



Guidelines for the Emergency Administration of an Opioid Antidote in Schools

Brief Introduction to Opioids and Opioid Antidotes

The National Institute on Drug Abuse defines opioids as a class of drugs that includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone (OxyContin®), hydrocodone (Vicodin®), codeine, morphine, and many others. Opioids in any form interact with opioid receptors on nerve cells in the body and brain.

The signs and symptoms of an opioid overdose may include, but are not limited to: small, constricted pupils; falling asleep or loss of consciousness; slow, shallow breathing; choking or gurgling sounds; limp body; and pale, blue, or cold skin (CDC). An opioid overdose can be reversed when an opioid antidote is administered as soon as possible. Naloxone is one of the commonly used opioid antidotes that has a long history of safe and effective use, dating back to 1971 (Wermeling, 2015). It is regarded by the U.S. Food and Drug Administration as safe for all ages, even pediatric patients (FDA, 2015; FDA, 2016). Auto-injectors and nasal spray versions of naloxone have come on the market more recently and can be administered by individuals outside of a health care setting.

If there is uncertainty regarding whether an individual is actually having an overdose, the CDC recommends treating it as such, as there are no known negative side effects from receiving naloxone, even for individuals not experiencing an opioid overdose (SAMHSA, 2013).

Application within New Jersey

New Jersey's "Overdose Prevention Act" encourages the wider prescription and distribution of an opioid antidote to prevent opioid overdose. With the passing of *P.L. 2018, c. 106*, each board of education, board of trustees of a charter school, and chief school administrator of a nonpublic school, serving any of the grades nine through 12, is now required to develop and adopt policies and procedures to maintain and administer an opioid antidote 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.

This guidance was prepared by the New Jersey Department of Education (NJDOE), in consultation with the Department of Human Services, after the convening of a working group, which included various stakeholder organizations. This guidance aims to provide clarification and to assist districts, charter schools, and nonpublic schools (referred to throughout this guidance as "districts and schools") in the development of their school policies for the emergency administration of opioid antidotes.

1. Definitions

As used in accordance with *N.J.S.A.* 18A:40-12.23 through 28:

- "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.
- "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.
- "School-sponsored function" means any activity, event, or program (i.e., athletic events, plays, after-school clubs), occurring on or off school grounds*, whether during or outside of regular school hours, that is organized or supported by the school.

*Please note that the requirements of this law **only** apply to school-sponsored functions that take place in the school or on school grounds adjacent to the school building. Developing a policy regarding the administration of opioid antidotes for school-sponsored functions that occur off school grounds is **not required** and is at the discretion of each board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school.

2. Standing Order of School Physician for Opioid Antidote

In accordance with *N.J.S.A.* 24:6J-4(a)(1)(f) and 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 (CSN) for administration to overdose victims. The school physician's standing order must specify, at a minimum, the following:

- (1) That the CSN(s) are authorized to directly administer the opioid antidote to overdose victims in the event of an emergency, and
- (2) That the school district, school, or CSN(s) 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.

Points of Consideration

Districts and schools may enter into shared service agreements if the arrangements will result in cost savings.

Districts and schools may also want to include language in the policy that standing orders must be renewed annually before the start of the school year, in accordance with *N.J.A.C.* 6A:16- 2.3(a)(4)(vi).

3. Location and Maintenance of Opioid Antidote

Pursuant to *N.J.S.A. 18A:40-12.24*, opioid antidotes must be stored in secure but unlocked and easily accessible location(s) and 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. A board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school may, in its discretion, make opioid antidotes accessible during school-sponsored functions that take place off school grounds.

The school must maintain opioid antidotes in quantities and types deemed adequate by the board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school.

Points of Consideration

The school should consider including in its plan a means to:

- monitor the on-site inventory;
- ensure the replacement of the opioid antidote supply following use or expiration of opioid antidote; and
- dispose of administered opioid antidote and expired opioid antidote applicators.

In determining the [quantity](#) and type of naloxone, districts and schools should consider the proximity of the school to EMS Services, the size of the school and the number of total students served, and the prevalence of opioid abuse within the schools' surrounding area.

If not already in a district or school's emergency response protocol, districts and schools may want to consider including the use of gloves as part of their administration procedures to protect those administering the antidote from potential effects of any drug remnants on the overdose victim.

4. Individuals Responsible for the Administration of Opioid Antidotes

Pursuant to *N.J.S.A. 18A:40-12.24(c)(1)*, the CSN shall have the primary responsibility for the emergency administration of an opioid antidote. Additionally, districts and schools must designate additional employees who volunteer to administer an opioid antidote in the event that a person experiences an opioid overdose when the CSN is not physically present at the scene. Designees are only authorized to administer an opioid antidote after completing training pursuant to *N.J.S.A. 18A:40-12.25(b)*, subject to all other requirements of the law.

Points of Consideration

The Overdose Prevention Act requires designees to receive training on how to perform rescue breathing and resuscitation in addition to training on the administration of an opioid antidote. It is recommended that districts and schools make this requirement clear to individuals being designated to administer opioid antidotes, prior to completing training requirements. As Janet's Law (*P.L. 2012, c. 51*) requires each school to have a list of no less than five school employees who are CPR certified

and trained in the use of an automated external defibrillator (AED), this may prove helpful in designee selection.

Districts and schools may consider collecting and maintaining written evidence of satisfactory completion of the training program before such permission is granted. It may prove beneficial for districts and schools to notify approved designees in writing of their selection as a designee for administration of an opioid antidote and for copies of the written notification to be kept on file in a location of the district or school's choosing (e.g. central office, the school nurse's office, or in each school's main office). The identity of approved designees may be disseminated to all staff.

5. Training Requirements

Pursuant to *N.J.S.A. 18A:40-12.25(b)* and *N.J.S.A. 24:6J-5*, each CSN and each employee designated to administer an opioid antidote in the CSN's absence must 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 overdose prevention information required to be provided to the CSN and designees must include, but is not limited to:

- information on opioid overdose prevention and recognition;
- instructions on how to perform rescue breathing and resuscitation;
- information on opioid antidote dosage and instructions on opioid antidote administration;
- information describing the importance of calling 911 emergency telephone service for assistance with an opioid overdose; and
- instructions for appropriate care of an overdose victim after administration of the opioid antidote.

Points of Consideration

[The Division of Mental Health and Addiction Services within the Department of Human Services](#) provides training videos and live trainings for those who will be providing emergency assistance to individuals experiencing an opioid overdose. Districts and schools should consider which method of training they would like to employ (live vs. video), how completion of trainings will be documented, and how to ensure sustainability of staff training to meet the needs and demands of their particular school(s).

In addition to trainings offered by the Department of Human Services, please see the [list](#) of accompanying resources for opioid antidote administration training at the end of this guidance document.

It is important to note that, in accordance with *N.J.S.A. 18A:40-12.25(b)*, a school nurse should not be solely responsible to train any designated employees.

6. Procedures for Emergency Opioid Overdose and Administration of Antidote

Districts and schools should implement a procedure to ensure that all school building staff are familiar with the protocol that must be followed in cases of possible opioid overdose during school hours and during an on-site school sponsored activity. Districts and schools should consider including the following steps in their board of education sponsored procedure.

(1) 9-1-1 should be called immediately to ensure that emergency medical services personnel are dispatched to respond to a suspected drug overdose.

(2) As the CSN holds primary responsibility for administration, the CSN should also be called immediately during school hours and if available at an on-site school-sponsored activity. If the CSN is not in the building or not readily available on-site, another staff member who has been designated to administer the opioid antidote and has received the required training and overdose prevention information should be called.

(3) The CSN or designee should determine whether any other responses are needed (CPR/Rescue Breaths/AED).

(4) In accordance with *N.J.S.A. 24:6J-4(f)*, the CSN or designee may administer the opioid antidote to a student, school personnel, or other person in an emergency if he or she believes, in good faith, that a person is experiencing an opioid overdose.

(5) The CSN and/or other school staff members should monitor the person who has received the opioid antidote until emergency medical responders arrive on the scene.

(6) Pursuant to *N.J.S.A. 18A:40-12.24(d)*, any individual who receives an opioid antidote shall be transported to a hospital emergency room by emergency services personnel, even if the person's symptoms appear to have resolved. If the overdose victim is a student, please follow your district or school's specific procedures for emergency room services pursuant to *N.J.A.C. 6A:16-4.1(c)(5)*.

(7) As soon as possible, school staff should notify the appropriate person(s) that a student or school staff member has experienced a possible opioid overdose. If the victim is a student, the parent or legal guardian should be notified; if the victim is a school staff member, the listed emergency contact should be notified.

(8) The Chief School Administrator, Charter School Project Lead, Renaissance School Project Leads, or Nonpublic School Director should be notified of an opioid overdose and whenever an opioid antidote is administered by a CSN, designee, or emergency medical responder.

Nothing in a district or school's policy shall 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.*

Points of Consideration

When providing instructions for appropriate care of an overdose victim after administration of an opioid antidote, districts and schools may want to include information to ensure designees are aware that overdose victims may present with agitation or combativeness due to experiencing severe withdrawal symptoms from administration of the opioid antidote and may need help to remain calm (SAHMSA, 2013).

Additionally, procedures may vary slightly for those districts or schools who choose to make opioid antidotes accessible during school-sponsored functions that take place off school grounds.

7. Post-Administration Procedures and Existing Policy Considerations

Any student or school staff member who is found to be under the influence of a controlled dangerous substance shall be subject to the provisions of applicable statutes and administrative codes, including, without limitation, *N.J.A.C. 6A:16-3, Comprehensive Alcohol, Tobacco, and Other Drug Abuse Programs*, *N.J.A.C. 6A:16-4, Procedures for Alcohol and Other Drug Abuse Intervention* and any other Board policies and regulations regarding substance use, possession, and supports (i.e., continuity of care).

Examples of continuity of care may include the designated school staff (i.e., school counselor, student assistance coordinator (SAC), case worker/manager, social worker):

- Communicating with the treatment program to ensure an appropriate and adequate educational program is in place (e.g. work/assessments from each of their classes) if a student is referred to and attends a treatment facility.
- Contacting the treatment facility prior to the student's discharge to gain insight on some of the supports being provided and how school staff could continue providing those or similar supports to the student.
- Meeting with relevant stakeholders before the student returns back to school to devise a transition plan. Relevant stakeholders may include teachers, certified school nurse, school SAC, administrators, coaches, I&RS Team, etc.
- Leading a re-entry meeting for the student and his or her parent(s)/guardian(s) to discuss supports put in place for the student in transitioning back to school upon discharge from the treatment facility and re-entry to school. This meeting can also be used to review rules/policies, brainstorm strategies with students regarding how they can avoid triggers or reach out for help, and establish a regular check-in with the student.
- Helping to connect the student (and/or student's family) with community resources or relevant support programs as needed.

When developing their policies, districts and schools should consider other existing requirements or policies related to the possession/use of illegal substances. Specifically, districts and schools are encouraged to review the [Uniform State Memorandum of Agreement Between Education and Law Enforcement Officials](#), the [School Safety & Security Manual](#), and the reporting requirements in the [Student Safety Data System](#).

8. Limitation of Liability

Pursuant to *N.J.S.A. 24:6J-4*, the school district, medical inspector, certified school nurse, and other approved designee shall not, as a result of any acts or omissions, be subject to any criminal or civil liability for administering an opioid antidote. Any person or entity authorized under *P.L. 2018, c. 106* to administer an opioid antidote, may administer to an overdose victim with full immunity:

- (1) A single dose of any type of FDA-approved opioid antidote for use in the treatment of opioid overdoses and
- (2) Up to three doses of an intramuscular auto injector or an intranasal application of opioid antidote, as needed to revive the overdose victim.

Nothing in a district or school's policy shall prohibit the administration of an opioid antidote to a student, school personnel, or other person in an emergency during school hours or during on-site school-sponsored activities by an emergency medical responder or by a person authorized to administer an opioid antidote in accordance with *N.J.S.A. 24:6J-1 et seq.* Furthermore, in the event that a licensed athletic trainer volunteers to administer an opioid antidote, it shall not constitute a violation of the "Athletic Training Licensure Act," *P.L. 1984, c. 203 (C.45:9-37.35 et seq.)*.

The Overdose Prevention Act provides that when a person, in good faith, seeks medical assistance for an individual believed to be experiencing a drug overdose, whether the person is seeking assistance for himself/herself or another, the person calling for help and the person experiencing the overdose shall not be arrested, charged, prosecuted, or convicted for certain criminal offenses enumerated in *N.J.S.A. 2C:35-30(a)(1-6)* and *N.J.S.A. 2C:35-31(a)(1-6)*.

For further resources, please visit the NJDOE [Alcohol, Tobacco, or Other Drug Abuse](#) website.

For additional information or if you have any questions regarding this guidance, please contact the Office of Student Support Services at schoolhealth@doe.nj.gov.

Resources for Schools:

Obtaining Opioid Antidote:

- Pharmaceutical Companies (i.e., [Adapt Pharma](#), [Kaléo](#))
- Local Pharmacies (i.e., CVS, Walgreens)
- Local Municipal Alliance

Training on Administering Opioid Antidote:

- Information on [upcoming trainings](#) is available at the Division of Mental Health and Addiction Services website.
- There are three regional opioid overdose prevention programs as well as various treatment programs and other community organizations throughout the state that provide naloxone kits as well as training in the administration of naloxone and education on recognizing and responding to an opioid overdose. Funding for these free trainings and availability of free naloxone is not always guaranteed; therefore, please contact the program or site directly to ensure the service is currently being offered:

[Atlantic Health System / Atlantic Training Center](#)

Serving all of northern NJ with locations in Morris, Union, Sussex and Warren counties.

120 Dorsa Avenue, Livingston, NJ 07039

Phone: (908) 522-2867

Email: AtlanticTrainingCenter@atlantichhealth.org

Website: <https://tinyurl.com/j7v9aay>

Camden Area Health Education Center

514 Cooper Street, Camden, New Jersey 08102

Contact: Michele Aziz

Phone: (856) 963-2432 Ext. 216

Email: aziz_m@camden-ahec.org

[Crossroad Access and Prevention \(NJCRI\)](#)

393 Central Avenue, Newark, NJ 08102

Contact: Denise Brown

Phone: 973-483-3444 ext. 204

Email: D.BROWN@NJCRI.ORG

Website: <https://www.njcri.org>

[JSAS Healthcare](#) (serving the central region of New Jersey)

685 Neptune Blvd., Neptune Township, New Jersey 07753

Contact: Diane Villari

Phone: (732) 988-8877

Email: dvillari@jsashealthcare.org

Website: <http://jsashealthcare.org/overdose-prevention/#>

Morris County Prevention is Key, Inc. (serving the northern region of New Jersey)
25 West Main Street, Rockaway, New Jersey 07866
Contact: Kelly LaBar
Phone: (973) 625-1998, ext. 27
Email: klabar@mcpik.org
Website: <https://morris.caresnj.org/narcan-trainings/>

Oasis Naloxone Distribution Overdose Prevention Program
32 South Tennessee Avenue, Atlantic City, New Jersey 08401
Contact: Babette Richter
Phone: (609) 572-1929
Email: babetter@sj aids.org

Rutgers-Robert Wood Johnson Medical School (off-site regional trainings available)
317 George St., Suite 105 New Brunswick, NJ 08901
Contact: Trish Dooley Budsock
Phone: (732) 235-3361
Email: dooleypc@rwjms.rutgers.edu

The Overdose Prevention Agency Corporation (TOPAC)
1540 Kuser Road, A-2, Hamilton, New Jersey 08619
Phone: (609) 581-0600
Email: TOPAC@overdosepreventionagency.org
Website: <https://overdosepreventionagency.org/topac-training-schedule/>

Urban Treatment Associates, Inc. (serving the southern region of New Jersey)
808 Market Street, Camden, New Jersey 08102
Phone: (856) 225-0505
Email: uta.narcan@verizon.net

**Please be advised that this provided list is for informational purposes only and does not constitute endorsement, recommendation or favoring by the Department of Education, or its officers, employees or agents. Please note that the New Jersey Department of Education has not validated the materials related to these resources.*

Frequently Asked Questions (FAQ)

1. Q: How much naloxone should our school maintain?

A: The quantity of naloxone should be determined in consultation with a school's board of education, board of trustees of a charter school, or chief school administrator of a nonpublic school and is up to the needs of the particular districts and schools. Consulting with local health or human services departments may prove useful as they can provide statistics specific to your school's locale. When determining the amount of naloxone, keep in mind that most kits will come with two auto-injectors or nasal applicators. Other points of consideration should be the proximity of your school to EMS Services, the size of your school and the number of total students served, and the prevalence of opioid abuse within the schools' surrounding area. Districts and schools should be aware that repeat doses may be necessary (NIDA, 2018).

2. Q: In how many locations throughout the school should the naloxone be placed?

A: See answer for FAQ #1. Additionally, the particular school protocol should be considered (i.e., who is charged with bringing the opioid antidote to the overdose victim).

3. Q: What do I do if the overdose victim is a school employee, outside community member, or student over the age of 18 and s/he is refusing transport to the hospital after being administered an opioid antidote?

A: Share with the individual that when they agree to transport to the hospital, there is a better chance to receive in-patient treatment and gain access to community-based recovery support services.

4. Q: What if the certified school nurse (CSN) is already handling another emergency situation, such as a severe allergic reaction?

A: If the CSN is not in the building or not readily available on-site, another staff member who has been designated to administer the opioid antidote and has received the required training and overdose prevention information should be notified to respond. As communication procedures should be set up within each district or school's existing emergency response policy, responses may vary from district to district.

5. Q: If a classroom teacher is one of the volunteer designees trained to respond to an opioid overdose, and is called upon to administer an opioid antidote to an overdose victim during an instructional period, can the teacher leave the classroom or will s/he be held liable if something were to happen to a student in his/her absence?

A: Please refer to your district or school's emergency response policy.

6. Q: Where does naloxone have to be stored?

A: Naloxone must be stored in a secure but unlocked and easily accessible location.

7. Q: We are a small nonpublic school who does not have a school physician. How might we obtain a standing order for the opioid antidote?

A: Please work with the public district board of education in your town or municipality. You may also wish to contact [The Educational Services Commission of New Jersey](#) and the [NJ Joint Council of County Special Services School Districts](#), which are two organizations that offer assistance with shared agreements to designated counties or school district populations.

8. Q: Does either the CSN or a trained designee need to be available at all times? (i.e., if the CSN leaves at 4 p.m. must one of the designees be available?)

A: All districts and schools serving grades 9-12 are required to have opioid antidotes accessible during regular school hours and during school-sponsored functions that take place in the school or on school grounds adjacent to the school building.

9. Q: What considerations, if any, should guide schools when selecting designees to assist in the CSN’s absence?

A: *P.L. 2012, c. 51*, also known as Janet’s Law, requires each school to have a list of no less than five school employees, team coaches, or licensed athletic trainers who are CPR certified and trained in the use of an automated external defibrillator (AED). As the list is required to be updated regularly, this may be a good starting point for some schools to identify possible designees.

10. Q: If I have a student who is treated for an overdose, would I then need to follow N.J.A.C. 6A:16-3 Comprehensive Alcohol, Tobacco, and Other Drug Abuse Programs and N.J.A.C. 6A:16-4, Procedures for Alcohol and Other Drug Abuse Intervention?

A: Yes, please refer to *N.J.A.C. 6A:16-3* and *16-4* for information regarding confidentiality, referral procedures, continuity of care, etc.

11. Q: What is the difference between someone who is experiencing opioid withdrawal versus someone who is actually experiencing an opioid overdose?

A: Please see table below.

Table 1: Some signs and symptoms of opioid withdrawal and overdose

Signs and symptoms of opioid withdrawal	Signs and symptoms of opioid overdose
Body aches	Pale and clammy face
Diarrhea	Limp body
Fever	Very little or no breathing
Runny nose	Very slow or no heartbeat
Sweating	Vomiting or gurgling noise
Restlessness or irritability	Fingernails or lips turning blue/purple

Adapted from: SAMHSA – Opioid Overdose Toolkit, 2016.

12. Q: Our district found a local training opportunity but it does not include CPR training. Can we still use it?

A: Individuals trained to administer an opioid antidote must be provided instructions on how to perform rescue breathing and resuscitation in accordance with *N.J.S.A. 24:6J-5(a)(1)*. If the opioid antidote administration training program your district would like to utilize does not include CPR training, the training may still be used as long as individuals receive separate instruction on CPR in fulfillment of the requirement.

References

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