

National Association of State Boards of Education

➔ Addiction Trends Require States to Change School Medication Policies

By Erima Fobbs

The prevalence of opioid addiction and overdose risks is prompting states to review school medication administration policies and procedures. In a recent Rhode Island survey of high school nurses, 43 percent reported encounters with students who were abusing opioids.¹

Rhode Island, Kentucky, New York, Illinois, Delaware, and Massachusetts have passed laws to enable schools to provide training or administration of naloxone, an antidote for those suffering from overdoses of heroin or prescription painkillers that is administered by syringe or nasal spray to restore breathing.

Seeing a child collapsed on the floor is the worst nightmare of every school nurse, said Delaware school nurse Rebecca King, who reported in an Associated Press article that she has observed substance abuse as a nurse. “Naloxone saves lives,” King said. “It can really be the first step toward recovery.”²

King’s statement reflects the official position of the National Association of School Nurses (NASN), which says that, by curtailing death from overdoses, naloxone can give families the chance to get their loved ones into an appropriate treatment regimen.³ According to NASN, administering medication to students is one of the most common health-related activities performed in school. As students’ exposure to health risks changes, school responses must change. Policymaking to guide how medicine can be administered will vary depending on whether the medications are for emergencies, are over the counter, or are prescriptive and depending on the controversy surrounding the health risks in question.

Yet whether cautious or proactive, state poli-

cymaking to support schools in their handling of these complex medication administration processes is essential. Absent or inadequate emergency medications and nonadherence to medication treatment regimes for chronic illnesses or disabilities can harm children physically but also have adverse educational, behavioral, and academic consequences.

IMPLICATIONS FOR STATE BOARDS

State boards of education (SBEs) across the country have a long history of establishing policies to govern safe medication administration; carrying, stocking, and storage of medications at school; management of emergency situations; staff roles, delegation of responsibility, and liability protections; staff and student awareness and education; and student confidentiality and parental consent requirements. However, as new and potentially controversial school health emergencies affect students in school settings, SBEs will need to nimbly amend and expand school emergency medication policies.

New policies, similar to those that already exist related to stocking and use of epinephrine in emergency situations, should ensure that students receive the urgent care needed. Such policies may encompass accessible school nursing and health services, medical supplies on hand, and staff that are adequately trained and sufficiently protected to administer medication (for example, via updated Good Samaritan laws). Policies should be updated with the feedback and help of health departments, pediatricians, school nurses, and other health experts who have been monitoring and managing the health trends that are impinging on schools. These partners will have essential information to inform boards’ strategies.

A number of states have passed laws and

developed protocols in this area. Legislation in **Illinois** specifically authorizes school nurses to administer the drug to anyone they believe may be suffering an opioid overdose, much as a nurse can use an epinephrine auto-injector to treat a student suffering a life-threatening allergic reaction.⁴

In 2015, **Rhode Island** passed legislation that requires all middle, junior high, and high schools to stock naloxone. And **Kentucky** recently passed a law that allows the board of each local public school district and the governing body of each private and parochial school or school district to permit a school to keep naloxone on the premises and regulate the administration of naloxone to any individual suffering from an apparent opiate-related overdose. The law also directed that the Kentucky Department for Public Health—in collaboration with local health departments, local health providers, and local schools and school districts—develop clinical protocols to address supplies of naloxone kept by schools and to advise on its clinical administration.

New York changed its laws this year to allow nurses to add naloxone to their inventory. New York’s legislature further specified that nurses are protected from liability if they act in good faith in administering Naloxone.⁵

RESOURCES

The following resources are provided to further support SBE decision making related to medication administration.

Erima Fobbs, “Coordinating an Improved Response to Allergic Reactions in School,” *Policy Update* 22, no. 7 (Alexandria, VA: NASBE, September 2015), http://www.nasbe.org/wp-content/uploads/Fobbs_Stock-Epinephrine-Final.pdf. This report focuses on the SBE role in enabling schools to stock epinephrine and allowing staff and students that suffer from life-threatening allergic reactions to receive immediate treatment. The transcript to a related webinar is here: <http://www.nasbe.org/webinar/stocking-epinephrine-ensuring-access-to-anaphylaxis-treatment-and-better-training-for-educators>.

The School Health Policy Matrix—a collaborative project between the National Association of Chronic Disease Directors, NASBE, and SHAPE America—provides links to primary and secondary state-level policies governing staff administration of medication, and self or staff administration of allergy, anaphylaxis, and diabetes

medications in all 50 states: <http://www.nasbe.org/wp-content/uploads/Final-State-School-Health-Policy-Matrix.pdf>.

NASN's general position statement on medication administration is here: <https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/86/Medication-Administration-in-the-School-Setting-Amended-January-2012>. Other NASN information on school-based naloxone administration is here: https://www.nasn.org/portals/0/binder_papers_reports.pdf.

Finally, the American Academy of Pediatrics Council of School Health Policy Statement on administration of medication in school encourages development of policies for delegating medication administration in the event a school nurse is not accessible: <http://pediatrics.aappublications.org/content/124/4/1244.full>.

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NOTES

1. Further, 15 of those surveyed had called 911 over the past three years because of suspected substance abuse or overdoses. Michelle R. Smith, "Heroin Epidemic Puts Pressure on Schools to Get Antidote," Associated Press (September 11, 2015), <http://bigstory.ap.org/article/abc93b6c11542d58e5695e634577f4d/amid-heroin-scourge-schools-stock-overdose-antidote>.
2. Ibid.
3. NASN, "Naloxone Use in the School Setting: The Role of the School Nurse," NASN Position Statement, (Silver Spring, MD, June 2015).
4. Lauren Zumbach, "Law Clears Way for Drug Overdose Antidote in Schools," *Chicago Tribune* (September 21, 2015), <http://www.chicagotribune.com/suburbs/lake-county-news-sun/news/ct-Ins-naloxone-schools-st-0922-20150921-story.html>.
5. Michelle Faust, "School Nurses Stock Drugs to Reverse Opioid Overdoses," Side Effects Public Media and NPR (September 16, 2015), <http://www.npr.org/sections/health-shots/2015/09/16/440770695/school-nurses-stock-drug-to-reverse-opioid-overdoses>.