

Conference June 2, 2016 Center for Rural Pennsylvania
Confronting the Heroin/Opioid Epidemic in Pennsylvania

Hi my name is Ed Zelich and I am extremely fortunate to serve as the superintendent of the Charleroi Area School District. We serve over 1600 students in grades K-12.

Charleroi is located in Washington County, PA 25 miles southwest of Pittsburgh. Our location makes it particularly vulnerable to drug traffic. We are not far from the Ohio and West Virginia borders (approximately 30 miles each way), and we sit at the intersection of Interstates 70 East - West and 79 North South, and the Pennsylvania Turnpike East West. This makes us a prime pipeline for drugs and everything else. Our District Attorney Gene Vittone recently commented "our county receives drugs from New York, Newark, Washington, Chicago, Detroit and elsewhere. "We're kind of like ground zero," he said.

Recently our county of slightly more than 200,000 people had eight heroin overdoses within 70 minutes of each other. There would be a total of 16 overdoses in 24 hours and 25 over two days. Three people died. One of the people that died was a recent graduate of Charleroi. Many of the others were saved by a recent decision to equip every first responder with the fast-acting antidote naloxone. Just yesterday, our area approved a second methadone clinic. The original one is packed with 300 people and can't take any more clients. You can drive by the clinics and see people waiting in line outside to get their treatments.

I am here today to discuss our proactive stance regarding our **School Board's decision** to permit Naloxone to be stocked in our nurses' office at each school, even the elementary center.

I am extremely proud of our school board. We were the first district in the region to be proactive regarding this epidemic. You see, we haven't noticed students using or possessing heroin in school; however, **we aren't naive enough** to think that it won't happen here. The problem is everywhere right now. We need to look at this from a public health perspective and see the predicament that we are truly in – and **not say** "This doesn't happen in our schools." We admit that our county and community have a heroin problem. Our first step starts with teachers covering serious topics like addiction, mental health, suicide and bullying prominence in health

class. In addition, we invited the district attorney, local law enforcement officers, and recovering addicts into our schools to talk with our students and staff.

We have consulted with our solicitor and found that stocking and using naloxone in accordance with Act 139 should prevent a no risk of harm or liability. **What we have learned is:**

1. While for a person overdosing, the administration of naloxone may cause a very unpleasant physical experience, serious side effects are very rare.
2. Naloxone has no known potential for abuse.
3. It has virtually no known effect at all, and would feel like an injection of water if it was administered to a person not using opioids.

We have adopted the following procedures and protocols for school nurses as they develop and a plan for annually informing all parents, guardians, students and staff about the attached Naloxone policy and specifically:

1. The availability of Naloxone to treat opioid drug overdoses and what it does.
2. The symptoms of opioid drug overdoses.
3. How students and staff should report suspected overdoses.
4. The protection from criminal prosecution provided by laws for persons who report a suspected overdose.
5. The protection from civil liability.

Training

Before any school district employee may have custody of Naloxone or administer Naloxone under this policy, the employee must successfully complete an online Pennsylvania Department of Health training program about recognizing opioid-related overdoses, administering Naloxone and promptly seeking medical attention for drug overdoses.

What we plan to do if the Administration of Naloxone if needed in our schools:

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. Administer Naloxone, as instructed in training.
5. Continue rescue breathing (or CPR if needed), as instructed in training.
6. **Administer second dose of Naloxone if needed, as instructed in training.**
7. **Place in recovery position, as instructed in training.**
8. **Stay with 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.**

In conclusion, **“We believe that all lives are worth saving”**.

I have included a copy of our Naloxone Policy.



Book	Policy Manual
Section	800 Operations
Title	Naloxone
Number	823
Status	Active
Legal	<u>1. 35 P.S. 780-113.7</u> <u>2. 35 P.S. 780-113.8</u> 3. Pol. 324 <u>4. 22 PA Code 10.2</u> <u>5. 22 PA Code 10.21</u> <u>6. 22 PA Code 10.22</u> <u>7. 24 P.S. 1302.1-A</u> <u>8. 24 P.S. 1303-A</u> 9. Pol. 227 10. Pol. 805.1 <u>11. 22 PA Code 10.25</u> 12. Pol. 236 <u>13. 42 Pa. C.S.A. 8547</u> <u>14. 42 Pa. C.S.A. 8548</u>
Adopted	May 24, 2016

Authority

As a means of enhancing the health and safety of its students, staff and visitors, the district may obtain, maintain and administer doses of an opioid antagonist and other facilities, specifically Naloxone, for emergency use to assist a student, staff member or other individual believed or suspected to be experiencing an opioid overdose.[1][2]

Definitions

Drug overdose - shall mean an acute medical condition, including, but not limited to, severe physical illness, coma, mania, hysteria or death, which is the result of consumption or use of one or more controlled substances causing an adverse reaction. An individual's condition may be deemed to be a drug overdose if a prudent person, possessing an average knowledge of medicine and health, would reasonably believe that the condition is in fact a drug overdose and requires immediate medical attention.[1]

Naloxone - shall mean a medication that can reverse an overdose caused by an opioid drug. As a narcotic antagonist, Naloxone displaces opiates from receptor sites in the brain and reverses respiratory depression that usually is the cause of overdose deaths.

Opioid - shall mean illegal drugs such as heroin, as well as prescription medications used to treat pain such as morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, hydromorphone, and buprenorphine.

Delegation of Responsibility

The Superintendent or designee, in consultation with the school nurse(s) and the school physician, shall establish appropriate internal procedures for the acquisition, stocking and administration of Naloxone and related emergency response procedures pursuant to this policy.

The school physician shall be the prescribing and supervising medical professional for the district's stocking and use of Naloxone. The Superintendent or designee shall obtain a standing order from the school physician for administration of Naloxone.

The school nurse shall be responsible for building-level administration of Naloxone and management of Naloxone stocks.

Guidelines

The school nurse shall develop a plan for annually informing all parents/guardians, students and staff about this policy and specifically:

1. The availability of Naloxone to treat opioid drug overdoses and what it does;
2. The symptoms of opioid drug overdoses;
3. How students and staff should report suspected overdoses;
4. The protection from criminal prosecution provided by law for persons who report a suspected overdose using their real name and remain with the overdosing person until emergency medical services (EMS) or law enforcement arrive, as well as for the person whose overdose they report; and[1][2]
5. The protection from civil liability provided by law for persons who report overdoses or administer Naloxone in overdose emergencies.[1][2]

Standing Order From the School Physician

The school physician shall provide and annually renew a standing order for administration of Naloxone to students, staff members or other individuals believed or suspected to be experiencing an opioid overdose.

The standing order shall include at least the following information:

1. Type of Naloxone (intranasal and auto-injector).
2. Date of issue.
3. Dosage.

4. Signature of the school physician.

The standing order shall be maintained in the Superintendent's office, and copies of the standing order shall be kept in each location where Naloxone is stored.

Training

Before any school district employee may have custody of Naloxone or administer Naloxone under this policy, the employee must successfully complete an online Pennsylvania Department of Health training program about recognizing opioid-related overdoses, administering Naloxone and promptly seeking medical attention for drug overdoses. Evidence that such training has been completed shall be placed in the employee's personnel file.[2][3]

A list of school district employees who successfully complete such training shall be maintained, updated and kept in the school nurse's office and the school district administration office.

Acquisition, Storage and Disposal

Naloxone shall be safely stored in the school nurse's office or other location designated by the school nurse in accordance with the drug manufacturer's instructions.

Naloxone shall be made readily accessible to those employees who have completed the required training to administer it in the event of a suspected drug overdose. All properly trained employees shall be informed of the exact location where Naloxone is being stored within the school nurse's office or other location.

The school nurse shall obtain sufficient supplies of Naloxone pursuant to the standing order in the same manner as other medical supplies acquired for the school health program. The school nurse or designee shall regularly inventory and refresh Naloxone stocks, and maintain records thereof, in accordance with the established internal procedures, manufacturer recommendations and Department of Health Guidelines.

Administration of Naloxone

When responding to a suspected drug overdose, district employees shall follow the steps outlined below:

1. Call for medical help immediately (Dial 9-1-1).
2. Check for signs of opioid overdose.
3. Perform initial rescue breathing (or CPR if needed), as instructed in training.
4. Administer Naloxone, as instructed in training.
5. Continue rescue breathing (or CPR if needed), as instructed in training.
6. Administer second dose of Naloxone if needed, as instructed in training.
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.

Referral to Law Enforcement and Parental Notification

The Superintendent or designee shall immediately report incidents involving the use of controlled substances on school property, at any school-sponsored activity or on a conveyance providing transportation to or from a school or school-sponsored activity, to the local police department that has jurisdiction over the school's property, in accordance with state law and regulations, the procedures set forth in the memorandum of understanding with local law enforcement and Board policies.[10][4][5][6][7][8][9]

The Superintendent or designee shall notify the parent/guardian of any student directly involved in an incident involving use of controlled substances immediately, as soon as practicable. The Superintendent or designee shall inform the parent/guardian whether or not the local police department that has jurisdiction over the school property has been or may be notified of the incident. The Superintendent or designee shall document attempts made to reach the parent/guardian.[10][11][4][9]

Referral to Student Assistance Program

Any student who experiences a drug overdose shall be referred to the district's Student Assistance Program.[12]

Indemnification

The school district shall indemnify and hold harmless any employee who administers Naloxone in good faith to another individual experiencing a suspected drug overdose, if all of these conditions apply:[13][14][2]

1. The employee did not act with the intent to harm or with reckless indifference to a substantial risk or harm in administering Naloxone to that individual.
2. The employee successfully completed the training contemplated by this policy.
3. The employee promptly sought additional medical assistance before or immediately after administering Naloxone.
4. The employee is administering Naloxone pursuant to this policy.

Last Modified by Rebecca Kline on May 26, 2016