
Naloxone Implementation Use Plan
Archdiocese of Baltimore
Department of Catholic Schools

1. Purpose: This policy is established by the Department of Catholic Schools to promote safety through encouraging each school to proceed with acquiring, storing, and administering Naloxone on school premises for suspected opioid overdoses while adhering to set guidelines. More specifically, this policy sets forth, in compliance with the “Start Talking Maryland Act,” effective July 1, 2017, procedures to provide emergency medical care to any individual experiencing symptoms of, or reasonably believed to be suffering from a possible opioid overdose, including the administration of opioid-reversal medications. The procedures each school is to follow to obtain and store naloxone or other opioid overdose reversal medication, and to authorize certain persons to administer it to students or other individuals is also detailed in this document. This policy is designed to ensure a swift and effective response to opioid-related emergencies within the Archdiocese of Baltimore Schools while maintaining confidentiality and adhering to legal and safety protocols.

2. Designation of School Personnel Eligible to Administer Narcan: The school principal, or their designee, in partnership with the school nurse or other medical professional on staff, are to collaborate on individuals to train and authorize to carry Naloxone or other opioid reversing medication. The carrying of such medication is to be completely voluntary. Each school is to identify appropriate candidates and request for them to participate in the training and carrying of opioid reversing medications. While the school nurse is the primary provider of health services in a school, other candidates can include those who tend to move throughout the building, such as members of administration, specialty teachers, facility staff, security personnel or others who have an interest and willingness to support this effort by participating in the training and agreeing to regularly carry the medication and to respond to circumstances as required. Staff members that are likely to attend school-sponsored and after-school activities and events and when possible, trained in first aid and cardiopulmonary resuscitation should be identified as candidates to carry and administer the medication. While certification in cardiopulmonary resuscitation is recommended, it is not required.

In addition, if the school identifies members of the staff that have current training in proper administration of Naloxone and are willing to carry the medication while on school grounds, those individuals should also be included among those available to respond in the event of an actual or suspected situation of an overdose. Each school is to maintain an updated list of those on staff trained in and prepared to respond to an emergency involving a suspected overdose. The list of those approved as first responders should be maintained on *Appendix A- Actual or Suspected Overdose First Responders*.

All those agreeing to carry and administer the opioid reversing medications are to be reminded of the protections afforded to them under Maryland law. As set forth in Maryland law, an individual who provides assistance or medical aid to a victim at the scene of an emergency is not civilly liable for any act or omission if the following conditions are met:

1. the assistance or aid is provided in a reasonably prudent manner;
2. the assistance or aid is provided without fee or other compensation; and
3. the individual relinquishes care of the victim when someone who is licensed or certified by the state of Maryland to provide medical care or services becomes available to take responsibility.

In addition, for those staff members that personally obtain and carry naloxone are also protected under Maryland law.

Persons who, in good faith, administer personally obtained naloxone in lieu of the school stock naloxone are covered by the immunity protections in Maryland Code, Health-General Article §13-3108 (a).

3. Responsibilities of Training School Personnel: Beginning with the 2024-2025 school year, the school nurse must provide annual Naloxone training along with other health training. COMAR 10.47.08 outlines the minimum requirement for training staff to carry and administer naloxone. Maryland law requires that Overdose Response Protocol (ORP) trainings address the following topics:

1. Education on recognizing the symptoms and signs of opioid overdose;
2. Training on responding to an opioid overdose;
3. The proper use and administration of naloxone;
4. Proper rescue breathing technique;
5. The importance of contacting emergency medical services; and
6. The care of an individual after the administration of naloxone.

Hands-on training should be provided by the school nurse to those selected to be first responders for known or suspected overdoses. The school nurse or designee is also required to maintain documentation of training. Training is to be recorded on *Appendix B- Verification of Training for Actual or Suspected Overdose First Responders*. These records should be maintained for a minimum of 10 years.

The Maryland Overdose Response website offers a recommended training video [Naloxone Training Video – YouTube](#)

4. Legal Authority: The Superintendent of the Archdiocese of Baltimore Department of Catholic Schools has granted authorization for Archdiocesan schools to acquire, administer, and store Naloxone on school premises. This authorization remains in force till such time as retracted by the Superintendent of the Archdiocese of Baltimore Department of Catholic Schools. The Superintendent shall ensure this plan is reviewed and updated annually by the appropriate staff member.

5. Obtaining Naloxone: Maintaining adequate supplies of Naloxone or other overdose reversing medications is essential for the implementation of this program. Naloxone can be obtained from any of the providers listed at the following link:

➤ <https://health.maryland.gov/pha/NALOXONE/Pages/Home.aspx>

If schools are having issues securing adequate supplies of the medication, please reach out to either the Department of Catholic Schools, Director of Student Support Services or to the Office of Risk Management for assistance. In addition to being responsible for securing and maintaining an adequate supply of the medication, the school nurse must ensure the following considerations are monitored and documented:

- a) naloxone stock, including locations and expiration dates;
- b) routine inspection of stock, to ensure doses are viable and within expiration date for use;
- c) replacement of stock;
- d) documentation of inventory; and
- e) oversight for trained staff designated for self-carry.

6. Procedures- Emergency Administration of Naloxone During a Suspected Overdose

Anytime an opioid overdose is suspected, and a physician or emergency medical services are not immediately available, those trained in the administration of Naloxone or other overdose reversing medication should immediately respond to the individual in distress and administer naloxone to the person experiencing the suspected overdose. As part of the initial assessment, the first response should evaluate for the following as to possible signs of an overdose:

- a) Unconsciousness;
- b) Very small pupils;
- c) Very slow, shallow, or no breathing;
- d) Vomiting;
- e) Inability to speak;
- f) Faint or irregular heartbeat;
- g) Limp arms or legs;
- h) Pale or clammy skin; and/or
- i) Blue/purple lips or fingernails.

The designated person administering Naloxone must call 911 before administration of the medication.

7. Documentation and Reporting Procedures: Promptly following the administration of Narcan or other overdose reversing medication, the school nurse is responsible for ensuring the following actions are taken:

1. **Parent/Guardian Notification**
Whenever naloxone is administered on school property for a student reasonably suspected of experiencing an opioid overdose, the parents/guardians of the student to whom naloxone was administered will be notified immediately.
2. **Required Reporting**
As soon as reasonably possible, the school nurse is to complete MSDE School Health Services Naloxone Administration Report Form. A copy of this form is to be provided to the Department of Catholic Schools to the attention of Director of Student

Services and to the Office of Risk Management. *See Appendix C - MSDE School Health Services Naloxone Administration Report Form.* The incident is also to be recorded in the student's health record in PowerSchool.

3. Replacement of stock inventory
The school nurse with the support of the school administration will work collaboratively to replace used naloxone kits immediately.

8. Storage Locations: The Principals, in consultation with the school nurse, will identify appropriate and strategic locations for storing naloxone, in addition to the school health suite in each school building. It is recommended that strategic locations would include locating the medication along with other emergency medical equipment such as AED's and epinephrine pens. The school is to ensure there is a diagram of the school floor layout that includes the location of supplies of the medication. *See Appendix D- Naloxone Placement.*

9. Privacy and Confidentiality: As with all health-related information, Naloxone administration, must remain confidential as per the AoB Nurses Manual, Section 3.0.

10. Resources for Training and Oversight: Each school is responsible to maintain and make available to all who are interested resources regarding the obtaining of and training for Naloxone administration. The means to access and review such materials shall be described in *Appendix E- Overdose Response Program Materials.*

11. Consideration for Known Health Conditions: The school nurse is responsible to develop a plan, including information on students with known medical conditions that could result in medical emergencies that would potentially mimic the symptoms of an overdose such as diabetes or epilepsy. As part of this plan, the school can share sufficient information with identified first responders such that the first responder is aware of the potential of a medical condition unrelated to an overdose.

12. School-wide Awareness and Educational Activities: At the beginning of a new school year, those schools that will make available this program for their school community must send a communication to all parents advising of the availability of this medication within the school. As noted under Section 10 of this plan documents, each school is also responsible for making available information for the community regarding overdose response programs generally and more specifically about the program offered at the school.

13. Activities and Events in the School Building: If Naloxone is deployed at a school, the supply of medication is to be made available for all school activities, including assemblies and athletic events.

14. Student Possession of Naloxone: While the Maryland "Start Talking Maryland Act," does permit students 18 years of age and older to carry naloxone or other opioid reversing medications, as a non-public school, the Archdiocese of Baltimore **will not permit** self-

carry of Naloxone on school premises or during any school-related activity off-campus by students. While students are not permitted to self-carry Naloxone or other opioid reversing medications, students are strongly encouraged to seek the immediate assistance of school staff and/or contact 911, in the event they witness a suspected opioid overdose.

Appendix A

Actual or Suspected Overdose First Responders

[illegible]

Appendix B

Verification of Training for Actual or Suspected Overdose First Responders

[illegible]

Appendix C
MSDE School Health Services Naloxone Administration Report Form

<https://marylandpublicschools.org/about/Documents/DSFSS/SSSP/SHS/NaxoloneAdministrationReportForm.pdf>

School Health Services Form

Report of Naloxone Administration

Student Demographics and Health History

Local Education Agency (School system): _____

Name of School: _____

Person's Age: _____ Grade _____ Type of Person: ☐ Student ☐ Staff ☐ Visitor ☐ Volunteer ☐ Other _____

Gender (Check all that apply): ☐ M ☐ F ☐ Transgender ☐ Other _____

Ethnicity: Spanish/Hispanic/Latino: ☐ Yes ☐ No

Race: ☐ American Indian/Alaskan Native ☐ African American/Black ☐ Asian
☐ Native Hawaiian/other Pacific Islander ☐ White ☐ Other Races(s) _____

Signs of Overdose Present

☐ Grey/pale skin ☐ Lips/finger tips blue ☐ Breathing slowly ☐ Shallow breathing ☐ Weak or absent pulse ☐ Slow pulse
☐ Unconscious ☐ Unresponsive ☐ Pinpoint pupils ☐ Limp body ☐ Loud snoring/gurgling ☐ Other (specify) _____

Suspected Overdose on What Drug(s)?

Suspected Opioid		Substance suspected in combination With opioid	
<input type="checkbox"/> Prescription Opioid (for pain): Specify if known: _____ <input type="checkbox"/> Heroin <input type="checkbox"/> Methadone <input type="checkbox"/> Buprenorphine	<input type="checkbox"/> Codeine <input type="checkbox"/> Buprenorphine/Naloxone <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Alcohol <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Barbiturates <input type="checkbox"/> Methamphetamines/speed	<input type="checkbox"/> Cocaine/crack <input type="checkbox"/> Don't Know <input type="checkbox"/> Other (specify) _____

Naloxone Administration Incident Reporting

Date of occurrence: _____ Time of occurrence: _____

Vital signs (if trained to take): BP _____ / _____ Temp _____ Pulse _____ Respiration _____

Location where person was found:
☐ Classroom ☐ Cafeteria ☐ Health Office ☐ Playground ☐ Bus ☐ Lavatory ☐ Gym
☐ Other (specify): _____

How was the naloxone given: ☐ Injected into muscle ☐ Sprayed into nose

Naloxone administered by: (Name) _____ Position Title _____

Was this person trained? ☐ Yes by: ☐ school nurse ☐ Local Health Department ☐ Other (specify): _____
☐ No ☐ Don't know

Dose Administration

Time dose #1 was administered _____

Naloxone lot #: _____ Expiration date: _____

If a second dose was administered, enter time of dose #2 _____

Naloxone lot #: _____ Expiration date: _____

Was second dose administered at the school prior to arrival of EMS? ☐ Yes ☐ No ☐ Unknown

School Health Services Form

Report of Naloxone Administration

Person's Response to Naloxone

☐ Responsive but sedated ☐ Responsive and alert ☐ No response

Post-Naloxone Observations (Check all that apply)

☐ None ☐ Seizure ☐ Vomiting ☐ Difficulty breathing ☐ Agitation/irritability ☐ Feeling of withdrawal
☐ Upset ☐ Angry ☐ Combative ☐ Confused ☐ Other (specify): _____

What Actions Were Taken

Prior to administration

Prior, during, or after administration of naloxone

☐ Asked loudly "Are you OK?" ☐ Recovery position ☐ Rescue breathing
☐ Firmly tapped or shook shoulders ☐ Oxygen ☐ Chest compressions
☐ Sternal rub ☐ CPR/Automated External Defibrillator
☐ Called EMS/911 or instructed someone to call ☐ Other (specify): _____
☐ Other (specify): _____

Disposition

EMS/911 notified at: (time) _____

Transported to Emergency Department: ☐ Yes ☐ No ☐ Unknown If no, provide reason(s): _____

If yes, transported via: ☐ Ambulance ☐ Parent/Guardian ☐ Other (specify): _____

If person was a student, when was the parent/guardian notified of naloxone administration: (time and date): _____

Student/Staff/Visitor outcome: _____

School Follow-up

☐ Yes ☐ No Parents/guardians advised to follow up with student's primary care provider or other health care provider

☐ Yes ☐ No Arrangements made to replace naloxone stock.

Comments: _____

Form completed by: _____ Date: _____

Signature: _____ Title: _____

Phone number: (_____) _____ - _____ Ext.: _____

Local Education Agency/School District: _____

School Name _____ School Address _____

Submit completed form to BOTH:

Office of Risk Management
320 Cathedral Street, Baltimore MD 21201
riskmanagement@archbalt.org

Department of Catholic Schools
320 Cathedral Street, Baltimore, MD 21201
Kathleen.RussoGarcia@archbalt.org

Appendix D
Naloxone Placement

Insert School Diagram of School Floor Plan with Naloxone Locations Clearly Identified

Appendix E
Overdose Response Program Informational Materials