

Administration of Emergency Opioid Antagonists

JGFGA

Kansas law creates standards governing the use and administration of emergency opioid antagonists approved by the U.S. Food and Drug Administration (“FDA”) to inhibit the effects of opioids and for the treatment of an opioid overdose. Any first responder or school nurse is authorized to possess, store, and administer emergency opioid antagonists as clinically indicated, provided that all personnel with access to emergency opioid antagonists are trained in proper protocol.

Similarly, Kansas law allows a patient or bystander (meaning a family member, friend, caregiver, or other person in a position to assist a person who the bystander believes to be experiencing an opioid overdose) to acquire and utilize emergency opioid antagonists.

Therefore, to prioritize student health and safety in its schools, programs, and activities, the board authorizes the district to obtain, store, and administer naloxone, Narcan, and/or other opioid antagonists for emergency use in its schools. The school nurse or other properly trained staff member may administer such medication in emergency situations. Opioid antagonists may be available during the regularly scheduled school day. They may be available at other times at the discretion of the superintendent.

The board establishes the following rules governing the utilization and administration of emergency opioid antagonists, such as, but not necessarily limited to, naloxone and Narcan, by members of district staff.

Training

If obtaining the emergency opioid antagonist through a pharmacy, the providing pharmacy of the emergency opioid antagonist (hereafter “the product”) shall provide written education and training materials to the individual to whom the product is dispensed. First Aid for Opioid Overdose must be obtained by each school nurse and other staff members designated by the superintendent to respond to potential opioid overdose situations.

District staff members personally acquiring such products for use as a patient or bystander are encouraged to inform the school nurse or the superintendent’s designee, so that they may be trained in proper protocol and included in the school or district’s crisis response plan regarding potential opioid overdose.

Procurement of the Product

The school nurse or other staff member(s) designated by the superintendent will be responsible for the procurement of the product.

Storage

The following storage protocols shall be followed:

Administration of Emergency Opioid Antagonists

JGFGA-2

- The product will be clearly marked and stored in an accessible place at the discretion of the school nurse or the superintendent's designee.
- The product will be stored in accordance with the manufacturer's instructions to avoid extreme cold, heat, and direct sunlight.
- Inspection of the product shall be conducted at least quarterly.
- The individual responsible for the product's safekeeping shall check, document, and track the expiration date found on the box and replace the product once it has expired.

Use of the Product

In case of a suspected opioid overdose, the school nurse, designee, or other individual shall follow the protocols outlined in the training or product instructions.

Follow-up

- After administration of the product, the school nurse, or other designated staff, will report appropriate information to emergency services, parents (guardians), central office personnel, and if determined necessary, the patient will be transported to a hospital.
- The school nurse or other designated staff will complete the designated incident report and file the report with the school nurse or district office, whichever is applicable.

Protection from Liability

Any patient, bystander, school nurse, a first responder, or technician operating under a first responder agency, who, in good faith and with reasonable care, receives and administers an emergency opioid antagonist pursuant to this policy to a person experiencing a suspected opioid overdose shall not, by an act or omission, be subject to civil liability or criminal prosecution, unless personal injury results from the gross negligence or willful or wanton misconduct in the administration of the emergency opioid antagonist.

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