

Emergency Administration of Naloxone (Narcan)

The following regulation shall be followed for the placement, storage, inventory, reordering, documenting, reporting incidents of usage, and training for use of Naloxone (Narcan).

Communication

In each school stocking Naloxone (Narcan) the school nurse, along with LEARN administration, will develop a plan for annually informing all parents/guardians and staff about the policy pertaining to its use and specifically:

- The availability of Naloxone to treat opioid overdoses and what it does;
- The symptoms of opioid drug overdoses;
- The way individuals should report suspected overdoses;
- The protection from criminal prosecution provided by law to persons who report a suspected overdose using their name and remaining with the overdosing person until emergency medical services (EMS) or law enforcement arrive;
- The protection from civil liability provided by law to persons who report overdoses or who administer Naloxone (Narcan) in overdose emergencies.

Standing Order from the School Physician/School Medical Advisor

The school physician/School Medical Advisor shall provide and annually renew a standing order for administration of Naloxone (Narcan) to students or staff suspected of experiencing an opioid overdose. The standing order shall be maintained in the nurses' office and copies of the standing order shall be kept in each location where Naloxone (Narcan) is stored.

Training

School nurses having custody of Naloxone shall be trained in its use by the Nursing Supervisor, school physician/School Medical Advisor, Department of Public Health (DPH) or by the appropriate division of the Connecticut State Department of Education. Such training program shall include overdose risk factors, recognizing opioid-related overdoses, calling 911, rescue breathing administering Naloxone (Narcan), recovery position and promptly seeking medical attention for drug overdoses.

The following signs may indicate an overdose situation:

- The person is unresponsive or limp.
- The person is awake but unable to talk.
- The person's pulse is slow or erratic or there is no pulse.
- The person's skin is pale gray or blue, especially around the fingernails and lips.
- The person is making deep, slow snoring, choking, or gurgling sounds.
- The person is vomiting.

A list of LEARN individuals who have successfully completed such training shall be maintained, updated, and kept in the school nurse's office and LEARN's Central Office.

Acquisition, Storage, and Disposal

The school physician/School Medical Advisor shall order for each school site Naloxone (Narcan) from a properly credentialed wholesaler of drugs, cosmetics, and medical devices.

Naloxone (Narcan) will be clearly marked and stored in the nurse's office. It will be stored in accordance with the manufacturer's instructions to avoid extreme cold, heat and direct sunlight. It will be stored in moderate temperatures, and not in a refrigerator.

Inspection of the Naloxone is to be conducted regularly by the school nurse. The expiration date is to be checked. Expiration is generally 12 to 24 months.

There should always be one backup naloxone kit per building. When a Naloxone kit is used, another backup kit is to be ordered. Naloxone that is nearing its expiration date should be replaced. The school nurse is to maintain a log of Naloxone supplies containing the following information: lot number, date of receipt, expiration date, and location. The school nurse shall perform an inventory check monthly.

Administration of Naloxone (Narcan)

When responding to a suspected drug overdose, the school nurse shall:

1. Call for medical help immediately (Dial 911).
2. Check for signs of opioid overdose.
3. Perform initial rescue breathing (or CPR if needed), as instructed in training.
4. Prepare and administer Naloxone (Narcan), as instructed in training.
5. Continue the rescue breathing (or CPR if needed), as instructed in training.
6. Administer second dose of Naloxone (Narcan) in 3 minutes if no response or minimal breathing or responsiveness.
7. Place in recovery position, as instructed in training.
8. Stay with the individual until emergency medical help arrives.
9. Cooperate with EMS personnel responding to the incident.
10. Notify the building administrator or designee of the incident.

Follow-Up

After the administration of Naloxone (Narcan) the school nurse will follow LEARN's reporting protocols.

The school nurse, or other trained staff, will also to notify appropriate student services and provide substance abuse prevention resources to the overdose victim and family, as appropriate.

School nurses are to document all administration of Naloxone (Narcan) in the same manner as the administration of other medications under non-patient -specific orders. The school nurse must report all administration of Naloxone (Narcan) to the Building Principal and the Nursing Supervisor who will inform the school physician/School Medical Advisor and Executive Director.

The Executive Director or his/her designee will immediately report incidents involving the use of controlled substances on school property, at any school-sponsored activity or on a school bus to the local police department in accordance with state law and regulations, the procedure set forth in the memorandum of understanding with local law enforcement, and LEARN policies.

The Executive Director or his/her designee will notify the parent/guardian of any student involved in an incident involving the use of controlled substances as soon as practicable. All attempts made to reach the parent/guardian will be documented.

Any student who experiences a drug overdose is to be referred to LEARN's District Crisis Team.

Regulation Adopted: April 12, 2022
Revised: May 11, 2023
LEARN

C.G.S. Sec. 21a-279. (P.A. 11-210). Penalty for illegal possession. Alternative sentences. Immunity.

(a)(1) Any person who possesses or has under such person's control any quantity of any controlled substance, except less than one-half ounce of a cannabis-type substance and except as authorized in this chapter, shall be guilty of a class A misdemeanor.

(2) For a second offense of subdivision (1) of this subsection, the court shall evaluate such person and, if the court determines such person is a drug-dependent person, the court may suspend prosecution of such person and order such person to undergo a substance abuse treatment program.

(3) For any subsequent offense of subdivision (1) of this subsection, the court may find such person to be a persistent offender for possession of a controlled substance in accordance with section 53a-40.

(b) Any person who violates subsection (a) of this section in or on, or within one thousand five hundred feet of, the real property comprising a public or private elementary or secondary school and who is not enrolled as a student in such school or a licensed child care center, as defined in section 19a-77, that is identified as a child care center by a sign posted in a conspicuous place shall be guilty of a class A misdemeanor and shall be sentenced to a term of imprisonment and a period of probation during which such person shall perform community service as a condition of such probation, in a manner ordered by the court.

(c) To the extent that it is possible, medical treatment rather than criminal sanctions shall be afforded individuals who breathe, inhale, sniff or drink the volatile substances described in subdivision (49) of section 21a-240.

(d) The provisions of subsection (a) of this section shall not apply to any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the possession or control of a controlled substance in violation of subsection (a) of this section was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search.

(e) No provision of this section shall be construed to alter or modify the meaning of the provisions of section 21a-278.

C.G.S. Sec. 17a-714a. Immunity and no violation of standard of care for prescribing, dispensing or administering opioid antagonist. Amendment of local emergency medical services plan.

(a) For purposes of this section, “opioid antagonist” means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of drug overdose.

(b) A licensed health care professional who is permitted by law to prescribe an opioid antagonist may prescribe or dispense an opioid antagonist to any individual to treat or prevent a drug overdose without being liable for damages in a civil action or subject to criminal prosecution for prescribing or dispensing such opioid antagonist or for any subsequent use of such opioid antagonist. A licensed health care professional who prescribes or dispenses an opioid antagonist in accordance with the provisions of this subsection shall be deemed not to have violated the standard of care for such licensed health care professional.

(c) A licensed health care professional may administer an opioid antagonist to any person to treat or prevent an opioid-related drug overdose. Such licensed health care professional who administers an opioid antagonist in accordance with the provisions of this subsection shall not be liable for damages in a civil action or subject to criminal prosecution for administration of such opioid antagonist and shall not be deemed to have violated the standard of care for such licensed health care professional.

(d) Any person who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

(e) Not later than October 1, 2017, each municipality shall amend its local emergency medical services plan, as described in section 19a-181b, to ensure that at least one emergency medical services provider, as defined in the regulations of Connecticut state agencies pertaining to emergency medical services, who is likely to be the first person to arrive on the scene of a medical emergency in the municipality, including, but not limited to, emergency medical services personnel, as defined in section 20-206jj, or a resident state trooper, is equipped with an opioid antagonist and such person has received training, approved by the Commissioner of Public Health, in the administration of an opioid antagonist.