

KETCHIKAN GATEWAY BOROUGH SCHOOL DISTRICT BOARD OF EDUCATION
AGENDA STATEMENT

No. 8 a.

MEETING OF: April 12, 2023

ITEM TITLE:

PUBLIC HEARING - POLICY

Motion to approve a new Board Policy
5141.25 Narcan, in first reading.

REVIEWED BY:

Policy Committee

Superintendent

SUBMITTED BY:

School Board Policy Committee

APPROVED FOR SUBMITTAL:

Superintendent

SUMMARY STATEMENT:

A new Board policy is being proposed for approval by the policy committee.

ISSUE:

Board Bylaw 9300 states that "The formulation and adoption of written Board policies shall constitute the basic method by which the Board shall govern the school district." Board Policy 0500 and Board Bylaw 9311 both address the ongoing review of district policies and programs by the School Board.

BACKGROUND:

The Policy Committee has been working with the District Nurse to ensure the District has updated health/safety/wellness policies.

ATTACHMENTS:

- Proposed new policy – BP 5141.25 Narcan

RECOMMENDED ACTION:

"I move that the Board of Education **approve a new policy, BP 5141.25 Narcan, in first reading.**

Ketchikan Gateway Borough School District Naloxone (Narcan) Policy

I. PURPOSE

The purpose of this policy is to establish guidelines and procedures governing the utilization of the opioid antagonist naloxone administered by members of the Ketchikan Gateway Borough School District.

II. POLICY

Per CSSB 23(JUD) [AS 09.65.340](#), [AS 11.71.140](#), [AS 17.20.085](#), it is the policy of the Ketchikan Gateway Borough School District (KGBSD) that all public elementary, middle schools and high schools shall provide and maintain on-site in each school facility opioid antagonists to reverse a case of suspected opioid overdose. In a school setting, any trained nurse, teacher, or Unlicensed Assistive Personnel (UAP) may administer an opioid antagonist, during an emergency, to any student, staff, or other persons suspected of having an opioid-related drug overdose, whether there is a previous history of opioid abuse.

No school nurse, teacher, or UAP shall be liable for civil damages which may result from acts or omissions relating to the use of the opioid antagonist, which may constitute ordinary negligence, nor shall the school personnel be subject to criminal prosecution, which may result from acts or omissions in the good faith administration of an opioid antagonist. This immunity does not apply to acts or omissions constituting gross negligence or willful or wanton conduct. No school nurse, teacher, or UAP shall be subject to penalty or disciplinary action for refusing to be trained in administering an opioid antagonist.

III. TRAINING

- a. School nurse, teacher, or UAP shall be trained in using naloxone by the District School Nurse, Ketchikan Public Department of Health, Project Hope, Ketchikan Wellness Coalition, or a trained instructor designee. School departments are encouraged to send other staff to be trained, including coaches, guidance counselors, custodians, teachers, etc.

IV. PROCUREMENT OF NALOXONE

- a. The superintendent, principal, certified district school nurse, or designee will procure naloxone. The volunteer physician shall prepare standing orders and update them annually.
- b. It is recommended that schools provide intranasal naloxone. At a minimum, each school should have the following supplies:

ITEM	MANUFACTURER	QUANTITY
Naloxone HCL 4mg/0.1ml Nasal spray	ADAPT	4
Nitrile gloves, pair	Various	1
Mask/barrier device	Various	1
Step-by-step instructions	Various	1

V. STORAGE

- a. Naloxone will be clearly marked and stored in an accessible place (Red Box next to AEDS or in AED box) at the discretion of the school Administration, District Nurse, School UAP, and Rapid Response Team. The Administration, Rapid Response Team, School UAP, and District Nurse or other designees will ensure that all relevant staff knows the naloxone storage location.
- b. Naloxone will be stored in accordance with the manufacturer's instructions to avoid extreme cold, heat, and direct sunlight.
- c. Inspection of the naloxone shall be conducted regularly.
 - Check the expiration date found on the box.

VI. USE OF NALOXONE

In case of a suspected opioid overdose, the administration, Rapid Response Team, School UAP, District Nurse, or other trained staff shall follow the protocols outlined in the naloxone training:

- Call 911/Secure AED, Alert, the school rapid response team.
- Administer naloxone nasal spray to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Step 1: Check for heroin/opioid overdose signs:

- Failure to respond when spoken to
- Slow or no breathing
- Tiny pupils (the center part of the eye)
- If any of these signs are present, continue to Step 2:

Step 2: Prepare and administer a dose of naloxone nasal spray.

- Remove the naloxone nasal spray from the package.
- Each sprayer contains one dose.
- Roll subject to their back.
- Tilt their head back. Support their neck with your hand.
- Insert the tip of the nozzle into either of the nostrils.
- Press the plunger firmly to deliver a dose.

- Step 3: Evaluate the person's condition; call 911 for help if not been called.
 - Naloxone gives time to get help, but the person is still in danger until they get emergency medical help. Multiple doses of Naloxone may be needed.
 - Move the person on their side (recovery position)
 - Hands support head Top knee bent forward at a right angle prevents the person from rolling onto their stomach.
 - Watch closely for a response Give them a second dose in either nostril if they do not wake up, respond to voice or touch, and begin breathing normally in 2 to 3 minutes.

Follow these steps:

- Naloxone nasal spray can be given every 2 to 3 minutes; give another dose of naloxone in 3 minutes if there is no response or minimal breathing or responsiveness if available. Naloxone wears off in 30-90 minutes, necessitating definitive medical care. Reiterate: Multiple doses of Naloxone may be needed.
- Begin or continue CPR and Rescue Breathing if indicated..
- Comfort them; withdrawal can be unpleasant.
- Team, be aware that the subject can awaken combatively.
- Encourage survivors to seek treatment!

VII. FOLLOW-UP

- a.** After administering naloxone, the Administration, Rapid Response Team, School UAP, District Nurse, or other trained staff shall follow School reporting protocols.
- b.** The administration, Rapid Response Team, School UAP, District Nurse, or other trained staff will:
 - Ensure that the overdose victim was transported to the emergency department
 - Notify appropriate student services
 - Provide substance abuse prevention resources to the overdose victim and family as appropriate