

**BLUFFVIEW MONTESSORI SCHOOL
POLICY 516.5
OVERDOSE MEDICATION**

I. PURPOSE

As a means of enhancing the health and safety of its students, staff and visitors, Bluffview Montessori School will acquire, administer, and store doses of an opiate antagonist, specifically Naloxone (Narcan)¹, and administration devices or kits for emergency use to assist a student, staff member, or other individual believed or suspected to be experiencing an opioid overdose on Bluffview Montessori School property during the school day or at Bluffview Montessori School activities.

II. GENERAL STATEMENT OF POLICY

Bluffview Montessori School board authorizes Bluffview Montessori School administration to obtain and possess opioid overdose reversal medication, such as Naloxone, to be maintained and administered to a student or other individual by trained school staff if the staff member determines in good faith that the person to whom the medication is administered is experiencing an opioid overdose. Authorization for obtaining, possessing and administering Naloxone or similar permissible medications under this policy are contingent upon: 1) the continued validity of state and federal law that permit a person who is not a healthcare professional to dispense an opiate antagonist to Bluffview Montessori School and its employees by law; 2) that Bluffview Montessori School and its staff are immune from criminal prosecution and not otherwise liable for civil damages for administering the opiate antagonist to another person who the staff member believes in good faith to be suffering from a drug overdose; and 3) the availability of funding either from outside sources or as approved by Bluffview Montessori School board to obtain and administer opioid overdose reversal medication.

III. DEFINITIONS

- A. **“Drug-related overdose”** means an acute condition, including mania, hysteria, extreme physical illness, respiratory depression or coma, resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a layperson would reasonably believe to be a drug overdose that requires immediate medical assistance.

¹ Naloxone is the medication that reverses an opioid overdose. Narcan® is the brand name for the intranasal applicator (nasal spray) form of naloxone. Naloxone usually refers to an intramuscular (IN+M) naloxone form that comes in a vial and is administered with a syringe, normally dispensed as an “IM kit.”

- B. **“Naloxone Coordinator”** is a Bluffview Montessori School staff person or administrator appointed to monitor adherence to protocols outlined in this policy and referenced procedures. The Naloxone Coordinator is responsible for building-level administration and management of Opiate Antagonist medications and supplies. Bluffview Montessori School’s Naloxone Coordinator is [insert title of staff person appointed as coordinator].
- C. **“Opiate”** means any dangerous substance having an addiction forming or addiction sustaining liability similar to morphine or being capable of conversion into a drug having such addiction forming or addiction sustaining liability.
- D. **“Opiate Antagonist”** means naloxone hydrochloride (“Naloxone”) or any similarly acting drug approved by the federal Food and Drug Administration for the treatment of a drug overdose.
- E. **“Standing Order”** means directions from Bluffview Montessori School’s medical provider that sets forth how to house and administer Naloxone or other Opiate Antagonist medications to students, staff members or other individuals believed or suspected to be experiencing an opioid overdose. This Standing Order should include the following information:
 - 1. Administration type
 - 2. Dosage
 - 3. Date of issuance
 - 4. Signature of the authorized provider

IV. GENERAL STATEMENT OF POLICY AND RESPONSIBILITIES

- A. Bluffview Montessori School must maintain a supply of opiate antagonists to be administered in compliance with Minnesota law. Bluffview Montessori School must have two doses of nasal naloxone available on-site.
- B. A licensed physician, a licensed advanced practice registered nurse authorized to prescribe drugs pursuant to Minnesota Statutes, section 148.235, or a licensed physician assistant may authorize a nurse or other personnel employed by, or under contract with, a public school may be authorized to administer opiate antagonists as defined under Minnesota Statutes, section 604A.04, subdivision 1.
- C. A licensed practical nurse is authorized to possess and administer an opiate antagonist in a school setting notwithstanding Minnesota Statutes, 148.235, subdivisions 8 and 9.

D. Bluffview Montessori School Collaborative Planning and Implementation Team

To the extent Naloxone is obtained for use consistent with this policy, Bluffview Montessori School will establish a school-wide collaborative planning and implementation team (“Bluffview Montessori School Planning Team”) who will oversee the general development and operations related to the use of opiate antagonist Naloxone and regularly report to the school board as to its activities.

1. The Bluffview Montessori School Planning Team will include the Naloxone Coordinator and may include the Head of School (or designee), school nurse, public health experts, first responders, student or family representatives, and community partners who will be assigned to the Team by the Head of School or designee or solicited as volunteers by the executive director.
2. The Bluffview Montessori School Planning Team, through the Naloxone Coordinator, will obtain a protocol or Standing Order from a licensed medical prescriber for the use of Naloxone or other Opiate Antagonist by school staff in all school facilities and activities and will update or renew the protocol or Standing Order annually or as otherwise required. A copy of the protocol or Standing Order will be maintained in the office of the Naloxone Coordinator.
3. The Bluffview Montessori School Planning Team will develop school-wide guidelines and procedures and determine the form(s) of Naloxone to be used within the school (nasal, auto injector, manual injector) and the method and manner of arranging for the financing and purchasing, storage and use of Naloxone to be approved by the school board. Once approved by the school board, these guidelines and procedures will be attached and incorporated into this policy (see Appendix A). At a minimum, these guidelines and procedures will:
 - a. Ensure that when Naloxone is administered, Bluffview Montessori School employees must activate the community emergency response system (911) to ensure additional medical support due to the limited temporary effect of Naloxone and the continued need of recipients of additional medical care;
 - b. Require Bluffview Montessori School employees to contact a school healthcare professional to obtain medical assistance for the recipient of the Naloxone, if possible, pending arrival of emergency personnel;

- c. Direct Bluffview Montessori School employees to make immediate attempts to determine if the recipient is a minor and, if so, locate the identity of the parent or guardian of the minor and ensure contact with that parent or guardian is made as soon as possible after administration of the Naloxone for the purpose of informing the parent or guardian of the actions that have been taken; and
 - d. Require Bluffview Montessori School staff to inform the building administrator or other administrator overseeing an event or activity of the administration of Naloxone, as well as the Naloxone Coordinator, after taking necessary immediate emergency steps.
- 4. The Bluffview Montessori School Planning Team will determine the type and method of annual training, identify staff members at each school site to be trained and coordinate the implementation of the training with the assistance of the Naloxone Coordinator.

E. Site Planning Teams

- 1. In consultation with the Charter School Planning Team, the administrator at each school site may establish, in the manner the executive director or Naloxone Coordinator deems appropriate, a Site Planning Team within the school site.
- 2. The Site Planning Team will be responsible for the coordination and implementation of this policy, charter school-wide guidelines and procedures within the school site and will develop and implement any specific guidelines and procedure for the storage and use of Naloxone within the school site in a manner consistent with this policy and charter school-wide procedures and guidelines.

F. Bluffview Montessori School Staff

Bluffview Montessori School staff members will be responsible for attending all required training pertaining to the policy, procedures and guidelines for the storage and use of Naloxone and performing any assigned responsibilities pursuant to the guidelines and procedures.

V. NALOXONE STORAGE

- A. The Bluffview Montessori School Planning Team will select numerous

Naloxone storage locations within the school and outside the school site when activities are conducted off school grounds (i.e., transportation services, field trips, etc.).

- B. The selected storage locations of Naloxone will be classified as non-public “security information” as the school board has determined that the disclosure of this data to the general public would be likely to substantially jeopardize the security of the medication that could be subject to theft, tampering, and improper use. Therefore, the identity of the storage locations will be shared only with those Bluffview Montessori School staff members whom the Bluffview Montessori School Planning Team have determined need access to this information to aid public health and safety as determined in the procedures and guidelines.
- C. Stock Naloxone will be clearly labeled, monitored for expiration dates, and stored in a secured location that is accessible by trained staff as set forth in paragraph V.B.

VI. Privacy Protections

Bluffview Montessori School will maintain the privacy of students and staff related to the administration of Naloxone as required by law.

Legal References: Minn. Stat. § 13.32 (Educational Data)
Minn. Stat. § 13.43 (Personnel Data)
Minn. Stat. § 13.37 (General Nonpublic Data)
Minn. Stat. § 121A.21 (School Health Services)
Minn. Stat. § 121A.22 (Administration of Drugs and Medicine)
Minn. Stat. § 121A.224 (Opiate Antagonists)
Minn. Stat. § 144.344 (Emergency Treatment)
Minn. Stat. § 148.235 (Prescribing Drugs and Therapeutic Devices)
Minn. Stat. § 151.37 (Legend Drugs; Who May Prescribe, Possess)
Minn. Stat. § 152.01 (Definitions)
Minn. Stat. § 152.02 (Schedules of Controlled Substances)
Minn. Stat. § 604A.01 (Good Samaritan Law)
Minn. Stat. § 604A.015 (School Bus Driver Immunity from Liability)
Minn. Stat. § 604A.04 (Good Samaritan Overdose Prevention)
Minn. Stat. § 604A.05 (Good Samaritan Overdose Medical Assistance)
Minn. R. Pt. 6800.4220 (Schedule II Controlled Substances)
20 U.S.C. § 1232g (Family Educational and Privacy Rights)

Cross Reference: MSBA/MASA Model Policy 516 (Student Medication)
~~Minnesota Department of Health Toolkit on the Administration of Naloxone~~

Resources: [Minnesota Department of Health, School Toolkit on Naloxone Administration in School](#)

Settings



Naloxone Emergency Response Procedure

Purpose:

To provide emergency care, medication, and response to someone with a suspected opioid overdose.

When to Use:

1. Any Good Samaritan, school staff or unlicensed assistive personal can administer emergency Narcan.

[Sec. 604A.01 MN Statutes](#) Good Samaritan Law

2. Narcan can be given to students, staff, visitors in the event of respiratory depression, unresponsiveness, or respiratory or cardiac arrest when an overdose from opioid is suspected of a student, staff member, or visitor during any school day or event.

Signs and Symptoms of Opioid Overdose
• Blue skin tinge- usually lips and fingertips show first
• Body is very limp
• Face is very pale
• Pulse (heartbeat) is slow, erratic, or not there at all
• Throwing up
• Passing out
• Choking sounds or a gurgling/snoring noise
• Breathing is very slow, irregular or has stopped
• Unresponsive

Procedure:

1. Call 911 to get help and activate school specific emergency response, get aed and administer Narcan

Narcan is located in the health office locked cupboard and identified. Keys for cupboard are with front office staff



2. Assess and Monitor Breathing and Heart Rate. Initiate CPR, use of AED and Rescue Breathing as needed
 - a. For a person who is not breathing, rescue breathing is an important step in preventing an overdose death and should be done as soon as possible.
 - b. Steps for rescue breathing are:
 - Obtain CPR shield or ambu bag
 - ☐ Place the person on his or her back and pinch their nose or use Ambu bag to administer rescue breaths
 - ☐ Tilt chin up to open the airway. Check to see if there is anything in the mouth blocking the airway. If so, remove it.
 - ☐ Give 2 slow breaths.
 - ☐ Blow enough air into the lungs to make the chest rise.
 - ☐ Assess each breath to ensure the chest is rising and falling. If it work, tilt the head back more.
 - ☐ Breath again every 5-6 seconds for adult or every 2-3 seconds for child

3. Stay with the person until 911 arrives

- Place person in recovery position (lying on their side).
- Stay with the person. Continue rescue breathing if needed. Most people respond by returning to spontaneous breathing. The response generally occurs within 2 to 3 minutes of naloxone administration. Because naloxone has a relatively short duration of effect, overdose symptoms may return.
- When EMS arrives, the person must be transported to nearest hospital. Send the used naloxone medication device with EMS personnel.

4. Documentation, Notification, Debriefing

- Describe here the schools' procedure for documentation of the event, medication administration, notification (who, how, what, when) and after incident review practices.

Documentation should include:

- Description of the person's symptoms: check all that apply

Signs and Symptoms of Opioid Overdose
• Blue skin tinge- usually lips and fingertips show first
• Body is very limp
• Face is very pale
• Pulse (heartbeat) is slow, erratic, or not there at all
• Throwing up
• Passing out
• Choking sounds or a gurgling/snoring noise
• Breathing is very slow, irregular or has stopped
• Unresponsive
• Able to tell me they overdosed
• Found drug paraphernalia and/or drugs next to person

- The route (intranasal or intramuscular) that naloxone was administered

Nasal

- The dose (amount of medication) of naloxone that was administered and that "used" medication / device was sent with EMS responders.

One or two doses

- The person's response to naloxone

Person responded to dose one.

Person did not respond to dose one and repeated in 5 minutes

After the second dose:

- If rescue breathing and/or CPR were initiated and the length of time. _____
- The time Emergency Medical Services (EMS) was notified, arrived, and transported the person for further medical care.

Additional Training and documents:

[Guidance for Conducting an After-Incident Review \(state.mn.us\)](#)

[Naloxone Administration in School Settings - MN Dept. of Health \(state.mn.us\)](#)

[School Toolkit - MN Dept. of Health \(state.mn.us\)](#)

[administer narcan video nasal - Search \(bing.com\)](#)