

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

Appendix K:
ADMINISTRATION OF OPIOID ANTAGONIST NASAL SPRAY

The program is requesting a waiver of the following regulations to obtain, stock, and administer over the counter and/or non-patient-specific prescription opioid antagonist nasal spray, as permitted pursuant to New York Public Health Law Section 3309.

- ☐ School-Age Child Care: 414.11(c)(1), (d)(1), (f)(1)(i), (f)(7), (g)(7), and (c)(2)(vii)(c)
- ☐ Group Family Day Care: 416.11(c)(1), (d)(1), (f)(1)(i), (f)(7), (g)(7), and (c)(2)(vii)(c)
- ☐ Family Day Care: 417.11(c)(1), (d)(1), (f)(1)(i), (f)(7), (g)(7), and (c)(2)(vii)(c)
- ☐ Day Care Center: 418-1.11(c)(1), (d)(1), (f)(1)(i), (f)(7), (g)(7), and (c)(2)(vii)(c)
- ☐ Small Day Care Center: 418-2.11(c)(1), (d)(1), (f)(1)(i), (f)(7), (g)(7), and (c)(2)(vii)(c)
- ☐ Legally Exempt Group: 415.13 (c)(1)(i)(a), (c)(2)(i), (c)(3)(i), (c)(1)(vii), (c)(5)(v)(vii) and (c)(2)(ii)(g)(3)

This waiver is necessary for the program to obtain, stock, and administer over the counter and/or non-patient specific prescription opioid antagonist nasal spray, without approval of a health care consultant, to prevent overdose deaths.

By submitting this waiver, the program demonstrates the intent to obtain, stock, and administer over the counter and/or non-patient specific prescription opioid antagonists nasal spray, without approval of a health care consultant, to a person the administrant reasonably believes to be experiencing an opioid overdose.

Program Requirements

- The program must designate at least one person on staff through this appendix before stocking opioid antagonist nasal spray.
- The designated staff must complete at least one of the overdose reversal training courses offered by New York State or New York City resources before stocking opioid antagonist nasal spray.
- The program must maintain verification that each designated employee has successfully completed the required training. This documentation must be kept on-site and available to OCFS or its representatives.
- The program will follow all OCFS regulations for stocking the medication and will immediately notify the parent and OCFS upon administration.
- The program must call 911 immediately and request an ambulance when the opioid antagonist is administered. Emergency personnel must be advised that an opioid antagonist has been used.
- The program must report any use of an opioid antagonist at the child care program to OCFS. Additionally, if opioid antagonist nasal spray is administered to a child experiencing symptoms of an opioid overdose, the program will immediately report the administration of the medication to the parent of the child and OCFS (Regional or Borough office). The following information must be reported:
 - Location of the incident
 - Date and time opioid antagonist were administered
 - Name, age, and gender of the child (to OCFS only)
 - Name of ambulance service transporting person
 - Name of the hospital to which person was transported
 - **A *Log of Medication Administration*, OCFS-LDSS-7004** must be completed after the administration of the medication.

| Name and Date of Training Program | Name of trained staff member |
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The program is attesting that the designated staff has successfully completed the training listed above by signing and submitting this appendix.

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| Program Name: | |
| Facility ID Number: | |
| Director or Provider Name (Print): | |
| Director or Provider Signature: | |
| Date: | / / |

Once approved, keep this form on-site as part of the health care plan, share with parents, any health care consultant associated with the program, and send a signed copy to your Regional/ Borough Office.