

Guidelines for local and regional boards of education on the storage and administration of opioid antagonists in schools. Connecticut General Statutes Section 10-212a(g)

Legislation enacted in 2022 amended Connecticut General Statutes (C.G.S.) Section 10-212a to authorize school nurses and “qualified school employees” to administer opioid antagonists for the purpose of emergency first aid to students who experience an opioid related overdose. See Public Act 22-80, Sec. 7, *amending* C.G.S. Sec. 10-212a by adding subsection (g). The legislation establishes a number of conditions for the administration of opioid antagonists, and it directed the Connecticut State Department of Education, in consultation with the Departments of Consumer Protection and Public Health (collectively “Departments”), to develop guidelines (“Guidelines”) on the storage and administration of opioid antagonists in schools for use by local and regional boards of education (hereinafter “Board” or “Boards”).

Boards which choose to authorize the administration of opioid antagonists should develop policies and procedures for the storage and administration of opioid antagonists which implement the provisions of C.G.S. Section 10-212a(g) and Regulations of Connecticut State Agencies Sections 10-212a-1 through 10-212a-10, as applicable. The administration of the opioid antagonist then must comport with C.G.S. Section 10-212a. It must also align with and follow the respective Board’s policies and procedures.

To that end, and in accordance with Section 10-212a, the Departments are providing Guidelines for the use by Boards in adopting their own policies and procedures. Furthermore, those Boards that have already authorized the administration of opioid antagonists as emergency first aid and adopted policies and procedures with respect to the storage and administration of opioid antagonists are advised to review these Guidelines and the amended statute to ensure that their policies and procedures are consistent with C.G.S. 10-212a (g).

1. Definitions. The Departments recommend that the terms “opioid antagonist,” “qualified school employee,” and “qualified medical professional” be given the meanings set forth in C.G.S. Section 10-212a(g)(3). These are as follows:

(3) For purposes of this subsection, (A) “opioid antagonist” means naloxone hydrochloride or any other similarly acting and equally safe drug approved by the federal Food and Drug Administration for the treatment of a drug overdose, (B) “qualified school employee” means a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by a school district, coach or school paraprofessional, and (C) “qualified medical professional” means (i) a physician licensed under chapter 370, (ii) an optometrist licensed to practice optometry under chapter 380, (iii) an advanced practice registered nurse licensed to prescribe in accordance with section 20-94a, or (iv) a physician assistant licensed to prescribe in accordance with section 20-12d.

2. Authority for maintenance and administration of an opioid antagonist. Boards should adopt policies and procedures -- incorporating, for example, a standing order of the Board's medical advisor or the authorization of the Superintendent of Schools -- that expressly authorize the school nurse or in the absence of the school nurse a qualified school employee to maintain opioid antagonists for the purpose of administration of emergency first aid to students who experience an opioid related drug overdose.
3. Selection of qualified school employees. Boards should adopt policies and procedures for the selection, by the school nurse, in conjunction with the building principal, of qualified school employees who may administer opioid antagonists in the absence of the school nurse. The school nurse, in conjunction with the building principal, shall determine and select a sufficient number of qualified school employees to ensure that there shall be at least one qualified school employee on the grounds of the school during regular school hours in the absence of the school nurse.
4. Designation of schools and regular school hours. Boards should designate the schools where opioid antagonists will be maintained and the regular school hours of each such school to ensure that there will be a qualified school employee at the school during such hours in the absence of the school nurse.
5. Notification of school nurse availability. Boards should adopt procedures for notification of qualified school employees when the school nurse is not available for the administration of the opioid antagonist so that the qualified school employee may be prepared to administer the antagonist if necessary.
6. Notification of when qualified school personnel may administer an opioid antagonist. Boards should adopt procedures for notification of qualified school employees of the statutory requirement that a qualified school employee may administer an opioid antagonist only in situations where the school nurse is absent or unavailable.
7. Notification of the identity of qualified school employees who may administer an opioid antagonist. Boards should adopt procedures for notification of all school personnel of the identity of qualified school employees who may administer an opioid antagonist in the absence of the school nurse.
8. Notifications to parents and guardians of school district policy regarding administration of opioid antagonists and to the school of refusal of administration. Boards should adopt a procedure for notification of parents and guardians of Board policy authorizing the administration of an opioid antagonist as emergency first aid to students who experience an opioid related overdose.

and for parents and guardians to notify the school nurse or other school representative that the opioid antagonist should not be administered to their child.

9. Notification of the refusal of administration of an opioid antagonist. Boards should adopt a policy and procedure to ensure that school nurses and qualified school employees and other personnel with a need to know are notified of the students whose parents or guardians have refused the administration of an opioid antagonist to their child.
10. Storage of opioid antagonists. Boards should adopt policies for the storage of opioid antagonists to ensure that the opioid antagonist is stored in a secure manner, stored under conditions which will not impair its effectiveness prior to it being administered, and stored in a location where it can be obtained in a timely manner if administration is necessary.
11. Ordering and replenishing the supply of the opioid antagonist. Boards should adopt policies for the timely ordering of the opioid antagonist and the procedures for determining the expiration date of the opioid antagonist to ensure that a sufficient supply of the opioid antagonist is available to meet the needs of the school district.
12. Actions to be taken when the opioid antagonist is administered. Boards should specify the actions to be taken by the school nurse or other school personnel when an opioid antagonist is administered to a student, including, but not limited to, the following: calling 911; notification of the student's parents or guardian; notification of the Superintendent; notification of the school medical advisor; and other notifications as determined by the Board to be necessary.
13. Recordkeeping. The Board should specify the records to be maintained with respect to the administration of opioid antagonists, including, but not limited to, records pertaining to the completion of the training required for a school nurse or other qualified school employee to enable them to administer the opioid antagonist and the records to be kept with respect to the administration of an opioid antagonist.
14. Ensuring proper training of school nurses and qualified school employees. The Board should adopt policies and procedures to ensure that a school nurse or a qualified school employee does not administer an opioid antagonist unless the school nurse or qualified school employee has completed a program in the distribution and administration of an opioid antagonist developed by the Department of Education, Department of Public health, and Department of Consumer Protection.