

REGIONAL SCHOOL UNIT 19

TO: RSU 19 Board of Directors
FR: Robin McNeil / Mike Hammer
DT: February 19, 2020
RE: **Policy Committee Meeting Agenda**



DAY: Tuesday
DATE: **February 25, 2020**
TIME: 6:30 PM
PLACE: **Central Office**

AGENDA

I. Public Comment

II. Policies

A. Policy Review

1. ADA-E Mission & Vision
2. BEDH Public Participation at Board Meetings/Committee Meetings

B. New Policies

1. JLCDB Administration of Naloxone in Schools
2. JLCDB-R Narcan Administration Protocol

III. Process to Review Current Policies

IV. Other

V. Adjournment

A.D.A. Notice: If you have a special need that must be met to allow you to fully participate in this meeting, please contact the Office of the Superintendent at least two (2) days prior to this meeting.

RSU 19 MISSION

Inspire every student.
Instill a motivation for learning.
Ensure contributing citizens.

RSU 19 VISION STATEMENT

We envision that each student, in partnership with the community, will be an involved citizen, a lifelong learner in a global society, possess relevant life skills, and be able to utilize emerging technologies.

PUBLIC PARTICIPATION AT BOARD MEETINGS/COMMITTEE MEETINGS

All regular and special meetings of the Board shall be open to the public and the media. Only those executive meetings where the Board discusses personnel, discipline of individual students, labor negotiations, or other matters where private sessions are required or permitted by law, shall be closed to the public and the media. However, all decisions reached during such executive sessions require public action at a regular or special Board Meeting.

Because the Board desires to hear the viewpoints of citizens throughout the school district, and also needs to conduct its business in an orderly and efficient manner, it shall schedule one or more periods during each meeting for public participation. It may set a time limit on the length of this period and/or a time limit for individual speakers.

If a presentation requires more than such time limit allows, the Superintendent shall be notified in advance so that the presentation may be considered for inclusion as a formal agenda item. For regular meetings, such requests should reach the Superintendent no later than Thursday noon preceding the meeting.

Comments and questions at a regular meeting may ~~only deal with any topic tied to the agenda~~ be subjected to reasonable standards set by the Board. Comments at special meetings must be related to the call of the meeting.

Ordinarily, the Board shall accept comments and questions from the public during a short period at the beginning of the meeting. The length of time scheduled for public discussion may be stated in the agenda, or determined by the chair, together with any time limit proposed for individual speakers.

The Board Chairman shall be responsible for recognizing all speakers (who shall properly identify themselves), for maintaining proper order, and for adherence to any time limits set.

The Board shall give due attention to comments and contributions from the audience, but shall not be expected to respond or take actions immediately. Audience inquiries, other than simple questions, shall be referred to the Superintendent who shall investigate or consider the matter and report to the citizen and to the Board. If Board action is indicated, the item may be included in the agenda for a subsequent meeting.

Members of the public may not expect to be recognized by the Board or a sub-committee Chairman as official business is being conducted. However, the Board of Committees may schedule interim public discussion periods on particular items. Exceptions may be made when a simple majority of the members present agree to hear public comment, questions or testimony.

Adopted: 04/14/09

Re-Affirmed: 12/16/14

CODE: BEDH

Other business is periodically necessary for the Board to consider. When this is necessary and these items can't be placed on the regular agenda, the Chairman will need to determine if public forum is necessary for discussion on these items.

Adopted: 04/14/09
Re-Affirmed: 12/16/14

ADMINISTRATION OF NALOXONE IN SCHOOLS

The RSU 19 Board is committed to preventing opioid-related deaths on school premises.

Naloxone, commonly known as Narcan or Evzio, is a medication that can reverse an overdose that is caused by an opioid drug. When administered during an overdose, naloxone blocks the effects of opioids on the brain and respiratory system in order to prevent death. Naloxone has no potential for abuse and is a non-narcotic and non-addiction prescription medication.

It is the policy of RSU19 that naloxone be available in all District schools for administration to any person in the event of a suspected opioid overdose in the school setting.

Authorization

The Superintendent or designee shall be responsible for obtaining a standing order from the RSU's school physician/school health advisor to enable the school unit to acquire, store and administer naloxone in compliance with this policy. The original standing order shall be maintained in the Superintendent's office, with a copy kept in the Nurse's office in each of the District's schools.

Procurement

The Superintendent (or School Principal or School Nurse) will be responsible for procurement of naloxone.

Training

RSU 19 will provide training in the use of naloxone to all school employees.

[Alternative language: Training in the use of naloxone will be required for those RSU 19 personnel who have been identified by the Superintendent, in consultation with the school health advisor, as needing such training to effectively carry out their responsibilities.]

Before any school employee may administer naloxone, s/he must have completed a training program on recognizing suspected overdose, the protocol for responding to a suspected overdose and administration of naloxone, and follow-up reporting requirements.

Any licensed healthcare professional working within the school may carry and administer naloxone on school property with a standing order from the school health advisor.

Any unlicensed staff member who has been trained in the administration of naloxone may administer naloxone to any person on school property.

Administration

Staff members trained in accordance with this policy are expected to make every reasonable effort to revive the victim of any apparent opioid overdose following the protocols established in the naloxone training for school employees:

- Call 9-1-1 to notify EMS and law enforcement
- Administer rescue breathing
- Prepare and administer naloxone
- May repeat dose as necessary per standing order

Note: MRSA 4009 provides immunity for non-licensed school personnel who render first aid, emergency treatment or rescue assistance to a student during a school program.

Storage

Naloxone will be clearly marked and stored in an unlocked storage cabinet in the School Nurse's office [and/or other designated area]. The School Nurse will ensure that all staff are aware of the Naloxone storage location.

Naloxone will be stored in accordance with the manufacturer's instructions to avoid extreme cold, heat and direct sunlight.

Post Administration Follow-Up

Following administration of naloxone, the person administering naloxone will follow the District's procedure for reporting incidents to the Building Principal or [redacted]).

The School Nurse will provide substance abuse prevention resources to the overdose victim and family, as appropriate.

The Building Principal will notify the Superintendent of the incident.

Limitation

Although the Board authorizes the acquisition of naloxone, it cannot and does not guarantee that a person trained in its use will be available at any particular school site at all time or at any school-sponsored event

Legal Reference: Governor's Executive Order No. 2, An Order to Implement Immediate Responses to Maine's Opioid Epidemic, February 6, 2019
20-A MRSA 4009

NARCAN ADMINISTRATION PROTOCOL

RECOGNIZE

Observe Individual for Signs and Symptoms of Opioid Overdose

Suspected or confirmed opioid overdose consists of:

- Respiratory depression evidenced by slow respirations or no breathing (apnea)
- Unresponsiveness to stimuli (such as calling name, shaking, sternal rub)

Suspicion of opioid overdose can be based on:

- Presenting symptoms
- History
- Report from bystanders
- School Nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

Opioid **High**

vs

Opioid **Overdose**

Relaxed muscles	Pale, clammy skin
Speech slowed, slurred, breathing	Speech infrequent, not breathing, very shallow breathing
Appears sleepy, nodding off	Deep snorting or gurgling
Responds to stimuli	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart beat / pulse	Slowed heart beat / pulse
Normal skin color	Cyanotic skin coloration (blue lips, fingertips)
	Pinpoint pupils

RESPOND

Immediately call for help - Dial 911

- Request Advanced Life Support

1st Reading:

Adopted:

Assess breathing and perform Rescue Breathing if needed

- Place the person on their back;
- Tilt their chin up to open the airway;
- Check to see if there is anything in their mouth blocking their airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch:
 - ✓ If present, remove it.
- If using mask, place and hold mask over mouth and nose.
- If not using mask, pinch their nose with one hand and place your mouth over their mouth;
- Give 2 even, regular-sized breaths;
- Blow enough air into their lungs to make their chest rise.
 - ✓ If you are using a mask and don't see their chest rise, out of the corner of your eye, tilt the head back more and make sure the seal around the mouth and nose is secure.
 - ✓ If you are using a mask and don't see their chest rise, out of the corner of your eye, make sure you're pinching their nose.
- Breathe again.
- Give one breath every 5 seconds.

REVERSE

Administer Naloxone via Intra-Nasal Narcan

- Tilt head back and given spray (4mg) into one nostril.
- If additional doses are needed, given in the other nostril.
- Place person in recovery position (lying on their side).
- Stay with the person until help arrives.
- Seize all illegal and/or non-prescribed opioid narcotics found on victim and process in accordance with District protocols.

REFER

- Have the individual transported to nearest medical facility, even if symptoms seem to get better.
- Contact parent/guardians per school protocol.
- Complete naloxone Administration Report form.
- Follow-up with treatment referral recommendations.

References

ADAPT Pharma (2016). Helpful Resources.

Available at: <http://www.narcannasalspray.com/helpful-resources/>

Centers for Disease Control and Prevention. (2012). Community-Based Opioid Overdose Prevention Programs Providing Naloxone-United States, 2010 *MMWR* February 17, 2012/ 61(06), 101-105.

Available at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6106a1.htm>

Davis, C., Webb, D., Burris, S. (2013). Changing Law from Barrier to Facilitator of Opioid Overdose Prevention. *Journal of Law, Medicine & Ethics*, 41 (Suppl. 1), 33- 36

Harm Reduction Coalition. (n.d.). Perform Rescue Breathing. Available at:

<http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/responding-to-opioid-overdose/perform-rescue-breathing/>

Loimer, N., Hofmann, P., Chaudhry, H.R. (1992). Nasal administration of naloxone for detection of opiate dependence. *Journal of Psychiatric Research*, 26, 39-43.

National Association of School Nurses Toolkit for Naloxone in Schools, 2016.

Massachusetts Department of Public Health Opioid Overdose Education and Naloxone Distribution. (n.d.) Opioid Overdose Education and Naloxone Distribution MDPH Naloxone pilot project Core Competencies. Available at: <http://www.mass.gov/eohhs/docs/dph/substance-abuse/core-competencies-for-naloxone-pilot-participants.pdf>

1st Reading:

Adopted: