



3 Keys to Creating a Strong Opioid Overdose Prevention Program

Heroin and opioid abuse continue to grow throughout the nation. To combat the continuing rise in opioid-related deaths across the country, many states have enacted laws that allow schools to maintain and administer opioid antagonists, such as naloxone, which can reverse an opioid overdose.

The Utica National Risk Management team advises all schools to have an opioid overdose prevention program in place. Here are three things to consider when planning, creating, and administering the program.

1 Program Development

- Boards of education and school governing bodies should develop policies consistent with the laws and regulations of their state prior to participation in an opioid overdose prevention program.
- Policies should be signed, dated, and reviewed on a regular basis to ensure that they continue to meet the needs of the program and are consistent with recommended best practice.
- Many laws limit the liability of certain individuals should they administer an opioid antagonist in the event of an emergency. Schools may permit employees, who volunteer to be trained in accordance with provisions of their state-specific laws, to administer an opioid antagonist in the event of an emergency.
- We recommend collaborating with the school district's attorneys and licensed medical staff when choosing who participates in giving opioid antagonists in the school.

2 Maintaining Materials

- Written procedures should be detailed to include:
 - the identification of school personnel roles and responsibilities, and
 - the identification and delivery of professional development and education to ensure recognition and appropriate response to opioid overdose emergencies.
- It is highly recommended that schools maintain copies of all applicable laws and regulations; guidance and training materials; and supportive resources for opioid overdose prevention in a properly labeled binder in both the district and the school offices.
- Schools should designate the Program Director, such as the Superintendent/Head of Schools, Principal, or RN, whose responsibilities include, but are not limited to:
 - ensuring approved policies and procedures are in place to provide guidance on how the program will be administered;
 - ensuring that there is a clinical director who oversees the clinical aspects of the program;
 - establishing training consistent with the school or school district's policies and state-specific guidance; and
 - ensuring that responders complete an approved training program.

3 Safe Storing, Handling, and Administering of the Opioid Antagonist

- › Schools may maintain opioid antagonists on-site in acceptable supplies and types deemed appropriate by the state's Education Department and/or Health Department/Department of Public Health.
- › Dispense and/or provide shared access to naloxone kits to trained responders in accordance with applicable laws, rules, and regulations.
- › Establish and maintain a recordkeeping system for training, inventory, storage, use, and reporting of naloxone administration and any overdose reversals.
- › Ensure responders are trained how to recognize the symptoms of an overdose, and on the steps to take prior to and after an opioid antagonist is administered, including calling first responders.
- › District or school policies for the disposal of medications should apply to the disposal of naloxone.
- › If schools plan to use expired naloxone for training purposes, caution should be exercised so that it is not mixed up with naloxone deployed for rescue purposes.
- › Naloxone should be placed in locations that are readily accessible to designated staff members. If placed in an AED cabinet, a plastic breakaway lock could be placed on the cabinet. The remaining stock of naloxone could be stored in a locked cabinet in the school's health office.
- › The drug must be stored in an environment as outlined in the manufacturer's guidelines. Inventory of naloxone and accompanying overdose kit supplies (gloves, disposable face shield, alcohol pads and instructions in English and Spanish) are to be counted weekly to determine whether there are any discrepancies between documented inventory and actual inventory, and to check that the solution in the vial is clear and not discolored.
- › Both the intranasal, or IN, naloxone glass vial and the intramuscular, or IM, vial have expiration dates, which should be checked as part of any district protocol. The expiration date, which is typically two years from the date of manufacture, should be recorded at the time the kit is received and monitored so it is appropriate for emergency use.
- › Report and document use of naloxone in accordance with district policy and applicable state laws and regulations.

Information provided by Substance Abuse and Mental Health Services Administration. Federal Guidelines for Opioid Treatment Programs. HHS Publication No. (SMA) PEP15-FEDGUIDEOTP First Printed 2015. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2015.

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