

Naloxone Training Policy



By
Human Resources Safety
Department & District School
Nurses.

Date of Hearing: April 3, 2024

ASSEMBLY COMMITTEE ON EDUCATION
Al Muratsuchi, Chair
AB 3271 (Joe Patterson) – As Introduced February 16, 2024

SUBJECT: Pupil health: opioid antagonists

SUMMARY: Requires each public school that has chosen to permit school nurses or voluntarily trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering from an opioid overdose, to maintain at least two units of naloxone hydrochloride or another opioid antagonist on its site. Specifically, **this bill:**

- 1) Requires each public school operated by a school district, county office of education (COE), or charter school that has chosen to permit school nurses or voluntarily trained personnel to use naloxone hydrochloride or another opioid antagonist, to provide emergency medical aid to persons suffering from an opioid overdose, to maintain at least two units of naloxone hydrochloride or another opioid antagonist on its site.
- 2) Makes technical and conforming changes.

EXISTING LAW:

- 1) Authorizes school districts, COEs, and charter schools to provide emergency naloxone or another opioid antagonist to school nurses or trained volunteer personnel for the purpose of providing emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. (Education Code (EC) 49414.3)
- 2) Requires that the comprehensive school safety plan developed by school districts and COEs enrolling students in grades 7 to 12 include a protocol in the event a student is suffering or reasonably believed to be suffering from an opioid overdose. (EC 32282)
- 3) Requires the school safety plan developed by charter schools enrolling students in grades 7 to 12 include a protocol in the event a student is suffering or reasonably believed to be suffering from an opioid overdose. (EC 47605 and 47605.6)
- 4) Encourages COEs to establish a County Working Group on Fentanyl Education in Schools for outreach, building awareness, and collaborating with local health agencies regarding fentanyl overdoses and encourages the working group to include representatives of local educational agencies (LEAs) within the county as well as the county public health department. Also requires the California Department of Education (CDE) to curate and maintain on its website, informational materials containing awareness and safety advice on how to prevent an opioid overdose. (EC 49428.16)
- 5) Authorizes a pharmacy to furnish naloxone hydrochloride or another opioid antagonist to a school district, COE, or charter school provided that the naloxone hydrochloride or another opioid antagonist is for use exclusively at the school site and if a physician provides a written order that specifies the quantity of naloxone hydrochloride or another opioid antagonist is to be furnished. (Business and Professions Code (BPC) 4119.8)

FISCAL EFFECT: This bill has been keyed non-fiscal by the Office of Legislative Counsel.

COMMENTS:

Need for the bill. According to the author, “Until my neighbor, high school teen Zach Didier, lost his life to Fentanyl, I had no idea how kids were getting their hands on this poison. Zach ingested a pill of what he believed to be Percocet. As a father of four children, I can't imagine having to experience what my neighbor went through which is why I am authoring Assembly Bill 3271. According the California Department of Education in 2012, California suffered 82 tragic deaths attributed to fentanyl overdoses, and in recent years that number jumped to more than 6,000, with Fentanyl deaths accounting for more than 80 percent of all drug-related deaths among California’s young people. AB 3271 is part of my three-pronged approach to helping solve the Fentanyl crisis - accountability, education, and safety. This measure is about safety.

It is time we take the initiative to have simple and proven preventative care available to schools where our kids spend a majority of their time. Fentanyl is being disguised as candy and is readily available in every community - why aren't we putting this on every campus? I was pleased to hear that the Governor has set aside funding for this program for all middle and high school sites to maintain naloxone on campus. Unfortunately, many schools refuse to carry the product, primarily because they are unsure about statutory authority and protection from liability. We can solve that by passing AB 3271. Together, we will save lives at a nominal cost.”

Dangers associated with Fentanyl. Fentanyl is a potent synthetic opioid drug approved by the Food and Drug Administration (FDA) for use as an analgesic and anesthetic. It is approximately 50 times stronger than heroin and 100 times stronger than morphine. First developed in 1959, it was introduced in the 1960’s as an intravenous anesthetic. Fentanyl is legally manufactured and distributed in the United States; however, there are two types of fentanyl: pharmaceutical fentanyl and illicitly manufactured fentanyl. Both are considered synthetic opioids.

Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. Most recently, cases of fentanyl-related overdoses are linked to illicitly manufactured fentanyl that is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous.

Addressing Fentanyl Among California Youth. According to the California Department of Public Health (CDPH), fentanyl-related overdose deaths increased 625% among ages 10-19 from 2018 to 2020. In 2021, there were 224 fentanyl-related overdose deaths among teens ages 15–19 years old in California. Current law requires the Superintendent of Public Instruction (SPI) to establish minimum training standards for school employees who volunteer to administer naloxone or another opioid antagonist. In addition to setting minimum training standards, the CDE must maintain on its website a clearinghouse for best practices in training nonmedical personnel to administer naloxone or another opioid antagonist to pupils.

The CDE, in conjunction with the CDPH, has developed resources and information that LEAs can readily share with parents and students to help keep them safe. The Fentanyl Awareness and Prevention webpage offers information about the risks of fentanyl and how to prevent teen use and overdoses. In addition to the toolkit, the CDPH’s Substance and Addiction Prevention

branch also provides resources for parents, guardians, caretakers, educators, schools, and youth-serving providers.

Reversing opioid overdoses. Naloxone is the generic name for an opioid antagonist that rapidly reverses an opioid overdose. It attaches to opioid receptors and reverses and blocks the effects of other opioids. Naloxone can quickly restore normal breathing to a person if their breathing has slowed or stopped because of an opioid overdose. Naloxone comes in two FDA-approved forms: injectable and prepackaged nasal spray. A distribution program administered through the Department of Health Care Services (DHCS) allows schools, universities, and colleges to apply for and obtain naloxone at no cost to the institution.

Some California school districts have opted to make naloxone available. The Los Angeles Unified School District (LAUSD), the state's largest school district, announced plans to stock naloxone at over 1,400 elementary, middle, and high schools in response to numerous incidents of students experiencing overdoses, including at least one death in 2022. San Diego Unified School District, the state's second-largest school system stocks naloxone at schools with students in sixth grade or higher. Since 2020, Elk Grove Unified School District has provided naloxone to school security officers and their supervisors. In Los Angeles County, the Palos Verdes Peninsula Unified School District trained all the district's registered nurses on how to administer naloxone and made it available to them at that district's high schools.

Arguments in support. The California Emergency Nurses Association writes, "For the first time in California, drug overdoses are deadlier than car accidents and homicides combined. In 2022, over 7,300 deaths have been caused by an opioid overdose with a growing number of those deaths being youth. 1 out of every 5 youth deaths is caused by an opioid overdose. Unfortunately, the potential of an opioid overdose is becoming more common as fentanyl is flooding into California and doses have been made to look like prescription drugs and even candy. This bill will help to save lives when minutes count by promoting easy access to an opioid blocker throughout our schools."

Related legislation. AB 2429 (Alvarez) of the 2023-24 Session would require that if the governing board of a school district or the governing body of a charter school requires a course in health education for graduation from high school, it include, commencing with the 2026–27 school year, instruction on the dangers associated with fentanyl use, as specified.

AB 1915 (Arambula) of the 2023-24 Session establishes a voluntary training program for high school students in how to administer naloxone hydrochloride during an opioid overdose; requires the CDPH to develop the training and resource materials in collaboration with specified entities; and requires schools that elect to stock naloxone hydrochloride to place it in specified locations.

SB 10 (Cortese) Chapter 856, Statutes of 2023, adds to the list of requirements for a comprehensive school safety plan, a protocol in the event a pupil is suffering or is reasonably believed to be suffering from an opioid overdose.

AB 889 (Joe Patterson) Chapter 123, Statutes of 2023, requires a school district, COE, and charter school to annually inform parents or guardians of the dangers associated with using synthetic drugs at the beginning of the first semester or quarter of the regular school term and to post this information on their websites.

AB 19 (Joe Patterson) would require public schools to maintain at least two doses of naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to a person suffering from an opioid overdose. This bill was held in the Senate Appropriations Committee.

SB 472 (Hurtado) of the 2023-24 Session would have required each campus of a public school operated by an LEA, COE, or charter school to maintain at least two doses on its campus, and distribute, naloxone hydrochloride or another opioid antagonist pursuant to the standing order for naloxone and requires LEAs, COEs, and charter school to report to the DHCS for failure to distribute naloxone. This bill was held in the Senate Appropriations Committee.

AB 915 (Arambula) of the 2023-24 Session would have required the CDPH to establish, by March 1, 2025, a certification training program for public middle school and public high school students in grades 5 to 12 to gain skills in how to administer Narcan nasal spray, during an opioid overdose, and how to store and dispose of Narcan nasal spray. The bill would also authorize public middle and high schools serving pupils in any of grades 5 to 12 to voluntarily determine whether or not to host the program on their campuses. The bill would require the CDE to collaborate with drug prevention organizations, community health centers and experts, and nonprofits with related expertise to provide pupils with integrated, comprehensive, accurate, and unbiased educational materials on opioid and drug overdose prevention, opioid and drug safety, and stigma reduction.

AB 1748 (Mayes) Chapter 557, Statutes of 2016, authorizes school nurses and other trained personnel to use naloxone or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

REGISTERED SUPPORT / OPPOSITION:

Support

California District Attorneys Association
California Emergency Nurses Association
Orange County Sheriff's Department

Opposition

None on file

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Opening Acknowledges of comprehensive training

The California Board of Education and FEMA (Federal Emergency Management Agency) recognize the importance of Naloxone (also known as Narcan) training as part of emergency response preparedness and medical health safety.

- 1.) California Board of Education: The California Department of Education (CDE): acknowledges the opioid crisis and the role schools can play in addressing it. Training school staff to administer Naloxone is considered a crucial component of emergency preparedness and medical health safety. The state encourages schools to keep Naloxone on hand and to train staff in its use to effectively respond to opioid overdoses, which are considered medical emergencies.
- 2.) FEMA: FEMA includes Naloxone training within its emergency preparedness programs, emphasizing its role in saving lives during opioid overdose situations. FEMA's approach to emergency management covers a wide range of threats, including public health emergencies. By promoting Naloxone training, FEMA supports the integration of Naloxone training into broader emergency response plans. FEMA underscores its commitment to enhancing community resilience and medical health safety, ensuring that individuals are prepared to respond to medical emergencies.

The West Contra Costa Unified School District acknowledges the importance of comprehensive training as recognized by both the California Board of Education and FEMA, emphasizing that Naloxone training is a critical component of emergency response preparedness and medical health safety. This aligns with the district's commitment to ensuring the well-being of its students and staff by equipping them with the necessary skills to effectively respond to opioid overdoses and other medical emergencies.



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WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

West Contra Costa Unified School District Naloxone Policy (2024-2025)

Board Policy Code: EC 5141.21

Education Code Section: 49414.3

Status: Active

Adopted: July 1st, 2023

Last Revised: May 21th, 2024

Last Reviewed: May 29th, 2024

Introduction:

The West Contra Costa Unified School District (WCCUSD) Superintendent (Superintendent) is committed to supporting the health and well-being of students. Public health experts recognize that access to naloxone hydrochloride and other opioid antagonists is a key strategy in preventing drug overdose deaths. By providing access to naloxone hydrochloride and other opioid antagonists and training volunteer staff regarding the administration of such medication, the Superintendent and WCCUSD aim to keep students safe and to support the public health response to opioid-related overdose deaths.

Policy Provisions:

Authority and Availability

Pursuant to the authority granted in Education Code section 49414.3, the Superintendent may elect to make emergency naloxone hydrochloride or another opioid antagonist available at schools for the purpose of providing emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. In determining whether to make this medication available, the Superintendent or designee, with the support of the principal at each school, shall evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to providing opioid antagonist and training personnel to administer the medication.

Administration of Medication:

When available at the school site, the school nurse shall provide emergency naloxone hydrochloride or another opioid antagonist for emergency medical aid to any person exhibiting potentially life-threatening symptoms of an opioid overdose at school or a school activity. Another designated employee who has volunteered and has received training may administer such medication when a school nurse or physician is unavailable. The medication shall be administered by nasal spray or auto-injector, depending on the volunteer's preference.

Volunteer Training and Notification:

At least once per school year, the Superintendent or designee shall distribute to all staff a notice requesting volunteers to be trained to administer naloxone hydrochloride or another opioid antagonist. The notice shall describe the training that the volunteer will receive, explain the right of the volunteer to rescind the offer to volunteer at any time, including after receiving training, and state that no benefit will be granted to or withheld from any employee based on the offer to volunteer. Additionally, there will be no retaliation against any employee for rescinding the offer to volunteer, including after receipt of training.

Training Standards and Costs:

The principal or designee may designate one or more volunteer employees to receive initial and annual refresher training, based on standards adopted by the State Superintendent of Public Instruction (SPI), regarding the storage and emergency use of naloxone hydrochloride or another opioid antagonist. Training shall be provided at no cost to the employee, conducted during the employees' regular working hours, and be provided by a school nurse or other qualified person designated by an authorizing physician and surgeon. Written materials provided during the training shall be retained at the school for reference.

Prescription and Stocking:

A school nurse, other qualified supervisor of health, or, if the district does not have a qualified supervisor of health, a district administrator shall obtain a prescription for naloxone hydrochloride or another opioid antagonist for each school from an authorized physician and surgeon. The prescription may be filled by local or mail order pharmacies or directly from naloxone hydrochloride or another opioid antagonist manufacturers.

Monitoring and Restocking:

The school nurse, other qualified supervisor of health, or district administrator, as applicable, shall be responsible for stocking the naloxone hydrochloride or another opioid antagonist and shall restock the medication as soon as reasonably possible, but no later than two weeks after it is used. Additionally, the medication shall be restocked before its expiration date. The Superintendent or designee will monitor the supply of naloxone hydrochloride or another opioid antagonist and ensure the destruction of expired medication.

Legal Protection and Indemnification:

The district shall provide information in writing to each volunteer regarding defense and indemnification provided by the district for any and all civil liability for volunteers administering naloxone hydrochloride or another opioid antagonist for emergency aid. This information shall be retained in the employee's personnel file.

Acceptance of Donations:

A school may accept gifts, grants, and donations from any source for the support of the school in carrying out the requirements of Education Code 49414.3, including, but not limited to, the acceptance of naloxone hydrochloride or another opioid antagonist from a manufacturer or wholesaler.

Recordkeeping:

The Superintendent or designee shall maintain records regarding the acquisition and disposition of naloxone hydrochloride or another opioid antagonist for a period of three years from the date the records were created.

Legal References:

EDUCATION CODE:

49414.3 Provision of emergency naloxone or other opioid antagonist

BUSINESS AND PROFESSIONS CODE:

4119.8 Pharmacy furnishing naloxone or other opioid antagonist to school district, county office of education, or charter school



WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Administrative Regulation 5141.21: Administering Medication and Monitoring Health Conditions

I. Definitions:

- 1.) Authorized Health Care Provider:** An individual licensed by the State of California to prescribe or order medication, including but not limited to, a physician or physician assistant. (Education Code 49423; 5 CCR 601).
- 2.) Other Designated School Personnel:** Any district employee, including nonmedical school employees, who has volunteered or consented to administer medication or assist the student and is legally permitted to do so. (5 CCR 601, 621).
- 3.) Medication:** Includes substances dispensed by prescription and those not requiring a prescription, such as over-the-counter remedies, nutritional supplements, and herbal remedies. (5 CCR 601).
- 4.) Epinephrine Auto-Injector:** A disposable device for automatic injection of a premeasured dose of epinephrine to treat life-threatening allergic reactions. (Education Code 49414).
- 5.) Anaphylaxis:** A potentially life-threatening hypersensitivity to a substance, which may cause symptoms like shortness of breath, wheezing, difficulty breathing, hives, or shock. (Education Code 49414).
- 6.) Opioid Antagonist:** Naloxone hydrochloride or another FDA-approved drug that negates or neutralizes the effects of an opioid overdose. (Education Code 49414.3).

II. Notifications to Parents/Guardians:

- 1.) At the start of each school year, the Superintendent or designee shall inform parents/guardians about options for students needing medication during school hours and their rights and responsibilities. (Education Code 49480).
- 2.) Parents/guardians of students on continuing medication regimens must inform the school nurse or designated employee about the medication, dosage, and supervising physician. (Education Code 49480).

III. Parent/Guardian Responsibilities

Parents/guardians of students needing medication during school hours must:

- 1.) Submit annual written statements from both the parent/guardian and authorized health care provider, and update them if there are changes. (Education Code 49414.5, 49423, 49423.1; 5 CCR 600, 626).
- 2.) Inform the school nurse or designated employee about the medication, dosage, and supervising physician for continuing medication regimens. (Education Code 49480).

- 3.) Provide medications in properly labeled, original containers with instructions from the authorized health care provider. (5 CCR 606).

IV. Parent/Guardian Statement

Parents/guardians must provide a written statement that includes:

- 1.) Identification of the student.
- 2.) Permission for district representatives to communicate with the student's health care provider and pharmacist.
- 3.) Acknowledgment of how the medication will be administered.
- 4.) Understanding of responsibilities for providing the health care provider's statement, proper medication delivery, and necessary supplies.
- 5.) Understanding the right to terminate consent for medication administration at any time.

For self-administration of epinephrine or asthma medication, the statement must also:

- 1.) Consent to self-administration.
- 2.) Release the district and personnel from liability for adverse reactions.

For designating an individual to administer medication, the statement must:

- 1.) Identify the individual and their willingness to accept the designation.
- 2.) Confirm the individual is permitted on school premises.
- 3.) Outline any limitations on the individual's authority.

V. Health Care Provider Statement:

The authorized health care provider's written statement must include:

- 1.) Clear identification of the student (Education Code 49423, 49423.1; 5 CCR 602).
- 2.) Name of the medication (Education Code 49423, 49423.1; 5 CCR 602).
- 3.) Method, amount, and time schedules for administration (Education Code 49423, 49423.1; 5 CCR 602).
- 4.) Confirmation of the student's ability to self-administer medication, if applicable (Education Code 49414.5, 49423, 49423.1; 5 CCR 602).
- 5.) Confirmation that medication can be safely administered by unlicensed personnel, if applicable (Education Code 49423, 49423.1; 5 CCR 602).
- 6.) Specific symptoms for as-needed medication, frequency of administration, and indications for medical referral.

7.) Possible side effects.

8.) Authorized health care provider's name, address, telephone number, and signature.

For self-administration of inhaled asthma medication, a written statement from a health plan-contracted physician or surgeon is acceptable, provided it includes contact information and is in English and Spanish. (Education Code 49423.1)

VI. District Responsibilities:

The Superintendent or designee shall ensure that unlicensed personnel authorized to administer medication receive proper training. School nurses or designated personnel shall:

- 1.) Administer or assist with medication as per the health care provider's instructions.
- 2.) Record and maintain medication logs and records.
- 3.) Ensure student confidentiality.
- 4.) Coordinate medication administration during school activities.
- 5.) Report refusals to take medication to parents/guardians and site administrators.
- 6.) Store medication securely.
- 7.) Communicate with health care providers and pharmacists about medications.
- 8.) Counsel staff on medication effects and side effects.
- 9.) Return or dispose of unused medication appropriately
- 10.) Provide immediate assistance during medical emergencies.
- 11.) Report any medication administration errors.

VII. Emergency Epinephrine Auto-Injectors:

The district shall provide and train staff to administer epinephrine auto-injectors. Schools must have a prescription for epinephrine auto-injectors and ensure they are restocked and not expired. Records of acquisition and use shall be maintained for three years. (Education Code 49414).

VIII. Emergency Medication for Opioid Overdose:

The district may provide naloxone hydrochloride or other opioid antagonists, and train volunteer staff to administer them in emergencies. Prescriptions for these medications must be obtained, and the supply monitored and restocked before expiration. Records of acquisition and use shall be maintained for three years. (Education Code 49414.3).

This updated administrative regulation ensures the safe and effective administration of medication to students within the West Contra Costa Unified School District, complying with current California state laws and guidelines.

Policy Reference Disclaimer:

These references are not intended to be part of the policy itself, nor do they indicate the basis or authority for the board to enact this policy. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

State Of California References:

5 CCR 600-611

Administering medication to students

Bus. Code 2700-2837

Nursing

Bus. Code 3500-3546

Physician assistants

Bus. Code 4119.2

Acquisition of epinephrine auto-injectors

Bus. Code 4119.8

Acquisition of naloxone hydrochloride or another opioid antagonist

Ed. Code 48980

Parent/Guardian notifications

Ed. Code 49407

Liability for treatment

Ed. Code 49408

Student emergency information

Ed. Code 49414

Emergency epinephrine auto-injectors

Ed. Code 49414.3

Emergency medical assistance; administration of medication for opioid overdose

Ed. Code 49414.5

Providing school personnel with voluntary emergency training

Ed. Code 49422-49427

Employment of medical personnel

Ed. Code 49423

Administration of prescribed medication for student

Ed. Code 49423.1

Inhaled asthma medication

Ed. Code 49480

Continuing medication regimen; notice

H&S Code 11362.7-11362.85

Medicinal cannabis

Federal References:

20 USC 1232g
Family Educational Rights and Privacy Act (FERPA) of 1974

20 USC 1400-1482
Individuals with Disabilities Education Act

21 USC 812
Schedule of controlled substances

21 USC 844
Penalties for possession of controlled substance

29 USC 794
Rehabilitation Act of 1973; Section 504

Management Resources
American Diabetes Association Publication
Glucagon Training Standards for School Personnel: Providing Emergency Medical Assistance to Pupils with Diabetes, May 2006.

American Diabetes Association Publication
Legal Advisory on Rights of Students with Diabetes in California's K-12 Public Schools, August 2007.

American Diabetes Association Publication
Program Advisory on Medication Administration, 2005.

American Diabetes Association Publication
Training Standards for the Administration of Epinephrine Auto-Injectors, rev. 2015

Court Decision: American Nurses Association v. Torlakson
(2013) 57 Cal.4th 570

National Diabetes Education Program Publication
Helping the Student with Diabetes Succeed: A Guide for School Personnel, June 2003

Website
American Diabetes Association

Website
National Diabetes Education Program

Website
U.S. Department of Health and Human Services, National Institutes of Health, Blood Institute, asthma information

Website
California Department of Education, Health Services and School Nursing

Website
CSBA



Attestation for Narcan Distribution

As the Superintendent or designee of a public school district or an Administrator of a private or charter school, I attest that our district or school has:

1. Updated the board policy and administrative regulations (insert number here)
Administering Medication and Monitoring Health Conditions

- a. Board revision date: _____

2. Staff have been trained on the administration of Narcan

- a. Training provided by: _____

- b. Training occurred on: _____

- c. Attach training sign-in sheet or list of staff who participated

3. Indicate all locations where Narcan will be stored (nurses office, administration office, etc.):

4. How many kits will you need: _____

Superintendent/Administrator Signature

Date

Print Name: _____

Print School District: _____

Print Delivery Address: _____

Print Contact Name (if different from above): _____

Print Contact's Phone and Email: _____



Naloxone Policy

Purpose and Scope

To establish guidelines and regulations governing the utilization of naloxone nasal spray administered by West Contra Costa Unified School District. The objective is to treat opioid overdoses and get those overdosed transported to an emergency department to reduce the number of fatal overdoses.

It is the policy of West Contra Costa Unified School District that staff are trained in the use of the naloxone. The **District Nursing Department Lead** shall be the (**Program Administrator**). The **Program Administrator** shall be responsible for the overall administration, evaluation, maintenance and equipment of the program. Duties shall include, but not necessarily be limited to the following:

- (a) Ensuring an adequate supply of appropriate naloxone nasal spray is available
- (b) Coordinating and overseeing training
- (c) Assuring the maintenance of training, inspection and other program records.
- (d) Conducting periodic evaluations to ensure that the provision of the program is being implemented. Evaluations should include consultation with the employees who use naloxone nasal spray, their supervisors, job task assignment and a review of program records.

This policy will be reviewed and approved for continuance by Date:



Naloxone Procedure

Training

Each staff authorized to administer naloxone nasal spray shall be trained with the specified type/dose of naloxone nasal spray that they will be required to use. The training shall be of sufficient content and duration to ensure that the user is competent in handling and using the specified naloxone nasal spray.

Naloxone Use

When using the naloxone nasal spray, staff will maintain universal precautions against blood borne pathogens. Staff must first perform a basic client assessment to determine unresponsiveness, absence of breathing and or pulse and perform CPR/First Aid as required (if trained). Staff should conduct a quick survey of the area and/or discussion with those accompanying the client to check for evidence of drug use. If staff determine the client is likely suffering a medical emergency as a result of an opiate over-dose, staff will call or ask another staff member to call 911 immediately and report that the client is in a potential overdose state. Staff shall follow the procedure below to administer naloxone nasal spray:

Administration of naloxone nasal spray: Administer naloxone nasal spray to patient suspected of an opioid exposure with respiratory depression or unresponsiveness as follows:

1. Remove naloxone nasal spray from box by peeling back the tab with the circle to open the spray.
2. Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
3. Tilt the head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into either nostril until your fingers are against the bottom of the person's nose.
4. Press the plunger firmly to give the dose of naloxone nasal spray.
5. Remain with individual until he or she is under the care of a medical professional, such as a paramedic, emergency medical technician, physician, or nurse. Rescue breathing (one breath every 5 seconds) or CPR should be given if trained/comfortable while waiting for emergency medical assistance.
6. Administer additional doses of naloxone nasal spray using a new nasal spray with each dose, if exposed patient does not respond or responds and then relapses into respiratory depression, additional doses of naloxone nasal spray may be given every 2 to 3 minutes until emergency medical assistance arrives.



Do not administer naloxone nasal spray to a patient with known hypersensitivity to naloxone.

After EMS arrival, staff will inform responding EMS/paramedics that they have administered naloxone nasal spray and the number of doses used.

Issuance

Naloxone is a medication and as such must be monitored. The naloxone must be stored in a climate-controlled area and in a location where access to the medication can be controlled. **(Program Administrator)** is responsible for issuing the naloxone nasal spray kits to staff. Staff will log naloxone nasal spray kits received and issued so that all naloxone nasal spray kits are accounted for. Any missing kits will also be logged as missing in the log. The log shall be reviewed by the Program Administrator on a monthly basis.

Maintenance | Replacement

An inspection of the naloxone nasal spray kit shall be the responsibility of the personnel checking out the naloxone nasal spray kit. Staff shall inspect the kit at the time they check it out. The naloxone nasal spray kit will be kept in a secured, climate-controlled area. This is imperative since extreme temperature changes may affect the effectiveness and integrity of the medication.

The **(Program Administrator)** will conduct an inspection of the naloxone nasal spray kits on the first workday of each month and collect the prior month's naloxone nasal spray kit log for auditing purposes. The **(Program Administrator)** will also perform a monthly audit of these forms to ensure compliance.

Missing or damaged naloxone nasal spray kits will be reported as missing or damaged to the **(Program Administrator)**. The **(Program Administrator)** will re-issue new kits as needed or as supply allows.

Documentation | Naloxone Report

Upon completing the naloxone administration and briefing of events to the responding medical staff, the staff will complete the [Emergency Response Report \(Management of Opioid Overdose\)](#) - the incident report will contain event and people (victim, witness, etc.) information. Staff shall include the naloxone usage in the report.



Opioid Antagonist Indemnity Acknowledgment

Pursuant to Education Code section 49414.3(I) West Contra Costa Unified School District as a volunteer of the trained to administer an opioid antagonist to provide emergency medical aid, you are hereby advised that you are protected by the following provisions of California law regarding civil liability for your actions in the course of scope of you serving as a volunteer in this capacity.

California law provides specific legal obligations for an employer to defend and indemnify you in litigation against you, and these obligations are set forth in separate statutes in California's Government Code.

The obligation to provide a defense for you if you are sued as a result of volunteer related incidents is set forth in Government Code section 995, which provides in part:

Except as otherwise provided in Sections 995.2 and 995.4, upon request of an employee or former employee, a public entity shall provide for the defense of any civil action or proceeding brought against him, in his official or individual capacity or both, on account of an act or omission in the scope of his employment as an employee of the public entity.

The obligation to indemnify you against a civil judgment or award is set forth in Government Code section 825(a), which provides in part:

Except as otherwise provided in this section, if an employee or former employee of a public entity requests the public entity to defend him or her against any claim or action against him or her for an injury arising out of an act or omission occurring within the scope of his or her employment as an employee of the public entity and the request is made in writing not less than 10 days before the day of trial, and the employee or former employee reasonably cooperates in good faith in the defense of the claim or action, the public entity shall pay any judgment based thereon or any compromise or settlement of the claim or action to which the public entity has agreed.

By signing below, I acknowledge receipt of this notification.

Employee's Signature

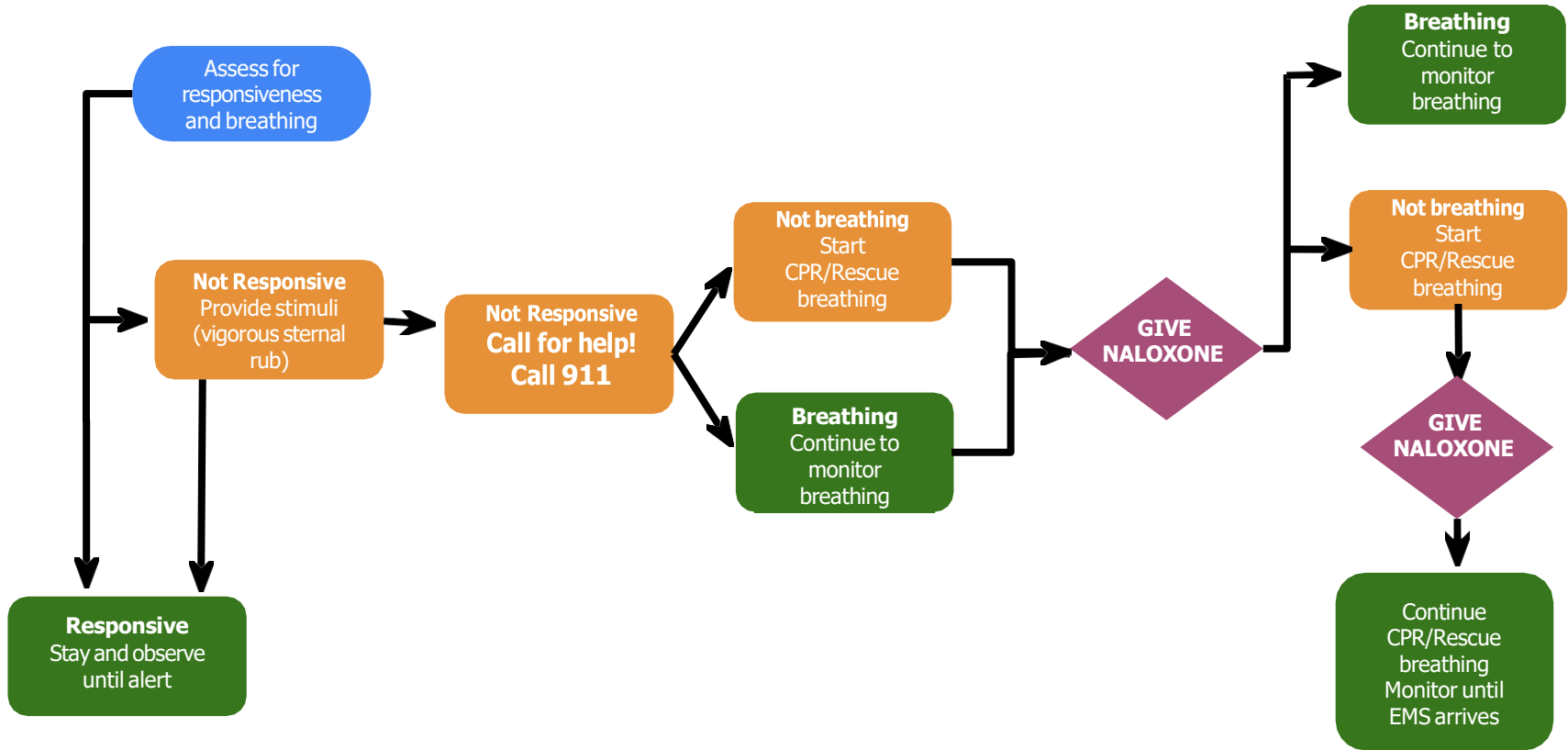
Employee's Printed Name

Date: _____

cc: Personnel File

West Contra Costa Unified School District
5/25/2024

West Contra Costa Unified School District Responding to an Opioid Overdose with Naloxone



California School Nurses Organization

Frequently asked Questions Regarding AB1748: Opioid Antagonist



1. Will this bill REQUIRE all school districts to provide an emergency opioid antagonist?

No, it is not required. According to California Education Code section 49414.3 (a) "School districts, county offices of education, and charter schools may provide emergency opioid antagonists to school nurses or trained personnel who have volunteered and school nurses or trained personnel may use the opioid antagonists to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose."

2. When will this bill be enacted and when do schools need to be in compliance?

The law took effect on January 1, 2017. Education Code section 49414.3(c) states that each public and private elementary and secondary school in the state may voluntarily determine whether or not to make emergency opioid antagonists and trained personnel available at its school, but schools are not mandated to do so.

3. What does the law state regarding 'trained personnel or volunteer'?

California Education Code 49414.3 (b)(5) defines a "volunteer" or "trained personnel" as an employee who has volunteered to administer naloxone hydrochloride or another opioid antagonist to a person if the persons suffering, or reasonably believed to be suffering, from an opioid overdose, has been designated by a school, and has received training.

4. How will volunteers be identified?

California Education Code 49414.3(f)(1)(2)(3) states that a school district, county office of education, or charter school shall distribute a notice at least once per school year to all staff that contains the following information: a description of the volunteer request stating that the request is for volunteers to be trained to administer naloxone hydrochloride or another opioid antagonist, a description of the training the volunteer will receive and the right of an employee to rescind his or her offer to volunteer.

5. What constitutes 'training'?

California Education Code 49414.3(e)(1) states that the (State) Superintendent shall establish minimum standards of training for the administration of naloxone hydrochloride or another opioid antagonist. The Superintendent shall consult with organizations and providers with expertise in administering naloxone hydrochloride or other opioid antagonists in a school environment, including, but not limited to, the California Society of Addiction Medicine, the Emergency Medical Services Authority, the California School Nurses organization, the California Medical Association, the American Academy of Pediatrics, and others. Every five years, or sooner as deemed necessary by the (State) Superintendent, the Superintendent shall review minimum standards of training for the administration of naloxone hydrochloride or other opioid antagonists. Per paragraph (2), training established pursuant to this subdivision shall include all of the following:

- Techniques for recognizing the symptoms of an opioid overdose.
- Standards and procedures for the storage, restocking, and emergency use of naloxone hydrochloride or another opioid antagonist.
- Basic emergency follow up procedures, including but not limited to, a requirement for the school or charter school administrator or, if the administrator is not available, another school staff member to call the emergency 911 telephone number and to contact the pupil's parent or guardian.
- Recommendation on the necessity of instruction and certification in cardiopulmonary resuscitation.
- Written material covering this required information.

California School Nurses Organization

Frequently asked Questions Regarding AB1748: Opioid Antagonist



6. How many staff must be trained?

California Education Code 49414.3(d)(1) states that each school may designate one or more volunteers. However, CSNO strongly feels that the minimum number of staff trained should be at least 2-3 per site.

7. How frequently must the staff be trained?

California Education Code 49414.3(d)(1) states that volunteers shall receive initial and annual refresher training. CSNO believes that school nurses and/or qualified supervisors of health should determine the frequency of training, with a minimum of at least once a year.

8. Who provides the training?

California Education Code 49414.3(d)(1) states that the school nurse or other qualified person designated by an authorizing physician and surgeon is to provide the training.

9. Is there protection for volunteers who act in an emergency and administer the emergency opioid antagonist?

Yes. California Education Code 49414.3(i) states “A school district, county office of education or charter school shall ensure that each employee who volunteers will be provided defense and indemnification by the school district, county office of education or charter school for any and all civil liability...”.

10. Are the emergency opioid antagonists required to be available for off-site school activities?

California Business and Professions Code Section 4119.8(a)(1) states that “The naloxone hydrochloride or another opioid antagonist is furnished exclusively for use at a school district schoolsite, county office of education schoolsite, or charter school”. The law does not address field trips or other off site school activities. CSNO recommends that school nurses work with their districts to develop policies and procedures that address activities outside of the school site, considering school nurse staffing and other challenges with regards to evenings and weekends.

11. Who is responsible for obtaining the prescription?

California Education Code (CEC) 49414.3(g)(1) states that a qualified supervisor of health at a school district, county office of education or charter school shall obtain from an authorizing physician and surgeon a prescription for each school for naloxone hydrochloride or another opioid antagonist. CEC 49414.3(g)(2) states that if a school district, county office of education, or charter school does not have a qualified supervisor of health, and administrator at the school district, county office of education or charter school shall obtain the prescription. (Suggestions include contracting with your Workers Comp clinic or physician, your sports physician, or local physician such as an ED or other practitioner who is willing to contract with the school district to review Standing Orders and write a prescription).

12. If the prescription is “non-patient specific”, whose name should be on it?

The current law doesn’t specify how the emergency naloxone hydrochloride or other opioid antagonist should be labeled. This would be the prescribing physician and/or pharmacy’s decision. Some may wish to have the school’s name on the prescription and on the label attached to the container in which the medication is packaged.

13. How many emergency opioid antagonists must a school obtain?

The current law doesn’t specify how many doses of naloxone hydrochloride or another opioid antagonist should be obtained. However, CSNO supports having at least two available doses per site since multiple doses may be required in an overdose situation.

California School Nurses Organization

Frequently asked Questions Regarding AB1748: Opioid Antagonist



14. If the emergency naloxone hydrochloride or another opioid antagonist is used, when does it need to be restocked by?

California Education Code 49413(h)(1) states that if the naloxone hydrochloride or another opioid antagonist is used it shall be restocked as soon as reasonably possible, but no later than two weeks after it is used.

15. Is the use of an emergency opioid antagonist required to be reported?

There is no provision in the law requiring reporting the use of an opioid antagonist in the school setting. CSNO recommends that school nurses work with their school district to develop and implement documentation procedures that ensure that appropriate care, notification and follow up was done and that the medication was restocked in a timely manner.

16. Which kind of opioid antagonist should a school get?

There are multiple routes of administration for opioid antagonists; intravenous (IV), (IM), subcutaneous (SC), endotracheal, sublingual, intralingual, submental, and nasal routes. However, it is important to note that California Education Code 49414.3(h)(2) states that volunteers may administer naloxone hydrochloride or another opioid antagonist only by nasal spray or by auto-injector. It is critically important that schools and pharmacies ensure that the designated school personnel are trained to use the specific mechanism of delivery that is prescribed and dispensed. When an opioid antagonist is needed, seconds matter.

17. Is there funding for the emergency opioid antagonists?

Currently Adapt Pharma offers a free carton of NARCAN® (Naloxone HCl) Nasal Spray to every high school in the United States. To find out more information about how your state and local school district can participate in the **NARCAN® Nasal Spray High School Program** and to obtain a free carton for your local school, please visit: <http://www.narcannasalspray.com/how-to-get-nns/partnerships/> or call 1-844-4NARCAN® (462-7226). You will need to provide to Adapt and/or SMP the appropriate medical license of the registered medical advisor representing the School, as well as have the medical advisor sign the order form.

18. Are there any current resources for Standing Orders, Board Policies, additional information, etc?

Yes, CSNO has a link that will provide templates and resources <http://www.csno.org/school-nurse-resources.html>. Scroll down to Emergency Opioid Antagonist.

19. What if a District cannot contract with a physician who is willing to write the order or if a school nurse covers multiple sites/districts (or there is no school nurse or qualified supervisor of health)?

California Education Code 49414.3 states that “School districts, county offices of education, and charter schools may provide emergency opioid antagonists to school nurses or trained personnel who have volunteered and school nurses or trained personnel may use the opioid antagonists to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.” Therefore, this law is permissive, and there is no legal penalty should a school district decide not to stock opioid antagonists for use in a suspected opioid overdose.



Opioid Antagonist Definition and General Information

A. Definitions

1. **Opioid Overdose** - Opioid use can lead to overdose when a combination of opioids or a large amount is present in the body. An opioid overdose can lead to death when opioids affect the part of the brain which regulates breathing.
2. **Opioid Antagonist** - is a life-saving medication that reverses the respiratory effects of an overdose. It can quickly restore normal breathing to a person undergoing respiratory distress because of an opioid overdose. Naloxone is a commonly-used opioid antagonist and is also known by its brand name Narcan.

B. General Information

1. The signs and Symptoms of an opioid overdose are:

- Unconsciousness or inability to waken
- Slow or shallow breathing or breathing with difficulty such as choking sounds or a gurgling/snoring noise from a person who cannot be awakened
- Fingernails or lips turning blue/purple
- Cold/clammy skin

2. Opioid overdose risk factors include:

- Having an opioid use disorder
- Taking opioids by injection
- Resumption of opioid use after a period of abstinence
- Using prescription opioids without medical supervision
- High prescribed dosage
- Combining opioids with alcohol and other substances, medications, and alcohol
- Having concurrent medical conditions such as HIV, liver or lung diseases, or mental health conditions

3. **An opioid overdose is a medical emergency** - Opioid use can lead to overdose when a combination of opioids or a large amount is present in the body. An opioid overdose can lead to death when opioids affect the part of the brain which regulates breathing. It is critical that naloxone or another opioid antagonist is administered quickly in order to reverse the overdose effects and restore breathing.



School Year:

To: All Staff

From:

Re: Solicitation of Volunteer Nonmedical School Personnel

Education Code section 49414.3 authorizes unlicensed school employees to administer emergency naloxone hydrochloride or another opioid antagonist medication to students who suffer an opioid overdose at school.

The purpose of this notice is to solicit volunteers to administer emergency naloxone hydrochloride or another opioid antagonist medication to students suffering, or reasonably believed to be suffering, from an opioid overdose, in the absence of a school nurse. Volunteers may administer naloxone hydrochloride or another opioid antagonist only by nasal spray or by auto-injector; a volunteer may administer naloxone hydrochloride or another opioid antagonist in a form that the volunteer is most comfortable with. Volunteers will receive training on the proper administration of emergency naloxone hydrochloride or another opioid antagonist medication.

Any agreement by an employee to administer emergency naloxone hydrochloride or another opioid antagonist medication is strictly voluntary, and no benefit shall be granted to or withheld from any individual based on his/her offer to volunteer. Employees who volunteer may rescind his/her offer to administer emergency naloxone hydrochloride or another opioid antagonist medication at any time, including after receipt of training.

Employees who volunteer to administer emergency naloxone hydrochloride or another opioid antagonist medication will be provided a defense and indemnification by the school district, county office of education, or charter school for any and all civil liability, in accordance with, but not limited to Government Code section 810 *et seq.*

This notification is provided annually to all staff. If you are willing to be identified as a volunteer and be trained in the administration of an opioid antagonist, please complete the section below and submit it to your site administrator.

Name: _____ (Print Name)

School: _____ Position: _____

_____ I wish to volunteer to administer an emergency opioid antagonist emergency medication to students who are suffering or reasonably believed to be suffering from an opioid overdose.

_____ I understand that I will be trained on the proper administration of emergency naloxone hydrochloride or another opioid antagonist medication.

Signature: _____ Date: _____

**WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT
EMERGENCY RESPONSE REPORT
MANAGEMENT OF OPIOID OVERDOSE**

Date of incident: _____

Person's Name _____ **DOB:** _____

School _____ **Teacher/Grade** _____

Description of incident _____

Person's signs and symptoms _____

Actions taken before administration of medication _____

Time of call to 911 _____ **Person making call** _____

Name of medication administered _____ **Dose** _____ **Time** _____

Medication administered by _____ **Position** _____

Person's response to medication _____

Other medication administered _____ **Dose** _____ **Route** _____ **Time** _____

Other interventions or occurrences _____

Time paramedics arrived _____ **Incident information given by** _____

Parent/Guardian or other personal contact notified _____ **Time** _____

Method of notification _____ **by staff member:** _____

Time person was transported to emergency room _____

Authorized healthcare provider notified (date/time) _____ **by staff member:** _____

Name of person completing report (print) _____ **Position** _____

Signature of person completing report _____

Incident reviewed by school nurse: Name _____ **Date** _____

Copies of report sent to: ____ **Front Office** ____ **(insert)** ____ **(insert)**

NOTE: ATTACH ADDITIONAL INFORMATION REGARDING INCIDENT MANAGEMENT AS NECESSARY



School Year: _____

School: _____

Stock Naloxone Nasal Spray Maintenance Form

| Naloxone Unit Lot Number | Exp. Date | Dose | Notes | Name & Initials |
|--------------------------|-----------|------|-------|-----------------|
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

Monthly Naloxone Nasal Spray Monthly Check

| Month | # of Expired Units | Lot # | Comments/Initials |
|-----------|--------------------|-------|-------------------|
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| June | | | |

West Contra Costa Unified School District - Note: Please complete the Disposal of Opioid Antagonist form for all expired naloxone units.

05/25/2024



Disposal of Opioid Antagonist

School: _____ Year: _____

| Lot # | Type | Exp. Date | Date Destroyed | Reason for Disposal | Individual Disposing | Date Reordered* | Date Restocked |
|-------|------|-----------|----------------|---------------------|----------------------|-----------------|----------------|
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***Please attach packing slip for re-ordered opioid antagonist**

Records regarding the acquisition and disposition of opioid antagonists shall be maintained by the West Contra Costa Unified School District, for a period of three years from the date the records were created (B & P Code section 4119.8[2][b]).



Opioid Antagonist Administration for the Treatment of Opioid Overdose Training Sign in Sheet

School:

Date: (Training Required Annually)

| Name | Signature | Email | Title/Role |
|------|-----------|-------|------------|
| | | | |
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APPENDIX-A: NALOXONE SKILLS CHECKLIST NASAL SPRAY

Figure 1: Naloxone Table 1

| Naloxone Training Skills Checklist | | | |
|-----------------------------------------------------------------------------------------|------------------|-------------------------------|------|
| Designated Staff Member Name: | | Date: | |
| School Name: | | | |
| Trainer Name (Print): | | | |
| Knowledge Check for Administering Naloxone | Trainer Initials | Designated Personnel Initials | Date |
| Successful completion of Naloxone administration training | | | |
| Correctly identifies the location of Naloxone in the school | | | |
| Accurately reads and follows directions on Naloxone box | | | |
| Identifies who Naloxone administration must be reported to | | | |
| Describes documentation and reporting process as indicated in district policy/procedure | | | |

Figure 2: Naloxone Table 2

| Skills Check for Administering Naloxone | Trainer Initials | Designated Personnel Initials | Date |
|----------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------|------|
| Assesses the victim including shake shout and sternal rub | | | |
| Call/instructions someone to call 911 and activate school emergency response per protocol/policy | | | |
| Obtains and correctly administers Naloxone following the steps below: | | | |
| 1. Lay the person on their back to administer Naloxone | | | |
| 2. Remove medication from box, peel back the tab with a circle to open | | | |
| 3. Hold the Naloxone spray with your thumb on the bottom of the plunger and the third and middle fingers on either side of the nozzle. | | | |
| 4. Tilt the person's head back with provide support under the neck with your hand | | | |
| 5. Gently insert the tip of the nozzle until the fingers on either side of the nostril are against the bottom of the person's nose. | | | |
| 6. Press the plunger firmly to give the dose of Naloxone nasal spray. | | | |
| 7. Remove Naloxone nasal spray and turn person to their side (recovery position) | | | |

| | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| 8. Monitor patient, administer rescue breathing if needed. If no response to talking, touch or pain, additional Naloxone nasal spray may be administered every 2-3 minutes if available, until the person responds, or EMS arrives. | | | |
| 9. If needed use steps using a new Naloxone nasal spray in the other nostril | | | |
| 10. Put the used Naloxone nasal spray back in the box and give to EMS or disposal | | | |
| 11. Document administration according to district policy/protocol. | | | |

This training is valid for ONE school year. Review during the school year is highly recommended.

Staff Member (Designee) Signature: _____

Trainer Signature: _____



Legal Notice and Agreement

Naloxone Training Video: Volunteer Commitment Form

Notice:

This form acknowledges your voluntary commitment to administer emergency naloxone hydrochloride or another opioid antagonist medication. Your participation is crucial in potentially saving lives during opioid overdose situations. By signing this form, you confirm your understanding and agreement to the following:

Voluntary Participation: Your involvement in administering naloxone is entirely voluntary. You are not obligated to participate and may choose to withdraw your consent at any time without penalty. **Training Requirement:** Before administering naloxone, you must complete the required training provided by the Contra Costa County Health Department. This includes watching the Naloxone Training Video.

Legal Implications: You acknowledge that while administering naloxone, you will be protected under Good Samaritan laws, provided you act in good faith and within the scope of your training.

Volunteer Commitment Form

I, _____, acknowledge that I have read and understand the above notice regarding the voluntary administration of emergency naloxone hydrochloride or another opioid antagonist medication. I agree to volunteer and undertake the required training.

I have watched the Contra Costa County Health Department Naloxone Training Video.

Employee Name: _____

Employee Signature: _____

Training Instructor Name: _____

Training Instructor Signature: _____

Date: _____

Submission Instructions:

Please submit this form to your Training Instructor. It will be kept on file for one fiscal school year.

Download this Contra Costa County Health Department Training Video at <https://www.cchealth.org/get-care/addiction-and-recovery-services/naloxone-narcan>