

Governor KIM GUADAGNO Lt. Governor

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May 24, 2016

TO:

Chief School Administrators

Charter School and Renaissance School Project Lead Persons

Administrators of Approved Private Schools for Students with Disabilities

Administrators of Nonpublic Schools

FROM:

Susan Martz, Chief Learning Supports and Specialized Services Officer/

Assistant Commissioner

Division of Learning Supports and Specialized Services

SUBJECT: Information for Schools Regarding Opioid Overdose Prevention

Time is of the essence when a drug overdose is occurring, or is believed to be occurring. Under New Jersey Law (P.L. 2013, c. 46), the "Overdose Prevention Act" (the Act) provides immunity from civil and criminal liability to non-health care professionals who have, in an emergency, administered an opioid antidote (defined as naloxone hydrochloride or any other similarly acting drug approved by the United States Food and Drug Administration) to a person who he/she believes, in good faith, is experiencing an opioid overdose, provided the requirements of the Act have been met. The Act also provides that a health care professional or pharmacist who, acting in good faith, prescribes or dispenses an opioid antidote to a patient capable, in the judgment of a health care professional, of administering the opioid antidote in an emergency, shall not be subject to any criminal or civil liability, or to professional disciplinary action under Title 45 for prescribing or dispensing an opioid antidote in accordance with the Act. Additionally, the legal protections contained in the Act are designed to encourage overdose victims and witnesses to seek medical assistance in the event of an overdose emergency.

It is the position of the New Jersey Department of Education (NJDOE) that school districts may develop and adopt policies and procedures to maintain and administer opioid antagonists (naloxone) to any student, school personnel or other person believed to be experiencing an opioid overdose during school hours or during on-site school-sponsored activities to block the opioids life-threatening effects.

Naloxone, a prescription medication often referred to by its most commonly known trade name, Narcan, blocks the effects of opioids and can reverse an overdose. Under the Act, physicians can prescribe naloxone to anyone in a position to assist others during an overdose (e.g., bystanders who are likely to encounter an overdose occurrence). This is called third-party prescribing, as the drug is not necessarily intended to be used for the person receiving the prescription.

School districts are encouraged to consult with the Department of Human Services (DHS), their physician, legal counsel, and the school community at large prior to the development of naloxone policies and procedures. Furthermore, written policies and procedures must be adopted by the district board of education or governing authority prior to implementation. Consideration should be given to the following, at a minimum, when developing naloxone policies and procedures:

- Consistency with all applicable rules at N.J.A.C. 6A:16-3;
- Permission for the certified school nurse or, pursuant to the Act, other appropriately licensed school health professionals deemed capable of administering naloxone by a health care professional, to administer naloxone;
- Permission for volunteer, unlicensed school personnel to be trained through a DHS-endorsed program to administer naloxone (see attachment);
- Identification of school personnel roles and responsibilities;
- Procedures for calling 911 immediately upon suspecting an overdose, and notification to parents/guardians as soon as practicable;
- Transportation of the student to the nearest hospital along with a member of the school staff to be designated by the principal;
- Notification to the chief school administrator whenever naloxone is administered;
- Inclusion of naloxone by the school physician in the prescribed standing order;
- School nurse documentation of the administration of naloxone in the same manner he/she documents administration of other medications under a non-patient specific order;
- Storage of naloxone in a safe accessible location, keeping in mind it is heat and cold sensitive;
- The proximity of naloxone near an automated external defibrillator;
- Protocols to monitor the on-site inventory and replacement of naloxone supply;
- Plans for the disposal of administered and expired naloxone applicator;
- Notification to parents/guardians of naloxone policies and procedures;
- Detailed procedures which ensure consistency of practice;
- Regular review of policies and procedures to ensure they continue to be consistent with recommended best practice; and
- Any other applicable information deemed relevant by the district's physician, legal counsel, and the school community at large.

The NJDOE further recommends that the use of naloxone should be included in district emergency response procedures. For additional information, go to http://www.nj.gov/humanservices/dmhas/resources/Naloxone_Fact_Sheet.pdf or contact Adam Bucon, NJ Division of Mental Health and Addiction Services' Statewide Opioid Treatment Authority, at Adam.Bucon@dhs.state.nj.us or call 609-777-0702.

c: Members, State Board of Education

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ATTACHMENT

Training to administer naloxone is coordinated by the Department of Human Services' Division of Mental Health and Addiction Services for providers of addiction treatment, friends and families of individuals with addiction disorders, and others who work with, live with or associate with people who are addicted to opiates to know how to save a life. This program allows for the quickest response and intervention possible.

Free trainings are available in all three regions of the state. Use the following link for the listing of upcoming training sessions: http://www.state.nj.us/humanservices/dmhas/initiatives/naloxone.html.

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