

Chapter 41: OFFERING INSTRUCTION RELATED TO LIFE-SAVING PROCEDURES IN MAINE PUBLIC SCHOOLS

SUMMARY: This rule requires public schools to offer training to students on how to perform cardiopulmonary resuscitation and use automated external defibrillators. This rule also outlines the expectations relating to the provision of training relating to naloxone hydrochloride nasal spray or other FDA approved overdose prevention nasal spray administration by secondary students.

SECTION 1. Definitions

1. **Automated external defibrillators (AED)** - a portable defibrillator designed to be automated such that it can be used by persons without substantial medical training who are responding to a cardiac emergency to analyze and deliver a possible defibrillation, if indicated.
2. **Cardiopulmonary resuscitation (CPR)** - the manual application of emergency procedures, such as chest compressions, when the heart stops beating, done in an effort to maintain viability until advanced help arrives.
3. **Certified CPR or AED instructor** - A person who has current training in the discipline of the Instructor Course, and is proficient in all the skills of that discipline.
4. **Designee** - A person selected by the school or who volunteers to carry out a duty or role.
5. **Opioid-related overdose** – A condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or a condition that a reasonable person would believe to be an opioid-related drug overdose that requires medical assistance as defined in Title 22, Chapter 556-A.
6. **Immunity** – The following provisions provide immunity for actions taken in accordance with this rule as outlined in Title 22, Chapter 556-A:
 - A. A health care professional or a pharmacist, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for storing, dispensing or prescribing naloxone hydrochloride in accordance with this section or for any outcome resulting from such actions.
 - B. A person, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional disciplinary action for possessing or providing to another person naloxone hydrochloride in accordance with this section or for administering naloxone hydrochloride in accordance with this section to an individual

whom the person believes in good faith is experiencing an opioid-related drug overdose or for any outcome resulting from such actions.

SECTION 2. Standards

1. **CPR and AED training standards:** Standards for instruction in CPR and AED use shall be based on the programs established by the American Heart Association or the American Red Cross or another program that is nationally recognized and uses the most current national evidence-based emergency cardiovascular guidelines and incorporates psychomotor skills development into the instruction. The standards for instruction in AED use may not require the use of an AED if a trainer or device are unavailable but must include an explanation of AED use.
2. **Naloxone hydrochloride training standards:** Training on the administration of naloxone hydrochloride nasal spray or other FDA approved overdose prevention nasal spray will be offered as extracurricular instruction. Training should include initiating emergency response services, recognition of possible overdose, and actions to take to reverse it.

SECTION 3. Requirements and timeline

1. Public schools including charter schools shall offer training to students in middle or high school on how to perform cardiopulmonary resuscitation and use automated external defibrillators. Age-appropriate instruction prior to middle school is recommended but is not required.
2. Examples of how the training may be delivered in schools include:
 - A. A licensed teacher or designee can show a CPR/AED training video and lead the instruction for students to practice compressions on CPR training mannequins.
 - B. Instruction is part of the middle or high school health education curriculum taught by:
 - i. a certified health education teacher
 - ii. a certified school nurse
 - iii. a qualified community or agency volunteer such as an EMS clinician, other health care professional, or currently certified instructor in the American Heart Association or the American Red Cross or another program that is nationally recognized.
 - C. Instruction is offered during an extracurricular activity time before, during or afterschool by a qualified instructor (as defined in Section 3.2.B above).

3. Instruction related to opioid overdose and naloxone hydrochloride nasal spray or other FDA approved overdose prevention nasal spray administration in accordance with this rule is required. When offered, it may be offered as an extracurricular activity.

SECTION 4. Application

All public schools, including charter schools are required to comply with this rule as it is a matter of health and safety.

SECTION 5. Trainer qualifications

1. A licensed teacher is not required to be certified as a CPR or AED trainer in order to facilitate or oversee CPR or AED instruction.
2. A licensed teacher is not required to be certified as a CPR or AED trainer in order to facilitate, provide or oversee hands only CPR instruction and/or AED awareness training.
3. A course that results in CPR and AED certification card must be taught by a certified CPR or AED instructor.
4. A qualified instructor for opioid-related overdose response, in accordance with this rule, should have knowledge of substance use prevention and must have knowledge of naloxone hydrochloride nasal spray or other FDA approved overdose prevention nasal spray administration education.
 - A. The education must be aligned to national opioid response guidelines adopted by organizations that offer research-based training in best practice.
 - B. It is recommended that instructors be CPR and AED certified.

STATUTORY AUTHORITY: Sec. 1. 20-A MRS §6304, as amended by PL 2015 ch. 140 §1

EFFECTIVE DATE:

October 18, 2016 – filing 2016-172

AMENDED:

January 9, 2024 – filing 2024-003