



COMMONWEALTH of VIRGINIA

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August 1, 2025

The Honorable L. Louise Lucas
Chair, Senate Finance & Appropriations
201 North 9th Street, Room 1404
Richmond, Virginia 23219

The Honorable Ghazala Hashmi
Chair, Senate Education and Health
P.O. Box 396
Richmond, Virginia 23218

The Honorable Luke E. Torian
Chair, House Appropriations
201 North 9th Street, Room 1233
Richmond, Virginia 23219

The Honorable Sam Rasoul
Chair, House Education
P.O. Box 13842
Roanoke, Virginia 24037

Dear Chairs Lucas, Torian, Hashmi, and Rasoul:

I am pleased to submit the enclosed Guidelines and Policies Related to the Administration of Naloxone, Employee Training, and Opioid Overdose Prevention and Reversal Instruction in the School Setting in accordance with HB 732/SB 726 (Chapters 451, 519 Enactment Clause 2, Regular Session, 2024).

Please direct questions to Dr. Samantha Hollins, Deputy Superintendent of Special Education and Specialized Populations at samantha.hollins@doe.virginia.gov.

Sincerely,

A handwritten signature in black ink, appearing to read "Emily Anne Gullickson".

Emily Anne Gullickson, M.Ed. J.D.
Superintendent of Public Instruction

EAG/jw

CC: The Honorable Aimee Guidera
Secretary of Education

The Honorable Janet Kelly
Secretary of Health and Human Services

The Honorable Dr. Karen Shelton
State Health Commissioner

GUIDELINES AND POLICIES RELATED TO THE ADMINISTRATION OF NALOXONE, EMPLOYEE TRAINING, AND OPIOID OVERDOSE PREVENTION AND REVERSAL INSTRUCTION IN THE SCHOOL SETTING

Report to House Committee on Appropriations, the House Committee on Education, the Senate Committee on Education and Health, and the Senate Committee on Finance and Appropriations Addressing HB732/SB726 (Chapters 451, 519 Enactment Clause 2, Regular Session, 2024)



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INTRODUCTION

On November 21, 2016, the State Health Commissioner declared a drug addiction public health emergency and issued a statewide standing order for Naloxone. This standing order authorized pharmacists to dispense Naloxone pursuant to *Code of Virginia § 54.1-3408*.

What is Naloxone?

Naloxone is a lifesaving medication that can reverse the effects of an opioid overdose. This medication must be administered right away, which is why the U.S. Food and Drug Administration (FDA) approved an easy-to-use nasal spray version. Naloxone also comes in an injectable syringe, which can be used by trained first responders and medical professionals. Naloxone can temporarily reverse the effects of an opioid overdose and help the person to breathe again while waiting for further medical help to arrive. Naloxone is often referred to by its brand name, Narcan.

The Opioid Epidemic in Virginia

In Virginia, the leading cause of unnatural death is drug overdoses, and this has been the reality since 2013 (VDH, 2024). Research shows that opioids – specifically Fentanyl – have been the driving force behind these drug overdoses. Fentanyl is a synthetic opioid typically used to treat patients with chronic severe pain or severe pain following surgery. Fentanyl is similar to morphine but nearly 100 times more potent. Under the supervision of a licensed medical professional, Fentanyl has legitimate medical use. However, Fentanyl that is not prescribed by a doctor and illegally made and distributed can be fatal. In 2021, Fentanyl contributed to 76.4% of all [Virginia overdose deaths](#). The total number of fatal Fentanyl overdoses increased 22.8% from 2020 to 2021 (VDH, 2024). It was estimated that in 2021, 98% of fatal Fentanyl overdoses in Virginia were caused by the illicit, rather than prescription, version of the drug (*One Pill Can Kill Campaign*, 2023).

In 2019, the Virginia General Assembly passed [House Bill 2318](#) (McGuire), which amended the *Code of Virginia § 54.1-3408* and expanded the list of individuals who may possess, administer, and dispense Naloxone to include:

- School nurses;
- Local health department employees that are assigned to a public school under an agreement between the local health department and the school board; and
- Other school board employees or individuals contracted by a school board to provide school health services.

In addition to the above, Governor Youngkin and the First Lady of Virginia, Suzanne S. Youngkin, have led Virginia's fight against the opioid epidemic through a multi-faceted strategy to protect the health and welfare of our children.

In 2022, Governor Glenn Youngkin introduced his [*Right Help, Right Now* initiative](#), a comprehensive plan to transform Virginia’s behavioral healthcare system. The plan addresses the mental health care crisis in Virginia by expanding access to services, improving the quality of care, and reducing strain on emergency rooms, law enforcement, and families dealing with mental health emergencies.

The *Right Help, Right Now* plan was built on six pillars:

1. Offer same-day care for behavioral health crises;
2. Relieve law enforcement and reduce criminalization of mental health;
3. Expand capacity to serve people;
4. Target support for substance use disorders and overdose;
5. Strengthen behavioral workforce; and
6. Identify innovations to close capacity gaps.

Since July of 2022, more than 430,000 naloxone doses have been distributed, more than 97,000 individuals have been trained in the administration of naloxone, and more than 300 additional trainers have been certified across the Commonwealth as a part of this initiative. In addition, 7 new comprehensive harm reduction sites have been opened across Virginia expanding training, resources, and awareness to new communities.

In May 2023, Governor Youngkin issued Executive Order 26, directing executive branch agencies to enact a first-of-its-kind comprehensive Fentanyl strategy as part of the *Right Help, Right Now* behavioral health transformation. The five-part strategy included (1) enhancing public safety measures to counteract activity by illicit drug manufacturers and distributors; (2) investing in and enhancing prevention and recovery efforts (3) educating our communities for action to address Fentanyl and opioid abuse and overdoses; (4) expanding access to evidence-based treatments; and (5) comprehensively organizing our government to transform and strengthen Virginia's response to the Fentanyl opioid crisis.

On November 1, 2023, Governor Youngkin issued Executive Order 28, prioritizing the safety and well-being of Virginia’s children by mandating comprehensive guidance on addressing school-connected overdoses with a focus on parental notification within 24 hours of a school-related overdose event. The order directed the Virginia Department of Education (VDOE) to provide guidance for school divisions to create parental notification protocols and strengthen law enforcement collaboration within 24 hours in response to school-related drug overdoses to ensure that parents are up to date and appropriately informed of dangers that could impact their children. This order also directed VDOE to issue information to local school divisions and parents about drug education and prevention programs for students. [Superintendent’s Memorandum #144-23](#), released November 17, 2023, includes a [best practices resource document](#) further detailing action steps to ensure transparency, prevention, and swift response in Virginia public schools. VDOE’s [official guidance](#) became final on February 15, 2024.

As part of the federal [One Pill Can Kill](#) initiative, the [One Pill Can Kill in Virginia](#) campaign, led by Virginia Office of the Attorney General Jason Miyares and First Lady of Virginia Suzanne S. Youngkin, is raising awareness through education and prevention resources of the pervasive dangers of fake prescription pills, particularly those containing Fentanyl. Since its January 2024 launch in Roanoke, the initiative has increased Fentanyl awareness by 12% and made parents 55% more likely to discuss the dangers with their children.

Most recently, the First Lady launched the Fentanyl Families Ambassador Program. This program empowers families affected by Fentanyl to share their stories, advocate in their communities, and raise awareness of the dangers of fentanyl.

Moreso, Governor Youngkin and the First Lady recently announced the statewide expansion of the *It Only Takes One* initiative. This expansion will target additional communities across the Commonwealth that are high substance use areas and have been especially impacted by the fentanyl epidemic. In these critical need areas, the First Lady will visit schools, Community Service Boards, churches, and recovery centers to spread Fentanyl awareness.

In November 2024, Governor Youngkin, the First Lady, and other state leaders provided an update on their efforts to combat the Fentanyl epidemic. During this update, Attorney General Miyares announced that between 2020 and 2023, 9,566 Virginians had died from drug overdoses with 75% of those deaths directly linked to Fentanyl poisoning. However, thanks to the state's efforts to bring awareness to the dangerous drug, Virginia has seen a 23% drop in fatal drug overdoses within the last year.

In April 2025, Governor Youngkin announced that new data from the Virginia Department of Health Office of the Chief Medical Examiner show fentanyl-related overdose deaths in Virginia declined 44 percent year over year and are down over 46 percent from the peak in 2021. Furthermore, data from the Centers for Disease Control & Prevention (CDC) show that between November 2023 and November 2024, Virginia led the nation in percentage declines in drug overdose deaths.

BACKGROUND

During the 2019 General Assembly Session, [House Bill 2318](#) was signed into law. The bill amended [§ 54.1-3408](#) of the *Code of Virginia* and expanded the list of individuals who may possess, administer, and dispense naloxone to include:

- School nurses;
- Local health department employees that are assigned to a public school pursuant to an agreement between the local health department and the school board; and
- Other school board employees or individuals contracted by a school board to provide school health services.

During the 2024 General Assembly Session [House Bill 732](#) was signed into law. This bill amended [§ 54.1-3408](#) of the *Code of Virginia* and added sections [22.1-206.01](#) and [22.1-274.4:1](#), relating to opioid antagonist procurement, possession, and administration in public schools and guidelines and requirements for school board employee training and certification relating to opioid overdose prevention and reversal instruction. The bill directed VDH and VDOE to collaborate to develop guidelines and policies in three key areas:

- Procurement, Possession, Storage, and Maintenance of Opioid Antagonists;
- Training; and
- Instruction.

HB 732 also required informational guidance materials be made available to students and parents on the opioid overdose prevention and reversal program of instruction, and that any other policies or guidelines deemed necessary and appropriate be added. The provisions of HB 732 are to be implemented by each local school board by the beginning of the 2025–2026 school year.

[House Bill 134](#), also signed into law during the 2024 General Assembly Session, required VDOE, in consultation with expert stakeholders, to develop: (i) age-appropriate and evidence-based education materials concerning the risks to health and safety that are posed by opioids, with a particular focus on prevention, identification of the signs of overdose, resources for supports, risks, and effects of addiction, and the risk of death that is posed by fentanyl and (ii) guidelines for school boards for incorporating the education materials developed into instructional programs for students enrolled in the local school division.

To fulfill these requirements, the Department created the [Guidelines for Incorporating Opioid Related Instruction into Classrooms](#). This document includes resources, guidelines, and instructional materials to assist educators in providing instruction on the risks to health and safety that are posed by opioids with a focus on prevention, the identification of signs of overdose, the risks and effects of addiction, the risks of death posed by fentanyl, and information on overdose reversal. A report that included the educational materials and guidelines was submitted to the Chairs of the House Committee on Education and the Senate Committee on Education and Health on November 1, 2024. Information from the HB 134 report will also be used to satisfy deliverables contained in the HB 732 report.

To support schools in the creation of a policy regarding naloxone possession and storage, the VDOE, in collaboration with the VDH, DBHDS, and in consultation with the Board of Medicine, created and have revised the *Best Practices on Naloxone and Other Opioid Antagonists Possession and Administration in Response to a Suspected Overdose in the School Setting* located on the [School Health Guidance, Resources, & Required Training](#) page. This document includes instructions for the procurement, maintenance, and storage of Naloxone, training of designated staff, as well as resources for effective opioid abatement within the school setting, harm reduction, education on the risks and dangers of opioid use, and health and wellness promotion. The document reflects the requirements of HB 732 and will be available to

school divisions before the 2025-2026 school year. Information from the document is used to address certain sections of the report below.

VDH and VDOE maintain a strong collaborative relationship to ensure that all schools in the Commonwealth provide safe and healthy learning environments. The [Virginia School Health Guidelines](#), jointly issued by both departments, have been revised to incorporate updated guidance and requirements defined by the Code of Virginia. The Secretary of Health and Human Resources (SHHR) is in ongoing partnership with VDOE, reflecting the commitment of both departments and secretariats to work together effectively.

DEFINITIONS

The following definitions are reference for this report and accompanying resources and are sourced from the Center for Disease Control & Prevention (CDC) and VDOE.

Analog: Drugs that are similar in chemical structure or pharmacologic effect to another drug but are not identical.

Benzodiazepines: Sometimes called "benzos," these are sedatives often used to prevent seizures and treat anxiety disorders, insomnia, and other conditions. Examples include alprazolam (Xanax®), diazepam (Valium®), and lorazepam (Ativan®). They can be misused and have addiction potential. Combining benzodiazepines with opioids increases a person's risk of overdose and death.

Fentanyl: A synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. There are two types of fentanyl: pharmaceutical fentanyl and illegally made fentanyl. *Pharmaceutical fentanyl* is approved for treating severe pain, typically advanced cancer pain. It is prescribed in the form of intravenous use, transdermal patches or lozenges. *Illegally made fentanyl* is sold through illicit drug markets for its heroin-like effect.

Good Samaritan laws: Laws that protect people from legal consequences, who help someone in need during emergencies, including helping someone who is experiencing an overdose.

Heroin: An illegal opioid drug processed from morphine and extracted from certain poppy plants.

Illegal drugs: A variety of drugs that are prohibited by law. These drugs can include: amphetamine-type stimulants, marijuana/cannabis, cocaine, heroin, other opioids, and synthetic drugs, such as illicitly manufactured fentanyl (IMF) and ecstasy (MDMA). This also includes the misuse and illegal distribution of prescription drugs.

Medications for opioid use disorder (MOUD): Treatment option for opioid use disorder using medications such as methadone, buprenorphine, or naltrexone.

Methamphetamine: A highly addictive central nervous system stimulant also categorized as a psychostimulant. Methamphetamine use is linked to mental disorders, problems with physical health, violent behavior, and overdose deaths. Methamphetamine is commonly referred to as meth, ice, speed, and crystal, among many other terms.

Naloxone: A life-saving medication that can reverse an overdose from opioids – including heroin, fentanyl, and prescription opioid medications – when given in time.

Opioids: Chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, illegally made fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, prescribed fentanyl, and many others. Prescription opioids can be safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.

Opioid antagonist: A drug that attaches to opioid receptors to block and reverse the effects of other opioids.

Opioid epidemic: A public health crisis characterized by a significant increase in opioid overdose deaths and addiction rates.

Overdose: A condition where a person takes an excessive amount of a substance, intentionally or accidentally, leading to life-threatening symptoms.

Prescription opioids: Medications used to treat moderate to severe pain in some patients. Categories of prescription opioids include:

- *Natural opioids*, these come from the poppy plant and include morphine and codeine;
- *Synthetic opioids* (other than methadone) are made in a laboratory, and include drugs such as tramadol and fentanyl;
- *Semi-synthetic opioids*, including drugs such as oxycodone, hydrocodone, hydromorphone, and oxymorphone; and
- *Methadone*, a synthetic opioid that can be prescribed for pain reduction or for use as a medication for opioid use disorder (MOUD). For MOUD, methadone is used under direct supervision of a healthcare professional.

Stigma: Negative attitudes and beliefs about people who use substances or have addiction, that contributes to barriers in supporting individuals and families of people living with addiction and their access to needed treatment

Substance Use Disorder(s) (SUD): A substance use disorder is a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. "Substance use disorders" is preferred over the term "addiction."

Treatment: A range of interventions, including outpatient counseling, inpatient rehabilitation, and behavioral health care.

PROCUREMENT, POSSESSION, STORAGE, AND MAINTENANCE OF OPIOID ANTAGONISTS

[House Bill 732](#) required the creation of guidelines and policies relating to the procurement, possession, storage, and maintenance of the opioid antagonist supply (at least two unexpired doses). The questions and associated resources below are meant to guide school divisions as they write or update their local policy.

How will the doses of Naloxone be safely stored in the school setting?

According to the [Best Practices on Naloxone and Other Opioid Antagonists Possession and Administration in Response to a Suspected Opioid Overdose in the School Setting](#), Naloxone should be stored in a location that is accessible to trained staff.

Naloxone must be clearly identifiable and stored in secure locations that are accessible to trained staff; examples include but are not limited to the following: nurses' emergency go-bags and or first-aid kits, school health offices or clinics, and with school resource or security officers. Naloxone should be stored according to the manufacturer's instructions to avoid extreme temperatures and direct sunlight. It is recommended that Naloxone be stored with face masks for rescue breathing and cardiopulmonary resuscitation, gloves, if required by school division policy and procedures.

What records must be maintained regarding the doses?

A school division's policy must consider detailed record-keeping of Naloxone use in the school setting. The [Procedures to Administer Naloxone in the School Setting](#) advises schools to document the following after the administration of any formulation of naloxone:

- What prompted the identification of the person as someone possibly experiencing an opioid overdose;
- All actions taken;
- Time medication administered;
- Number of doses administered;
- Who was notified; and
- Status of the person when care transferred to EMS.

The school division policy and protocols should have provisions for the prompt replacement of any naloxone medication that is used.

Schools should develop policies for the possession and administration of Naloxone and may develop their own reporting form to document Naloxone administration in accordance with Governor Youngkin's [Executive Order 28](#), as well as in accordance with § [22.1-272.1:1](#) of the *Code of Virginia* which requires the Virginia Board of Education (Board) to create [guidelines](#) on school-connected overdose policies, response, and parental notification. School divisions shall report the administration of opioid antagonist information. The data from these reports will be collected at the end of each school year via the School Health Services Data Survey beginning school year 2025-2026.

VDOE looked to national and local leaders for examples of best practices when it came to clear and concise opioid antagonist policies. The following linked templates are suggested sample templates for school divisions to implement into their Naloxone or other opioid antagonist policy:

- [Illinois Sample Naloxone Administration Form](#)
- [National Association of School Nurses Sample Naloxone Administration Reporting Form](#)
- [Reporting Form Template - Undesignated Stock Naloxone \(Chesapeake Public Schools\)](#)

In addition, the opioid antagonist supply should be inspected annually. The following should be documented:

- Date(s) of inspection;
- Expiration dates of each stored dose;
- Date(s) of opioid antagonists' administration; and
- Proper and safe storage of opioid antagonist in each school.

How does a school request a replacement dose so that two doses are always available?

A minimum of two doses of Naloxone should be stored together. When drafting policy regarding suspected opioid overdoses, LEAs must consider how they will procure the opioid antagonist. Schools may obtain the medication through a local pharmacy or from the VDH Pharmacy. VDH has developed a Naloxone Flowchart for schools to obtain Naloxone and are provided below.

- [Naloxone Guidance for Public School Divisions](#)
- [Naloxone Guidance for Private Schools](#)
- Additional sources for purchasing or obtaining Naloxone for schools include: [Narcan Direct](#); and
- Local selected pharmacies.

TRAINING OF EMPLOYEES

[HB271](#) amended the *Code of Virginia* [§ 54.1-3408](#) and required the creation of guidelines and policies relating to the possession and administration of opioid antagonists by school board employees, including the training and certification of at least one school board employee at each public elementary and secondary school. In the provision of this training, existing opioid overdose training programs and resources should be used, including the “Revive!” Opioid Overdose and Naloxone Education Program. The questions below are meant to guide school divisions as they write or update their local policy.

Does every school have one employee trained in administration in opioid antagonist use?

School divisions should address the training of school board employees in their Naloxone policy. [§ 54.1-3408 \(X\)](#) of the *Code of Virginia* requires selected school personnel to be properly trained in order to possess and administer Naloxone in schools. This training provides general information to participants regarding types of opioids, signs and symptoms of an opioid overdose, recognizing an opioid overdose, and responding to an opioid overdose using Naloxone.

Training items to consider include:

- Identification of selected school board employees to be trained, by role and school. All public elementary and secondary schools must have one employee trained in the administration of opioid antagonists. VDOE recommends that two staff be trained for availability. There must be a process in place in the event of staff turnover.
 - DBHDS provides training to school personnel on how to recognize and respond to an opioid overdose emergency with the administration of Naloxone.
 - [REVIVE!](#) is the name of the DBHDS’ Opioid Overdose and Naloxone Education program for the Commonwealth of Virginia. A REVIVE! training certificate may be requested by school staff who have completed the training.
- Frequency of training: VDOE recommends training for all school health staff and designated school personnel per [§ 54.1-3408](#). Additional information can be located on the School Health Guidance, [Resources, and Required Training webpage](#).
- Identification of staff responsible for documentation of training, trained school personnel, and the procurement/replacement of naloxone.

Is this certified employee able to access and administer the secured doses?

The trained employee must be able to access the securely stored doses if an opioid overdose is suspected. The [Procedures to Administer Naloxone in the School Setting](#) describes the process educators must use to respond to a suspected opioid overdose. The emergency response and procedures for opioid overdose in the school setting must be a part of the school division’s [School Crisis, Emergency Management, and Medical Response Plan](#).

What records must be maintained regarding each trained and certified employee?

Staff must be designated to maintain records regarding each trained and certified employee. The records should include who is trained and the training that they participated in. These records may also include the necessary information about the stored Naloxone doses, such as inspection dates and expiration dates.

INSTRUCTION

[HB 732](#) amended the *Code of Virginia* [§ 54.1-3408](#) and required the creation of guidelines and policies for the implementation of an opioid overdose prevention and reversal program of instruction at each secondary school that includes grades 9 through 12. Secondary students should be encouraged to complete the opioid overdose prevention program prior to graduating high school, and informational guidance materials must be made available to students and parents on the opioid overdose prevention and reversal program of instruction. The questions below are meant to guide school divisions as they write or update their local policy.

How can high schools implement a program that focuses on opioid overdose prevention and reversal?

The [Guidelines for Incorporating Opioid Related Instruction Into Classrooms](#) details steps school divisions can take to implement a program that focuses on opioid prevention and reversal. These steps include providing evidence-based curriculum lessons and materials, offering high-quality professional learning opportunities for educators, and creating safe and supportive learning environments for students.

What existing opioid overdose training and education programs and resources are available to high schools?

[Guidelines for Incorporating Opioid Related Instruction Into Classrooms](#) lists many existing opioid overdose training and education programs for high schools. One of the featured programs is the [REVIVE! Teen Module \(2024\)](#) from DBDHDS. This series is designed to help young people understand the risks of opioids. The module aims to break the stigma around opioid overdoses and start conversations about prevention and preparedness in an event of an opioid overdose. In addition, [REVIVE! \(2022\)](#) is the Opioid Overdose and Naloxone Education (OONE) program for the Commonwealth of Virginia. REVIVE! provides training to adults on how to recognize and respond to an opioid overdose emergency using naloxone.

How can schools encourage students to complete the education program?

VDOE has collaborated with VDH and other medical experts to provide resources to support divisions with the development of opioid prevention and reversal programs. The resources are intended to support divisions as they develop instructional programs and are intended to augment existing Health Education courses in Grades 9 and 10. Divisions may also use these resources to construct virtual learning opportunities for students that can be used to provide alternative ways for students to engage in the content. VDOE has also developed professional development resources and training for educators to increase instructional knowledge of opioids; the training includes a specific focus on opioid use and prevention in Virginia.

Instructional program supports include:

- The [Guidelines for Incorporating Opioid Related Instruction Into Classrooms](#) includes resources, guidelines, and instructional guides to assist educators in providing instruction on the risks to health and safety that are posed by opioids with a focus on prevention, the identification of signs of overdose, the risks and effects of addiction, the risks of death posed by fentanyl, and information on overdose reversal.
- The [2020 Health Standards of Learning: Support for the Instruction of Opioid Awareness and Prevention Instructional Guide](#) supports the instruction of the k-12 Health Education *Standards of Learning* focused on drug awareness, drug use, and drug prevention with a specific focus on opioid and fentanyl awareness and prevention.
- The [Opioid Overdose Prevention and Response Instructional Resources Repository](#) serves as both a professional development opportunity and a repository of instructional resources intended to inform the development of division programs of instruction for Grades 9-12 on recognizing the signs of opioid overdose and the use of opioid antagonists (naloxone, Narcan) to reverse potentially life-threatening overdoses. This repository, housed in *Virtual Virginia*, also includes specific videos to train students on the use of opioid antagonists that may be integrated as part of the First Aid/CPR training to meet graduation requirements.

When building Opioid Prevention and Reversal Programs, divisions may consider:

- Augmenting existing Grade 9 and 10 Health Education curricula to include opioid prevention and reversal;
- Incorporating training in the use of opioid antagonists into instruction on First Aid and CPR currently required of all students to graduate;
- Creating a virtual (synchronous or asynchronous) student unit focused on opioid prevention and reversal that integrates the required opioid antagonist training (naloxone, Narcan); and
- Integrating opioid prevention and reversal awareness into Grade 9 onboarding programs as students start high school.

What guidance materials can be provided to students and parents?

Information about the selected opioid prevention and reversal program must be communicated to parents. In addition, it is recommended that families have conversations with their children about the risks of drugs. The following resources provide additional information on how to begin these conversations at home:

- [What Every Parent and Caregiver Needs to Know About Fake Pills](#)
- [Start A Conversation: 10 Questions Teens Ask About Drugs and Health](#)
- [Growing Up Drug Free: A Parent's Guide to Substance Use Prevention](#)

VDOE issued [official guidance](#) in response to [Governor Youngkin's Executive Order 28: Parental Notification, Law Enforcement Collaboration, and Student Education to Prevent Student Overdoses](#) and the [School Connected Overdoses Best Practices document](#). The guidance includes the requirement that all parents are notified of an overdose or suspected overdose within 24 hours and contains a list of programs and resources for students, parents, and school personnel to ensure the health and safety of all students in Virginia. The Virginia Board of Education reviewed and approved the *Guidelines on School-Connected Overdose Policies, Response, and Parental Notification* for first and final review at the July 31, 2025, meeting.

If a child needs help with substance abuse, consult with their pediatrician or another healthcare provider. The local community service board is also available to assist. To receive free resources, visit [The Partnership to End Addiction](#) webpage, answer a few questions about the concerns and receive a confidential and personalized list of resources. If someone is experiencing a mental crisis that needs immediate attention, please dial 988.