

Response to Unexpected Health Emergencies in Schools

Considerations for Responding to Overdose Events

December 16, 2025

Background

In July 2025, the Minister of Education and Child Care amended the [Support Services for Schools Ministerial Order \(the Order\)](#), to require boards of education to establish, maintain, and make publicly available a policy for responding to unexpected health emergencies. The *Order* includes making naloxone available and readily accessible within K-12 schools. Implementation of the *Order* is supported by the [Response to Unexpected Health Emergencies Policy](#). Per this new policy, naloxone must be made available at all public secondary schools by **December 31, 2025**, and available at all public middle and elementary schools by **September 8, 2026**. First Nations, independent and private schools are exempt from the *Order* but may choose to take similar action.

While the *Order* is broad and mandates districts to establish comprehensive policies for responding to health emergencies in schools, the purpose of this document is to support the naloxone and overdose response parts of that policy. In particular, it is intended to support health and education systems partners with the considerations necessary for the development of policies supporting school-based overdose response, including naloxone procurement, storage, and administration, as well as broader considerations. Additional supports in developing this policy may be available through your regional health authority.

Recognizing Risk for Overdose Events

British Columbia (BC) has been experiencing a public health emergency due to toxic, unregulated drugs since 2016. Between 2016 and September of 2025, 221 youth aged 18 and under have died of unregulated drug toxicity in BC.¹ In 2024, drug toxicity was the second leading cause of death for youth aged 0-18 after accidents.² Youth across all genders, ethnicities, and social classes use substances and, due to the toxicity of the unregulated drug supply, are at risk of harms from toxic drugs.

¹ BC Coroners Service. Unregulated Drug Toxicity Deaths (to September 2025).

<https://app.powerbi.com/view?r=eyJrIjoiMmQ5OWRkN2YtNTBhOC00YzE4LWJmMWQ0YTczOGUzYmU5NmRmliwidCI6IjZmZGI1MjA0LTNkMGQtNGE4YS1iMDM2LWQzNjg1ZTM1OWFkYyJ9>

² BC Centre for Disease Control. BCCDC Mortality Context App. https://bccdc.shinyapps.io/Mortality_Context_ShinyApp/

Other members of the school community are also at risk of overdose, including family members, staff, and visitors to the school grounds. Over 17,000 people in BC have died of unregulated drugs since the declaration of the public health emergency.

While fatal and non-fatal drug poisoning events on school grounds are rare, they do occur, and the risk of future events is ongoing.

However, these harms can be minimized through health promotion measures such as overdose recognition and response training.

Procurement, Storage and Monitoring of Naloxone

Formulations

Naloxone is an opioid antagonist that is used to rapidly reverse the life-threatening effects of opioid overdose.³ It is available in injectable and intranasal formulations, and both are effective.

Injectable naloxone is injected into a muscle using a syringe. Administration requires the responder to draw up the naloxone from an ampule before injecting it. An advantage of injectable naloxone is that there is more certainty that it has been absorbed into the body. Because each injectable ampule carries less naloxone than an intranasal device, intramuscular naloxone has a lower risk of causing withdrawal in a person who uses opioids regularly and has a physical dependency; this is a significant advantage in some settings but is a less substantial reason to prefer intramuscular naloxone in school settings. Intramuscular naloxone is also less expensive.

Intranasal naloxone comes in the form of a spray and is deployed into the nose through a misting mechanism. Many people find it easier to use, especially if they only expect to use naloxone infrequently, which may be the case in many school settings. Intranasal naloxone is also stocked at public post-secondary institutions in BC.

Your district may choose to stock either formulation, depending on the school community's needs.

³ Naloxone is an antagonist of opioids specifically, it does not counteract the effects of benzodiazepines or other non-opioid substances. However, it is not harmful to people who are not experiencing an opioid overdose.

Procurement

Formulation: Procurement processes will depend on the naloxone formulation selected by each district and/or school, as well as the funding source for the district and/or school.

- **Injectable naloxone kits:** Schools receiving at least 51% of their funding from the province or municipality and/or First Nations schools can order online via the [Product Distribution Centre \(PDC\)](#). For assistance in ordering naloxone kits for public schools, please contact: PDCCustomerSer@gov.bc.ca or **604-927-2000**. Pricing is determined by the PDC and each kit contains three ampoules of naloxone. Schools and/or districts that do not qualify to order through PDC may purchase injectable naloxone kits from a community pharmacy.
- **Intranasal (nasal) naloxone** can be purchased through a community pharmacy.
- **Please note** that some pharmacy stores may not have stock in-store therefore it is recommended that schools connect with pharmacies directly in advance to place an order.

While not required by the *Order*, **private and independent schools** wishing to purchase naloxone for school use may purchase intranasal and/or injectable naloxone through a community pharmacy. Schools should clarify that they are seeking kits for workplace/occupational use.

At this time, BCCDC Take Home Naloxone (THN) kits, which are available from community locations for individuals at risk of witnessing or responding to an overdose, are not available to schools that need them for occupational (staff) use.

Ensure the following supplies, many of which will come with purchased naloxone kits, are stocked with the naloxone:

- A pair of nitrile gloves;
- A CPR face shield or other barrier device for giving breaths;
- Step-by-step instructions for overdose response, including naloxone administration;
- And, for intramuscular naloxone, 3 retractable 3ml Vanishing Point Syringes and 3 ampoule breakers.

Storage

Each school will store naloxone in accordance with manufacturer instructions, which will be printed on the medication label, kit, and/or the product monograph. Naloxone should be stored at room temperature and away from direct light. Injectable and nasal naloxone exposed to extreme heat or cold should be replaced.

When responding to overdose events, seconds matter. In determining the number of kits to stock, and areas for storage, try to limit the amount of time it would take to access the naloxone to not more than five minutes - and ideally less - from any place an overdose may happen. In some schools, this will require several kits and

storage locations. Storing naloxone near where people in the school community spend time will reduce response time. Your school and/or district also wish to store naloxone with other emergency response equipment (e.g. AEDs) to reduce confusion about location of supplies.

The *Response to Unexpected Health Emergencies Policy* requires districts to ensure naloxone is accessible through providing clear signage, barrier-free access, and presentation of naloxone in a non-stigmatizing manner.

Your district and/or school will need to decide whether to store the naloxone in areas that can be reached by staff, students, and other members of the public, or keep it stored for specific use. Consider how the naloxone will be reached in the event of an emergency; storing it in a publicly accessible space will likely minimize response time. If the naloxone is being kept in a publicly accessible place, consider a clearly-marked cabinet to protect the naloxone from tampering, alongside information about where to get a free naloxone kit for personal use if needed (e.g. https://maps.bccdc.ca/harm_reduction/).

Wherever your district and/or school decides to store naloxone, create a communications plan that supports members of the school community to know it is available and how to access it for overdose response. Signage indicating where naloxone is available can also support an effective response in case of emergency.

Monitoring

The *Response to Unexpected Health Emergencies Policy* also requires routine inspections to ensure functionality and to monitor expiry dates of naloxone. Wherever the naloxone is stored, your district and/or school will need to determine who will be responsible for monitoring, and build protocols for monitoring its use, expiry, and replacement. Consider attaching this responsibility to a job role rather than an individual, in order to support transition planning should individuals leave their roles.

If the naloxone is stored in a publicly accessible space, it will need to be monitored for use and/or tampering more closely than if it is not publicly accessible. Some schools have marked and/or stored the naloxone in such a way that if it is used it will be visible from the outside (e.g. a sticker over the closure) and made checking the naloxone part of routine inspections. Others have stored the naloxone in alarmed cabinets to alert others when it may need to be replaced.

Naloxone does expire and should be replaced before its expiry date. Your district and/or school may consider replacing the naloxone at the same time as replacement of other first aid and emergency response supplies. In the event of an emergency, expired naloxone is safe to use, however may not be as effective as unexpired naloxone.

Overdose Response Training, Procedures, and Follow-Up

Training

Naloxone training will equip members of your school and/or district community with the skills and confidence they need to recognize and respond to an overdose event, including the vital importance of rescue breaths and calling 9-1-1.

[WorkSafeBC](#) requires employers to include the provision of naloxone in their emergency response procedures to ensure that the occupational first aid attendant receives training in naloxone provision, equivalent to that which a member of the public would receive. The [Health Professions General Regulation](#) also allows anyone who suspects that a person is experiencing an opioid overdose to administer naloxone and first aid.

Training is available through several channels, including:

- **Regional Health Authorities:** Depending on capacity within your region, your health authority may be able to provide hands-on, in person naloxone training as well as connections to providers knowledgeable in overdose prevention. In-person training provides an opportunity to handle the tools used to administer naloxone and may enhance comfort with overdose response.

To identify and connect with the right people in your health authority's region, start here:

- Fraser Health: harmreduction@fraserhealth.ca
- Northern Health: harmreduction@northernhealth.ca
- Interior Health: yhrc@interiorhealth.ca
- Vancouver Coastal Health: harmreduction@vch.ca
- Island Health: harmreduction@islandhealth.ca
- First Nations/Band run schools wishing to develop overdose response plans and/or train members of the school community can reach out to First Nations Health Authority at: tdr@fnha.ca
- **Online Training:** The BC Centre for Disease Control (BCCDC) Harm Reduction Services department maintains free, online, and up to date naloxone training on [Toward the Heart](#). The hour-long [Naloxone 101](#) training is most suitable as an introductory or first-time training module. A shorter [10-minute training](#) can be used as a refresher or in situations where one-hour long training presents a barrier to implementing naloxone on site.
- **Private Opioid Response Training:** Some first aid training organizations (e.g. [Saint John Ambulance](#), [Canadian Red Cross](#)) provide overdose recognition and response training for a fee. Some smaller communities may have local trainers available on a for-profit or not-for-profit basis.

The *Order* requires schools to have both AEDs and naloxone available and, since these lifesaving tools may be used conjointly or separately, districts may wish to seek training where both skills are taught. No matter which avenue your district/school chooses for training, an annual refresher course is recommended.

Consider who within your district and/or school community should be trained to identify and respond to an overdose. At minimum, align with WorkSafeBC requirements and ensure your school’s first aid responders are trained. In addition, consider that training can be low-barrier and brief, and the more people within your community who know how to respond, the more likely it is that someone with training will be available to respond in the case of an event. Depending on your school’s unique context, you may wish to consider training teachers, custodians, and administrative staff; any staff member who has contact with others during their regular activities at the school. Consider working with the relevant unions in deciding who should receive training and addressing any staff concerns. Ensure responders are trained both in overdose response and in your district and/or school’s storage and response protocols.

While the *Order* does not require naloxone training be provided to students, districts/schools may wish to consider supporting students with the knowledge and skills necessary to recognize and respond to an overdose event. Talk with your health authority contacts about how to do this in a non-stigmatizing way, and to decide which of the above training channels are best suited for your school community. Students may access individual training and Take Home Naloxone kits for individual use through the BCCDC’s [Take Home Naloxone](#) program.

Overdose Response and Follow-Up Procedures

In the event of a suspected opioid overdose, responders will follow the [SAVE ME](#) steps. They will immediately call 9-1-1, and will rely on their training to provide direct emergency care while awaiting the arrival of emergency personnel. During this time, it is vitally important to provide rescue breaths – this alone can save a life and continues to be integral even after administration of naloxone. Note that in the event responders aren’t sure whether they’re responding to an opioid overdose, it is safe and better to give naloxone.

Follow the **SAVE ME** steps to respond



STIMULATE
Not responding?
Call 911



AIRWAY
Check and open



VENTILATE
1 breath every
5 seconds



EVALUATE
Breathing?



MEDICATION
Give 1 dose
of naloxone



**EVALUATE
& SUPPORT**
Keep giving breaths. Give
another dose every 3 minutes
until breathing normally.

Additional considerations to support effective and rapid response, include:

- Providing clear signage so that responders can easily find their way to the person experiencing the overdose. For example, consider labelling the doors on your school and telling 9-1-1 dispatch which door to enter, as well as sharing a school grounds map with emergency health services in your community.
- Encouraging transport to hospital. While many people who experience an overdose event do not want to go to the hospital, it's important to note that naloxone does wear off after approximately 60-90 minutes, while opioids can remain active in the body for 4-24 hours. The person may also have been injured or experienced other complications from the overdose. Hospitals can help arrange follow up care for the person's substance use and mental health needs.

As well, your district and/or school will need to consider post-incident procedures:

- Reporting the incident in alignment with emergency incident reporting procedures.
- Debriefing the incident in order to identify and undertake any action toward improvement of emergency overdose response at the school. This may include reaching out to your regional health authority to explore available supports.
- Notifying caregivers about the incident and referring them to appropriate follow-up supports.
- Communicating with students and school community as appropriate and in a non-stigmatizing manner that prioritizes well-being of the person who has experienced the overdose and the school community, while communicating any known risks.
- Delegating staff to ensure naloxone replacement after use.

Occupational Health and Safety Considerations

School policies must be in alignment with [WorkSafeBC requirements](#). The requirements state that employers including the provision of naloxone in their emergency response plans must:

- Provide the occupational first aid attendant with training on the administration of naloxone, which may be the same training as provided to members of the public.
- Include the training and administration of naloxone in the emergency response plan.
- And, include the administration of naloxone to members of the public in the plan and consider risks to first aid attendants for provision of naloxone to members of the public.

Responding to any emergency event, including an overdose, can involve health and safety issues. Districts and/or schools will need to align overdose response policies with other occupational health and safety protocols, including access to follow-up mental health supports.

Some districts and/or schools may have concerns about accidental exposure to unregulated substances. While many exposures to unknown substances will cause no symptoms or mild symptoms, the BCCDC has developed

[guidance for occupational exposure](#) which may be built into your district and/or school's policy to support staff safety should accidental exposure occur.

The *Good Samaritan Act* protects people responding to an emergency, without being employed expressly for that purpose, from any liability for injuries resulting from their response, unless they acted with gross negligence.

Supporting the School Community to Respond

To support an environment where members of the school community are willing to report and seek help for a suspected overdose event, districts and/or schools can look for opportunities to reduce barriers to reporting. This may include school initiatives to reduce stigma associated with substance use, and reviewing and adapting any policies that punish substance use.

In 2017, the Canadian Government passed the [Good Samaritan Drug Overdose Act](#), exempting those at the scene of an overdose from charges for possession of controlled substances and related breaches of conditions of parole in order to encourage connection with first responders in the event of an overdose.

Some organizations including schools may have substance use policies in place that are designed to discourage substance use among students and other members of the school community. For example, some schools may suspend or expel students caught using substances on school grounds. Although it is not the intention of these policies, they may have the effect of deterring students from seeking emergency help in the event of an overdose. Consider opportunities to review substance use policies to promote good Samaritan principles (i.e. assure students they will not be punished for seeking emergency help in an overdose) so that overdoses may safely be reported and responded to in your district and/or school. Where policies already exist to this effect, consider if there is a further need to make students aware of them in order to encourage help-seeking in an emergency.

Overdose Preparedness Checklist

To support your district and/or school's capacity to respond to an emergency overdose event, ensure you have completed the following:

- Procured the necessary amount of the naloxone formulation selected, and the other supplies needed to respond to an overdose event (i.e. nitrile gloves, face shield, instructions, Vanish Point Syringes and ampoules)
- Stocked naloxone in easily accessible locations throughout the school grounds so that it will be reachable during an overdose response
- Developed a communications plan so that members of the school community know that naloxone is available and where to find it
- Provided signage about the whereabouts of naloxone so that it can be easily located in the event of an emergency
- Assigned a staff role to monitor the naloxone for tampering, use, and/or expiry and procure fresh naloxone as necessary
- Included the provision of naloxone in emergency response plans, in accordance with WorkSafeBC requirements
- Confirmed that all occupational first aid attendants at the school have received naloxone training for the specific formulation that will be available at your district and/or school
- Considered any other staff or school community members who should receive naloxone training, supported their access to training, and confirmed their completion of training
- Considered the opportunity to provide naloxone training to students and, where appropriate, supported their naloxone training
- Considered opportunities to inform members of the school community as to where to procure a naloxone kit for personal use as appropriate
- Worked with 9-1-1 dispatch and emergency responders in your community to enhance wayfinding of school grounds
- Reviewed incident reporting procedures, including procedures for notifying caregivers, with an eye to including referrals to supports and prioritizing well-being of the person experiencing the overdose event while communicating any community level risks
- Reviewed school policies related to substance use to remove any policies which may create barriers to contacting emergency health services

Additional Resources

Overdose Response Policies for Schools

- [Fraser Health – Sample Opioid Overdose Response Protocol for Schools](#) [Interior Health – Sample School Opioid Overdose Response Policy and Procedures](#)
- [Interior Health – Comprehensive School Substance Use Policy Checklist](#)

Drug Education

- [Interior Health - Safety First: Real Drug Education for Teens Educator’s Guide](#)
- [First Nations Health Authority – Not Just Naloxone Program](#)

Reducing Harms and Supporting Youth

- [Interior Health – Youth Harm Reduction: A Toolkit for Service Providers](#)
- [Interior Health - FAQ: Providing Harm Reduction Services to Youth – Legal Considerations](#)
- [Canadian Centre on Substance Use and Addiction - How to Prevent and Reduce Substance Use Harms for Youth: What Youth Say Works](#)
- [First Nations Health Authority – With Open Arms: Supportive Conversations Among Friends Toolkit](#)

Supporting Families

- [Now What? A beginning conversation to support families when our kids begin experimenting with substances](#)
- [Interior Health- Empowered Parents: Navigating conversations about drugs and decisions with your child](#)
- [Foundry- Support for parents and caregivers](#)

Substance Use Health and Schools

- [Blueprint for Action: Preventing substance-related harms among youth through a Comprehensive School Health approach](#)
- [Language Matters! An Introductory Guide for Understanding Mental Health and Substance Use: A Resource for Educators and School Communities](#)