

RESPONDING TO UNEXPECTED HEALTH EMERGENCIES

Background:

The District recognizes that some health emergencies will be unexpected and that there is a necessity to plan for certain events. As such, Automated External Defibrillators (AED) and Opioid Overdose Prevention kits (Naloxone) must be available within all District facilities. The importance of taking appropriate action whenever an emergency threatens the safety, health, or welfare of a student or staff member at school or during school-sponsored activities is recognized. The District believes that harm reduction is an appropriate response in the event of an opioid overdose and as Naloxone (Narcan) has been shown to increase positive outcomes in the event of an opioid overdose, and has no negative effects if given in the absence of opioids, Naloxone kits shall be made available in all schools as the District's approved response to potential Opioid Overdoses.

This administrative procedure clarifies the response to a possible opioid overdose at District schools and situations requiring an AED. These guidelines apply to District and school staff who have been identified and trained by the District to recognize and respond to signs of a student or staff opioid overdose at school sites and during school sanctioned events or those who are trained in using AEDs.

Procedures

1. The District will provide standardized signage to clearly identify first aid locations, first aid personnel, naloxone locations and AED locations for each school
2. Authorization and Placement of Naloxone kits
 - 2.1. There will be a minimum of two kits available in each school or district facility
 - 2.2. All placements must be in barrier-free locations and be presented in a non-stigmatizing manner to encourage comfortable and equitable use
3. Authorization and Placement of AEDs
 - 3.1. All placements must be approved by the Director of Operations.
 - 3.2. All placements must comply with [WorkSafeBC](#) requirements
 - 3.3. All placements must be in barrier-free locations and be presented in a non-stigmatizing manner to encourage comfortable and equitable use
4. To treat a suspected opioid overdose in a school setting, a staff member trained in opioid overdose response may administer naloxone to any student or staff suspected of having an opioid-related drug overdose.

5. Staff trained in opioid identification and naloxone administration will call 911 (or designate the calling responsibility) and then may choose to give naloxone and/or cardiopulmonary resuscitation (CPR) depending on circumstances and training.
6. Further, the Emergency Health Services Act allows all health care professionals (regulated and non-regulated), first responders, and citizens to administer naloxone in non-hospital settings.

For staff safety, staff will not be required to leave their school/site to respond to overdoses occurring off the school site.

7. Procurement of Naloxone shall be done centrally on a purchasing schedule based on the purchase dates of the Naloxone and the expiry date.
8. Responding to overdoses involves proper use of personal protective equipment, handling syringes, and potential contact with drugs or blood and body fluids. If drugs are on the person or the scene, they also must be handled carefully (gloves are required and located in the naloxone kit). Finally, some individuals may be angry and physically aggressive or violent upon revival via naloxone
9. Legal Doctrine
In a medical emergency, the doctrine of *in loco parentis* applies, affirming that staff members may take necessary action in the best interest of students.

Responsibilities of the Director of Operations:

- 1.1. AEDs meet Health Canada's Medical Device Regulations.
- 1.2. AEDs are approved by the Canadian Standards Association (CSA).
- 1.3. Notification of the type and location of AEDs is provided to the Interior Health Authority.
- 1.4. Establishment and documentation of procedures for monitoring, maintenance, and training for AED and Naloxone use.
- 1.5. Coordination of staff training for AED and naloxone use, drawing on resources such as St. John Ambulance (online and in-person training).

Training

Opioid overdoses response training including the administration of naloxone can be provided in person, virtually or through online courses.

In-person training will be arranged by the District. Online training through the "[Toward the Heart](#)" website will be made available to those who would like and/or cannot attend the in-person training.

Recommended training resources:

Definitions

Naloxone

An antidote to an opioid overdose. Naloxone can restore breathing following an opioid overdose and can be given by injection. Under BC law, anyone may administer naloxone in an emergency situation outside of a hospital setting. This includes staff, students, parents, and volunteers. Naloxone has no effect on a person if they have not taken opioids.

Opioid

A class of drug, such as morphine, heroin and codeine as well as oxycodone, methadone, and fentanyl.

Opioid Overdose

An acute life-threatening condition caused using too much opioid. During an opioid overdose, a person's breathing can slow or stop.

Reference: Sections 20, 22, 65, 85 School Act

Approved: January 2026