

**KANAWHA COUNTY BOARD OF EDUCATION ADMINISTRATIVE REGULATION
SERIES: C08 – OPIOID ANTAGONIST (NALOXONE) ADMINISTRATION**

8.01 Purpose

Naloxone (also commonly known as Narcan or Evzio) is a medication that can reverse an overdose that is caused by an Opioid drug. When administered, during an overdose, Naloxone blocks the effects of Opioids on the brain and respiratory system in order to prevent death. Naloxone has no potential for abuse and is a non-narcotic and non-addicting prescription drug. The purpose of this regulation is to, pursuant to W.Va. Code § 18-5-22d, allow for the maintenance of Naloxone and permit a Kanawha County Schools certified school nurse to obtain and train staff in the and administration of Naloxone, when there is sufficient reason to suspect that a person is at risk of opioid overdose.

8.02 Definitions

- **Drug overdose** – shall mean an acute medical condition, including, but not limited to, severe physical illness, coma, mania, hysteria or death, which is the result of consumption or use of one or more controlled substances causing an adverse reaction. An individual’s condition may be deemed to be a drug overdose if a prudent person, possessing an average knowledge of medicine and health, would reasonably believe that the condition is in fact a drug overdose and requires immediate medical attention.
- **Naloxone** – shall mean a medication that can reverse an overdose caused by an opioid drug. As an opioid antagonist, Naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.
- **Opioid** – shall mean illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine.

8.03 Procedure for Training, Obtaining, Storing, and Administering Naloxone

As a means of enhancing the health and safety of its students, staff, and visitors, Kanawha County Schools may obtain, maintain and administer doses of an opioid antagonist, specifically Naloxone, for emergency use to assist a student, staff member, or visitor believed or suspected to be experiencing an opioid overdose on school property, at a school function, or at an event on school property, when the trained nurse reasonably believes the individual is experiencing an overdose. This procedure is set forth in W. Va. Code § 18-5-22d; W. Va. Code R. §126-25A-12; the *West Virginia Statewide Standing Order for the Distribution of Naloxone by Eligible Recipient Organizations for Opioid Overdose Prevention (October 2022)* (hereinafter “DHHR Standing Order”), attached as Appendix A.

8.03.A. Training

The district will ensure that school employees who wish to be trained to administer Naloxone receive the educational materials and training required by the DHHR Standing Order. Specifically, the Educational Materials, Counseling on opioid overdose, instructions for the use of naloxone, and responsibilities attendant to the administration of Naloxone.

The Board and any person properly involved in administering an opioid antagonist, as permitted by this policy, shall not be held liable for civil damages which may result from acts or omissions relating to the use of the opioid antagonist which may constitute ordinary negligence; nor shall school personnel be subject to criminal prosecution which may result from acts or omissions in

the good faith administration of an opioid antagonist. This protection is implemented through the West Virginia Good Samaritan Law (W.Va. Code §16-47-1). This does not apply to the acts or omissions establishing gross negligence or willful or wanton conduct. No school nurse shall be subject to disciplinary action for refusing to be trained in the administration of an opioid antagonist.

8.03.B. Obtaining Naloxone

Pursuant to the DHHR Standing Order, the Board's Medical Consultant shall be permitted to obtain and prescribe Naloxone to school nurses who have properly completed the required training for its administration. The Medical Consultant with the Lead School Nurse shall document all persons who have completed the Naloxone training and counseling, as well as those certified who have been prescribed Naloxone for use in accordance with this policy.

The school nurse shall obtain sufficient supplies of Naloxone pursuant to the standing order in the same manner as other medical supplies acquired for the school health program. The school nurse or designee shall regularly inventory and refresh Naloxone stocks, and maintain records thereof, in accordance with the established internal procedures, manufacturer recommendations and Department of Health Guidelines.

8.03.C. Storing Naloxone

The school nurse shall be responsible for building-level management of Naloxone stocks. Naloxone stocks shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

8.03.D. Administration of Naloxone

When responding to a suspected drug overdose, district employees shall follow the steps outlined below:

1. Call for medical help immediately (Dial 9-1-1).
2. Call for the school nurse
3. Upon arrival to the individual, an appropriate provider of Naloxone shall follow the steps outlined in the training program for administration of Naloxone including checking for signs of opioid overdose, performing rescue breathing (or if CPR is needed), administering Naloxone as instructed in the training, placing the individual in a recovery position as instructed in the training, stay with the individual until emergency medical help arrives, and cooperate with EMS personnel responding to the incident.
4. The building administrator shall be notified.

Prior notice to the parent/guardian of a student of the administration of the opioid antagonist is not required. Immediately following the administration of the opioid antagonist, the school shall provide notice to the parent/guardian of a student who received the opioid antagonist.

8.04 Reporting

8.04.A. Reporting to Administration

Any person who uses Naloxone to respond to an overdose must report each incident resulting in administering opioid antagonist in their county. The notification should include the name, age and gender, date and the approximate time the incident occurred, symptoms observed, who administered the injection, the name of the school or location, a contact telephone number, the rationale for administering the injection, the response to the opioid antagonist, the dose

administered, and any other necessary elements to provide a complete report for the individual situation.

The school employee must also, similarly, report any errors that may have occurred while administering Naloxone. The medication administration errors must be reported to the West Virginia Poison Center by calling 1-800-222-1222 after emergency medical services have transported the student, staff member, or member of the community to acute care.

8.04.B. Referral to Law Enforcement and Parental Notification

A school employee who administers Naloxone in order to address an overdose on school property or at a school function, shall immediately report incidents involving the use of controlled substances on to the local police department that has jurisdiction over the school's property.

School Administration or the administering employee shall notify the parent/guardian of any student directly involved in an incident involving use of controlled substances immediately, as soon as practicable. That notification shall inform the parent/guardian whether or not the local police department that has jurisdiction over the school property has been or may be notified of the incident. This documentation shall also contain the attempts made to reach the parent/guardian.

8.05 Public Education Guidelines

The school nurse shall develop a plan for annually informing all parents/guardians, students, and staff about this policy and specifically:

1. The availability of Naloxone to treat Opioid drug overdoses and what it does;
2. The symptoms of Opioid drug overdoses;
3. How students and staff should report suspected overdoses;
4. The protection from criminal prosecution provided by law for persons who report a suspected overdose using their real name and remain with the overdosing person until emergency medical services (EMS) or law enforcement arrive, as well as for the person whose overdose they report; and
5. The protection from civil liability provided by law for the persons who report overdoses or administer Naloxone in overdose emergencies.

Administration of Naloxone shall not be required in circumstances of unavailability of Naloxone, unavailability of a qualified Naloxone administrator, and/or uncertainty as to whether an opioid overdose is occurring, among other reasons. This policy does not create a duty on the part of the Kanawha County School District and/or its personnel to administer Naloxone.

8.06 Referral to Student Assistance Team

Any student who experiences a drug overdose shall be referred to the district's Student Assistance Team, if appropriate, when they return to school, in order to determine additional support available to them.

References: W. Va. Code § 18-5-22d, W. Va. Code R. §126-25A-12; the *West Virginia Statewide Standing Order for the Distribution of Naloxone by Eligible Recipient Organizations for Opioid Overdose Prevention (October 2022)*.

Issued: 6/5/2023

**WEST VIRGINIA
STATEWIDE STANDING ORDER
FOR THE DISTRIBUTION OF NALOXONE BY ELIGIBLE
RECIPIENT ORGANIZATIONS FOR OPIOID OVERDOSE PREVENTION**

Naloxone Hydrochloride (Naloxone) is an opioid antagonist medication indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid related drugs causing a drug overdose event.

I. PURPOSE

This standing order is intended to ensure that residents of the State of West Virginia who are at risk of experiencing an opioid-related overdose, or who are family members, friends or other persons, that are in a position to assist a person at risk of experiencing an opioid-related overdose (Eligible Persons), are able to obtain Naloxone. The purpose of this standing order is to specify the circumstances under which Eligible Recipient Organizations may distribute opioid antagonist to Eligible Persons.

II. AUTHORITY

This standing order is issued in accordance with West Virginia Code §16-46-7, which permits the State Health Officer to prescribe an opioid antagonist by one or more standing orders to eligible recipients in the State of West Virginia, and specifies the circumstances under which an eligible recipient may distribute the opioid antagonist to Eligible Persons.

III. ELIGIBLE RECIPIENTS

For the purpose of this standing order, an eligible recipient includes governmental and non-governmental organizations, including local health departments, law enforcement agencies, and community-based organizations that promote scientifically proven ways of mitigating health risks associated with substance use disorders and other high risk behaviors, and are collectively referred to herein as Eligible Recipient Organizations.

IV. DISTRIBUTION TO ELIGIBLE PERSONS BY ELIGIBLE RECIPIENT

An Eligible Recipient Organization may distribute Naloxone only to Eligible Persons who have completed Naloxone counseling sponsored or approved by the West Virginia Department of Health and Human Resources (DHHR), and who have been provided education and counseling in accordance with this standing order.

V. DOCUMENTATION OF RESPONSIBLE PERSONS

An Eligible Recipient Organization shall document all responsible individuals designated by the organization to distribute Naloxone under this standing order and make such documentation available for inspection by the DHHR upon request. Each responsible individual shall have completed a training program approved by DHHR prior to distributing Naloxone under the authority of this standing order. Any person educating, regarding, and/or distributing intramuscular Naloxone (vial and syringe) MUST complete additional training on proper administration of an IM injection.

VI. EDUCATION AND COUNSELING OF THIRD-PARTY ELIGIBLE PERSONS

Education and counseling must be provided by the responsible individual as documented by the eligible recipient prior to any distribution of Naloxone to any Eligible Person. The responsible individual shall provide education and counseling in conformance with this standing order. Counseling MAY NOT be waived by the Eligible Person, who shall be counseled **each** time the person receives Naloxone.

- A. **Educational Materials:** All eligible recipients distributing an opioid antagonist to an Eligible Person must provide the Eligible Person with copies of both brochures provided through and maintained by the Office of Emergency Medical Services (OEMS) and Office of Drug Control Policy (ODCP). Copies of the brochures may be found on the OEMS website at (<https://www.wvoems.org/medical-direction/naloxone-information>) and the West Virginia Board of Pharmacy Naloxone Protocol (<https://www.wvbop.com/article.asp?ty=CTTS&action2=showArticle&id=14>) webpage.
- B. **Counseling:** The eligible recipient shall provide the following counseling points to the Eligible Person each time an opioid antagonist is distributed under the authority of this standing order:

1. Opioid Overdose

- a. Signs/symptoms of an opioid overdose
 - Difficulty or stopped breathing, turning blue (lips and fingertips) – lack of oxygen is what causes brain damage and death
 - Not responsive to verbal or physical cues (shouting or sternal rub)
 - Suspicion of possible overdose
- b. Importance of ensuring open airway and breathing, if possible.
 - Maintain an OPEN airway – straighten throat/neck and airway;
 - Encourage to take a CPR class to ensure training on rescue breathing; and
 - Assist with breathing – use one-way valve mask or another form of CPR mask.
- c. Provide the recipient with the number to talk with someone regarding available substance use disorder treatment and recovery services: 1-844-HELP4WV. Provide a copy of both brochures which include opioid-related prevention and resources for treatment programs.

2. Instructions for Use of the Product

- a. Dosing and proper administration of product distributed.
- b. Side effects: nausea and vomiting, blood pressure and heart rate will increase, sweating, shaking, return of pain, and possible aggressive behavior.
- c. Storage conditions (room temperature – avoid hot and cold).

3. **Responsibilities Attendant to the Administration of Naloxone**
 - a. Importance of calling 911 as soon as possible either before or after administration of Naloxone and the risks associated with failure to contact emergency services following administration of opioid antagonist;
 - b. Naloxone may wear off, and the patient can stop breathing again even if the individual does not take more opioids;
 - c. Remain with the person; and
 - d. Do not put the person in ice water.

VII. FORMULATION AND DIRECTIONS

Naloxone and necessary paraphernalia for its administration may be dispensed to Eligible Recipient Organizations. The specific Naloxone formulation shall be selected from the list below in accordance with the recipient's preference or training to administer a particular formulation as follows:

A. For Intranasal Administration

- NARCAN® 4mg/0.1mL nasal spray. Include face shield for rescue breathing if available.

Directions for use: Administer a single spray of NARCAN® in one nostril. Repeat after three (3) minutes if no or minimal response.

OR

- 2mg/2mL single-dose Luer-Jet prefilled syringe. Include one luer-lock mucosal atomization device (MAD 300) per dose dispensed. Include face shield for rescue breathing if available.

Directions for use: Spray 1 mL in each nostril. Repeat after three (3) minutes if no or minimal response.

OR

- KLOXXADO™ 8mg/0.1mL nasal spray. Include face shield for rescue breathing if available.

Directions for use: Administer a single spray into one nostril. Additional doses may be given every 2 to 3 minutes if no response until emergency medical assistance arrives.

B. For Intramuscular Injection

- 0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g, 1" syringe per dose dispensed. Include face shield for rescue breathing and alcohol swabs if available.

Directions for use: Inject 1 mL IM in shoulder or thigh. Repeat after three (3) minutes if no or minimal response.

C. For Intramuscular or Subcutaneous Injection

- EVZIO® 2mg/0.4mL auto-injector, #1 Two-pack.

Directions for use: Follow audio instructions from device. Place on thigh and inject 0.4mL. Repeat after three (3) minutes if no or minimal response.

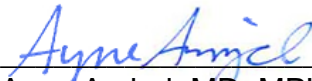
VIII. DISTRIBUTION REPORTING

Each Eligible Recipient Organization shall, in accordance with West Virginia Code §16-46-6(a)(2), report its distribution of opioid antagonist pursuant to this standing order on a monthly basis, prior to the 10th day of the month, to the ODCP, and may use the following web survey: <http://www.wvdhhr.org/EpilInfoWebSurvey/Home/c652ac27-f205-4932-b03f-0c485aebbf>.

IX. REVIEW OF ORDER

This standing order will be reviewed on a bi-annual basis and may be updated as additional information or changes to legislation/training materials occur. This standing order may be withdrawn by the State Health Officer at any time.

EXECUTED on this the 10th day of August, 2021.



Ayne Amjad, MD, MPH
Commissioner & State Health Officer
Bureau for Public Health