New Jersey Department of Children and Families Policy Manual

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Chapter:	A	Office of Education	Revised Date: 11-5-18
Subchapter:	1	Office of Education	
Issuance:	59	**Emergency Administration of an Opioid Antidote**	

Purpose:

To prevent opiate-related overdose deaths in Department of Children and Families (DCF) Regional Schools.

This policy authorizes the emergency administration of an opioid antidote to a student, staff member, or other person in a DCF Regional School who is experiencing an opioid overdose pursuant to N.J.S.A. 18A:40-12.23 – 12.28.

This policy shall **only** apply to Department of Children and Families Regional Schools operated by the Office of Education (OOE).

Authority:

- N.J.S.A. 18A:40-12.23 – 12.28
- N.J.S.A. 24:6J-1 et seq.

Policy:

A) Each DCF Regional School shall obtain a standing order for opioid antidotes pursuant to section 4 of the "Overdose Prevention Act," N.J.S.A. 24:6J-1 et seq..

B) The Regional School's nurse shall have the primary responsibility for the emergency administration of an opioid antidote in accordance with this policy.

C) A DCF Regional School's nurse, and any other employee who has received training on the administration of an opioid antidote and who administers, or permits the administration of, an opioid antidote in good faith shall not, as a result of any acts or omissions, be subject to any criminal or civil liability, or any disciplinary action, for administering, or for permitting the administration of, the opioid antidote in accordance with N.J.S.A. 24:6J-1 et seq..

D) Notwithstanding the provisions of any law, rule, regulation, ordinance, or institutional or organizational directive to the contrary, any DCF Regional School person or entity authorized to administer an opioid antidote pursuant to the Overdose Prevention Act and subsequent amendments, may administer an opioid antidote to an overdose victim, with full immunity.

Procedures:

A) **Standing Orders:**

1. All DCF Regional Schools shall obtain a standing order for opioid antidotes that have been approved by the United States Food and Drug Administration (FDA) for the treatment of opioid overdoses.

2. A prescriber or other health care practitioner, as appropriate, may prescribe or dispense an opioid antidote:
   a) through a standing order, to the DCF Regional Schools or schools' nurses pursuant to the provisions of section 2 of N.J.S.A. 18A:40-12.23 – 12.28;
   b) directly or through a standing order, to any recipient who is deemed by the health care practitioner to be capable of administering the opioid antidote to an overdose victim in an emergency;
   c) through a standing order, to any professional or emergency medical responder who is not acting in a professional or volunteer capacity for a professional entity, or an emergency medical response entity, but who is deemed by the health care practitioner to be capable of administering opioid antidotes to overdose victims, as part of the professional's regular course of business or volunteer activities;

d) through a standing order, to any professional who is not acting in a professional or volunteer capacity for a professional entity, but who is deemed by the health care practitioner to be capable of dispensing opioid antidotes to recipients, for administration thereby, as part of the professional's regular course of business or volunteer activities;
e) through a standing order, to any professional entity or any emergency medical response entity, which is deemed by the health care practitioner to employ professionals or emergency medical responders, as appropriate, who are capable of administering opioid antidotes to overdose victims as part of the entity's regular course of business or volunteer activities;
f) through a standing order, to any professional entity which is deemed by the health care practitioner to employ professionals who are capable of dispensing opioid antidotes to recipients, for administration thereby, as part of the entity's regular course of business or volunteer activities;

3. Since the Overdose Protection Act expressly authorizes or requires a school or school district to obtain a standing order for opioid antidotes pursuant to this section, the school nurses employed or engaged by the school or DCF Office of Education shall be presumed by the prescribing or dispensing health care practitioner to be capable of administering the opioid antidote, consistent with the express statutory requirement.

4. Process for obtaining a standing order for DCF Regional Schools:
   a) The Director, DCF OOE or designee, shall obtain the standing order from the DCF-contracted physician or other prescriber identified by DCF.
   b) The standing order shall be a prescription for an opioid antidote administered by authorized Regional School personnel to assist any individual suspected of experiencing an opioid overdose.
   c) The standing order shall authorize the DCF Regional School’s nurse(s) to obtain, store, and administer the opioid antidote in compliance with the manufacturer’s instructions, including directions to avoid extreme cold, heat, and direct sunlight.

d) The standing order may impose any other conditions that the DCF contracted physician believes is appropriate to ensure the safety and well-being of an individual experiencing a drug overdose.
e) The standing order may also identify any professional or emergency medical responder or other qualified individuals as identified in N.J.S.A. 24:6J-1 et seq..
f) The original standing order shall be maintained by the OOE Director, with copies of the standing order maintained in the nurse's offices of each DCF Regional School.
g) An additional copy of the standing order shall be maintained by the OOE Nurse Consultant.

5. The OOE Nurse Consultant shall review the status of the need and supply of the opioid antidote at each DCF Regional School and make recommendations to the OOE Director.

6. The Regional School's nurse and the Education Supervisor (ES) shall ensure that the supply is maintained in a secure but identified, unlocked and easily accessible location in the nurse's office.

7. The school nurse or other person designated by the ES will inventory the supply of the opioid antidote daily and record this information on the Opioid Antidote Inventory Log which shall be maintained by the school nurse or other person designated by the ES.

8. The opioid antidotes shall 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.

B) Emergency Administration of an Opioid Antidote

1. The Regional School's nurse, and any other trained employee designated pursuant to the "Overdose Prevention Act," shall administer an opioid antidote to any person whom the nurse or trained employee in good faith believes is experiencing an opioid overdose.
    a) The Regional School's nurse shall be the primary individual to administer an opioid antidote.

b) Additional Regional School employees may be designated to administer an opioid antidote when the nurse is not physically present at the scene of the suspected overdose.
c) Only those Regional School individuals who have received the training described in Procedures Section A above may administer an opioid antidote.

2. The nurse or other employee responding to a person who appears to be suffering a drug overdose shall immediately ensure that someone calls 9-1-1 for emergency medical service personnel to be dispatched to the Regional School.

3. The nurse or other employee shall assess the individual to determine if:
   a) The person is without a pulse or suffering a cardiac arrest;
   b) The person is not breathing or suffering respiratory arrest; and/or
   c) The person is exhibiting signs or symptoms of a drug overdose. Overdose symptoms include:
      1. Decreased rate and depth of breathing or difficult and labored breathing or breaths accompanied by sounds of gurgling or deep snoring.
      2. Loss of alertness and drowsiness that can cause the overdosed person to fall asleep.
      3. Loss of consciousness accompanied by seizures.

4. Consistent with the nurses' or other employee's observations and training, administer the opioid antidote to the individual suffering the suspected drug overdose and administer CPR, as appropriate.
   a) The opioid antidote should be administered after several breaths of rescue breathing and as soon as the antidote is provided at the scene.
   b) It may be necessary to clear the victim's nasal passages as an opioid antidote coats the nasal passages and is absorbed into the bloodstream to the brain.
   c) If needed, give another dose of naloxone, if available, in three (3) to five (5) minutes if no response or minimal breathing or responsiveness is observed.
   d) Continue CPR if the victim is not breathing.

e) Up to three (3) doses of an opioid antidote may be administered through the intranasal application. Prior consultation with, or approval by, a third-party physician or other medical personnel shall not be required before an authorized person or entity may administer up to three (3) doses of an opioid antidote to the same overdose victim.

5. Continue to observe the individual suffering the suspected drug overdose until emergency medical service personnel arrives on scene. If the victim is breathing but is unconscious, position the victim on their left side to avoid aspiration.

6. Fully cooperate with emergency medical service personnel responding to the scene. Do not interfere with or impede the administration of emergency medical services to the individual suffering the suspected drug overdose.

7. The school's nurse or ES shall ensure that the overdose victim was transported to a hospital emergency department, even if the person's symptoms appear to have resolved.

8. The ES or nurse shall notify the parent/guardian and, in the cases of students residing in a residential program, the applicable staff from that residence in addition to the parent/guardian, of the event and interventions.

9. The nurse shall document any administration of an opioid antidote on the student's health record in the same manner as for the administration of any other medications under a non-patient specific order.

10. The ES shall complete an Unusual Incident Report (UIR).

C) Immunity and Protections

1. Any DCF Regional School nurse or other trained employee who administers, or permits the administration of, an opioid antidote in good faith in accordance with the provisions of section 2 of N.J.S.A. 18A:40-12.23 – 12.28 and pursuant to a standing order issued to the Regional School shall not, as a result of any acts or omissions, be subject to any criminal or civil liability, or any disciplinary action, for administering, or for permitting the

administration of, the opioid antidote in accordance with N.J.S.A. 24:6J-1 et seq..

2. Notwithstanding the provisions of any law, rule, regulation, ordinance, or institutional or organizational directive to the contrary, any person or entity authorized to administer an opioid antidote pursuant to this section, may administer the opioid antidote to an overdose victim as directed in Procedures Section B above, with full immunity pursuant to N.J.S.A. 18A:40-12.23 – 12.28.

3. No DCF Regional School employee, or a prescriber of opioid antidotes for a school through a standing order, shall be held liable for any good faith act or omission consistent with the provisions of N.J.S.A. 18A:40-12.23 – 12.28. Good faith shall not include willful misconduct, gross negligence, or recklessness.

4. Any person who administers an opioid antidote in accordance with the training provisions of this policy shall not, as a result of the person's acts or omissions, be subject to any criminal or civil liability for administering the opioid antidote in accordance with N.J.S.A. 24:6J-1 et seq..

Key Terms (Definitions):

- "Drug overdose" means an acute condition including, but not limited to, physical illness, coma, mania, hysteria, or death resulting from the consumption or use of a controlled dangerous substance or another substance with which a controlled dangerous substance was combined and that a layperson would reasonably believe to require medical assistance.

- "Emergency medical response entity" means an organization, company, governmental entity, community-based program, or healthcare system that provides pre-hospital emergency medical services and assistance to opioid or heroin addicts or abusers in the event of an overdose. "Emergency medical response entity" includes, but is not limited to, a first aid, rescue and ambulance squad, or other basic life support (BLS) ambulance provider; a mobile intensive care provider or other advanced life support (ALS) ambulance provider; an air medical service provider; or a fire-fighting company or organization, which squad,

provider, company, or organization is qualified to send paid or volunteer emergency medical responders to the scene of an emergency.

- "Emergency medical responder" means a person, other than a health care practitioner, who is employed on a paid or volunteer basis in the area of emergency response, including, but not limited to, an emergency medical technician, a mobile intensive care paramedic, or a fire fighter, acting in that person's professional capacity.

- "Health care practitioner" means a prescriber, pharmacist, or other individual whose professional practice is regulated pursuant to N.J.S.A. 45:1 et seq., and who, in accordance with the practitioner's scope of professional practice, prescribes or dispenses an opioid antidote.

- "Medical assistance" means professional medical services that are provided to a person experiencing a drug overdose by a health care practitioner, acting within the practitioner's scope of professional practice, including professional medical services that are mobilized through telephone contact with the 911 telephone emergency service.

- “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.

- “Patient" means a person who is at risk of an opioid overdose or a person who is not at risk of an opioid overdose who, in the person's individual capacity, obtains an opioid antidote from a health care practitioner, professional, or professional entity for the purpose of administering that antidote to another person in an emergency, in accordance with subsection c. of section 4 of N.J.S.A. 24:6J-1 et

seq.. "Patient" includes a professional who is acting in that professional's individual capacity, but does not include a professional who is acting in a professional capacity.

- "Prescriber" means a health care practitioner authorized by law to prescribe medications who, acting within the practitioner's scope of professional practice, prescribes an opioid antidote. "Prescriber" includes, but is not limited to, a physician, physician assistant, or advanced practice nurse.

- "Professional" means a person, other than a health care practitioner, who is employed on a paid basis or is engaged on a volunteer basis in the areas of substance abuse treatment or therapy, criminal justice, or a related area, and who, acting in that person's professional or volunteer capacity, obtains an opioid antidote from a health care practitioner for the purposes of dispensing or administering that antidote to other parties in the course of business or volunteer activities. "Professional" includes, but is not limited to, a sterile syringe access program employee, or a law enforcement official.

- "Professional entity" means an organization, company, governmental entity, community-based program, sterile syringe access program, or any other organized group that employs two or more professionals who engage, during the regular course of business or volunteer activities, in direct interactions with opioid or heroin addicts or abusers or other persons susceptible to opioid overdose, or with other persons who are in a position to provide direct medical assistance to opioid or heroin addicts or abusers in the event of an overdose.

- "Recipient" means a patient, professional, professional entity, emergency medical responder, emergency medical response entity , school, school district, or school nurse who is prescribed or dispensed an opioid antidote in accordance with section 4 of N.J.S.A. 24:6J-1 et seq..

- “School-sponsored function” means any activity, event, or program occurring on or off school grounds, whether during or outside of regular school hours, that is organized or supported by the school.

Forms and Attachments:

- OOE Form 59(a): Opioid Antidote Inventory Log
- OOE Form 59(b): Opioid-Associated Life-Threatening Emergency (Adult) Algorithm – 2015
- OOE Form 59(c): Narcan Administration

Policy History:

- Initial issuance of OOE-I-A-I-59, Emergency Administration of an Opioid Antidote, issued on 11-5-18.