

[See POLICY ALERT No. 217]

R 5330.04 ADMINISTERING AN OPIOID ANTIDOTE

A. Definitions

1. “Opioid antidote” means any drug, regardless of dosage amount or method of administration, which has been approved by the United States Food and Drug Administration (FDA) for the treatment of an opioid overdose. “Opioid antidote” includes, but is not limited to, naloxone hydrochloride, in any dosage amount, which is administered through nasal spray or any other FDA-approved means or methods.
2. “Opioid overdose” means an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid drug or another substance with which an opioid drug was combined, and that a layperson would reasonably believe to require medical assistance.
3. “School-sponsored function” means any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized or supported by the school.
 - a. **The requirements of N.J.S.A. 18A:40-12.23 through 12.27 only apply to school-sponsored functions that take place in the school or on school grounds adjacent to the school buildings.**

B. Acquisition, Maintenance, Accessibility, and Documentation of an Opioid Antidote

1. **In accordance with N.J.S.A. 24:6J-4(a)(1)(f) and N.J.S.A. 24:6J-4(a)(2)(c), the school physician may prescribe or dispense an opioid antidote through a standing order to the**



school district, school, or certified school nurse for administration to overdose victims. The school physician's standing order must specify, at a minimum, the following:

- a. The certified school nurse is authorized to directly administer the opioid antidote to overdose victims in the event of an emergency; and
- b. The school district, school or certified school nurse may also dispense or grant access, in emergency situations, to other persons employed by the district or school who have certified to having received training in the administration of the opioid antidote and overdose prevention information.

12. The school nurse in each school that includes any of the grades designated by the Board in Policy 5330.04 shall obtain a standing order for opioid antidotes pursuant to the "Overdose Prevention Act" – N.J.S.A. 24:6J-1 et seq.

- a. Written standing orders shall be reviewed and reissued before the beginning of the school year in accordance with N.J.A.C. 6A:16-2.3(a)4(vi).

23. The school nurse shall be responsible to:

- a. Maintain a supply of opioid antidotes that have been prescribed under a standing order in a safe and secure, but unlocked and easily accessible location in the school:
 - (1) The opioid antidotes shall be accessible in the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building.
- b. Document the administration of an opioid antidote on a student's health record;
- c. Monitor the on-site inventory and replacement of the opioid antidote supply; and



d. Ensure the replacement of the opioid antidote supply following use or expiration of the opioid antidote; and

de. Plan for the disposal of administered opioid antidote and expired opioid antidote **applicators.**

34. Opioid antidotes shall be maintained by a school pursuant to N.J.S.A. 18A:40-12.24.b.(1) in quantities and types deemed adequate by the Board, in consultation with the New Jersey Department of Education (NJDOE) and the Department of Human Services.

C. Authorization and Training for Administering an Opioid Antidote

1. The school nurse shall have the primary responsibility for the emergency administration of an opioid antidote.

2. However, the Board upon the recommendation of the Superintendent shall designate additional employees who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when the nurse is not physically present at the scene.

3. The school nurse and designated employees shall only be authorized to administer opioid antidotes after receiving the training required under N.J.S.A. 18A:40-12.25.b **and N.J.S.A. 24:6J-5.**

a. **Each school nurse and each employee designated to administer an opioid antidote pursuant to N.J.S.A. 18A:40-12.24.c.(1) shall receive training on standardized protocols for the administration of an opioid antidote to a person who experiences an opioid overdose. The training shall include the overdose prevention information described in the "Overdose Prevention Act" – N.J.S.A. 24:6J-5. The school district will provide training by an appropriate entity or entities as specified by the NJDOE's guidelines. A school nurse shall not be solely responsible to train the employees designated pursuant to N.J.S.A. 18A:40-12.24.c. Each certified school nurse and each employee designated to administer an opioid antidote pursuant to N.J.S.A.**



18A:40-12.24.c.(1) and N.J.S.A. 24:6J-5 shall receive training on standard protocols from the school physician issuing the standing order or through a written agreement by the school physician with an organization that addresses medical or social issues related to drug addiction.

The training must address overdose prevention information, including but not limited to, the following:

(1) Information on opioid overdose prevention and recognition;

(2) Instruction on how to perform rescue breathing and resuscitation;

(3) Information on opioid dosage and instruction on opioid antidote administration;

(4) Information describing the importance of calling 911 emergency telephone service for assistance with an opioid overdose; and

(5) Instructions for appropriate care of an overdose victim after administration of the opioid antidote.

b. The district shall collect and maintain written evidence of satisfactory completion of the required training program before a certified school nurse or an employee is approved to administer opioid antidote.

4. In the event a licensed athletic trainer volunteers to administer an opioid antidote pursuant to N.J.S.A. 18A:40-12.23 through 12.27, it shall not constitute a violation of the “Athletic Training Licensure Act” – N.J.S.A. 45:9-37.35 et seq.

D. Administration of an Opioid Antidote

1. The school nurse or a trained employee designated pursuant to N.J.S.A. 18A:40-12.24.c.(1) shall be authorized to administer an



opioid antidote to any person whom the nurse or trained employee in good faith believes is experiencing an opioid overdose.

- a. The school nurse or a trained employee designated pursuant to N.J.S.A. 18A:40-12.24.c.(1) shall be promptly available on site at the school during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building at any time.
 - b. Upon receiving a report or observing a possible opioid overdose in the school or at a school-sponsored function that takes place in a school or on school grounds adjacent to the school building at any time, the Principal or designee or any staff member present will immediately call the school nurse, if present, or a designated staff member who volunteered and was trained to administer an opioid antidote, and emergency medical responders.
- 2. The certified school nurse or employee designated to administer an opioid antidote pursuant to N.J.S.A. 18A:40-12.24.c.(1) and N.J.S.A. 24:6J-5 shall determine, in addition to the opioid antidote, whether any other emergency medical response is necessary, including but not limited to, cardiopulmonary resuscitation (CPR), Rescue Breaths, or the use of an automated external defibrillator (AED).**
- 23. The certified school nurse and/or A staff member(s) shall monitor the person who has received an opioid antidote and keep the individual who may be experiencing an opioid overdose comfortable until emergency medical responders arrive on the scene.**
- 34. An individual overdose victim shall be transported to a hospital emergency room by emergency medical responders after the administration of an opioid antidote, even if the person's symptoms appear to have resolved. A student transported to the hospital shall be transported in accordance with the Board's Policy required in treating alcohol or other drug-affected students pursuant to N.J.A.C. 16-4.1(c)5.**



45. The Principal or designee shall notify the Superintendent or designee whenever an opioid antidote is administered.
56. The Principal or designee shall notify, as soon as practical, the parent of any student or a family member or other contact person for a staff member who may be experiencing an opioid overdose or has been administered an opioid antidote.
7. **Nothing in Regulation 5330.04 shall be interpreted to prohibit the administration of an opioid antidote to a student, staff member, or other person in an emergency during school hours or during on-site school-sponsored activities by an emergency medical responder or other person authorized by law to administer an opioid antidote, in accordance with N.J.S.A. 24:6J-1 et seq.**

E. Use of Controlled Dangerous Substances

1. Any student or staff member who is found to be under the influence of a controlled dangerous substance shall be subject to the provisions of any applicable statutes and administrative codes and Board Policies and Regulations prohibiting the use of a controlled dangerous substance.

F. **Limitation of Liability**

1. **Pursuant to N.J.S.A. 24:6J-4, the school district, school physician, certified school nurse, and other approved designees shall not, as a result of any acts or omissions, be subject to any criminal or civil liability for administering an opioid antidote.**
2. **Any person or entity authorized under N.J.S.A. 18A:40-12.23 through 12.28 to administer an opioid antidote, may administer to an overdose victim with full immunity:**
 - a. **A single dose of any type of FDA approved opioid antidote for use in treatment of opioid overdoses; and**



REGULATION

BLACK HORSE PIKE REGIONAL BOARD OF EDUCATION

BYLAWS
R 5330.04/Page 7 of 7
ADMINISTERING A OPIOID ANTIDOTE

- b. Up to three doses of an intramuscular auto injector or an intranasal application of opioid antidote, as needed to revive the overdose victim.**

Adopted: 14 March 2019

1st Reading: 14 July 2020

