

<b>Administrative Procedure</b>		<b>Nicola Similkameen School District</b>
<b>Section:</b>	<b>Health &amp; Safety</b>	
<b>Title:</b>	<b>Unexpected Health Emergencies – Utilization of AEDs and Naloxone</b>	

## Background

On July 1, 2025, the following amendment to the *Support Services For Schools Ministerial Order* came into effect:

### Response to unexpected health emergencies

- (1) Each board must establish, maintain, and make publicly available a policy for responding to unexpected health emergencies at schools in the district.
- (2) The policy must ensure that the following are readily accessible in each school:
  - (a) automated external defibrillators, and
  - (b) naloxone

### Purpose:

A timely and effective response to health emergencies is essential to ensuring a safe school environment. Unexpected health emergency incidents can occur without warning and require immediate action to improve survival outcomes by providing critical intervention before emergency responders arrive.

The Board is committed to ensuring that all schools are equipped with lifesaving first aid tools, including Automated External Defibrillators (AEDs) and Naloxone Kits. Our Board has already installed AEDs in every school ahead of the Ministry deadlines. Our Schools and Buses are equipped with Naloxone Kits.

### Definitions

**Automated External Defibrillation** (AED) devices are potentially life-saving devices for those experiencing cardiac arrest. **Naloxone** is a fast-acting medication that temporarily reverses opioid overdoses by blocking the effects of opioids such as fentanyl, heroin, and morphine. It is safe to administer, even in the absence of opioids, and does not cause harm to a person who has not overdosed on opioids.

### Procedures:

## **Automated External Defibrillation (AEDs)**

1. Automated External Defibrillators (AEDs) have been installed in all District Schools, and Naloxone kits have been provided as of September 2025 to meet the requirements of the Support Services for *Schools Ministerial Order*. All new construction will have an AED installed as part of the construction process.
2. The Operations Manager or designate will ensure that the AED meets Health Canada's Medical Device Regulations and is approved by the Canadian Standards Association (CSA).
3. The AED devices are to be in a labelled, wall-mounted cabinet. AEDs are mounted in either the gym or the main entrance of the school site.
4. AEDs are checked monthly by the Occupational Health and Safety committee at each school site and the check in is documented.
5. Maintenance, such as replacing batteries and pads is a District cost. The District will replace AEDs at the end of their life cycle.
6. If the AED is used, this incident will be recorded.
  - 6.1 *Immediate Reporting*: Any staff member who uses an AED must immediately report the event to the school administrator, including a detailed written summary of the incident (time, actions taken, individual affected, and the response.)
  - 6.2 *Confidentiality*: If the individual affected is a student, the report will be kept confidential and separate from the student's official school file.
  - 6.3 *School Administrator's Role*: The school administrator will report the event to the Superintendent (or designate).
    - 6.3.1 The administrator will complete an incident report.
7. Recommended specific training for/application of AEDS will be made available to all staff through site-based administration.

## **Naloxone**

### ***Overdose Response: On School Property***

8. All District Schools, as well as District buses, have Naloxone in their First Aid kits to ensure that they are easily accessible.
9. Recommended/Specific Training will be available for staff through site based administration. The training should include the signs of an opioid overdose.
  - 9.1 Staff should immediately identify these signs to assess if someone is experiencing an opioid overdose:
    - Severe sleepiness or unconsciousness

- Slow or irregular heartbeat
- Trouble breathing (e.g., slow, shallow, or snoring)
- Cold, clammy skin

## 9.2 Immediate Action:

9.2.1 Call 911: As soon as an opioid overdose is suspected, immediately call 911. Provide detailed information, including the possibility of an opioid overdose and the location of the individual.

- 9.3 Administer Naloxone: If the staff member is comfortable with administering naloxone, proceed with the following steps (ensure gloves are worn for protection):
- Retrieve naloxone from the school office or the designated location.
  - Follow the instructions on the naloxone kit for proper administration.
  - Naloxone can be administered intranasally or intramuscularly, depending on the kit provided.
  - If unsure: Administer the naloxone even if uncertain about whether the person has taken opioids.

## 9.4 Safety Considerations for Staff:

9.4.1 Personal Protective Equipment (PPE): Gloves are included in the naloxone kit.

9.4.2 Staff must wear gloves when administering naloxone to avoid contact with bodily fluids or potential drug residue.

## 9.5 Dealing with Drugs or Paraphernalia:

9.5.1 Drugs or paraphernalia at the scene should be handled with extreme caution. Avoid direct contact, and do not attempt to remove or move them without appropriate protective equipment.

## 9.6 Aggressive Behavior:

9.6.1 Naloxone can rapidly reverse opioid overdose, potentially causing the individual to become agitated or confused. Be prepared for possible aggressive or violent behavior.

9.6.2 Stay Calm and De-escalate: If the individual is revived and becomes hostile, seek to de-escalate the situation. Move to a safe distance, remain calm, and call for assistance if necessary.

## 9.7 Procurement:

9.7.1 The district will centrally manage the procurement of naloxone. The kits will be ordered three months prior to the expiration date and distributed to schools, ensuring that the expired or unused naloxone is disposed of at a local pharmacy. Site-based First

aid attendants are responsible for checking expiry dates and advising the Operations Coordinator, if replacements are required.

### ***Overdoes Response: Off School Property***

10. Staff Safety: Staff are not required to leave school property to respond to an overdose that occurs off-site.

11. Action for Off-Site Overdose:

11.1. In the event of an opioid overdose off school property, staff should immediately call 911 to report the situation, provide necessary information, and await emergency assistance.

12. If a Naloxone Kit is used, it must be reported and documented.

12.1. *Immediate Reporting:* Any staff member who administers naloxone must immediately report the event to the school administrator, including a detailed written summary of the incident (time, actions taken, individual affected, and the response).

12.2. *Confidentiality:* If the individual affected is a student, the report will be kept confidential and separate from the student's official school file.

12.3. School Administrator's Role: The school administrator will report the event to the Superintendent (or designate).

12.3.1 The administrator will complete an incident report.

### **Instructions for Staff Administering Naloxone**

13. Step-by-Step Guidelines:

13.1. Ensure Personal Safety:

- Wear gloves provided in the naloxone kit.
- Ensure the scene is safe before approaching the individual.

13.2 Assess the Individual:

- Check for signs of opioid overdose: severe sleepiness, shallow or slow breathing, and unconsciousness.
- If symptoms are present, call 911 immediately.

13.3. Administer Naloxone:

- Follow the instructions in the naloxone kit.
- If intranasal naloxone is provided, spray into one nostril.
- If intramuscular naloxone is provided, inject into the outer thigh.

13.4 Monitor and Wait for Response:

- After administering naloxone, monitor the individual.
- If there is no improvement in 2-3 minutes, administer a second dose (if available).
- Continue to monitor their breathing and ensure the area is safe.

13.5. Seek Assistance:

- If the person revives and becomes agitated or violent, stay back, de-escalate the situation, and wait for additional support from emergency personnel.

**Instructions for Staff Exposure to Blood or Bodily Fluids**

14. If a staff member is exposed to blood or bodily fluids during an opioid overdose response (whether while administering naloxone, providing first aid, or handling potentially contaminated items), it is critical to follow strict protocols to minimize health risks.
15. These guidelines are designed to protect staff and ensure that exposure does not lead to the transmission of infections or other health issues:

15.1 Personal Protective Equipment (PPE) - To prevent exposure to blood or bodily fluids during an opioid overdose response, staff must use the following PPE, which should be included in the naloxone kit:

15.2 Gloves: Always wear disposable gloves when administering naloxone, handling the individual, or touching any contaminated items (e.g., needles, drug paraphernalia, or personal items with potential contamination).

15.3 Face Shield/Mask: If there is a risk of splashing bodily fluids (e.g., blood or vomit), staff should wear a face shield or mask with a face shield to protect their eyes, mouth, and nose.

**16. Steps to Take If Exposed to Blood or Bodily Fluids**

16.1 In case of accidental exposure to blood or bodily fluids, it is essential to act quickly to minimize risk. Follow these steps:

Remove Contaminated PPE:

- Remove gloves and other PPE immediately after exposure. Avoid touching the outside of gloves or the contaminated side of the face shield or mask.
- Dispose of all contaminated PPE in a sealed, biohazard bag or appropriate waste container.
- Wash Exposed Areas: If blood or bodily fluids come into contact with skin (e.g., a splash on hands, arms, or face), immediately wash the exposed area with soap and water.
- If the exposure is to the eyes, rinse with clean water or saline solution for at least 15 minutes.

Report the Exposure:

- immediately inform the school administrator or supervisor about the exposure, even if the exposure seems minor.

- Document the exposure by completing an incident report, which should include the nature of the exposure, how it occurred, and the actions taken afterward.
- Seek Medical Evaluation: ○ If the exposure is significant (e.g., a needle stick, a deep puncture wound, or if bodily fluids come into contact with broken skin), seek medical attention immediately.
- Contact your healthcare provider or go to the nearest emergency department for an evaluation, including any necessary post-exposure treatments, such as the administration of vaccines (e.g., Hepatitis B) or antiretroviral medications (in cases of potential HIV exposure).

#### 16.2 Follow WorkSafe BC Protocols:

- According to WorkSafe BC, any staff member exposed to blood or bodily fluids in the workplace must follow the Exposure Control Plan. This plan outlines specific procedures for responding to incidents of potential bloodborne pathogen exposure.
- Staff should be familiar with the WorkSafe BC First Aid regulations and report the exposure through the incident report.

#### 16.3 Post-Exposure Care:

- In the case of potential exposure to bloodborne pathogens, a medical professional may recommend monitoring for symptoms of disease or offering prophylactic treatments, such as Hepatitis B immunoglobulin or post-exposure HIV or prophylaxis (PEP), depending on the nature of the exposure.
- The exposed individual should undergo follow-up testing for bloodborne pathogens as advised by a healthcare professional.

### 17. Disposal of Contaminated Materials

Proper disposal of contaminated materials is critical to prevent the spread of infection or disease:

- **Needles or Sharp Objects:** If a needle or sharp object is involved (e.g., from drug paraphernalia), use a puncture-proof container (sharps container) to safely dispose of these items.
- **Contaminated Clothing:** If clothing becomes contaminated with blood or bodily fluids, it should be carefully removed and placed in a sealed plastic bag for laundering. Use appropriate disinfectant when cleaning any reusable items.
- **Waste Disposal:** All other waste (e.g., gloves, used PPE, gauze, bandages) should be disposed of in a sealed, biohazard bag. Ensure it is properly disposed of in accordance with local regulations.
- **Decontaminating the Area** After the incident, the area where the overdose response took

- place (especially if bodily fluids were involved) should be thoroughly cleaned:
- **Disinfect Surfaces:** Use an appropriate disinfectant that is effective against bloodborne pathogens (e.g., a bleach solution or EPA-approved disinfectant). Clean all surfaces where bodily fluids may have been splashed or spilled.
  - **Handling Contaminated Items:** If any items like blankets, towels, or other materials were contaminated, they should be removed carefully and laundered according to guidelines or discarded.

## **18. Incident Reporting and Documentation**

18.1 In addition to reporting the exposure to the school administrator, the following documentation should be completed:

Incident Report: A detailed account of the exposure, including time, place, and circumstances of the exposure.

18.2 Call WorkSafe BC: Call WorkSafe BC dial a claim to report the exposure to ensure proper documentation of the event.

## **19. Privacy, Confidentiality and Information Sharing**

19.1 When an unexpected health emergency occurs, it is essential that student information to kept private and confidential.

19.2 Staff will debrief with their school administrator with District Staff providing support as needed.

19.3. As we maintain student privacy and confidentiality, the student's name will not be shared with the public in communications.

**Date of Original Superintendent Approval: December 10, 2025**

**Date Amended:**

*Cross Reference:*