Nearly half of all drug deaths in Texas are attributed to opioids. Texas DSHS, *Public Health Response to the Opioid Crisis*, Texas Health and Human Resources. Although the epidemic impacts people of all ages, the age group of 15-24 makes up nearly 10% of all deaths involving opioids. Department of State Health Services, *Opioid-Related Deaths in Texas*, Data Visualization Dashboard. Schools may be in a unique position to help someone experiencing an opioid overdose. Texas law recognizes the importance of preparing those who are in the position to assist someone experiencing an opioid overdose.

**Q: What is an opioid? How can you tell if someone is experiencing an opioid overdose?**

**A:** An opioid is a drug that produces morphine-like effects. Opioids include prescription painkillers, like OxyCodone, as well as heroin. People may become addicted to opioids with continuous use and may build up a tolerance to the drug’s euphoric effects, thereby increasing amount and frequency of use.

In an overdose, the person’s bodily functions begin to slow, including the impulse to breathe. The person may become non-responsive or exhibit blueness around the fingertips or eyelids. An opioid overdose can lead to brain damage or even death. National Institute on Drug Abuse, *Opioids*; U.S. Department of Education, *Combating the Opioid Crisis and Other Substance Misuse: Schools, Students, Families*.

**Q: What is an opioid antagonist?**

**A:** An opioid antagonist blocks the effects of the opioid to stop the overdose. Jonathan Theriot, Mohamadreza Azadfarid, Benjamin Kum, *Opioid Antagonists*, National Center for Biotechnology Information, U.S. National Library of Medicine (May 1, 2019). The generic name for the opioid antagonist is naloxone, but the common brand name is Narcan. When used during an opioid overdose, the medication can have an immediate impact, but the duration of the effects only last 30-60 minutes. Naloxone may be administered by an auto-injector or a nasal spray. National Institute on Drug Abuse, *Opioid Overdose Reversal with Naloxone* (Apr. 2018).

An opioid antagonist may be issued under an assigned or unassigned prescription. An unassigned prescription or a standing order means the prescription does not specify the name of one person. Instead, the order authorizes unassigned use under certain
circumstances. For example, emergency medical service personnel are authorized to administer the antagonist if the person they are assisting is showing clinical symptoms of an opioid overdose. Tex. Health & Safety Code §§ 483.101-.106.

**Q:** Who can obtain a prescription for an unassigned opioid antagonist?

**A:** The Texas Health and Safety Code allows a person authorized to prescribe an opioid antagonist, like a medical doctor, to prescribe the antagonist to a person at risk of experiencing an opioid-related drug overdose. A prescription can also be issued to a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose. An organization acting under a standing order issued by a prescriber may store and distribute an opioid antagonist as long as the organization does not request or receive compensation for storage or distribution. Tex. Health & Safety Code §§ 483.102, .104.

**Q:** Can a school district obtain a prescription for an unassigned opioid antagonist?

**A:** Yes. As required by the Texas Legislature, the Texas Medical Board (TMB) established guidelines for unassigned opioid antagonist medication that went into effect July 8, 2018. During the public comment period for these rules, the Texas School Nurses Organization requested that school nurses be expressly included as persons who may be prescribed an opioid antagonist. TMB responded that they believe the language “other person in a position to assist a person at risk for an opioid related drug overdose” was “adequate to address the issue of school nurses being prescribed opioid antagonists.” In a later response to a comment on documentation from the Texas Medical Association, TMB recommended that standing orders made to “law enforcement officers or a group like school nurses . . .” should be maintained in a stand-alone file in the prescribing physician’s office. In other words, the TMB seemed to assume, without issuing written clarification or revisions to the guidelines, that school nurses are eligible for a standing order for opioid antagonist medication. 22 Tex. Admin. Code §§ 170.6-.9.

**Q:** What should a district do if they are interested in obtaining unassigned opioid medication?

**A:** District officials should first learn more about the use of the medication and consider if there is a need for a standing order in their school community. Districts should also assess what kind of personnel would be authorized and what type of training is required. The side effects of improperly administering Naloxone are typically not medical emergencies. Side effects include flu-like symptoms, which are similar to those of someone experiencing a withdrawal from opioids. In June 2015, the National Association of School Nurses released a position paper that emphasized the importance of the school nurse facilitating access to
naloxone for the management of opioid-related overdoses in the school setting. The school nurse is likely the person best positioned to administer unassigned opioid antagonist medication. Rebecca King, Mary Louise Embrey, *Naloxone Use in the School Setting: The Role of the School Nurse*, National Association of School Nurses (June 2015).

The most recent version of TASB Policy FFAC(LEGAL) addresses some of the legal requirements with respect to medication administration, including legal requirements for unassigned opioid antagonist medication. A district’s Policy FFAC(LOCAL) includes decisions that the district has made regarding storing and administering medication at schools. A district considering an opioid antagonist program should contact its school attorney to draft local policy language and administrative regulations that address storage, maintenance, and disposal.

The law that allows for a standing order of an opioid antagonist includes specific immunities for the administration of opioid antagonist medication by a person acting in good faith and with reasonable care. In addition, districts and employees maintain other immunities described in state law regarding medical treatment. Districts should ensure that employees with relevant duties, such as school nurses, are fully informed of their legal rights and responsibilities before implementing an unassigned opioid medication policy. Tex. Health & Safety Code § 483.106; Tex. Educ. Code § 22.052(a), (b).

This document is continually updated, and references to online resources are hyperlinked, at tasb.org/services/legal-services/tasb-school-law-esource/students/documents/unassigned-opioid-medication-in-texas-schools.pdf. For more information on this and other school law topics, visit TASB School Law eSource at schoollawesource.tasb.org.

This document is provided for educational purposes only and contains information to facilitate a general understanding of the law. It is not an exhaustive treatment of the law on this subject nor is it intended to substitute for the advice of an attorney. Consult with your own attorneys to apply these legal principles to specific fact situations.

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