



SCHOOL BOARD ACTION REPORT

DATE: May 27, 2020
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For Introduction: June 24, 2020
For Action: July 8, 2020

1. TITLE

Approval of new Board Policy No. 3424, Opioid-Related Overdose Response, and amendment to Board Policy No. 3416, Medication at School

2. PURPOSE

This Board Action Report presents new Board Policy No. 3424, Opioid-Related Overdose Response, and an amendment to Board Policy No. 3416, Medication at School, for approval to meet new requirements in Washington State law and provide school staff guidance regarding the administration of opioid-related overdose medication in schools.

3. RECOMMENDED MOTION

I move that the School Board approve Board Policy No. 3424, Opioid-Related Overdose Response, and amend Board Policy No. 3416, Medication at School, as attached to the Board Action Report.

4. BACKGROUND INFORMATION

a. Background

Each year, thousands of people from all walks of life across the United States die from an unintentional opioid-related overdose. In Washington, opioid overdose deaths are the leading cause of accidental death in many parts of our state. The issue of opioid misuse and abuse is not limited to the adult population. The largest increase in heroin overdose deaths from 2004 to 2014 occurred among younger people ages 15 to 34 years. According to the 2018 Healthy Youth Survey, 2% of Washington 8th graders and 3% of 10th to 12th graders reported using heroin at least once in their lifetime, and 2-3% of Washington's youth use pain medication recreationally. These numbers have decreased slightly since the 2016 Health Youth Survey, suggesting that the state's opioid response plan has had some positive effect. Now, Washington is taking steps to improve response to suspected opioid overdose in various settings, including the school setting. This is lifesaving because when a person survives an overdose, it's because someone knew what an overdose looked like and had the tools and training to act.

An opioid overdose can occur in various ways, and many cases are unintentional. An overdose may occur because an individual has ingested too much of a single drug or because of ingesting a combination of several drugs, perhaps not realizing that the combination could be lethal. Overdose is not limited to opioids and can also occur with alcohol, acetaminophen (Tylenol), or a mixture of drugs. However, the mixture of drugs often includes opioids. Opioid overdoses happen when there are so many opioids or a combination of opioids and other drugs in the body that the victim is not responsive to stimulation and/or breathing is inadequate. This happens because opioids fit into specific receptors in the body that also affect the drive to breathe. If someone cannot breathe or is not breathing enough, the oxygen levels in the blood decrease, and the lips and fingers turn blue. This oxygen starvation eventually stops other vital organs such as the heart, then the brain, leading to unconsciousness, coma, and death. Within three to five minutes without oxygen, brain damage starts to occur, soon followed by death. For opioid overdoses, surviving or dying wholly depends on breathing and oxygen. Fortunately, this process is rarely instantaneous. Generally, people slowly stop breathing minutes to hours after using the drug, allowing time to intervene.

Death from an opioid related overdose is notably tragic because the overdose is reversible. The key to reversing opioid related overdose is the medication naloxone (brand name Narcan). Naloxone is an “opioid antagonist,” meaning that it knocks opioids off their receptors, thereby allowing the person’s breathing to return to normal. However, naloxone is effective only for an overdose involving opioids and will not reverse an overdose of alcohol, benzodiazepines, or cocaine. Naloxone is a nonscheduled or non-addictive medicine and therefore has no potential for abuse, but it is a prescription medicine. Although naloxone is traditionally administered by emergency responders, laypeople can learn to administer it with minimal training.

Most school districts, including Seattle Public Schools, do not currently have naloxone to respond to an opioid-related overdose if one were to occur in SPS schools. However, Senate Bill (SB) 5380 – Opioid Use Disorder (2019) seeks to change that. SB 5380 requires school districts with two thousand or more students to obtain and maintain at least one set of doses of opioid overdose reversal medication for each of its high schools by the start of the 2020-2021 school year. Further, SB 5380 directs that in addition to a school nurse, school personnel who are designated and trained may also administer the school-owned naloxone.

SB 5380 provided for a “standing order,” essentially a standing prescription for opioid overdose reversal medication to “any person at risk of experiencing an opioid-related overdose or any person or entity in a position to assist a person at risk of experiencing an opioid-related overdose.” This means that school districts, as entities in the position to assist a person at risk of experiencing an opioid-related overdose, have a standing prescription for naloxone. Having a standing prescription is just the starting place, as there are different pathways to obtaining the medication. School districts can use the standing order to purchase opioid overdose reversal medication at retail price. However, SB 5380 allows districts to purchase opioid overdose reversal medication directly from companies or distributors at discounted pricing or seek the medication through donations from manufactures, nonprofit organizations, hospitals, and local health jurisdictions. These free or reduced-price options significantly mitigate the cost of preparing to respond

to possible opioid overdose. Further, under the law, a school district that demonstrates a good faith effort to obtain the opioid overdose reversal medication through a donation source, but is unable to do so, is exempt from the requirement to possess opioid overdose reversal medication in their high schools.

The cost of offering this medication in our schools is not currently a barrier. In January 2020, Seattle Mayor Jenny Durkan released a plan to combat opioid overdoses in the city. Part of the plan includes training for district nurses and providing naloxone kits to our schools. As a result, the district will not need to seek funding for the purchase of naloxone for the 2020-21 school year.

New Board Policy No. 3424, Opioid-Related Overdose Response, provides guidance to school staff that is necessary to align with and follow this new state law. Further, Board Policy No. 3416, Medication at School, has been amended to align with the new Board Policy No. 3424.

b. Alternatives

Not approve the new Board Policy and the amendment to existing Board Policy. This is not recommended. This new policy is required by state law and could help to save the life of a person who experiences an opioid-related overdose while on district property. Further, the amendment to Board Policy No. 3416 brings the new Board Policy No. 3424 into alignment with the existing policy.

c. Research

- RCW 69.41.095, Opioid overdose reversal medication—Standing order permitted
- RCW 69.50.315, Drug-related overdose
- RCW 28A.210.390, Opioid overdose reversal medication – Standing order – Administration; Opioid overdose reversal medication – Policy guidelines and treatment requirements – Grant program
- OSPI, January 2020, *Opioid Related Overdose Policy Guidelines and Training in the School Setting*
- WSSDA Model Policy

5. FISCAL IMPACT/REVENUE SOURCE

There will be limited fiscal impact as school nurses will be able to complete necessary training during their regular working hours. The same is expected for any designated trained responders.

The city of Seattle announced a plan on January 30, 2020 to combat fentanyl-related overdoses in the city. Under the mayor’s plan, the city of Seattle in partnership with community-based organizations will purchase 700 naloxone kits that will be distributed during 25 trainings throughout the city. A portion of the 700 kits will be received by Seattle Public Schools. As a result, the district will not incur a cost to stock naloxone for the 2020-21 school year.

In following years, if the city does not continue funding for naloxone, the district will need to demonstrate a good faith effort to obtain the opioid overdose reversal medication through a donation source. If unable to do so, the district will be exempt from the legal requirement to possess opioid overdose reversal medication in district high schools. However, if the district is

unable to secure a donation source for the medication and elects to purchase naloxone for schools, the current cost is approximately \$140.00 each.

Expenditure: One-time Annual Multi-Year N/A

Revenue: One-time Annual Multi-Year N/A

6. COMMUNITY ENGAGEMENT

With guidance from the District’s Community Engagement tool, this action was determined to merit the following tier of community engagement:

Not applicable

Tier 1: Inform

Tier 2: Consult/Involve

Tier 3: Collaborate

This policy is the result of new state law providing specific guidelines by which this policy must reflect.

7. EQUITY ANALYSIS

This new policy should not have an adverse impact on students of color. The abuse of opioids can be an issue for students of all backgrounds. By setting forth a framework by which opioid-reversal medication may be administered at school it may help to save the life of a student or another person who may be on district property.

8. STUDENT BENEFIT

We know that substance abuse is an issue for some students. This policy will permit school nurses and designated staff to administer potentially life-saving medication to a student experiencing an opioid-related overdose. This would be an immense benefit to any student impacted by this policy being put into place.

9. WHY BOARD ACTION IS NECESSARY

Amount of contract initial value or contract amendment exceeds \$250,000 (Policy No. 6220)

Amount of grant exceeds \$250,000 in a single fiscal year (Policy No. 6114)

Adopting, amending, or repealing a Board policy

Formally accepting the completion of a public works project and closing out the contract

Legal requirement for the School Board to take action on this matter

Board Policy No. _____, [TITLE], provides the Board shall approve this item

Other: _____

10. POLICY IMPLICATION

Policy No. 3416, Medication at School, and Policy No. 3418, Response to Student Injury or Illness, are both related to this new policy. Policy No. 3416 was identified as requiring an amendment to align with this new policy and is included in this board action.

11. BOARD COMMITTEE RECOMMENDATION


This motion was discussed at the Operations Committee meeting on June 4, 2020. The Committee reviewed the motion and moved the item forward for consideration by the whole Board.

12. TIMELINE FOR IMPLEMENTATION

Upon approval of this motion, this new policy and its associated superintendent procedure will be posted to the district website. School nurses and designated staff will be trained on how to recognize the signs of an overdose and administer naloxone.

13. ATTACHMENTS

- Board Policy No. 3424, Opioid-Related Overdose Response (for approval)
- Board Policy No. 3416, Medication at School (clean – for approval)
- Board Policy No. 3416, Medication at School (tracked changes – for reference)
- WSSDA Model Policy 3424, Opioid Related Overdose Reversal (for reference)

 <p>SEATTLE PUBLIC SCHOOLS</p>	<p>OPIOID-RELATED OVERDOSE RESPONSE</p>	<p>Policy No. 3424</p> <p>[DATE]</p> <p>Page 1 of 2</p>
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The Seattle School Board recognizes that the opioid epidemic is a public health crisis and access to opioid-related overdose reversal medication can be life-saving. To assist a person at risk of experiencing an opioid-related overdose, the district will seek to obtain and maintain at least one set of opioid overdose reversal medication doses in each of its high schools.

The district has authority to obtain and maintain opioid overdose reversal medication either through a standing order, prescribed and dispensed according to RCW 69.41.095(5), or through one or more donation sources. The district will seek at least one set of opioid reversal medication doses for each of its high schools. However, if the district documents a good faith effort to obtain and maintain opioid overdose reversal medication through a donation source, and is unable to do so, the district is exempt from the obligation. If the district is able to secure donation sources that permit the procurement of opioid overdose reversal medication beyond the supply needed for its high schools, the district will prioritize opioid overdose medication distribution to its middle schools first and elementary schools second.

The following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose:

- A school nurse, or
- School personnel who become designated trained responders.

Training for school personnel to become designated trained responders and distribute or administer opioid overdose reversal medication must meet the requirements for training described in the RCW 28A.210.390 and any rules or guidelines for such training adopted by the Office of Superintendent Public Instruction. If a district high school does not have a full-time school nurse, the district shall identify at least one member of each high school’s personnel to become a designated trained responder who can distribute and administer opioid overdose reversal medication.

Opioid overdose reversal medication may be used on school property, including the school building, playground, and school bus, as well as during field trips or sanctioned excursions away from school property. A school nurse or a designated trained responder may carry an appropriate supply of school-owned opioid

overdose reversal medication on in-state field trips and sanctioned in-state excursions.

Individuals who have been directly prescribed opioid overdose reversal medication according to RCW 69.41.095 may lawfully possess and administer opioid overdose reversal medication, based on their personal prescription. However, such “self-carrying” individuals must show proof of training as verified by a licensed registered professional nurse employed or contracted by the district or participate in district training as specified in the accompanying procedure.

If any type of overdose is suspected, including an opioid related overdose, district staff will first call 9-1-1 for emergency medical response. The school nurse or designated trained responder will follow the Washington Department of Health steps for administering naloxone for a suspected opioid related overdose.

The Superintendent is authorized to develop procedures to implement this policy.

Adopted: MONTH 2020

Revised:


Cross Reference: Policy Nos. 3416; 3418; 5201

Related Superintendent Procedure: 3424SP

Previous Policies:

Legal References: RCW 69.41.095, Opioid overdose reversal medication—Standing order permitted; RCW 69.50.315, Drug-related overdose; RCW 28A.210.390, Opioid overdose reversal medication – Standing order – Administration; Opioid overdose reversal medication – Policy guidelines and treatment requirements – Grant program

Management Resources: OSPI, January 2020, *Opioid Related Overdose Policy Guidelines and Training in the School Setting*; *Policy & Legal News*, February 2020

	<p>MEDICATION AT SCHOOL</p>	<p>Policy No. 3416</p> <p>DATE</p> <p>Page 1 of 2</p>
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It is the policy of the School Board that under normal circumstances, medication, including over-the-counter (“OTC”) medication, should be administered before and/or after school hours under supervision of the parent or guardian. If a student must receive medication, including OTC oral or topical medication, eye drops, ear drops, or nasal spray (“medications”) from an authorized staff member, the parent or guardian must submit a written authorization and a written request from a licensed health professional prescribing within the scope of his or her prescriptive authority.

Note, Board Policy No. 3424, Opioid-Related Overdose Response, governs the use of school-owned opioid-related overdose reversal medication to respond to symptoms of an opioid-related overdose.

The Superintendent or his or her designee is granted the authority to establish procedures for:

- A. Delegating, training and supervising staff members in the administration of medication, including OTC medications, to students by a registered nurse;
- B. Designating staff members who may administer prescribed or OTC medications to students;
- C. Obtaining signed and dated parental and health professional requests for the administration of prescribed or OTC medications, including instructions from a health professional if the medication is to be given for more than fifteen days;
- D. Storing prescribed or OTC medications in a locked or limited access facility;
- E. Maintaining records pertaining to the administration of medication; and
- F. Permitting, under limited circumstances, students to carry and self-administer medications necessary to their attendance at school.

Delegation to non-licensed nurse staff of the administration of injected medication will only occur when a student is susceptible to a predetermined, life-endangering situation. In such an instance, the parent or guardian will submit a written and signed permission statement. Such an authorization shall be supported by signed and dated written orders accompanied by supporting directions from the licensed health professional. Non-nurse staff members will be

trained prior to injecting a medication by a professional person licensed under RCW 18.71 or 18.79.

Medications via routes other than oral, topical, eye or ear drops, (suppositories or non-emergency injections) may not be administered by school staff other than registered nurses or licensed practical nurses. Nasal may be administered only as described below.

Administration of Medication by Nasal Spray

If a school nurse is on the premises, a nasal spray that is a legend (prescribed) drug or a controlled substance must be administered by the school nurse. If no school nurse is on the premises, a nasal spray that is a legend drug or a controlled substance may be administered by: 1) a trained school employee, provided that person has received appropriate Registered Nurse (RN) delegation and volunteered for the training pursuant to RCW 28A.210.260; or 2) a parent-designated adult (PDA).

Parent-Designated Adult (PDA)

A parent designated adult (PDA) is a volunteer, who may be a school district employee, who receives additional training from a healthcare professional or expert in epileptic seizure care selected by the parents/guardians who provides care for the student consistent with the student's individual health plan on file with the school. PDAs are also allowed to care for students with diabetes per Policy No. 3415.

Required Notification of Emergency Medical Services (EMS)

After every administration of any legend (prescribed) drug or controlled substance by nasal spray to a student by a school employee who is not a school nurse, Emergency Medical Services (911) will be summoned as soon as practicable.

Discontinuation of Medication

If the district decides to discontinue administering a student's medication, the Superintendent or his or her designee must provide notice to the student's parent or guardian orally and in writing prior to the discontinuance. There shall be a valid reason for the discontinuance that does not compromise the health of the student or violate legal protections for the disabled.

Adopted: December 2011

Revised: April 2015; June 2013; July 2020


Cross Reference: Policy Nos. 3420; 3424

Related Superintendent Procedure: 3415 SP; 3416SP

Previous Policies: D108.00; 3415

Legal References: RCW 28A.210.260 Administration of Oral Medication by — Conditions; RCW 28A.210.270 Administration of Oral Medication by — Immunity from Liability; Attorney General Memorandum (2/9/89) — Administration of Medication; RCW 18.71; RCW 18.79

Management Resources: *Policy News*, February 2014; August 2012; February 2001

	<p>MEDICATION AT SCHOOL</p>	<p>Policy No. 3416 April 22, 2015 <u>DATE</u> Page 1 of 2</p>
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[Note, Board Policy No. 3424, Opioid-Related Overdose Response, governs the use of school-owned opioid-related overdose reversal medication to respond to symptoms of an opioid-related overdose.](#)

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Adopted: December 2011

Revised: April 2015; June 2013; [July 2020](#)

Cross Reference: Policy ~~No~~Nos. 3420; [3424](#)

Related Superintendent Procedure: 3415 SP; 3416SP

Previous Policies: D108.00; 3415

Legal References: RCW 28A.210.260 Administration of Oral Medication by — Conditions; RCW 28A.210.270 Administration of Oral Medication by — Immunity from Liability; Attorney General Memorandum (2/9/89) — Administration of Medication; RCW 18.71; RCW 18.79

Management Resources: *Policy News*, February 2014; August 2012; February 2001

Opioid Related Overdose Reversal

The board recognizes that the opioid epidemic is a public health crisis and access to opioid-related overdose reversal medication can be life-saving. To assist a person at risk of experiencing an opioid-related overdose, the district will seek to obtain and maintain at least one set of opioid overdose reversal medication doses in each of its high schools.

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The following personnel may distribute or administer the school-owned opioid overdose reversal medication to respond to symptoms of an opioid-related overdose:

- A school nurse,
- School personnel who become designated trained responders, or
- A health care professional or trained staff person located at a health care clinic on public school property or under contract with the school district.

Training for school personnel to become designated trained responders and distribute or administer opioid overdose reversal medication must meet the requirements for training described in the statute and any rules or guidelines for such training adopted by the Office of Superintendent Public Instruction. If a district high school does not have a full-time school nurse or trained health care clinic staff, the district shall identify at least one member of each high school's personnel to become a designated trained responder who can distribute and administer opioid overdose reversal medication.

Opioid overdose reversal medication may be used on school property, including the school building, playground, and school bus, as well as during field trips or sanctioned excursions away from school property. A school nurse or a designated trained responder may carry an appropriate supply of school-owned opioid overdose reversal medication on in-state field trips and sanctioned in-state excursions.

Individuals who have been directly prescribed opioid overdose reversal medication according to RCW 69.41.095 lawfully possess and administer opioid overdose reversal medication, based on their personal prescription. However, such "self-carrying" individuals must show proof of training as verified by a licensed registered professional nurse employed or contracted by the district or participate in district training as specified in the accompanying procedure.

If any type of overdose is suspected, including an opioid related overdose, district staff will call 9-1-1 and alert a first responder. The school nurse, designated trained responder, or trained staff person located at a health care clinic on public school property or under contract with the school district will follow the [Washington Department of Health](#) steps for administering naloxone for a suspected opioid related overdose.

Cross References: 3416 - Medication at School
 3418 - Response to Student Injury or Illness

Legal References: Chapter 69.50.315 RCW – Drug-related overdose
 Chapter 69.50.315 RCW – Health Screening and Requirements

Chapter 28A.210 RCW – Health Screening and Requirements

Management Resources: OSPI, January 2020, Opioid Related Overdose Policy Guidelines and Training in the School Setting

Adoption Date: **02.20**
Classification: **Essential**
Revised Dates: ;