s chief medical executive can register by filling out a form on the MDHHS website. Pharmacies will be required to keep track of the amount of naloxone dispensed and will report these numbers to MDHHS on a quarterly basis.</p>
<p><u>MDE Model Medication Policy and Guidelines for Administering Medications to Pupils at School</u></p>	<p>The Michigan Department of Education model policy and guidelines for administering medications at school (2002).</p>

**Local School Board Opioid Antagonist Information**

Beginning with the 2017-2018 school year, a school board may require that, in each school it operates, there are not fewer than two employees at the school who have been trained in the appropriate use and administration of an opioid antagonist. A school board that requires an employee to be trained to administer an opioid antagonist shall ensure that the training has been approved by a licensed professional nurse.

In May 2017, Governor Snyder authorized the MDHHS to issue a standing order pre-authorizing the distribution of naloxone by pharmacists to eligible individuals. The standing order is **not** for schools/organizations. The MDE *Model Guidelines for Administering Medications to Pupils at School* (2002) should be followed when a parent requests a student self-possess Naloxone at school.

## **Local School Board Policy Requirements for Opioid Antagonists**

A school board that requires an employee to be trained in the use and administration of an opioid antagonist shall develop and implement a policy that ensures the following:

- Consistency with the MDE *Model Guidelines for Administering Medications to Pupils at School* (2002).
- Provisions for the possession of not fewer than one package of an opioid antagonist in each school operated by the school board to be used for administration by a licensed professional nurse who is employed or contracted by the school district or an employee who is trained in the administration of an opioid antagonist and is authorized to administer an opioid antagonist under the policy.
- Requirement that at least two employees at the school have been trained in the appropriate use and administration of an opioid antagonist.
- Authorization for a licensed professional nurse who is employed or contracted by the school district or a school employee who is trained in the administration of an opioid antagonist to administer an opioid antagonist to a pupil or other individual on school grounds who is believed to be having an opioid-related overdose.
- Requirement for school personnel to notify the parent or legal guardian of a pupil to whom an opioid antagonist has been administered. In addition, the school policy shall also require school personnel to, when notifying the parent or legal guardian, encourage the parent or legal guardian to seek treatment for the pupil from a substance use disorder program licensed under part 62 of the public health code, 1978 PA 368, MCL 333.6230 to 333.6251.
- Requirement for school personnel to call 9-1-1 or the community's designated emergency medical services if a pupil is believed to have an opioid-related overdose.

Recommended but not required:

- Annual refresher training for school personnel, including building administrators, to be trained in the administration of an opioid antagonist. Building administrators need to provide continuous monitoring of staff turn-over to identify the need to train new staff to administer the opioid antagonist. This could be accomplished with annual emergency response training for school staff.
- Utilize school nurse (if available) as the primary designee to administer the opioid antagonist.
- Utilization of a licensed, registered professional nurse to be responsible for providing and supervising the training which shall include an evaluation and documentation of a participant competency assessment.
- Utilization of school health services and mental health staff for participating in the development of the local school board opioid antagonist policy.

- Collaboration with the local Emergency Medical System (EMS) in the development of school policy.
- Consideration of utilizing the Cardiac Emergency Response Team required by PA 112 of 2014 as the first responders to an opioid-induced overdose.
- Provision for students and school staff to have a basic awareness of the major signs of an opioid-related overdose and know whom to alert in case of an emergency and where the opioid antagonists are located.
- Provision for staff to notify the building administrator any time naloxone has been administered.
- Provision for the building administrator to notify all school staff about who has been trained on naloxone administration and update as necessary.
- Determination of naloxone delivery system (nasal spray, auto-injection, vial/syringe) and additional equipment needed to safely administer in school.
- Determination of where naloxone will be stored.
- Determination of designated school staff to check the expiration date of the stock opioid antagonist at least twice per year and discard expired stock in a biohazard sharps container or locate a needle disposal facility and replace any opioid antagonist past its expiration date.
- Determination if naloxone will be available for field trips, before/after school activities, and school sponsored events.
- Guidelines for documenting the administration of naloxone for a suspected opioid overdose.
- Guidelines for reporting the event to the parent/guardians.
- Guidelines for reporting the number of opioid antagonist administrations annually to the MDE.
- Guidelines for communicating with school staff about opioid antagonist administrations at school including providing the "designated school personnel" an opportunity to review the incident with a building administrator or medical professional upon their request after an opioid antagonist has been administered at school.
- Guidelines for providing parents assistance or information on seeking treatment for the student who experienced an opioid-related overdose at school.
- Guidelines for building administrators about informing parents/guardians, students and staff about the policy and administrative regulations governing the administration of opioid antagonists.

## **Licensed Registered Professional Nurses**

A licensed registered professional nurse who is employed or contracted by the school district or a school employee who is trained in the administration of an opioid antagonist may possess and administer an opioid antagonist.

## **Training Guidelines for the School Personnel Designated to Administer an Opioid Antagonist**

- Instruction on the provisions of state laws regarding the emergency use of opioid antagonists at school for situations of suspected opioid-related overdose.
- Instruction on the school district's medication policies and procedures.
- Instruction about the definitions of opioid medications, opioid-related overdose and opioid antagonists.
- Instruction about the signs and symptoms of an opioid-related overdose, and the anticipated effects of the opioid antagonist.
- Instruction on opioid antagonist administration including the need to provide supportive care before and after administration.
- Development and implementation of a plan of action for an emergency response to opioid-related overdoses that includes calling 9-1-1 or the local emergency medical system to be dispatched if a pupil is believed to have an opioid-related overdose and anytime an opioid antagonist is administered. The emergency plan of action should include response guidelines for when a student possesses naloxone that is not a stock medication in school.
- Instruction on the procedures for informing emergency contacts, completing a school incident report, notifying parent/guardian of a student to whom an opioid antagonist has been administered, and encouragement to the parent or legal guardian to seek treatment for the pupil from a substance use disorder services program licensed under part 62 of the public health code, 1978 PA 368, MCL 333.6230 to 333.6251.
- Instruction on the procedures regarding the opioid antagonist acquisition, expiration date monitoring, maintenance, and storage requirements.
- CPR training and certification for all school personnel trained in the administration of an opioid antagonist.

## **Storage of the Opioid Antagonist**

- All opioid antagonists should be stored according to the manufacturer's directions to maintain effectiveness and in a clearly labeled, unlocked, easily accessible cabinet in a supervised location.
- Consider storing the opioid antagonist in the same location as other rescue medications.
- Expiration dates on the opioid antagonist should be monitored and documented on an appropriate log at a minimum of two times per year.

- Additional materials associated with responding to suspected opioid-related drug overdose should be stored with the opioid antagonist (e.g. copy of the suspected opioid-related overdose emergency response plan, school incident report).

### **Obtaining an Opioid Antagonist**

The school board can obtain a written prescription of opioid antagonist in each school operated by the school board. Any local community prescriber can write a prescription to a school board. School boards can seek the purchasing or donation of the opioid antagonist through pharmaceutical companies.

Examples of opioid antagonists:

- EVZIO [www.evzio.com](http://www.evzio.com)
- NARCAN [www.narcan.com](http://www.narcan.com)

### **School District Reporting**

At least annually, a school district shall report to the Michigan Department of Education all instances of administration of an opioid antagonist to a pupil at school. The reporting shall include the number of pupils who were administered an opioid antagonist at school using the school's stock of opioid antagonists.

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