



New York State Education Department

**Guidelines for Implementing Opioid Overdose  
Prevention in Schools**

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The University of the State of New York  
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Office of Student Support Services



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## **Foreword**

New York State Education Department in consultation with the New York State Department of Health has updated these guidelines to assist all schools in the development, implementation and updating of their opioid prevention policy.

This guidance document is intended to be used by school boards of education or other governing bodies, administrators, school personnel, school health professionals, and parents/guardians in developing plans to provide opioid overdose prevention education and manage an overdose at school. While this resource contains recommendations that represent best practice, the school and health professionals must determine the appropriateness of plans developed for each individual student in the unique situation in which they practice within the parameters of existing laws and regulation.

The New York State Department of Health (NYSDOH) and the New York State Education Department (NYSED) have made every attempt to ensure that the information and resources contained in this document reflect best practice in the field of school health.

## Background

Death by overdose remains a public health emergency in New York State (NYS) as the number of opioid-related deaths continues to rise. The Centers for Disease Control and Prevention's Wide-Ranging On-line Data for Epidemiologic Research (CDC WONDER) shows the number of overdoses in NYS involving any drug were 4,965 in 2020, 5,842 in 2021 and 4,549 through October 2022.<sup>1</sup> NYS Emergency Medical Services (EMS), in 2022, responded to 324 calls involving the administration of naloxone.<sup>2</sup> In 2022, 41 naloxone administrations were reported by law enforcement with the youngest reported person being age 12. Among the 41 administrations:

- 12 were between the hours of 6am and 4pm (29%);
- 41% were to patients identified as female, and 56% were to patients identified as male;
- 24 out of the 62 counties in NYS were represented;
- In 41% of cases, the suspected drug causing the overdose was unknown; in 22% of cases the overdose was attributed to heroin or fentanyl; and in 5% of cases the overdose was attributed to other opioids; and
- Bystander naloxone administration occurred in only 3 cases (7%).

All schools are encouraged to participate in the [New York State Department of Health \(NYSDOH\) Opioid Overdose Prevention Program \(OOPP\)](#) and to continue to educate and raise awareness in schools and their communities about the dangers of opioids and synthetic opioids.

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<sup>1</sup>National Center for Health Statistics. Multiple Cause of Death 1999-2020 on CDC WONDER Online Database.

Centers for Disease Control and Prevention. Accessed January 2022. <https://wonder.cdc.gov/controller/datarequest>

<sup>2</sup> The EMS data is provided from electronic patient care reports (ePCR) submitted and analyzed from the NYS ePCR Repository in the Department of Health Bureau of Emergency Medical Services and Trauma Systems.

## Statutory Framework

[Public Health Law §3309](#) and [10 CRR NY §80.138](#) establish the framework for regulated opioid overdose prevention including community access to opioid antagonists (e.g., naloxone and Narcan®).

[Education Law Article 19 §922](#) and [8 CRR NY §136.8](#) permit NYS school districts, boards of cooperative educational services (BOCES), charter schools, and nonpublic schools, (all collectively referred to as *schools*) to participate in an opioid overdose prevention program and receive training from an approved program pursuant to Public Health Law §3309.

Participating schools are required to provide and maintain opioid antagonists on-site in each instructional facility to ensure ready and appropriate access for use during emergencies to any student or school personnel having opioid overdose symptoms, whether they have a previously known history of opioid abuse. Trained employees at participating schools may administer an opioid antagonist in the event of an emergency.

While training is highly encouraged, it is important to note that use of an opioid antagonist pursuant to this section shall be considered first aid or emergency treatment for the purpose of any statute relating to liability.

[Education Law Article 19 §902](#) requires all public-school districts to employ a qualified physician or nurse practitioner (NP) to perform the duties of a director of school health services (this person is commonly referred to as a medical director).

[Education Law Article 131 §6527](#) establishes that a licensed physician may prescribe and order a non-patient specific regimen to an RN pursuant to regulations promulgated by the Commissioner of Education and consistent with the [Public Health Law §3309](#) for the urgent or emergent treatment of opioid-related overdose or suspected opioid-related overdose.

[Education Law Article 139 §6909](#) states an NP may prescribe and order a non-patient specific regimen to an RN pursuant to regulations promulgated by the Commissioner of Education consistent with [Education Law Article 139 §6902](#) and [Public Health Law §3309](#) for the urgent or emergent treatment of opioid-related overdose or suspected opioid-related overdose. This section also authorizes RNs to execute non-patient specific orders prescribed by a NYS licensed physician or NP to administer urgent or emergency treatment of opioid-related overdose or suspected opioid-related overdose.

[Education Law Article 130 §6509-d](#) provides protection from liability for professional misconduct to a person who is licensed to practice a profession under title VIII of the Education Law if the person would otherwise be prohibited from prescribing or administering drugs and the person administers an opioid antagonist in an emergency. For information on licensed professionals visit the [NYSED's Office of Professions website](#).

## Planning Process and Policy Development

Prior to participation in an opioid overdose prevention program and/or providing an opioid antagonist in a school, boards of education and school governing bodies should develop policies consistent with State and federal laws and regulations. This should be done in collaboration with the school's medical director, school nurse (registered professional nurse) and/or other licensed health care professionals consistent with their scope of practice (e.g., physician, nurse practitioner, physician assistant), and the school's legal counsel. Policies should be reviewed on a regular basis to ensure they continue to comply with relevant State and federal laws and regulations, meet the needs of the program and are consistent with recommended best practices.

The planning process should include, but is not limited to:

- Schools electing to participate under Options 1 and 3 described in this document **must** have the approval of the school district's board of education, or school's governing body, along with approved policies and procedures in place prior to implementation. This is recommended for Option 2;
- The use of an opioid antagonist should be included in district emergency response procedures for health emergencies, which in the public schools includes an Automated External Defibrillator (AED). See NYSED's [Managing Emergency Health Care and Communicable Diseases in the School Setting](#) for more information;
- Protocols should be in place to monitor the inventory, storage, use, and reporting of opioid antagonist administration and any overdose reversals; and
- Written procedures should be detailed to ensure consistency of practice and include the following:
  - identification of school personnel roles and responsibilities;
  - identification and provision of professional development and education needs, inclusive of evaluation procedures to ensure recognition, and appropriate response, to opioid overdose emergencies in the school setting; and
  - identification of linkages with an existing NYSDOH registered program if applicable.

Additional resources for opioid overdose prevention can be found at [NYSDOH Opioid Overdose Prevention Resources for School Settings](#) and the [New York State Center for School Health \(NYSCSH\)](#) in the A-Z index under O.

There are three options available for schools that choose to participate in an opioid overdose prevention program and administer an opioid antagonist (e.g., naloxone) in the school setting, as outlined in [Opioid Administration In Schools Options Chart](#).

- **Option 1** - A school chooses to become a registered opioid prevention program with NYSDOH;
- **Option 2** - A school chooses to have their registered professional nurses (RN) follow a nonpatient specific order to administer naloxone; or

- **Option 3** - A school chooses to collaborate with a community based registered opioid prevention program.

Schools may choose to operate with both option 2 and option 1 or 3, to ensure their nursing staff has what they need to administer naloxone, while permitting additional school personnel to be trained to administer.

Although options for participation differ, the guidelines and forms provided in this document have been tailored for all schools to use for implementation of safe and effective policies, protocols, and procedures on the use of opioid antagonist in schools. The chart and these resources can be found on the New York State Center for School Health's (NYSCSH) website under [O resources](#), Opioid Overdose Prevention.

It is the responsibility of a school district's board of education or a school's governing body to determine the most appropriate option for the school. NYSED recommends this decision is made in collaboration with the school or school district's legal counsel and licensed health professionals (e.g., district medical director or registered professional nurses). Schools electing to participate in an existing NYSDOH Registered OOPP operated by another organization can find existing programs on the [NYSDOH Provider Directory](#).

**NOTE:** RNs and LPNs may also administer an opioid overdose drug/treatment to a student that has a valid **patient specific** order prescribed by a duly licensed physician, physician assistant, or nurse practitioner.



# Implementation

## Option 1

### *School Becomes a Registered Opioid Overdose Prevention Program*

To become a Registered OOPP, after meeting the requirements below, a school must [register](#) with the NYSDOH to obtain a certificate of approval.

All OOPP's are required to have a Program Director and a Clinical Director. The Program Director is responsible for oversight of the program, whereas the Clinical Director is responsible for the clinical aspects of the program. The qualifications and responsibilities of the Program Director and Clinical Director are outlined in [Putting the Pieces Together: A Guide for New York State's Registered Opioid Overdose Prevention Programs](#). While it is not recommended, the Program Director and Clinical Director roles can be fulfilled by the same person.

Program Director responsibilities include but are not limited to:

- Acting as the primary contact for the NYSDOH;
- Creating active accounts in the [Opioid Overdose Prevention Program System](#).
- Guaranteeing procedures are in place to inform the NYSDOH of any relevant staffing changes;
- Verifying that there is an appropriately licensed Clinical Director who oversees the clinical aspects of the program;
- Confirming board of education approved policies are in place to guide program implementation;
- Developing protocols (in collaboration with the school medical director or other licensed health professional) to guide program implementation;
- Ensuring staff receive required training<sup>3</sup> on the administration of an opioid antagonist:
  - Completion of the [NYSDOH-NYSED approved training](#) with the attainment of 80% accuracy on the post test. After successful completion of the training, a certificate will remain valid for two years; and
  - Successful completion of the *Opioid Training Skills Checklist for Staff* with a licensed health professional (whose scope of practice includes medication administration, and health teaching such as a physician, nurse practitioner, physician assistant or RN). *Note that LPNs may not perform this function, as teaching is not within their scope of practice.*
- Ordering opioid overdose prevention supplies from NYSDOH;
- Establishing and maintaining a recordkeeping system for the number of overdose responders trained, the opioid antagonist inventory, and for opioid

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<sup>3</sup> Training is required every two years however, NYSED recommends annual refresher training to ensure that understanding and skills in opioid overdose response are current and timely. It is further recommended, that a current list of trained volunteer school personnel is maintained in the health office, or another location designated by the school.

- antagonist administrations according to NYSDOH requirements;
- Reporting quarterly to NYSDOH through [NYSOOPPS](#); and
- Acting as a liaison with emergency medical services (EMS) and emergency dispatch agencies.

The Clinical Director must be a physician, physician assistant or nurse practitioner. A school's medical director may act as the OOPP Clinical Director. Guidelines to assist Clinical Directors in understanding their role and responsibilities of the opioid overdose prevention program in the school setting can be found on the NYSCSH's [Opioid Overdose Prevention](#) and [NYSCSH Medical Director's page](#).

The Clinical Director's responsibilities include but are not limited to:

- Providing clinical oversight and prescribing an opioid antagonist;
- Developing, or adapting, and implementing an overdose prevention training curriculum in collaboration with the Program Director;
- Working with the Program Director to ensure that all overdose responders are trained;
- Reviewing opioid antagonist administration reports;
- Possessing a validated account on the [NYSOOPPS](#) and creating additional accounts as needed;
- Electronically signing the "ship to" form on the NYSOOPPS, if orders for opioid antagonist nasal spray will be placed through the NYSDOH; and
- Reviewing storage and inventory controls for opioid antagonists.

## Option 2

### *School Nurse Administration of Opioid Overdose Treatments Pursuant to a Non-patient Specific Order*

The school medical director (or other NYS licensed physician or nurse practitioner) can issue a non-patient specific order and protocol authorizing school nurses (who are RNs) to administer an opioid antagonist to someone suspected of having an opioid overdose. The non-patient specific order must comply with the requirements in regulation for a non-patient specific order [[NYS Nursing: Laws, Rules & Regulations: Part 64.7\(e\)](#)]:

The non-patient specific order shall include, at a minimum, the following:

- the name, license number and signature of the licensed physician or certified nurse practitioner who orders or prescribes the non-patient specific order and protocol;
- the name, dose, and route of administration of the drug to be administered to treat opioid related overdose;
- a protocol for administering the ordered opioid related overdose treatment (opioid antagonist), or a specific reference to a separate written protocol for administering the ordered opioid related overdose treatment;
- the period of time that the order is effective, including the beginning and ending dates;

- a description of the group(s) of persons to be treated; and
- the name and license number of the registered professional nurse(s) authorized to execute the non-patient specific order and protocol to administer the opioid antagonist; or the name of the entity that employs or contracts with registered professional nurses to execute the non-patient specific order and protocol, provided that the registered professional nurses execute the non-patient specific order and protocol only in the course of such employment or pursuant to such contract and provided further that the entity is legally authorized to employ or contract with registered professional nurses to provide nursing services.

The written protocol must be incorporated into the order, include instructions for administering the opioid related overdose treatment and require the registered professional nurse to ensure that:

- Each potential recipient is assessed, pursuant to criteria in the protocol, for conditions that would qualify or preclude receiving the ordered opioid antagonist;
- Consent to administer treatment is obtained, pursuant to criteria in the protocol, if the potential recipient is capable of providing it;
- The opioid antagonist administration is documented, pursuant to criteria in the protocol, and includes the name and dose of drug administered, the date, time and location of the treatment, the recipient's name and the administering registered professional nurse's name and this medical documentation relating to opioid related overdose treatment is maintained; and
- When an opioid antagonist is administered outside of a general hospital, the recipient of the treatment is transferred to a hospital for follow-up care to the extent possible, along with documentation describing the opioid antagonist that was administered in accordance with criteria in the protocol.

The RN responsible for implementing the non-patient specific order may direct a licensed practical nurse (LPN) to administer an opioid antagonist to a particular person. The RN must provide direction and training, if needed, to the LPN. RNs, and LPNs under the direction of an RN, are not required but are highly encouraged to complete the NYSDOH-NYSED training to maintain currency related to professional practice (i.e., assessment skills related to opioid overdose).

Sample non-patient specific orders for both intranasal and intramuscular administration of opioid antagonists are available on the New York State Center for School Health's (NYSCSH) website under [O resources](#), Opioid Overdose Prevention.

### **Option 3**

#### *Participating with a Registered Opioid Overdose Prevention Program Operated by Another Organization*

Schools participate with an existing NYSDOH OOPP operated by a community-based

organization. Participating with an existing NYSDOH registered OOPP does not require the school have a clinical director, as all existing NYSDOH registered OOPP's have a clinical director.

Volunteer school personnel participating under an existing OOPP are required to complete a NYSDOH-NYSED approved training program pursuant to Public Health Law §3309.

The following are required for volunteer school personnel to administer an intranasal opioid antagonist in schools:

- In addition to any training provided by the OOPP, NYSED and the NYSDOH require completion of the [NYSDOH-NYSED approved training](#) for volunteer school personnel with the attainment of 80% accuracy on the posttest; and
- After successful completion of the Opioid Overdose Prevention Training, a certificate of training in opioid overdose prevention will be issued and valid for two years. NYSED strongly encourages an annual refresher training to ensure that understanding and skills in opioid overdose response are current and timely. The school must maintain a current list of its trained volunteer school personnel. Maintaining this list in the health office, or a location designated by school district administration, is recommended.

It is critically important that clear communication along with a well-defined delegation of program responsibilities are outlined in the school district policies and procedures when participating with a NYSDOH registered OOPP operated by another organization. Identifying who will communicate with the NYSDOH program is imperative, including who will report the administration of an opioid antagonist.

## **Obtaining Opioid Antagonists**

Under Option 1 (register as an OOPP) or Option 3 (participate under an existing OOPP) schools may obtain free opioid antagonists through NYSDOH. NYSDOH provides opioid antagonist in a nasal spray or intramuscular formulations, a disposable face shield to use as a barrier for rescue breaths, and instructions available in English and Spanish.

Gloves are not provided by the NYSDOH; therefore, schools are responsible for providing disposable gloves to responders to maintain standard precautions in case of contact with body fluids. See [Managing Emergency Health Care and Communicable Diseases in the School Setting](#) for more information on standard precautions.

Under Option 2 (School Nurse Administration of Opioid Overdose Treatments Pursuant to a Non-patient Specific Order and Protocols), schools can obtain opioid antagonists by purchasing them over the counter.

## **Storage of Opioid Antagonists**

Opioid antagonists should be available to ensure ready and appropriate access for use during emergencies. Opioid antagonists should be stored in secure but accessible locations consistent with the district emergency response plan. For example, opioid antagonists may be kept in the school health office or stored inside the flap of the schools AED case. If placed in an AED cabinet, a plastic breakaway lock should be placed on the cabinet for secure storage. Note that manufacturer's instructions may prescribe additional conditions for storage.

## **Inventory**

Inventory of opioid antagonists should be counted on a routine basis (weekly is recommended) to determine whether there are any discrepancies between recorded inventory and actual inventory. Inventory records of opioid antagonists and related supplies should be maintained according to school policy and procedures. NYSDOH and NYSED recommend that personnel designated by school administration monitor on-site inventory and placement of opioid antagonists. Opioid antagonists should be replaced even if only one dose is used.

Accounting for opioid antagonists in AED cabinets could occur at the same time the routine AED check is performed and included on the same log, or on a separate log which is maintained solely for opioid antagonist's record keeping. Opioid antagonists have expiration dates; checking the date should be part of any protocol like checking the AED and epinephrine auto-injectors.

### ***Options 1 and 3:***

Clinical and program directors of the OOPPs should also be notified by designated personnel responsible for monitoring inventory when additional stock is needed or when the opioid antagonist is nearing expiration.

### ***Option 2***

School nurses or school medical directors should follow district protocols and policies for

re-ordering opioid antagonists and related supplies.

Note: Licensed nurses are not permitted to administer expired medications. The only exception is if the Food and Drug Administration (FDA) approves extension of the expiration date for that formulation.

Sample inventory forms are available on the [NYSCSH Opioid Overdose Prevention webpage](#). The log should include the following information:

- date received;
- storage (placement) location;
- lot #;
- expiration date;
- time and date of unit use or disposal; and
- the signature of the person placing opioid antagonists in the storage or deployment areas.

The [New York State Archives School District and BOCES \(ED-1 329\)](#) instructs inventory, storage, receipt, and distribution records for vaccines and controlled substances (or other drugs or medication) administered to students and/or employees, should be maintained 5 years from the administration date.

## Emergency Response for Suspected Opioid Overdose

Persons appearing to experience an opioid overdose needs immediate medical attention and emergency response intervention.

- Activate the school's emergency response system (i.e., call 911);
- Administer opioid antagonist immediately as ordered;
- Provide CPR/Rescue Breaths and AED as needed; and
- Notify administration and parents/guardians if the recipient is a student per school policy as soon as practicable. A school staff member must accompany a student to the hospital and remain until the parent/guardian arrives.

## Documentation and Notifications

Schools should have policies and protocols in place ensuring that school administration, and parent/guardians of the student, are notified for all health related emergencies. In the case of a student overdose, the parent/guardian will need to be informed of the student's disposition by EMS to an emergency room for follow up care.

School personnel must document the administration of the opioid antagonist which must include:

- name and title of the person who administered the opioid antagonist;
- name of opioid antagonist recipient (if known);
- date/time/route and number of doses of opioid antagonist administered;
- location where the administration occurred;
- signs and symptoms displayed by the recipient prior to administration;
- recipients' response to the opioid antagonist;
- whether CPR/rescue breathing/AED was administered;
- name of the EMS agency providing transport, along with the name of the healthcare facility to which the recipient was transported;
- notification of the building administrator, the student's parent/guardian, or the staff member's emergency contact; and
- signature of the person completing the documentation.

### **Options 1 and 3:**

- For OOPP Options 1 and 3, report all opioid antagonist administrations to both the clinical director and the program director, whose responsibility is to report to NYSDOH. The required Opioid Overdose Reporting Form is located online in the [Opioid Overdose Prevention Program System](#);
- All registered programs are required to file quarterly reports (January 1 through March 31, April 1, through June 30, July 1, through September 30 and October 1 through December 31) with the NYSDOH. These include the log of trained personnel, newly trained personnel, and quantity of opioid antagonist received

- and administered by formulation type (intramuscular/intranasal); and
- Schools that participate under an existing NYSDOH registered provider (Option 3) should detail in their policies and procedures if the school or the NYSDOH registered program will assume the role and responsibilities of the program director for documentation and reporting of training volunteer school personnel to NYSDOH. NYSED recommends ongoing communication and collaboration with school administration and licensed school health professionals (i.e., district medical director and registered professional nurses).

The original training skills checklist for each volunteer responder should be kept for six years. Retain the summary training log for no less than six years from the date of the last person trained per [New York State Archives- Training Schedule Section](#), or longer per school policy.

### ***Option 2***

School nurses administering under a non-patient specific order must notify the prescriber and school administration, in accordance with school policies/protocols.



## Resources

[Education Materials from Resources Addressing Substance Use Implementation of New Law: Education Law §3038](#)

[Guidance for Providing Educational Resources to Address Substance Use](#)

[New York State Center for School Health Opioid Overdose Prevention](#), accessed April 22, 2024

[New York State's Opioid Overdose Prevention Program](#), accessed April 22, 2024

[New York State Opioid Overdose Prevention Resources for School Settings](#), accessed April 22, 2024

[Putting the Pieces Together: A Guide for New York State's Registered Opioid Overdose Prevention Programs](#), accessed April 22, 2024

[SAMHSA Overdose Prevention and Response Toolkit](#), accessed April 22, 2024