File Code: M04

Naloxone Report

To: Martha Rogers, Director of Education

From: Gary Slater, Superintendent of Education

Date: January 14, 2020

Report Type: DECISION

Background

At the June 25, 2019 Board Meeting, Trustees received an information report regarding the implementation of naloxone in schools as part of first aid protocols. Trustees requested that an overdose protocol be developed, and that a staff recommendation on the use of Naloxone be presented to Board by December 2019. The overdose protocol has been developed and has been shared with schools to form part of their emergency response plans. A staff Naloxone Committee was formed to examine the issue of adding Naloxone to school first aid procedures in the event of opioid overdose. The committee included senior administration, school administrators, Health and Safety, Mental Health, Wellness, and Operations Department representation. The committee's recommendation on the implementation of Naloxone in this report is in response to information requested by the Board in June 2019.

Issue

To consider implementing naloxone in schools and board sites as part of their first aid protocols.

Recommendation

1. It is recommended that Naloxone Recommendation Report dated January 14, 2020 be received.
2. It is recommended that schools implement the use of naloxone as part of their first aid protocols, during the 2020-2021 school year.
3. It is further recommended that the Guelph Board Office and Grant Evans Education Centre implement the use of naloxone as part of their first aid protocols.

This document is available in alternative formats upon request.

Rationale

The Upper Grand DSB has an Overdose Protocol (P.15) that has been added to Emergency Response Procedures as of December 2019. This protocol provides a first aid response for any overdose, regardless of substance. Naloxone is a drug used to temporarily reverse the effects of opioid overdose. The administration of Naloxone is effective in the case of opioid overdose only. However, the use of Naloxone must not delay other appropriate response and care - specifically that a responder in an emergency situation where someone is not breathing must provide artificial respiration.

Wellington-Dufferin-Guelph Public Health has provided the UGDSB with an information report entitled Naloxone in Schools: Considerations for school boards (Appendix A).

This report indicates that at this time, elementary and secondary schools are not considered high-risk areas for opioid overdoses. However, there are concerning trends - increases in youth use of non-medical prescription opioids and youth Emergency Room visits due to opiods. The risk of accidental exposure and/or overdose due to the mixture of powerful opioids with street drugs is also a risk factor for some youth. From our own UGDSB information, there have been several disciplinary and/or medical issues related to opioids in the past two years. There have been no overdoses in Upper Grand schools. However, school staff have expressed concerns about student use of opioids.

The Naloxone Committee also considered community agency and school input regarding the possibility of non-student and adult overdoses that may occur on school and board sites. Concern was expressed that non-students, who may attend school or board functions (including Community Use events after school hours) can also be at risk of overdose.

While the Naloxone committee considers the current risk level to be low for opioid overdose, the implementation of Naloxone as a proactive measure, with potential life-saving consequences, is recommended. Similar to Automated External Defibrillators (AED), which have been installed in all board sites, the inclusion of Naloxone in schools is seen as a proactive response to the opioid problem.

Implementation Plan

Board staff are recommending that the implementation of Naloxone be done with the following parameters.

Naloxone:

Naloxone is commonly available in injectable and nasal spray forms. The only source of Naloxone to be supplied to UGDSB schools will be the nasal spray version (Narcan®) as it is considered non-invasive.

Storage:

The board currently has an AED installed in each school, at the Guelph Board Office and Grant Evans Education Centre. Narcan® kits would be stored in the current AED boxes in the school. These boxes are visible, located in high traffic areas, and are fitted with a built-in alarm system. These boxes will allow public access to the Narcan® kit outside of the school day (i.e., Community Use), and the alarm will provide indication of an emergency situation occurring. The cost to outfit the AED box will be the purchase and installation of a “Naloxone” sticker.

Training:

There are first aid qualified staff in all board sites. The board will purchase initial Naloxone training sessions for First-Aid trained staff - up to 5 staff per site - plus school administrators. There is no requirement for ‘renewal’ training for Naloxone administration. On a go-forward basis, training on Naloxone will be included in the board’s regular First Aid training. This training will continue to be voluntary for all staff.

Cost of Implementation:

Previous information provided from community partners indicated that Naloxone training could be provided, along with Narcan® kits, free of charge to the UGDSB. Further exploration has revealed this is not the case. Agencies have been mandated to provide training and kits to drug users and family/friends of drug users. Kits cannot be provided to the school system through these agencies. Therefore, one kit will be purchased per school and board site. The expiration period for Naloxone is approximately 2 years. This cost would be an ongoing budget consideration.

The costs indicated below are based on 76 school sites, as well as the Guelph Board Office and Grant Evans Education Centre, 130 administrators, and 5 other staff per site (total 520).

Initial start up costs would include:

Narcan® ($92.00 per kit)	$7,176.00
Materials	$3,900.00
Agency Training Costs	$18,200.00
- no release time	
Start up Total:	$29,276.00

Timelines:

It is recommended that the implementation of Naloxone be done in the 2020-2021 school year. This will allow for plan communication, ordering of materials and Narcan®, training plan development, revision of the current overdose protocol and materials, as well as appropriate budget consideration.

Summary

Having naloxone at schools is seen as a proactive measure and will provide an additional resource available to respond to an opioid-related overdose. If an opioid overdose is suspected, administration of naloxone is an effective medication for temporarily reversing the effects of an overdose, and preventing death and harm associated with oxygen deprivation. Naloxone will not cause harm to an individual if given in error, so long as it doesn't delay appropriate response and care as noted above. The recommended implementation plan is cost effective and responsive to community needs and concerns.

Naloxone in Schools: Considerations for school boards

Purpose

To provide available data and considerations to inform board level discussions regarding opioid overdose protocols for school boards.

Summary

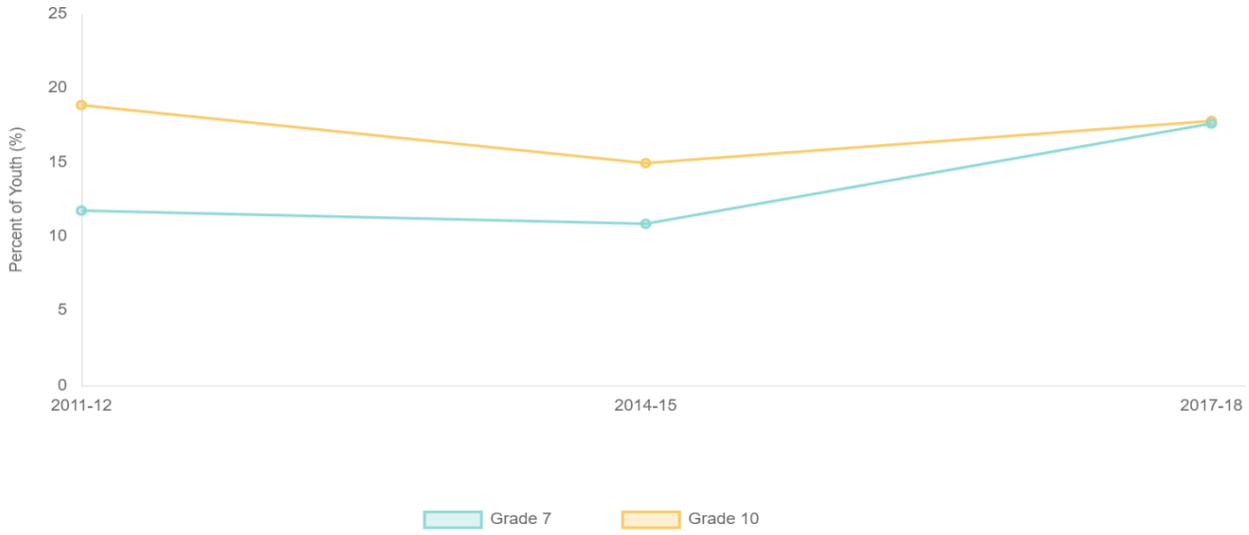
At this time, elementary and secondary schools are not considered high-risk areas for opioid poisonings (overdoses). At this time, we do not have data regarding the number of cases (if any) of opioid poisonings that have occurred in Ontario schools. However, non-medical use of prescription opioids (e.g., painkillers such as Tylenol #3, Percocet, and OxyNEO) are some of the most commonly used substances among Ontario youth. In 2017, youth in Wellington, Dufferin and Guelph (WDG) between the ages of 15-24, experienced the highest rate of opioid-related emergency department (ED) visits compared to all other age groups (Figure 3). The actual number of emergency department visits for this age group was 36 cases, and 18 of these cases were youth between the ages of 15-19. Considerations for the appropriateness of having an opioid overdose protocol, such as the local school context, the purpose of an opioid overdose protocol, and different policy options (i.e., on-site naloxone) are provided.

Rates of opioid use among youth in Ontario and WDG

According to results from the 2017 Ontario Student Drug Use and Health Survey (OSDUHS), 10.6% of Ontario students in grades 7-12 have used a prescription opioid for non-medical reasons in the past year. This rate has remained stable since the previous survey in 2015, and there were no statistically significant differences in use among males and females or among different grades. [1]

Locally, findings from the Wellington-Dufferin-Guelph Youth Survey show that student reported rates of prescription drug use without a prescription increased between 2014-15 and 2017-18. In 2017-18, 18% of grade 7 and grade 10 students reported using prescription drugs without a prescription in the past year. In 2011-12 and 2014-15, grade 10 students reported higher use of prescription drugs without a prescription than grade 7 students. However, in 2017-18, grade 7 and grade 10 students reported past year use at similar rates.[2]

Figure 1: Percent of WDG students in grades 7 and 10 who report using prescription drugs without a prescription in the last 12 months (2011-12, 2014-14, 2017-18)*

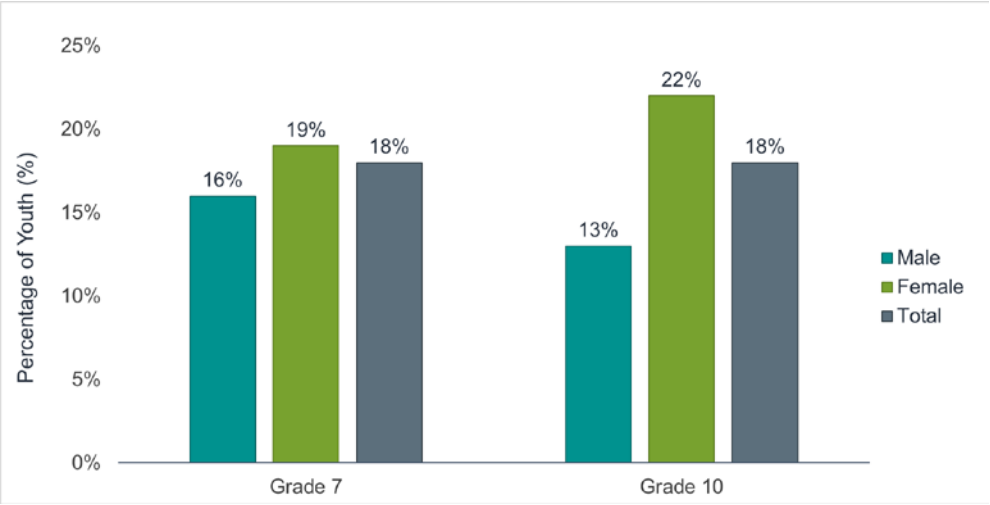


Source: WDG Youth Survey, 2011-12, 2014-15 and 2017-18. WDG Report Card Coalition. Last updated August 2, 2018.

**Survey question: "In the last 12 months, how often did you use pain relief pills without a prescription (such as Percocet, Percodan, Tylenol #3, Demoral, OxyContin, codeine) or without a doctor telling you to take them?" This same question was used in the OSDUHS survey, which has been tested and evaluated for student interpretation.*

In WDG, females and students who identified as non-binary were more likely to report using prescription drugs without a prescription. Most students who reported past year use reported using 1 to 2 times in the past year (9.3%), compared to 3 to 5 times (4.1%) and 6 or more times (4.2%). These survey results do not tell us the quantity of the drug that they took when they used.[2]

Figure 2: Percent of WDG students in grades 7 and 10 by gender who report using prescription drugs without a prescription in the last 12 months (2017-2018)



Source: WDG Youth Survey (2017-2018)

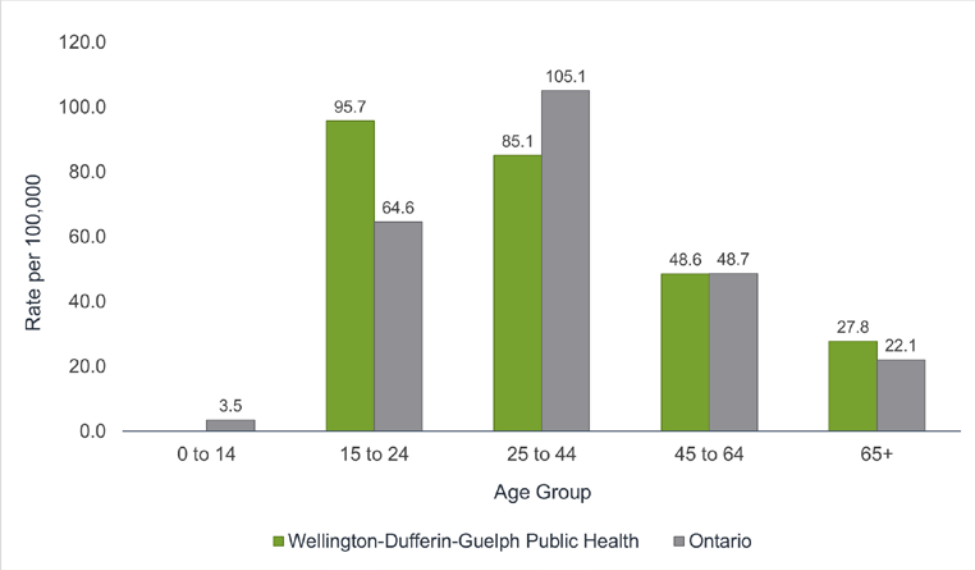
While prescription opioids are the most commonly used opioids among youth, a small percentage of youth use street drugs.[1] Powerful opioids, such as fentanyl, are increasingly being mixed into other drugs such as heroin, ecstasy and cocaine.[3] Youth may in fact be exposed to opioids without knowing it. Fentanyl has also been found in fake-prescription pills that have been illegally produced, increasing the danger of using these pills.[4]

Rates of opioid harm among youth

Data from the National Ambulatory Care Reporting System (NACRS) shows that in 2017, youth in WDG between the ages of 15-24 experienced the greatest rate of opioid-related ED visits compared to any other age group, at 95.7 visits per 100,000 people. This also appears to be a higher rate than Ontario as a whole.[5]

Further analysis for the 15-24 age group in 2017 indicates that the rate is similar for youth aged 15-19 and youth aged 20-24 (94.4 per 100,000 (n=18) vs. 90.6 per 100,000 (n=19) respectively).[5]

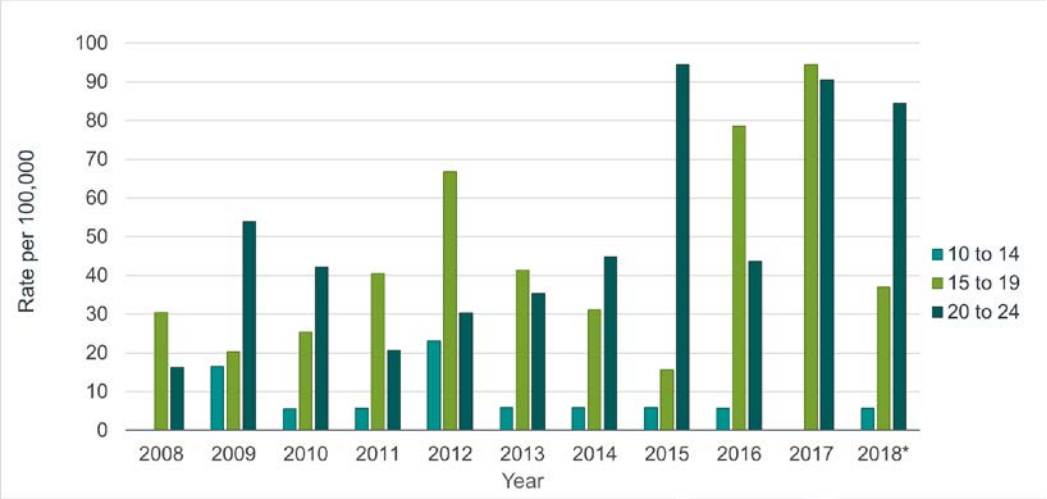
Figure 3: Rate of opioid-related ED visits in WDG and Ontario by age (2017)



Source: NACRS (accessed Nov 2017)

Figure 4 shows the yearly rates of opioid-related ED visits in those aged 10-14, 15-19 and 20-24 from 2008-2018. Rates appear to be stable for ages 10-14. The highest rates have appeared in more recent years for age groups 15 to 19 and 20 to 24, but the trends in these age groups do not seem to be consistent.[5]

Figure 4: Rates of opioid-related ED visits among youth from 2005-2018



**The year 2018 only contains the months of January to, and including, September. Source: NACRS (accessed May 2019)*

While these data demonstrate that opioid-related harms are in fact happening among high-school aged youth, it is important to put these numbers into perspective. In 2017, there were a total of 18 emergency department visits related to opioids among youth aged 15-19 in WDG. Within the first 9 months of 2018, preliminary numbers suggest the rate of ED visits in the 15-19 age group will be lower than in the 20 to 24 age group. Without data for the last 3 months of 2018, it is uncertain what the rates for 2018 will be. Between 2008- September 2018, there have been a total of 93 emergency department visits for youth aged 15-19. Between 2008-2017, there have been 9 opioid-related deaths among youth aged 15-24 years, and no deaths were reported among youth aged 14 and under.[6]

Considerations for school boards

School context

Although school-aged youth are experiencing opioid-related harms, to date, there are no known public reports of overdoses that have occurred in Canadian schools, although there have been a few suspected cases reported in the media in U.S. schools.[7]

General concern regarding opioid-related harms in Canada has led to some school-based naloxone policies in school districts in Ontario, British Columbia and Alberta. However, some other Canadian school districts have decided against naloxone policies.[7] A recent cost-effectiveness study of naloxone kits in secondary schools was conducted, and it was concluded that although naloxone programs are relatively inexpensive and have potential to save lives and be cost-effective, other programs aimed at improving health and wellbeing may be a better use of limited resources.[7]

Local school context

The information presented above provides available local data about student's use of opioids in WDG, as well as opioid-related harms among youth. Considering these data within the local school context (through school experiences and conversations with school staff and students) is important to determine whether opioid overdose is a concern that should be addressed beyond standard procedures for a medical emergency in schools.

Opioid overdose protocol

An opioid overdose protocol provides information and clarity to staff on how they are expected (or permitted) to respond to an opioid overdose. School boards can develop a protocol, whether or not they choose to equip schools with naloxone as part of their policy.

The protocol could include the purpose, scope (who it applies to), relevant definitions, policy (including prevention planning, staff expectations, training, supplies, communication, documentation, and debriefing) and a procedure with step-by-step instructions on how staff

are expected (or permitted) to respond. The response can differ based on an individual's training, comfort and access to naloxone.

Ontario's Good Samaritan Laws protect an individual who is voluntarily helping someone in distress from being sued for wrongdoing, including the administration of naloxone. However, school boards may wish to provide clear guidelines that the administration of naloxone is permitted, and may wish to outline additional parameters (e.g., only staff trained in naloxone administration).

Opioid overdose response in schools

If someone is found unresponsive, calling 911 and providing chest compressions or CPR is the appropriate first response whether or not naloxone is available to administer.

If an opioid overdose is suspected (e.g. drug paraphernalia is visible or someone witnessed drug consumption), administration of naloxone, as per training, is a safe and effective medication for temporarily reversing the effects of an overdose and preventing death and harms associated with oxygen deprivation.[3,7] The quicker naloxone is administered after opioid exposure, the higher the patient's chance of survival.[7] Calling 911 and performing chest compressions or CPR should still accompany naloxone administration in an opioid overdose response.

Although naloxone will not reverse overdoses that are not opioid-related, it will not cause harm to an individual if given in error, so long as it does not delay appropriate response and care.[3] Given this, it is important for staff trained in overdose response and naloxone administration to also be trained in first aid, so that the most appropriate response to the situation can be identified.

Naloxone as part of an opioid overdose protocol

School boards wishing to have an opioid overdose protocol should consider whether to include on-site naloxone as part of this protocol. The likelihood of staff encountering an individual who has overdosed and the potential consequences of not having naloxone available (e.g., the consequence would be higher in an area that is not easily accessible to First Responders) should be considered. Appendix 1 provides a guidance tool to help support this decision-making process

Considerations for school boards that wish to equip schools with naloxone:

- Like having an Automated External Defibrillator (AED) on site, having naloxone at schools could be seen as a proactive measure, and not a cause to raise alarm.

Naloxone provides an additional resource available to respond to medical emergencies in the schools setting, specifically to opioid-related overdose.

- Priority should be given to secondary schools over elementary schools, given that the harms associated with opioid use in youth aged 10-14 are lower than youth aged 15-19 and have remained stable over the years (Figure 4).
- Naloxone can be administered by needle injection or nasal spray. Anecdotally, people report that they are more comfortable using the nasal spray compared to needle injection, however it is also significantly more costly to administer nasally (approximately $145 compared to $40, respectively).
- Resources and time will be required to purchase naloxone kits and train staff on the opioid overdose protocol.

Attaining naloxone kits and Staff training

School boards who choose to have an on-site naloxone policy as part of their overdose protocol, will need to ensure appropriate school staff are trained, and purchase at least one naloxone kit (with 2 doses of naloxone) for each school. Overdose response and naloxone training should be seen as a complement to First Aid training. School boards may also wish to provide information to staff who choose themselves to be trained and to carry naloxone (both for schools that have an on-site naloxone policy and those who do not).

Staff training options:

- Sanguen Health Centre and HIV/AIDS Resources and Community Health (ARCH) provide a comprehensive opioid overdose response and naloxone group training. A fee for training may apply. Naloxone kits will need to be purchased separately.

Sanguen Health Centre	ARCH
www.sanguen.com	www.archguelph.ca
1- 877-351-9857	1-800-282-4505

- The Heart and Stroke Foundation and the Canadian Red Cross offer overdose response and naloxone training as an optional lesson in their Standard and Emergency First Aid Courses.[3] A naloxone kit will need to be purchased separately.

Heart and Stroke Ontario	Canadian Red Cross
http://www.heartandstroke.on.ca	http://www.redcross.ca/training-and-certification
1-877-473-0333	1-877-356-3226

Purchasing Naloxone:

Naloxone kits (both injectable and nasal spray) can be purchased through many local pharmacies. Some companies, such as Calea, also offer naloxone kits available for purchase. Nasal spray can also be ordered directly from the manufacturer, however, other kit components (case, non-latex gloves, rescue breather barrier, instructional insert, training certification card, and information about the Good Samaritan Drug Overdose Act) would need to be sourced independently. The cost of an injectable kit from a pharmacy is approximately $30-$40, and the cost of a nasal spray naloxone kit (or 2 doses of nasal spray from manufacturer) is approximately $100-175.

- List of local pharmacies that carry naloxone
  www.ontario.ca/page/where-get-free-naloxone-kit
- Calea Naloxone Kits
  http://www.calea.ca/catalogue/calea/index.php?option=com_content&view=article&id=98:naloxone-kits
- ADAPT Pharma Canada (manufacturer of intranasal naloxone)
  adaptcanada@customer-support.ca
  1-877-870-2726

Naloxone has a shelf-life of approximately 2 years and would therefore need to be replaced regularly.

Naloxone Distribution in the Community

Naloxone kits are also available in the community to individuals who meet specific criteria.

Many local pharmacies in Ontario provide brief naloxone training and injectable or nasal naloxone kits for individuals who currently use opioids, past opioid users, and family members, friends, or others who are able to assist a person at risk of overdose from opioids. These naloxone kits are provided at no cost if an OHIP number is provided to the pharmacist. If providing an OHIP number is a barrier, in limited circumstances pharmacists may provide naloxone to those who do not have a health card or who do not wish to provide identification.[8]

- A list of places to obtain a free naloxone kit can be found at:
  www.ontario.ca/page/where-get-free-naloxone-kit

Wellington-Dufferin-Guelph Public Health (WDGPH), ARCH, Sanguen, the Guelph Community Health Centre (GCHC), and the Community Health Van can provide training and a free nasal spray kit for people who use drugs, friends and family members of people who use drugs, and individuals newly released from a correctional facility.

- More information on where you can obtain a free naloxone kit can be found at: https://www.wdgpublichealth.ca/your-health/opioids-and-naloxone/local-opioid-resources

PROS and CONS: Overdose protocol with policy to have on-site naloxone VS policy without on-site naloxone

Protocol *with* on-site naloxone	**Protocol *without* on-site naloxone**
PROS - Staff are clear about what they are expected/permitted to do - Systems are in place for recognizing, responding to, documenting, and debriefing an opioid overdose - Trained staff will be able to respond to an opioid overdose (and staff will know who is trained) - Naloxone will be on-site if needed - Naloxone location will be known	PROS - Staff are clear about what they are expected/permitted to do - Systems are in place for recognizing, responding to, documenting, and debriefing an opioid overdose - Reduced accountability and resources for school boards/schools in terms of maintaining staff training and naloxone kits
CONS - Resources for staff training and purchasing naloxone kits (one naloxone kit per school)	CONS - Naloxone may or may not be on-site if needed - Awareness of naloxone availability and location is unknown - Staff training is not required and unknown

Note: Staff who respond to an overdose are protected under Ontario's Good Samaritan Laws for providing life saving measures, similar to CPR or using a defibrillator. This includes staff who use naloxone in the absence of an existing school board protocol with on-site naloxone policy.

Support from Public Health

WDGPH can provide support to school staff and administrators if there is an identified need for more information regarding opioids.

If the school board decides to move forward with an opioid overdose protocol, WDGPH can:

- Support the school board to develop the protocol
- Collaborate to evaluate the protocol and accompanying policy
- Coordinate with community partners to provide naloxone training
- Connect the school board or staff to other resources and supports in the community

Additional Resources

- Hastings Prince Edward Public Health naloxone training manual for secondary schools:http://www.hpepublichealth.ca/sites/default/files/NALOXONE%20TRAINING%20MANUAL.FINAL.pdf

- Canadian Mental Health Association (CMHA) toolkit to support organizations to recognize and respond to an opioid overdose (includes a sample opioid overdose protocol, communication materials, debriefing forms, staff competency checklists, and more): http://ontario.cmha.ca/wp-content/uploads/2017/11/CMHA-Ontario-Reducing-Harms-Nov-20-2017.pdf

- Peterborough Drug Strategy resource on how to develop an opioid overdose response protocol: http://peterboroughdrugstrategy.com/wp-content/uploads/2018/03/Response-Protocol.pdf

- Toronto District School Board Opioid Overdose Prevention Plan and draft Emergency Administration of Naloxone Procedures: https://www.tdsb.on.ca/Leadership/Boardroom/Agenda-Minutes/Type/A?Folder=Agenda%2F20171123&Filename=171123+Opioid+3266.pdf

- CAMH and School Mental Health Assist information sheet on opioids specifically developed for school educators: https://smh-assist.ca/wp-content/uploads/Info-Sheet-Prescription-Opioids-Educator-English.pdf

References

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3. Canadian Mental Health Association Ontario. Reducing Harms: Recognizing and Responding to Opioid Overdoses in Your Organization [Internet]. 2018 [cited 2018 Jun]. Available from: http://ontario.cmha.ca/wp-content/uploads/2018/05/CMHA-Ontario-Reducing-Harms-Updated.pdf

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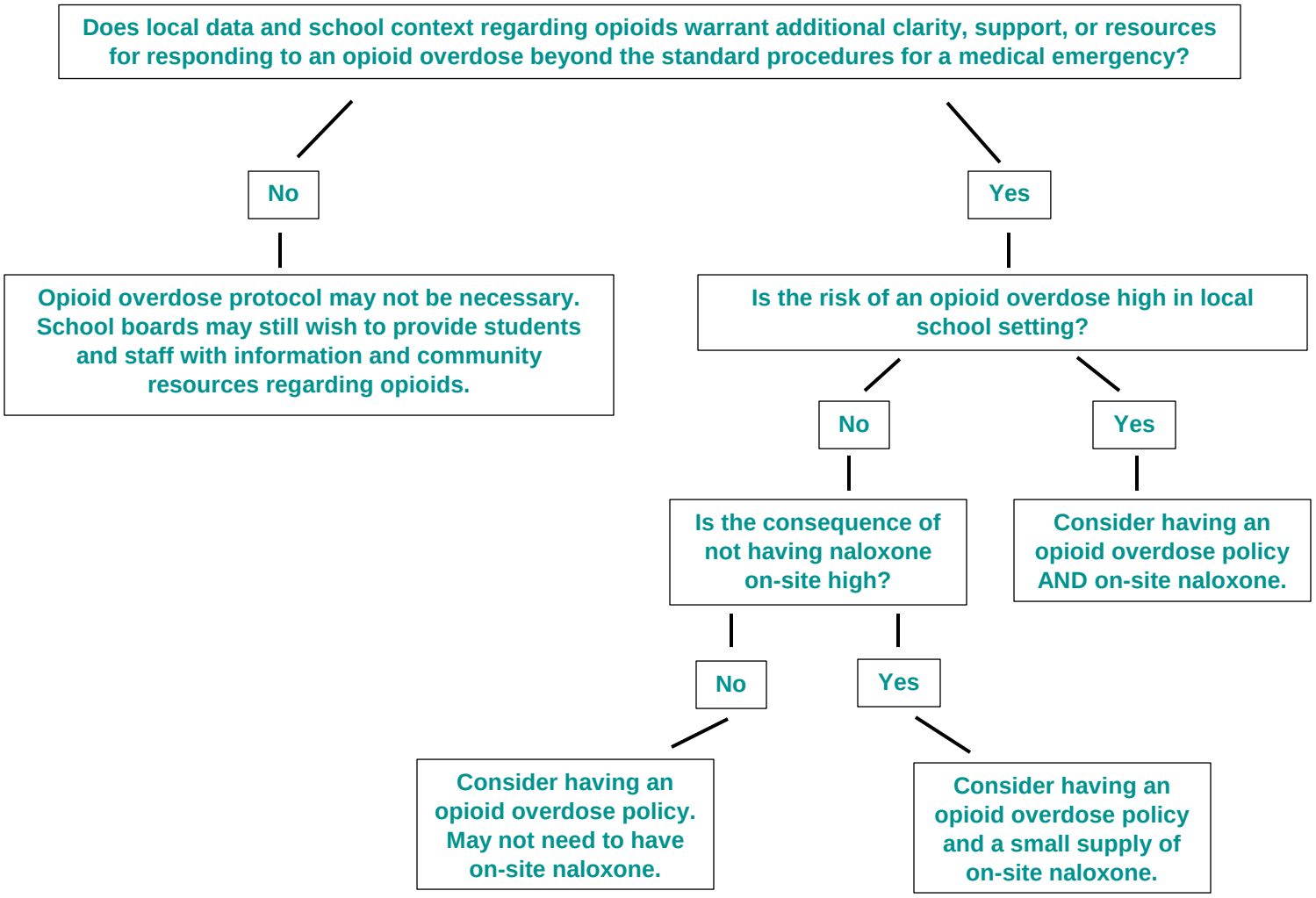
7. Cipriano LE, Zaric GS. Cost-effectiveness of naloxone kits in secondary schools. Drug Alcohol Depend. 2018; 192:352-361.

8. Ministry of Health and Long-Term Care. Funding of naloxone nasal spray kits through the Ontario Naloxone Program for Pharmacies (ONPP) and updates to the existing program. Updated frequently asked questions for pharmacists [Internet]. 2018 [cited 2019 Jun]. Available from: http://www.health.gov.on.ca/en/pro/programs/drugs/opdp_eo/notices/fq_exec_office_20180321.pdf

Appendix 1: Opioid Overdose Protocol in Schools: Guidance tool to help support decision-making



Adapted from: British Columbia's Joint Task Force on Overdose Response. The Naloxone Risk Assessment Tool – For Non-Public Sector Organizations [Internet]. 2017 [cited 2018 Jan]. Available from: https://www2.gov.bc.ca/assets/gov/overdose-awareness/naloxone_risk_assessment_-_non-governmental_sectors.pdf

Appendix 2: Sample policy from the Catholic District School Board of Eastern Ontario

CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO
www.cdsbeo.on.ca

ADMINISTRATIVE PROCEDURE

B1:12
School Operations
Health & Safety – Emergency Onsite Administration of Naloxone

1. **Purpose**:

   To establish an emergency response procedure in the event that an individual experiences an opioid related overdose on Board owned or leased property.

2. **Procedure**:

   a) The Board will recognize the potential need for the emergency administration of medication to a student, or other individual who becomes ill, injured or unconscious as a result of an opioid related overdose while on school property.

   b) The Board will recognize that, in the event that an emergency administration of medication is required, the *Good Samaritan Act, 2001* protects any individual who administers such medication by stipulating that such individual cannot be held liable for any damages resulting from his or her actions, as long as he or she has acted in good faith in administering the medication.

3. **Activities:**

   a) Assess individual for signs and symptoms related to a potential opioid related overdose. The following are the signs and symptoms of an opioid overdose:

   - Unresponsive to stimuli (shake their shoulders and shout their name)
   - Slow or no breathing
   - Bluish lips and fingernails
   - Body is limp
   - Deep snoring or gurgling sounds
   - Vomiting
   - Pinpoint pupils

   b) If the Individual is Unresponsive and/or experiencing any of the opioid related overdose signs and symptoms above:

   - Call 911 immediately
   - Staff are to obtain Naloxone (Narcan) kit from the secure location at their site
   - Trained staff will be responsible for administering Naloxone (Narcan)
   - Peel back the tab of Naloxone (Narcan) Nasal Spray
   - Place thumb on plunger and two fingers beside nasal applicator (do not press plunger/do not prime)

- Insert tip of nozzle into one nostril
- Support the persons neck
- Press plunger into nostril
- If the individual wakes up and/or breathing is restored, place the person into recovery position and stay with them until EMS arrives
- If individual does not wake up and is not breathing begin CPR
- After 2-3 minutes, if available, give the other dose of Naloxone (Narcan) Nasal Spray into the other nostril
- If the individual wakes up and/or breathing is restored, place the person into recovery position and stay with them until EMS arrives
- If individual does not wake up and isn't breathing continue with CPR until EMS arrives
- Once ambulance has arrived, staff will provide paramedics with a verbal report of care provided
- Staff will complete an Incident Report and submit it to their manager
- Principal or designate will immediately contact their supervisory officer

c) Storage, Maintenance and Training

- Please refer to Board communication sent via the Director's office for yearly instructions on kit maintenance, medication expiry dates, and ongoing staff training sessions.

http://www.healthunit.org/harmreduction/fentanyl_response.htm

Cross Reference
Duty of Care (Education Act)
Ontario Human Rights Code

April 2017

Catholic District School Board of Eastern Ontario. Administrative Procedure. School Operations. Health & Safety – Emergency Onsite Administration of Naloxone [Internet]. 2017 [cited 2019 June]. Available from: https://www.cdsbeo.on.ca/policies/B1-12_Naloxone.pdf