

**Los Angeles Unified School District
Office of the Inspector General**

**Special Review
Drug Abuse Management and
District Response – Naloxone Kits**



OA 24-1454
July 8, 2025

Sue Stengel
Inspector General





Los Angeles Unified School District

Office of the Inspector General

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July 8, 2025

Chief Medical Director
Office of the Chief Medical Director
Los Angeles Unified School District
333 South Beaudry Avenue, 14th Floor
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RE: Special Review of Drug Abuse Management and District Response – Naloxone Kits

Dear Dr. Malhotra:

Attached is the final report of the Special Review of the Drug Abuse Management and District Response – Naloxone Kits. Thank you for taking the time to discuss this with us.

The objectives of the review were to determine whether (1) Naloxone kits were stocked in the schools and available to use in the event of an opioid overdose; (2) schools had self-designated volunteer(s) to administer Naloxone throughout the school year in the event of an opioid overdose; (3) every self-designated volunteer received training to identify potential opioid overdose and administer Naloxone; and (4) a Report of Naloxone Administration was completed, kept on file, and sent to the Office of the General Counsel (OGC).

Please contact our office if you have any questions.

Sincerely,

Mark H. Pearson

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c: Devora Navera Reed, General Counsel
Andres Chait, Chief of School Operations

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EXECUTIVE SUMMARY

The Los Angeles Unified School District Office of the Inspector General (OIG) conducted a special review of the Los Angeles Unified School District's (District) drug abuse management and response as they relate to the distribution and maintenance of Naloxone Kits and the training and administration of Naloxone. Naloxone is a life-saving medication that is administered as a nasal spray to reverse an opioid overdose. When given in time, the medication restores normal breath to a person whose breathing has slowed or stopped because of an opioid overdose.

California Education Code (EC) Section 49414.3¹ authorizes school districts to determine whether to make emergency Naloxone or another opioid antagonist available to school nurses or trained volunteers to administer to a person suffering or reasonably believed to be suffering from an opioid overdose.² Pursuant to EC Section 49414.3, the District made Naloxone available in all its schools. The Office of the Medical Director issued Bulletins 133120 (BUL-133120)³ and 133120.1 (BUL-133120.1)⁴ providing Naloxone procedures and instructions on administering, training, and storing Naloxone. We performed this special review because the potential for opioid overdose was identified as a high-risk area in the OIG's FY2024 risk assessment.

The objectives of the review were to determine whether (1) Naloxone kits were stocked in the schools and available to use in the event of an opioid overdose; (2) schools had self-designated volunteer(s) to administer Naloxone throughout the school year in the event of an opioid overdose; (3) every self-designated volunteer received training to identify potential opioid overdose and administer Naloxone; and (4) a Report of Naloxone Administration⁵ was completed, kept on file, and sent to the Office of the General Counsel (OGC).

We visited a judgmentally selected sample of 30 schools in April and May of 2024, reviewed Naloxone-related information and documents, and found the following:

1. All the schools had a supply of Naloxone kits available to use. Some schools did not keep the kits in a location that was always readily accessible.
2. Not all schools had volunteers to cover all school hours, including before-school and after-school programs, summer school, and summer enrichment programs. Although all schools had a full-time or part-time nurse available to administer Naloxone, one elementary school did not have additional volunteers.
3. Not all volunteers received or completed the required training to identify potential opioid overdose and administer Naloxone.

¹ [The California legislative information portal, California Education Code Section 49414.3.](#)

² Opioids are a class of drugs that are commonly used for pain management and include synthetic opioids such as Fentanyl. Opioid overdose can lead to death because of the effects it has on the part of the brain that regulates breathing. Symptoms of opioid overdose include, but are not limited to, pinpoint pupils, unconsciousness, difficulties with breathing, slowed or stopped heartbeat, and pale skin.

³ [BUL-133120 - Administration of Naloxone Nasal Spray.](#)

⁴ [BUL-133120.1 - Administration of Naloxone Nasal Spray.](#)

⁵ The Report of Naloxone Administration is a confidential report used by District attorneys and the Office of Risk Management detailing the incident, the description of the person who received and administered Naloxone, the signs of overdose observed, the response to Naloxone, the post-Naloxone administration, and the disposition of the incident.

4. Some schools did not complete the required Report of Naloxone Administration for all Naloxone usage.
5. Not all schools sent the annual notice requesting volunteers, nor did they provide volunteers with the Naloxone Volunteer Notification advising them that the District will defend and indemnify them for any and all civil liability that arises from their actions during their service as volunteers.
6. Not all schools completed a Naloxone Emergency Response Site Plan or updated it annually.⁶
7. Not all schools completed a Naloxone Monthly Checklist⁷ and none of the schools inspected the Naloxone kits during the summer break.
8. Not all schools maintained the required Naloxone-related documentation on site.⁸

From July 1, 2023, to March 31, 2024, the District made Naloxone available to all schools. Naloxone was administered more than 28 times, and no fatalities occurred at schools due to opioid overdoses. We reviewed the documentation for all 28 Naloxone administrations and found that the schools followed emergency procedures, such as calling 9-1-1 (Emergency Medical Services (EMS)) and contacting the student's parent or legal guardian. Also, the student was either transported to a hospital or cleared by EMS.

Please refer to the Results of Review section below for details. We made 12 recommendations to enhance controls and improve the administration of Naloxone kits.

INTRODUCTION

The Office of the Chief Medical Director directs health policy and leadership in public health emergency preparedness and response for the District. California EC Section 49414.3⁹ authorizes school districts to determine whether to make emergency Naloxone or another opioid antagonist available to school nurses or trained volunteers to administer to a person suffering or reasonably believed to be suffering from an opioid overdose. An employee may volunteer to administer Naloxone and can rescind the offer at any time, including after receiving training.

The District made Naloxone available in all its schools.

On October 26, 2022, the Office of the Medical Director issued BUL-133120, which provided instructions on the administration, training, and storage of Naloxone. The bulletin also detailed guidelines for administrators, school nurses, and other trained personnel on the use of Naloxone

⁶ The Naloxone Emergency Response Site Plan is a document that describes the school's emergency response procedures when a person is suffering or reasonably believed to be suffering from an opioid overdose, the location of the Naloxone kits, and who has access to the kits.

⁷ A Naloxone Monthly Checklist is used to document the number and location of Naloxone kits, their inspection, any issues with the kits, and Naloxone usage.

⁸ Naloxone-related documentation included the annual Request for Volunteers to Administer Naloxone to Persons with Suspected Opioid Overdose, copies of signed Volunteer Notification Letters, Naloxone training sign-in logs, certificate of completion of Naloxone training, the Naloxone Emergency Response Site Plan, and the Monthly Checklist used to document the inspection of the Naloxone kits.

⁹ The California legislative information portal, California Education Code Section 49414.3.

nasal spray in medical emergencies to persons suffering or reasonably believed to be suffering from an opioid overdose.

On February 10, 2023, the Office of the Medical Director issued BUL-133120.1, superseding BUL-133120. The updated bulletin includes notification that students can possess and administer Naloxone in an emergency.

See Appendix A for a detailed flowchart of Naloxone Administration.

SCOPE AND OBJECTIVES

The objectives of the review were to determine whether (1) Naloxone kits were stocked in the schools and available to use in the event of an opioid overdose; (2) schools had designated volunteer(s) to administer Naloxone throughout the school year in the event of an opioid overdose; (3) every designated volunteer received training to identify potential opioid overdose and administer Naloxone; and (4) a Report of Naloxone Administration was completed, kept on file and sent to the Office of the General Counsel. We reviewed Naloxone-related documentation from October 26, 2022 to March 31, 2024.

METHODOLOGY

To accomplish our review objectives, the review team (1) interviewed the Chief Medical Director, the Director of District Nursing Services, and school administrators and nurses to obtain an understanding of the policies and processes related to Naloxone kits, (2) selected a judgmental sample of 30 schools for review, (3) obtained and reviewed all Naloxone-related documentation maintained at the selected schools from October 22, 2022 to March 31, 2024, (4) visited the selected schools and inspected the Naloxone kits maintained at the schools, (5) reviewed the number of Naloxone kits and volunteers at each school for accessibility and availability during school hours, including before and after school and during summer programs, and (6) obtained and reviewed the Reports of Naloxone Administration maintained by District Nursing Services.

The sample of schools included at least one school in each of the seven Board of Education districts and one elementary, middle, and high school in each District Region (i.e., East, West, North, and South).¹⁰ Our sample also included one Continuation school and six Span schools.¹¹

Table 1 below summarizes the number of schools selected by region and school type for review.

¹⁰ Elementary schools span kindergarten through fifth grade (sometimes sixth grade), middle schools generally span sixth through eighth grade, and high schools span ninth through twelfth grade.

¹¹ A Continuation school is an alternative high school diploma program for students who are 16 years of age or older, have not graduated from high school, are still required to attend school, and are at risk of not graduating. A Span school is a school that spans multiple levels (e.g., elementary through middle, middle through high, and elementary through high school).

Table 1
Number of Schools Selected by Region and School Type
As of March 31, 2024

| School Type | District Regions | | | | |
|--------------------------------|------------------|----------|----------|----------|-----------|
| | East | West | North | South | Totals |
| Continuation | 0 | 0 | 1 | 0 | 1 |
| Elementary | 2 | 2 | 2 | 1 | 7 |
| Span - Elementary/Middle | 1 | 0 | 1 | 1 | 3 |
| Middle | 2 | 1 | 2 | 2 | 7 |
| Span - Middle/High | 0 | 1 | 1 | 1 | 3 |
| High | 3 | 3 | 1 | 2 | 9 |
| Total Number of Schools | 8 | 7 | 8 | 7 | 30 |

RESULTS OF REVIEW

We visited the selected sample of 30 schools in April and May 2024, inspected the Naloxone kits at each school, and obtained and reviewed Naloxone-related information and documentation.

See the Methodology section of this report for the number of schools selected by school type and region.

See Appendix B for a detailed school description, consolidated Naloxone-related information, and documentation collected and reviewed at each school.

Our school visits and review found the following:

Observation No. 1 - All the schools had a supply of Naloxone kits available to use. Some schools did not keep the kits in a location that was readily accessible at all times.

EC Section 49414.3,¹² District BUL-133120 and BUL-133120.1 authorize school districts to supply emergency Naloxone or another opioid antagonist to school nurses or trained volunteers to provide emergency Naloxone or another opioid antagonist to persons suffering or believed to be suffering from an opioid overdose. The District has made Naloxone available in all schools.

Supply and Availability of Naloxone

During our visits, we inspected all the Naloxone kits at each school. The OIG found that all 30 schools had between two and 48 kits of unexpired Naloxone available to use in the event of a person suffering or reasonably believed to be suffering from an opioid overdose. The Naloxone kits were stored in the Health Office cabinet, with the school's automated external defibrillators (AEDs) in the Health Office, the Main Office, the Physical Education Office, the Gymnasium, the Cafeteria,

¹² The California legislative information portal, California Education Code Section 49414.3.

the staff lunchroom, the classrooms and/or in other school offices/facilities throughout campus. The principal or school staff were given Naloxone kits to carry with them at two schools.

Table 2 below illustrates the number and location of the Naloxone kits stored at the 30 schools visited.

Table 2
Naloxone Supply and Location at Each School
As of May 2024

| School Information | | | Number of Naloxone Kits and Their Location | | | | | | | | | | |
|--------------------|--------------------------|--------|--|-------------------------|---------------|-------------|------------------------------|-----------------------|--|------------------------|--------------------------|------------------|---|
| Sample No. | School Type | Region | Total No. Of Naloxone Kits | No. of School Locations | Health Office | Main Office | Cafeteria / Staff Lunch Room | Classrooms / Teachers | Gymnasium / Girl's / Boy's Physical Education Office | Beyond The Bell Office | Special Education Office | School Principal | Other School Staff / Offices Facilities * |
| 1 | Middle | East | 6 | 3 | 2 | 2 | | | 2 | | | | |
| 2 | Span - Elementary/Middle | East | 12 | 6 | 2 | | 2 | 2 | 2 | 2 | 2 | | |
| 3 | High | East | 48 | 18 | 21 | 2 | | 13 | 3 | | | | 9 |
| 4 | Middle | East | 6 | 4 | 3 | 1 | | | 1 | | | 1 | |
| 5 | Elementary | East | 4 | 2 | 2 | | 2 | | | | | | |
| 6 | Elementary | East | 4 | 1 | 4 | | | | | | | | |
| 7 | High | East | 4 | 4 | 1 | | | 1 | 2 | | | | |
| 8 | High | East | 8 | 4 | 2 | 1 | 1 | | 4 | | | | |
| 9 | Middle | North | 6 | 3 | 2 | | | | 4 | | | | |
| 10 | Span - Elementary/Middle | North | 20 | 8 | 2 | 4 | | 2 | 4 | | 2 | | 6 |
| 11 | Middle | North | 6 | 3 | 2 | 2 | | | 2 | | | | |
| 12 | Elementary | North | 2 | 1 | 2 | | | | | | | | |
| 13 | Span - Middle/High | North | 12 | 5 | 4 | 2 | | | 4 | | 2 | | |
| 14 | Elementary | North | 4 | 1 | 4 | | | | | | | | |
| 15 | High | North | 8 | 4 | 2 | | | 2 | 4 | | | | |
| 16 | Continuation | North | 4 | 1 | | 4 | | | | | | | |
| 17 | Elementary | South | 2 | 1 | 2 | | | | | | | | |
| 18 | High | South | 4 | 1 | 4 | | | | | | | | |
| 19 | Span - Middle/High | South | 7 | 3 | 3 | | | | 2 | | | | 2 |
| 20 | High | South | 8 | 4 | 2 | 2 | | | 2 | | | | 2 |
| 21 | Span - Elementary/Middle | South | 10 | 5 | 2 | 2 | 2 | | 2 | | | | 2 |
| 22 | Middle | South | 6 | 3 | 2 | 2 | | | 2 | | | | |
| 23 | Middle | South | 6 | 3 | | 2 | | | 4 | | | | |
| 24 | Middle | West | 6 | 3 | 2 | 2 | | | 2 | | | | |
| 25 | High | West | 10 | 5 | 2 | 2 | 2 | | 2 | | | | 2 |
| 26 | High | West | 8 | 4 | 2 | 2 | | | 2 | | | | 2 |
| 27 | Span - Middle/High | West | 6 | 3 | 2 | 2 | | | 2 | | | | |
| 28 | Elementary | West | 2 | 1 | | 2 | | | | | | | |
| 29 | Elementary | West | 2 | 1 | 2 | | | | | | | | |
| 30 | High | West | 12 | 5 | 4 | 2 | | | 2 | | | | 4 |
| Total | | | 243 | 110 | 84 | 38 | 9 | 20 | 54 | 2 | 6 | 1 | 29 |

* School staff, other offices, and facilities included the principal, the office of special education, the auditorium, the plant manager, the parent and student support center, the dean's office, the office of accommodation, the community room, the facility staff restroom, and the after-school office.

See Appendix C for pictures taken during our visits to the schools of Naloxone stored in various locations.

Although the 30 schools visited had a supply of Naloxone, we noted that two high schools and one middle school stored only one kit or spray in different locations throughout campus. However, two of the 30 schools we visited have administered multiple Naloxone doses to one student during a single incident during the school year 2024, which required multiple kits to be available. Therefore, there is a risk that schools with only one Naloxone kit or spray may not have sufficient medication for instances when more than one dose is needed to be administered.

According to a report of Naloxone administration provided by the District's Division of School Operations, there were 28 reported incidents in which Naloxone was administered to students from July 1, 2023 to March 31, 2024. We reviewed the documentation for all 28 Naloxone administrations from July 1, 2023, to March 31, 2024, and found that the schools followed emergency procedures. In all instances, the school noted that it called 9-1-1 (EMS), contacted the

student's parent or legal guardian, and that the student was transported to a hospital or cleared by EMS. In some instances, the parents elected to take the student home or to seek medical services themselves.

Accessibility of Naloxone

To determine whether the Naloxone kits were readily accessible during normal school hours, before and after school programs, summer school, and summer enrichment programs, we collected and reviewed the following information:

1. The student counts.¹³
2. The number of Naloxone kits administered by each school as of March 31, 2024.
3. The number and location of the Naloxone kits at each school.
4. The location of the Naloxone sprays at the school.
5. The school nurse's assigned work schedule.
6. The school's before and after school programs, summer school, and summer enrichment programs.

Table 2 above illustrates the supply and location of the Naloxone kits stored at each school.

Table 3 below illustrates the collected school information used to assess accessibility.

Table 3
School Information
As of March 31, 2024

| School Information | | | | | School Nurse Work Schedule | | Before/After/Summer School Programs | | |
|--------------------|--------------------------|--------|--------------------------------------|---|--------------------------------------|------------------------------------|---------------------------------------|---|---|
| Sample No. | School Type | Region | Unduplicated Student Count 2023-2024 | No. of Naloxone Kits Administered As of 3/31/2024 | School Nurse Assigned Work Schedule* | No. of Days Assigned To The School | Before/After School Program 2023-2024 | Summer School / Enrichment Program 2023 | Summer School / Enrichment Program 2024 |
| 1 | Middle | East | 815 | 0 | M, T, W, TH | 4 | Yes | Yes | Yes |
| 2 | Span - Elementary/Middle | East | 1165 | 0 | M, T, W, TH | 4 | Yes | Yes | Yes |
| 3 | High | East | 439 | 4 | T, W | 2 | Yes | Yes | No |
| 4 | Middle | East | 692 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 5 | Elementary | East | 520 | 0 | M, T, W | 3 | Yes | No | Yes |
| 6 | Elementary | East | 439 | 0 | M, T, W | 3 | Yes | No | Yes |
| 7 | High | East | 2025 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 8 | High | East | 1640 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 9 | Middle | North | 694 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 10 | Span - Elementary/Middle | North | 1195 | 0 | M, W, TH, F | 4 | Yes | No | No |
| 11 | Middle | North | 1118 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 12 | Elementary | North | 196 | 0 | M, T, W, TH, F | 5 | Yes | No | Yes |
| 13 | Span - Middle/High | North | 1208 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 14 | Elementary | North | 405 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 15 | High | North | 1813 | 5 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 16 | Continuation | North | 67 | 2 | M, T, W, TH, F | 5 | No | No | No |
| 17 | Elementary | South | 601 | 0 | W, TH | 2 | Yes | Yes | Yes |
| 18 | High | South | 1134 | 1 | M, T, W, TH | 4 | Yes | Yes | Yes |
| 19 | Span - Middle/High | South | 1177 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 20 | High | South | 2207 | 0 | M, T, W, F | 4 | Yes | Yes | Yes |
| 21 | Span - Elementary/Middle | South | 639 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 22 | Middle | South | 991 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 23 | Middle | South | 991 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 24 | Middle | West | 1059 | 0 | M, T, W, TH, F | 5 | Yes | No | No |
| 25 | High | West | 1546 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes |
| 26 | High | West | 915 | 1 | W, TH | 2 | Yes | Yes | Yes |
| 27 | Span - Middle/High | West | 1137 | 0 | M, T, W, TH, F | 5 | Yes | No | Yes |
| 28 | Elementary | West | 97 | 0 | T, W | 2 | Yes | No | Yes |
| 29 | Elementary | West | 88 | 0 | M, T, W, TH, F | 5 | Yes | No | Yes |
| 30 | High | West | 957 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes |

* M - Monday, T - Tuesday, W - Wednesday, TH - Thursday and F - Friday.

¹³ For student count, the OIG used the unduplicated student count. The unduplicated student count means each pupil is counted once and is an English learner, meets income or categorical eligibility requirements for free or reduced-price meals under the National School Lunch Program, or is a foster youth.

The OIG found that the Naloxone kits were stored in multiple locations in 22 schools. According to the school nurses, the kits were placed in locations that can be accessed or used during before- and after-school programs, summer school, and summer enrichment programs. At one school, two Naloxone kits were placed in the office used by the Beyond the Bell staff responsible for after-school programs.¹⁴

However, the remaining eight schools stored the Naloxone kits in a singular location, providing limited access to staff and volunteers. Six of these eight schools stored the kits in the Health Office and the other two schools kept the kits in the Main Office. According to the school nurse, the Main Office is generally accessible during all school hours. However, the Health Office is not readily accessible when the school nurse is not working at the school campus.

The risk of Naloxone kits not being accessible to school staff, other than the nurse, increases at schools where nurses are part-time. Our review of a schedule of assigned nurses provided by District Nursing Services found that only three of the six schools that store Naloxone kits at the Health Office were assigned a full-time (Monday through Friday) nurse. The remaining three schools were assigned a part-time (two to four days a week) nurse, and the part-time nurse was the only person trained to administer Naloxone at two of those schools. In addition, the school nurses stated that although the schools offer before and after-school programs, in addition to summer school programs, the nurses are not assigned to work during the hours when these programs are offered. This results in an increased risk that the Naloxone kits will not be available to administer to students during these hours.

District Nursing Services stated that a supply of Naloxone kits was sent to the regional nursing offices to distribute to the schools. However, the bulletins do not specify the number of Naloxone kits the schools should have or prescribe a methodology for determining the appropriate number of Naloxone kits each school should maintain on-site, nor does it require (or provide guidance) where the kits should be located to maximize their accessibility during school hours, including before and after school, summer school, and summer enrichment programs. The District Nursing Office only distributes these kits upon request from the school administrators, and it does not engage in an assessment of whether the schools need additional Naloxone kits or whether the kits have been effectively placed throughout campus. School administrators determine whether their school has a need for additional Naloxone kits. In our discussion with District personnel, the OIG was informed that allowing the school Principals/administrators to determine the number of naloxone kits for their school is appropriate and recommended, given that they are most familiar with the student body and their needs.

Observation No. 2 - All schools had a full-time or part-time nurse available to administer Naloxone; however, not all schools had additional designated volunteers to administer Naloxone throughout the year in the event of an opioid overdose.

¹⁴ Beyond the Bell Branch is part of the District's Division of Instruction and is generally responsible for before and after school programs, summer school, and enrichment programs through district staff or third-party vendors. The Division of Instruction and the schools can also offer their own tutoring services after school to students through third-party vendors.

EC Section 49414.3, District BUL-133120 and BUL-133120.1 authorize the District to supply Naloxone or another opioid antagonist to school nurses or trained volunteers to provide emergency Naloxone or another opioid antagonist to persons suffering or believed to be suffering from an opioid overdose.

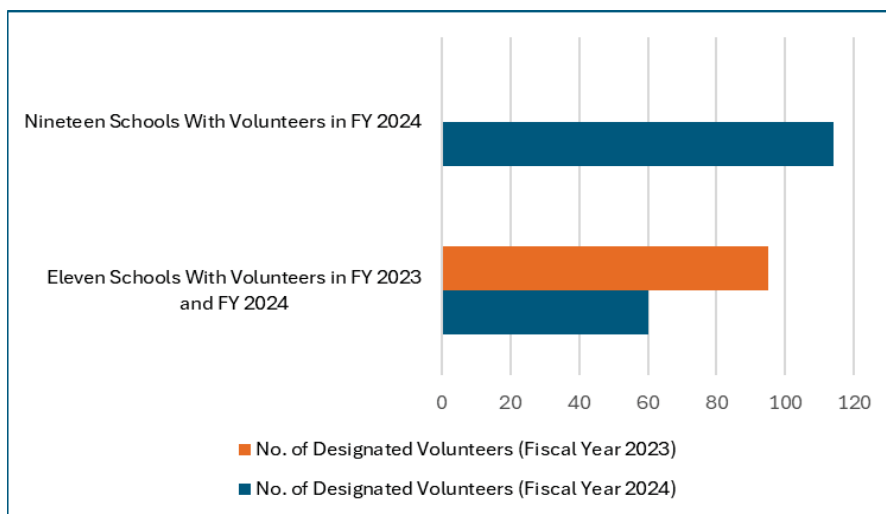
To determine whether the schools had additional volunteers, other than the school nurse, to administer Naloxone throughout the year, we obtained and reviewed the following:

1. The schools' Naloxone Emergency Response Site Plans for fiscal years 2022-2023 and 2023-2024.
2. A report provided by District Nursing Services listing employees who have completed the virtual Naloxone training.
3. The in-person training sign-in logs.

For the 30 schools we visited, the OIG found that the number of nurses and volunteers totaled 95 and 174 during fiscal years 2022-2023 and 2023-2024, respectively. This was an increase of 79 (83%) volunteers year over year. However, upon closer examination, we found that 19 of the 30 schools had zero volunteers during fiscal years 2022-2023, and the other 11 schools had a decrease of 35 volunteers (37%) from the fiscal year 2022-2023 to 2023-2024.

Chart 1 below depicts the number and trend of designated volunteers at the 30 schools as of March 31, 2024.

Chart 1
Designated Volunteers
Fiscal Years 2022-2023 and 2023-2024



The OIG found that all 30 schools had a full-time or part-time nurse available to administer Naloxone. However,

1. An elementary school, or one (3%) of the 30 schools, did not have any volunteers other than the nurse because the school deemed the risk of a person suspected of opioid overdose to be low. The nurse stated that she was the person to administer Naloxone, if needed, but we

found that the Nurse was assigned to the school two days a week. Also, two other elementary schools had each administered Naloxone to a student since October 26, 2022, according to a report of Naloxone administration provided by the Division of School Operations.

2. As of March 31, 2024, five (20%) of the 30 schools, (two elementary, one middle, one span – elementary/middle, and one high school) had additional volunteers, other than the nurse, in April and May 2024.
3. 11 (37%) of the 30 schools had designated volunteers during the fiscal year 2022-2023 and/or 2023-2024, but the volunteers had not completed the required training or taken the annual training in the last 12 months. As a result, the school nurse was the primary person available to administer Naloxone. See Observation No. 3 below for additional testing on required training.

In addition, we determined that nine (30%) of the 30 schools did not have sufficient volunteers to cover all school hours because the school nurse was the sole person trained to administer Naloxone, or the nurse did not believe the school had sufficient volunteers. For example, at a continuation school, the assigned nurse was in a different high school next to the continuation school, and the other volunteer was the administrator, who had not completed the required training as of March 31, 2024. Also, nearly all but one school had before school, after school, summer school, or summer enrichment programs, but school nurses were not assigned to work those hours. Only one (1%) of the 174 volunteers was from the Beyond the Bell Branch. 11 (37%) of the 30 schools did not have a full-time nurse, and one nurse was unaware of any volunteer covering for after and summer school programs.

Table 4 below illustrates the assigned school nurse schedule, whether the school offers a before-school, after-school, summer school, or summer enrichment program, and the number of volunteers for each of the 30 schools we visited.

Table 4
School Information and Designated Volunteers

| School Information | | | School Nurse Schedule | | Before/After/Summer School Programs | | | Number of Volunteers | | | |
|--------------------|--------------------------|--------|--------------------------------------|------------------------------------|---------------------------------------|---|---|-----------------------------|-----------------------------|---|--|
| Sample No. | School Type | Region | School Nurse Assigned Work Schedule* | No. of Days Assigned To The School | Before/After School Program 2023-2024 | Summer School / Enrichment Program 2023 | Summer School / Enrichment Program 2024 | No. of Volunteers 2022-2023 | No. of Volunteers 2023-2024 | No. of Volunteers Who Did Not Complete Training As Of 3/31/2024 | No. of Volunteers Who Completed Training As Of 3/31/2024 |
| 1 | Middle | East | M, T, W, TH | 4 | Yes | Yes | Yes | 14 | 11 | 4 | 7 |
| 2 | Span - Elementary/Middle | East | M, T, W, TH | 4 | Yes | Yes | Yes | 0 | 3 | 0 | 3 |
| 3 | High | East | T, W | 2 | Yes | Yes | No | 0 | 24 | 1 | 23 |
| 4 | Middle | East | M, T, W, TH, F | 5 | Yes | Yes | Yes | 4 | 4 | 2 | 2 |
| 5 | Elementary | East | M, T, W | 3 | Yes | No | Yes | 0 | 3 | 1 | 2 |
| 6 | Elementary | East | M, T, W | 3 | Yes | No | Yes | 4 | 3 | 0 | 3 |
| 7 | High | East | M, T, W, TH, F | 5 | Yes | Yes | Yes | 10 | 6 | 5 | 1 |
| 8 | High | East | M, T, W, TH, F | 5 | Yes | Yes | Yes | 2 | 4 | 0 | 4 |
| 9 | Middle | North | M, T, W, TH, F | 5 | Yes | Yes | Yes | 0 | 5 | 4 | 1 |
| 10 | Span - Elementary/Middle | North | M, W, TH, F | 4 | Yes | No | No | 0 | 9 | 8 | 1 |
| 11 | Middle | North | M, T, W, TH, F | 5 | Yes | Yes | Yes | 7 | 4 | 0 | 4 |
| 12 | Elementary | North | M, T, W, TH, F | 5 | Yes | No | Yes | 0 | 3 | 1 | 2 |
| 13 | Span - Middle/High | North | M, T, W, TH, F | 5 | Yes | Yes | Yes | 0 | 8 | 7 | 1 |
| 14 | Elementary | North | M, T, W, TH, F | 5 | Yes | Yes | Yes | 0 | 2 | 1 | 1 |
| 15 | High | North | M, T, W, TH, F | 5 | Yes | Yes | Yes | 0 | 5 | 1 | 4 |
| 16 | Continuation | North | M, T, W, TH, F | 5 | No | No | No | 0 | 2 | 1 | 1 |
| 17 | Elementary | South | W, TH | 2 | Yes | Yes | Yes | 0 | 4 | 3 | 1 |
| 18 | High | South | M, T, W, TH | 4 | Yes | Yes | Yes | 6 | 1 | 0 | 1 |
| 19 | Span - Middle/High | South | M, T, W, TH, F | 5 | Yes | Yes | Yes | 0 | 6 | 0 | 6 |
| 20 | High | South | M, T, W, F | 4 | Yes | Yes | Yes | 6 | 11 | 3 | 8 |
| 21 | Span - Elementary/Middle | South | M, T, W, TH, F | 5 | Yes | Yes | Yes | 0 | 6 | 4 | 2 |
| 22 | Middle | South | M, T, W, TH, F | 5 | Yes | Yes | Yes | 4 | 5 | 1 | 4 |
| 23 | Middle | South | M, T, W, TH, F | 5 | Yes | Yes | Yes | 0 | 6 | 0 | 6 |
| 24 | Middle | West | M, T, W, TH, F | 5 | Yes | No | No | 0 | 9 | 8 | 1 |
| 25 | High | West | M, T, W, TH, F | 5 | Yes | Yes | Yes | 29 | 1 | 0 | 1 |
| 26 | High | West | W, TH | 2 | Yes | Yes | Yes | 0 | 3 | 0 | 3 |
| 27 | Span - Middle/High | West | M, T, W, TH, F | 5 | Yes | No | Yes | 9 | 10 | 0 | 10 |
| 28 | Elementary | West | T, W | 2 | Yes | No | Yes | 0 | 1 | 1 | 0 |
| 29 | Elementary | West | M, T, W, TH, F | 5 | Yes | No | Yes | 0 | 4 | 0 | 4 |
| 30 | High | West | M, T, W, TH, F | 5 | Yes | Yes | Yes | 0 | 11 | 10 | 1 |
| Total | | | | | | | | 95 | 174 | 66 | 108 |

* M - Monday, T - Tuesday, W - Wednesday, TH - Thursday and F - Friday.

According to some school nurses, the school administrators provided little support, the school staff hesitated to volunteer, and the annual notice to all staff requesting volunteers was not sent. In some instances, the staff were asked during an in-person staff meeting. Some nurses also stated that they asked staff directly to volunteer. District personnel indicated that the District can make efforts to increase education and the number of volunteers, but it is up to the staff to determine whether they want to volunteer. EC Section 49414.3(d) states that an employee may offer to volunteer to administer Naloxone and can rescind the offer at any time, including after receiving training.

Observation No. 3 - Not all volunteers received or completed the required training to identify potential opioid overdose and administer Naloxone.

EC Section 49414.3 states that volunteers are required to receive initial and annual refresher training on Naloxone or another opioid antagonist. District BUL-133120 and BUL-133120.1 set forth the following requirements:

1. Provide designated volunteers, including school nurses, an annual virtual Naloxone training through the District's My Professional Learning Network (MyPLN).¹⁵
2. Volunteers must also complete an annual in-person Naloxone supplemental training provided by a school nurse.
3. School nurses must complete training from a Nursing Administrator before providing the in-person Naloxone supplemental training to volunteers.

To determine whether designated volunteers and school nurses for the selected 30 schools completed the required training, we obtained and reviewed the following reports and sign-in logs:

1. The Naloxone Emergency Response Site Plan listing designated volunteers and school nurses.
2. A report from the District Nursing Services listing all District staff who have completed the virtual Naloxone training through MyPLN from October 26, 2022 to March 31, 2024.
3. The training sign-in logs showing the nurses who received in-person training from a Nursing Administrator before providing training to the designated volunteers as of March 31, 2024.
4. The training sign-in logs showing the designated volunteers who completed the in-person Naloxone supplemental training log from the school nurses as of March 31, 2024.

Our review found that not all volunteers, including nurses, from the 30 schools completed the required training:

1. 66 (38%) of the 174 volunteers, including nurses, did not complete one or both required trainings. This included volunteers whose training lapsed for more than 12 months.
2. Six (20%) of the 30 school nurses have not received in-person Naloxone training from a Nursing Administrator to train designated volunteers.
3. One (3%) of the 30 school nurses provided in-person Naloxone supplemental training to

¹⁵ The District's MyPLN is an online application developed and designed to offer employees a wide array of diverse learning opportunities, including in-person, virtual, and blended learning professional development. It helps learners acquire knowledge and skills more efficiently and effectively.

volunteers before completing the in-person Naloxone training from a Nursing Administrator.

Table 5 below illustrates the training completed by school nurses and designated volunteers for each of the 30 schools we visited.

Table 5
Designated Volunteers and School Nurses
Training

| School Information | | | School Nurse Schedule | | | Number of Volunteers | | | |
|--------------------|--------------------------|--------|--------------------------------------|------------------------------------|--|-----------------------------|-----------------------------|---|--|
| Sample No. | School Type | Region | School Nurse Assigned Work Schedule* | No. of Days Assigned To The School | Completed Training By Nursing Administration | No. of Volunteers 2022-2023 | No. of Volunteers 2023-2024 | No. of Volunteers Who Did Not Complete Training As Of 3/31/2024 | No. of Volunteers Who Completed Training As Of 3/31/2024 |
| 1 | Middle | East | M, T, W, TH | 4 | Yes | 14 | 11 | 4 | 7 |
| 2 | Span - Elementary/Middle | East | M, T, W, TH | 4 | Yes | 0 | 3 | 0 | 3 |
| 3 | High | East | T, W | 2 | Yes | 0 | 24 | 1 | 23 |
| 4 | Middle | East | M, T, W, TH, F | 5 | Yes | 4 | 4 | 2 | 2 |
| 5 | Elementary | East | M, T, W | 3 | Yes | 0 | 3 | 1 | 2 |
| 6 | Elementary | East | M, T, W | 3 | Yes | 4 | 3 | 0 | 3 |
| 7 | High | East | M, T, W, TH, F | 5 | Yes | 10 | 6 | 5 | 1 |
| 8 | High | East | M, T, W, TH, F | 5 | Yes | 2 | 4 | 0 | 4 |
| 9 | Middle | North | M, T, W, TH, F | 5 | Yes | 0 | 5 | 4 | 1 |
| 10 | Span - Elementary/Middle | North | M, W, TH, F | 4 | No | 0 | 9 | 8 | 1 |
| 11 | Middle | North | M, T, W, TH, F | 5 | Yes | 7 | 4 | 0 | 4 |
| 12 | Elementary | North | M, T, W, TH, F | 5 | Yes | 0 | 3 | 1 | 2 |
| 13 | Span - Middle/High | North | M, T, W, TH, F | 5 | Yes | 0 | 8 | 7 | 1 |
| 14 | Elementary | North | M, T, W, TH, F | 5 | Yes | 0 | 2 | 1 | 1 |
| 15 | High | North | M, T, W, TH, F | 5 | No | 0 | 5 | 1 | 4 |
| 16 | Continuation | North | M, T, W, TH, F | 5 | No | 0 | 2 | 1 | 1 |
| 17 | Elementary | South | W, TH | 2 | No | 0 | 4 | 3 | 1 |
| 18 | High | South | M, T, W, TH | 4 | No | 6 | 1 | 0 | 1 |
| 19 | Span - Middle/High | South | M, T, W, TH, F | 5 | Yes | 0 | 6 | 0 | 6 |
| 20 | High | South | M, T, W, F | 4 | Yes | 6 | 11 | 3 | 8 |
| 21 | Span - Elementary/Middle | South | M, T, W, TH, F | 5 | Yes | 0 | 6 | 4 | 2 |
| 22 | Middle | South | M, T, W, TH, F | 5 | Yes | 4 | 5 | 1 | 4 |
| 23 | Middle | South | M, T, W, TH, F | 5 | Yes | 0 | 6 | 0 | 6 |
| 24 | Middle | West | M, T, W, TH, F | 5 | Yes | 0 | 9 | 8 | 1 |
| 25 | High | West | M, T, W, TH, F | 5 | Yes | 29 | 1 | 0 | 1 |
| 26 | High | West | W, TH | 2 | Yes | 0 | 3 | 0 | 3 |
| 27 | Span - Middle/High | West | M, T, W, TH, F | 5 | Yes | 9 | 10 | 0 | 10 |
| 28 | Elementary | West | T, W | 2 | Yes | 0 | 1 | 0 | 0 |
| 29 | Elementary | West | M, T, W, TH, F | 5 | No | 0 | 4 | 0 | 4 |
| 30 | High | West | M, T, W, TH, F | 5 | Yes | 0 | 11 | 10 | 1 |
| Total | | | | | | 95 | 174 | 66 | 108 |

* M - Monday, T - Tuesday, W - Wednesday, TH - Thursday and F - Friday.

To verify whether the school staff who administered Naloxone to students during the school year 2023-2024 as of March 31, 2024, had completed the required virtual and in-person training, we obtained and reviewed (i) the Naloxone Administration Report dated April 4, 2024, from the Division of School Operations, documenting instances where Naloxone was administered to students and (ii) the training reports/logs. The OIG found the following:

1. In 11 (39%) of 28 instances, the school staff did not complete the required virtual Naloxone training prior to administering Naloxone.
2. In one (4%) of the 28 instances, two doses of Naloxone were administered to one student, but the school staff who administered the second dose had not completed the required virtual training.
3. In three (11%) of the 28 instances, the school staff who administered Naloxone completed the virtual training but did not receive the required in-person supplemental training from the school nurse.

In all instances, the school indicated that it called 9-1-1 (EMS) and contacted the student's parent or legal guardian. The student was transported to a hospital or medical facility, cleared by EMS, or the parents decided to take the student home.

During our school visits, some school principals and nurses stated they did not ensure volunteers had completed the required training or thought they had completed it. Some school nurses stated that they provided the in-person supplemental training but did not make sure the volunteers completed the virtual training or did not ask for a copy of the certificate of completion to maintain on file.

Observation No. 4 - Some schools did not complete the Naloxone Administration Report that must be sent to the Office of the General Counsel.

District BUL-133120 and BUL-133120.1 require schools to complete a Report of Naloxone Administration (Report) when Naloxone is used or administered to a person and send it to the Office of the General Counsel (OGC).

We obtained a report of Naloxone administration dated April 4, 2024, from the Division of School Operations, which was a compilation of all completed Naloxone Administration Reports (Report). A District Nursing Services Analyst provided documentation to determine whether a Report was completed, kept on file, and sent to OGC. A total of 77 Naloxone usages were listed in the report of Naloxone administration dated April 4, 2024, during 63 incidents involving 66 students between October 26, 2022, and March 31, 2024.

According to the Director of District Nursing Services, schools must complete a report for each student who received Naloxone and send it to an Analyst in the District Nursing Services. The Analyst reviews the Report for completeness and emails it to OGC.

Our review found 37 completed reports sent to the District Nursing Services Analyst and emailed by the Analyst to OGC. We did not find a report for 29 (44%) of 66 students who received Naloxone from October 26, 2022, to March 31, 2024.

However, in a report of Naloxone administration provided by the District's Division of School Operations, Naloxone was administered to students 28 times from July 1, 2023, to March 31, 2024. We reviewed the documentation for all 28 Naloxone administrations from July 1, 2023, to March 31, 2024, and found that the schools followed emergency procedures.

Table 6 below summarizes the test results related to the naloxone administration report.

Table 6
Report of Naloxone Administration
October 26, 2022 to March 31, 2024

| School Type | No. of Schools | No. of Reported Incidents | No. of Students Involved | No. of Naloxone Administration | No. of Completed Reports of Naloxone Administration | No. of Reports of Naloxone Administration That Were Not Completed |
|--------------------|----------------|---------------------------|--------------------------|--------------------------------|---|---|
| Continuation | 4 | 6 | 6 | 7 | 1 | 5 |
| Elementary | 2 | 2 | 2 | 3 | 2 | 0 |
| Middle | 12 | 12 | 15 | 16 | 10 | 5 |
| Span - Middle/High | 3 | 3 | 3 | 3 | 2 | 1 |
| High | 27 | 38 | 38 | 46 | 21 | 17 |
| Community | 1 | 2 | 2 | 2 | 1 | 1 |
| Total | 49 | 63 | 66 | 77 | 37 | 29 |

The Reports were not completed for the following reasons:

1. District Nursing Services does not have a process in place to ensure reports are completed for all Naloxone administrations and sent to the Analyst.
2. Although school administrators are primarily responsible for reporting the administration of Naloxone, oftentimes they rely on the school nurses to report it. However, miscommunication or misunderstanding of who is responsible for completing the report may exist. For example, a school principal stated that the school experienced a high turnover of various nurses throughout the school year. The school principal could not find a completed report and thought the nurses were responsible for completing it. The current assigned school nurse also could not find any completed report.
3. At another school, the nurse (who was a volunteer) did not know that they were required to complete a report.

We also noted that BUL-133120 and BUL-133120.1 did not specify when a report needs to be completed, sent to an Analyst with the District Nursing Services, and emailed to OGC.

Other Observations:

During our visit to the 30 schools, we reviewed the Naloxone-related documents maintained at the schools for compliance with certain requirements specified in BUL-133120 and BUL-133120.1. The OIG found non-compliance with some requirements related to the annual notices to all school staff, Naloxone Volunteer Notifications, Naloxone Emergency Response Site Plans, the Naloxone Monthly Checklist, and the maintenance of Naloxone-related documents.

Observation No. 5 - Not all schools sent annual notices to staff requesting volunteers.

District BUL-133120 and BUL-133120.1 require schools to distribute an annual notice to all staff, requesting volunteers who will be trained (Request for Volunteers to Administer Naloxone to Persons with Suspected Opioid Overdose). The annual notices must be maintained by the schools.

During our visit, we requested and reviewed the schools' annual notices to staff to determine whether a notice was sent annually. Our review found that 27 (90%) of the 30 schools could not provide evidence that they sent the annual notice to all staff for fiscal year 2022-2023 while 16

(53%) of the 30 schools could not provide evidence that they sent the annual notice to all staff for fiscal year 2023-2024. According to some administrators and nurses, a notice was not sent, but volunteers were solicited during an in-person staff meeting. Some nurses also stated that there was little support from the school administrator, and the nurse would ask some school staff members to volunteer.

Observation No. 6 - Not all schools provided the volunteers with the Naloxone Volunteer Notification.

District BUL-133120 and BUL-133120.1 require schools to provide each volunteer with a notification letter (Naloxone Volunteer Notification), advising them that the District will defend and indemnify them for any and all civil liability that may arise from their actions during their service as volunteers. The Naloxone Volunteer Notifications are required to be maintained by the schools.

During our visit, we requested and reviewed the Naloxone Volunteer Notifications to determine whether a notification was provided to all volunteers. Our review found that 14 (47%) of the 30 schools did not provide the Naloxone Volunteer Notification to 41 (24%) of the 174 volunteers for the fiscal year 2023-2024. According to some nurses, a copy of the notification was provided to the volunteers, but they have not signed or returned it to the nurse. The school nurses also stated that some volunteers did not want to sign the notification or that the school did not provide the notification to the volunteers.

Observation No. 7 - Not all schools completed the Naloxone Emergency Response Site Plan.

District BUL-133120 and BUL-133120.1 require schools to complete and maintain a Naloxone Emergency Response Site Plan, which is updated annually. The plan documents the school's emergency response procedures, the location of the Naloxone kits, and who has access to the kits. The schools are also required to list the designated volunteers in the school's Naloxone Emergency Response Site Plan.

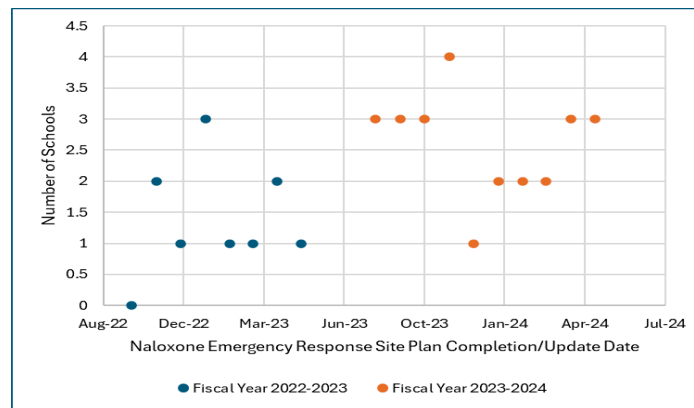
During our visits, we requested and reviewed the schools' Naloxone Emergency Response Site Plan to determine whether a plan was completed and updated annually. Our review found the following:

1. One (3%) of the 30 schools (an elementary school), did not complete a Naloxone Emergency Response Site Plan at all because the school deemed the risk of opioid overdose to be low.
2. One (3%) of the 30 schools (a high school), did not complete a Naloxone Emergency Response Site Plan.
3. One (3%) of the 30 schools (a high school), had not updated its Naloxone Emergency Response Site Plan since November 16, 2022.
4. 13 (43%) of the 30 schools did not complete the Naloxone Emergency Response Site Plan for fiscal year 2022-2023. These schools completed the Emergency Response Site Plan during the fiscal year 2023-2024 and had designated volunteers.
5. Five (17%) of the 30 schools (two elementary, one middle, one span – elementary/middle, and one high school) completed the Naloxone Emergency Response Site Plan in April and May 2024.

According to some school nurses, the school administrators provided little support, the school staff hesitated to volunteer, and the annual notice to all staff requesting volunteers was not sent. At some schools, the Naloxone Emergency Response Site Plans were completed because the OIG reached out to schedule the visit, and the Naloxone Emergency Response Site Plans were completed throughout the school year rather than at the beginning, creating a potential gap in coverage. Unlike the schools' Integrated Safe School Plan (ISSP),¹⁶ the schools' Naloxone Emergency Response Site Plans are manually completed on paper. BUL-133120.1 does not stipulate a specific date or deadline for completing the Naloxone Emergency Response Site Plan.

Chart 2 below illustrates the date the 30 schools completed and updated the Naloxone Emergency Response Site Plan during the fiscal years 2022-2023 and 2023-2024.

Chart 2
Naloxone Emergency Response Site Plans
Fiscal Years 2022-2023 and 2023-2024



Observation No. 8 - Not all schools completed the required Monthly Checklist.

District BUL-133120 and BUL-133120.1 require schools to:

1. Visually inspect the Naloxone kits monthly for package tampering, expiration date, and proper storage.
2. Complete and maintain a monthly checklist documenting the number and location of kits, the inspection, any issues with the kits, and any Naloxone usage.

During our visits, we requested and reviewed the schools' Monthly Checklists to determine whether the schools completed a checklist and inspected the Naloxone kits monthly. Our review found that six (20%) of the 30 schools did not complete the required checklist during our review period, and two (7%) of the 30 schools completed the checklist during the school year 2022-2023 but did not

¹⁶ California public schools are required to prepare school safety plans relevant to the needs and resources of the school, addressing violence prevention, child abuse reporting procedures, and emergency preparedness, as well as assessing the status of crime on campus and at school-related functions. The schools use the District ISSP online system, which standardizes the plans across all schools. ISSP also guides the preparation of annual updates, and schools can customize the plan template to meet their needs.

have one for the school year 2023-2024. Therefore, we could not determine whether the Naloxone kits were inspected monthly.

In addition, none of the schools completed the Monthly Checklist during summer break, between the end of the school year and the beginning of the following school year. According to District Nursing Services, the Naloxone kits are not inspected during the summer. However, our inspection of the kits at the schools found that most of them expire in June or July 2025.

We also found that 19 (63%) of the 30 schools did not document the number of kits on the Monthly Checklist. Some school nurses stated that they started completing the Monthly Checklist after the OIG contacted the school to schedule our visit and that the school administrator provided little support in implementing the requirements specified in the bulletins. Unlike the process for automated external defibrillators, which is completed electronically through a third-party vendor, the Monthly Checklist is manually completed on paper.

Observation No. 9 - Not all schools maintained the required Naloxone-related documentation.

District BUL-133120 and BUL-133120.1 require schools to maintain Naloxone-related documentation and restock Naloxone kits immediately but not later than two weeks after they have been used and before they expire.

Naloxone-related documentation includes, but is not limited to:

1. Information regarding the acquisition of the kits.
2. The Reports of Naloxone Administration (see Observation No. 4).
3. The school's annual Request for Volunteers to Administer Naloxone to Persons with Suspected Opioid Overdose (see Observation No. 5).
4. The completed and signed Naloxone Volunteer Notifications for each volunteer (see Observation No. 6).
5. The school's Naloxone Emergency Response Site Plan (see Observation No. 7).
6. The completed school's Monthly Checklist (see Observation No. 8).
7. Naloxone training certificate of completion and sign-in logs.
8. Naloxone-related training standards.
9. Naloxone skill sheet used and completed by the school nurses during the supplemental in-person training.

During our visits, we requested all Naloxone-related documentation to determine whether kits were maintained on-site. Our review found the following:

1. The schools do not maintain or document when they order or acquire Naloxone kits, so we could not determine whether kit(s) used by 12 (40%) of the 30 schools were restocked.
2. District Nursing Services started tracking the number of Naloxone kits delivered to the regional nursing offices in the fiscal year 2023-2024 but does not track the number of kits sent to and maintained by the schools.
3. The schools did not maintain the virtual Naloxone training certificate of completion on file for 50 (29%) of the 174 designated volunteers.

4. One (3%) of the 30 schools selected for review did not maintain the in-person supplemental training sign-in log on file.
5. Two (7%) of the 30 schools selected for review did not maintain the training standards written materials on file.
6. A skill sheet used to test volunteers during the supplemental training was not kept on file for 64 (37%) of the 174 designated volunteers.

Recommendations

The Office of the Chief Medical Director and District Nursing should:

Naloxone Kits

Recommendation No. 1 – Coordinate with school administrators to ensure sufficient Naloxone kits are available and accessible during regular school schedules and hours, and coordinate with the Division of Instruction for the availability and accessibility of Naloxone kits outside the regular school schedules and hours.

Management Response to Recommendation No. 1

The Chief Medical Director and District Nursing partially agree with the recommendation. Although they stated that it is the discretion of the school site administration to determine the locations of the Naloxone kits, they agreed with the need for accessible Naloxone kits, and committed to remind school nurses to work with their school administrators to facilitate the kits being placed in accessible areas. Management also agreed to coordinate with School Operations to potentially include kit accessibility in the Administrator Certification process, and to extend training to after-school staff across schools.

Implementation date: September 2025.

OIG's Response

The District's response showed alignment with the intent of the recommendation, and the OIG acknowledges that the planned actions will increase the probability that naloxone kits will be available and accessible when needed. However, management left the decision about the number of kits at a school, and kit accessibility, largely to individual school administrators, which may result in inconsistent practices across campuses, as seen in the results of this audit. For example, there were three schools where only one naloxone kit was available, and eight schools stored naloxone in a single location throughout the school. The original recommendation would improve safety, especially for students participating in after-school programs when nursing staff may be unavailable. It would also potentially decrease legal liability, as ensuring timely Naloxone could mitigate potential harm and legal consequences resulting from delayed overdose response. Therefore, although OIG understands there are logistical or operational constraints, it strongly recommends that the original recommendation is fully implemented.

Volunteers

Recommendation No. 2 - Coordinate with the Division of Instruction and District Operations to more effectively and efficiently recruit volunteers.

Management Response to Recommendation No. 2

The Chief Medical Director and District Nursing partially agree with our recommendation and will work on recruiting more volunteers while complying with state laws and Labor Relations recommendations. Per California Education Code Section 49414.3, volunteers must come forward willingly.

Implementation date: October 2025.

Training

Recommendation No. 3 - Provide opioid awareness and the use of Naloxone along with other required annual training, such as the Annual Bloodborne Pathogens training, via MyPLN.

Management Response to Recommendation No. 3

The Chief Medical Director and District Nursing did not agree to make Naloxone training part of the required annual training for all staff, even though they agreed with the idea of continued access to opioid awareness and training via MyPLN. Management stated that volunteers may sign up to be trained and administer Naloxone according to the Education Code. Management indicated that it will continue promoting training through voluntary channels and expects to maintain this approach for the 2025-2026 school year.

OIG's Response

OIG's recommendation focused on the District providing opioid *awareness* training, which would include awareness that Naloxone is an effective, easy to administer opioid antagonist. Awareness training may also promote voluntary participation as a designated volunteer once employees understand that administration is comparable to that of nasal spray and has been proven to save lives.

The recommendation was not focused on training for the *administration* of Naloxone - which OIG agrees cannot be mandated to all employees. Therefore, the OIG reiterates the original recommendation and strongly encourages management to provide *awareness* training for all employees. This will improve safety by expanding the baseline knowledge of opioid overdose symptoms and appropriate response to all staff, and demonstrate that the district is willing to provide broad educational efforts around overdose prevention and response, even if actual administration is limited to volunteers. Also, raising awareness through required training could enhance the overall emergency preparedness of the workforce without violating legal constraints.

Recommendation No. 4 - Coordinate with school administrators to ensure that designated volunteers complete the required training before being included as designated volunteers in the Naloxone Emergency Response Site Plan.

Management Response to Recommendation No. 4

The Chief Medical Director and District Nursing disagree with our recommendation and stated that the current policy does not require the Naloxone Administration Report to reflect the completion of volunteer training.

OIG's Response

The OIG is not recommending that mandated training be included in the Naloxone Administration Report. Rather, we recommended that the Chief Medical Director and District Nursing collaborate with school site administration to ensure that designated volunteers complete the Naloxone administration training in accordance with policy requirements.

Recommendation No. 5 - Ensure school nurses receive training from a Nursing Administrator prior to providing training to designated volunteers.

Management Response to Recommendation No. 5

The Chief Medical Director and District Nursing disagree with our recommendation and stated that the recommendation is already being done. All school nurses and licensed vocational nurses are receiving training.

OIG's Response

The OIG acknowledges that District Nursing offers in-person Naloxone training to school nurses. However, the review identified six nurses who did not receive this training. We reiterate the need for District Nursing to ensure that all school nurses complete the required training before providing supplemental training to designated volunteers, in alignment with policy requirements.

Recommendation No. 6 - Remind school administrators to (i) provide the annual notice to staff requesting volunteers to administer Naloxone, (ii) provide volunteers with the Naloxone Volunteer Notification, (iii) complete the Naloxone Emergency Response Site Plan, including updates for significant changes, (iv) complete the Monthly Checklist, and (v) maintain all required Naloxone-related documentation on file.

Management Response to Recommendation No. 6

The Chief Medical Director and District Nursing agree with our recommendation. Site Administrators will receive training at the Principals Learning Institute (PLI) on July 24, 2025, as well as at the Regional Principal meetings in September 2025.

Implementation date: September 2025.

Naloxone Emergency Response Site Plan

Recommendation No. 7 - Consider requiring schools to complete the Naloxone Emergency Response Site Plan by a specific date at the beginning of the school year and at the beginning of summer schools (as applicable) and update it throughout the year for significant changes.

Management Response to Recommendation No. 7

The Chief Medical Director and District Nursing agree with our recommendation. Nursing Services will work with School Operations to ensure the Naloxone Emergency Response Site Plan is completed at the specified times during the school year.

Implementation date: October 2025.

Recommendation No. 8 - Integrate the Naloxone Emergency Response Site Plan with the District's ISSP system to ensure completion of the Emergency Response Site Plan.

Management Response to Recommendation No. 8

The Chief Medical Director and District Nursing partially agree with our recommendation, indicating that ISSP will include a link to the Naloxone Bulletin and Emergency Response Site Plan.

Implementation date: October 2025.

OIG's Response

Management's response implied disagreement with the recommended integration, and it appears that the manual process to complete the Naloxone Emergency Site Plan will continue. This approach has already led to inconsistencies and non-compliance, as identified in this audit. OIG strongly encourages full implementation of the original recommendation, which would (i) improve efficiency through automation and consolidation, (ii) ensure all schools have timely and consistent emergency plans for opioid-related incidents, and (iii) potentially support quicker, coordinated responses.

Report of Naloxone Administration

Recommendation No. 9 - Define who is responsible for completing the Report of Naloxone Administration in the Naloxone bulletin.

Management Response to Recommendation No. 9

The Chief Medical Director and District Nursing agree with our recommendation and will define who is responsible for completing the Report of Naloxone Administration in the next iteration of the Naloxone Bulletin.

Implementation date: December 2025.

Recommendation No. 10 - Identify instances of Naloxone administration that were not reported to the Office of the General Counsel via the District Operations Report of Naloxone Administration to ensure that every incident is reported.

Management Response to Recommendation No. 10

The Chief Medical Director and District Nursing disagreed with the recommendation and stated that the current policy requires the Naloxone Administration Report to be maintained by the school site administration, and it is not required to be sent to the Office of the General Counsel.

OIG's Response

Bulletin 133120.1, Administration of Naloxone Nasal Spray, sections I-H and II-A.7 and II-B.7¹⁷ states, "the Report of Naloxone Administration is a confidential report for use by Los Angeles Unified School District attorneys and the Office of Risk Management." Furthermore, the report itself instructs that it be faxed to District Nursing for distribution to authorized District representatives¹⁸ – which would include the Office of the General Counsel. The OIG found that 44% of Naloxone administrations involving students lacked corresponding reports.

¹⁸ [Report of Naloxone Administration](#)

Monthly Checklist

Recommendation No. 11 - Collaborate with the Division of Instruction to determine the feasibility of completing the Monthly Checklist year-round.

Management Response to Recommendation No. 11

The Chief Medical Director and District Nursing agree with our recommendation and will consult with the Division of Instruction regarding instructional programs during the summer and winter breaks to ensure appropriate training and compliance with completing the Monthly Checklist.

Implementation date: To be determined.

School Administrator Certification

Recommendation No. 12 - Require school administrators to certify they complied with the requirements stated in BUL-133120.1, including the following requirements: (i) volunteer training, (ii) completion/submission of the Report of Naloxone Administration to the General Counsel and the Office of Risk Management via the Report of Naloxone Administration (iii) issuance of annual notices requesting volunteers, (iv) provision of the Naloxone Volunteer Notification to volunteers, (v) completion of the Naloxone Emergency Response Site Plan, (vi) completion of the Monthly Checklist, and (vii) adherence to maintenance and record-keeping requirements related to Naloxone documentation.

Management Response to Recommendation No. 12

The Chief Medical Director and District Nursing agreed with our recommendation to include the requirements in the Administrator Certification.

Nursing Services staff and school administrators will be reminded that all documents must be completed, filed, and kept for a minimum of seven (7) years.

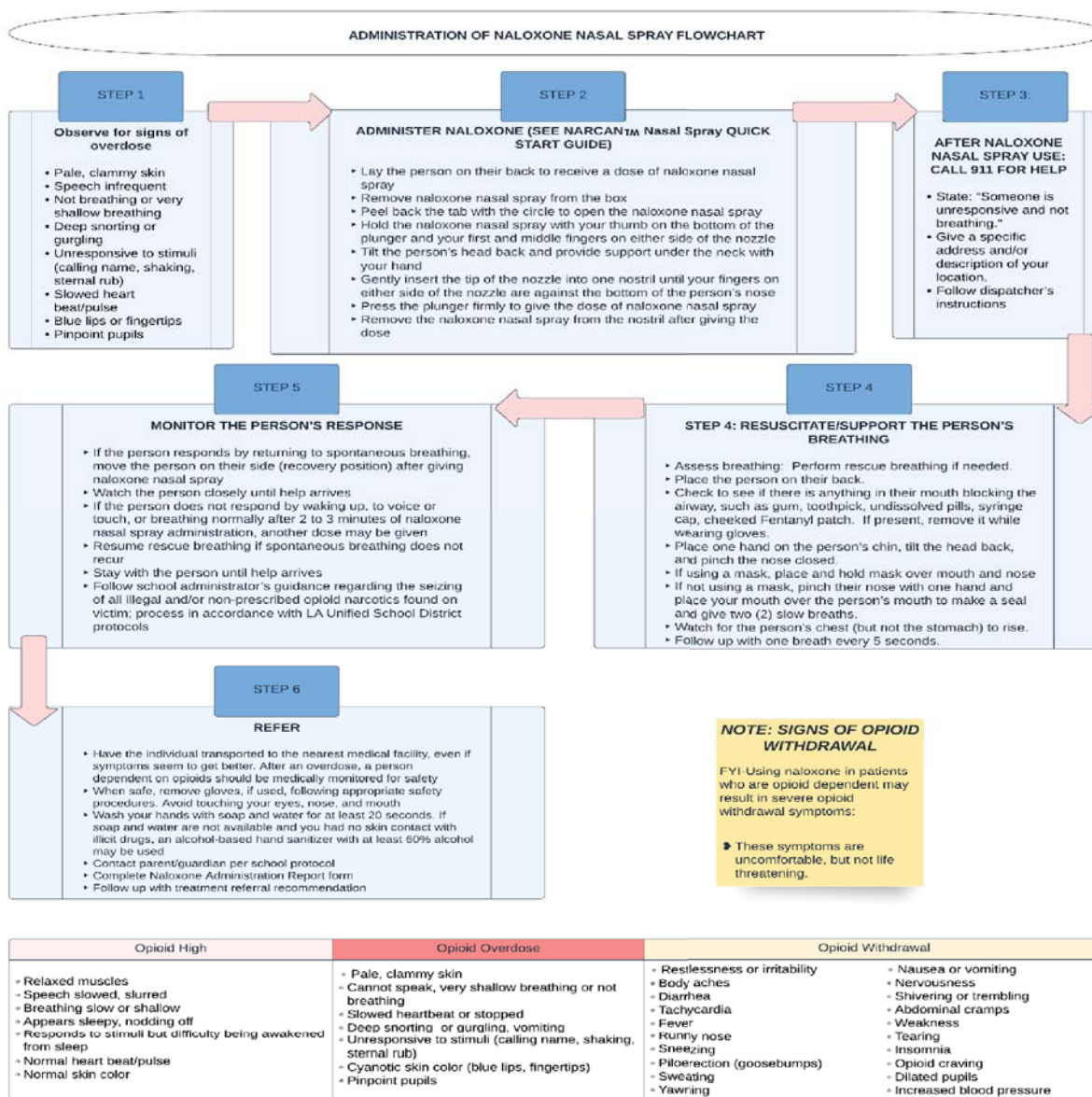
Implementation date – March 2026.

REVIEW TEAM

This review was conducted by the Office of the Inspector General's Audit Unit team:

Maria Thomas, Audit Manager
Armando Ng, Principal Auditor
Damon Melfi, Senior Auditor

ADMINISTRATION OF NALOXONE NASAL SPRAY FLOWCHART



Source: Bulletin 133120.1 – Administration of Naloxone Nasal Spray, Appendix A¹⁹

¹⁹ BUL-133120.1 - Administration of Naloxone Nasal Spray.

SCHOOL DESCRIPTION AND NALOXONE-RELATED INFORMATION BY SCHOOL

| School Information | | | | | | School Nurse Work Schedule | | Before/After/Summer School Programs | | | Emergency Response Site Plan and Number of Volunteers | | | | Volunteer Training | | Supply of Naloxone Kits And Their Location(s) | | | | | | | | | | |
|--------------------|--------------------------|------------|---|--------------------------------------|---|--------------------------------------|------------------------------------|---------------------------------------|---|---|---|---|-----------------------------|-----------------------------|--|---|---|-------------------------|---------------|-------------|------------------------------|-----------------------|--|------------------------|--------------------------|------------------|---|
| Sample No. | School Type | Region | Student Equity Needs Index (SENI) 2023-2024 | Unduplicated Student Count 2023-2024 | No. of Naloxone Kits Administered As of 3/31/2024 | School Nurse Assigned Work Schedule* | No. of Days Assigned To The School | Before/After School Program 2023-2024 | Summer School / Enrichment Program 2023 | Summer School / Enrichment Program 2024 | Emergency Response Site Plan Date 2022-2023 | Emergency Response Site Plan Date 2023-2024 | No. of Volunteers 2022-2023 | No. of Volunteers 2023-2024 | No. of Volunteers That Did Not Complete Training As Of 3/31/2024 | No. of Volunteers That Completed Training As Of 3/31/2024 | Total Supply Of Naloxone Kits | No. of School Locations | Health Office | Main Office | Cafeteria / Staff Lunch Room | Classrooms / Teachers | Gymnasium / Girl's / Boy's Physical Education Office | Beyond The Bell Office | Special Education Office | School Principal | Other School Staff / Offices / Facilities** |
| 1 | Middle | East | Highest | 815 | 0 | M, T, W, TH | 4 | Yes | Yes | Yes | 1/31/2023 | 11/1/2023 | 14 | 11 | 4 | 7 | 6 | 3 | 2 | 2 | | | 2 | | | | |
| 2 | Span - Elementary/Middle | East | Low | 1165 | 0 | M, T, W, TH | 4 | Yes | Yes | Yes | Not Completed | 10/3/2023 | 0 | 3 | 0 | 3 | 12 | 6 | 2 | | 2 | 2 | 2 | 2 | 2 | | |
| 3 | | High | East | Moderate | 439 | 4 | T, W | 2 | Yes | Yes | No | Not Completed | 2/1/2024 | 0 | 24 | 1 | 23 | 48 | 18 | 21 | 2 | | 13 | 3 | | | 9 |
| 4 | Middle | East | Highest | 692 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes | 2/28/2023 | 1/30/2024 | 4 | 4 | 2 | 2 | 6 | 4 | 3 | 1 | | | 1 | | | 1 | |
| 5 | Elementary | East | Highest | 520 | 0 | M, T, W | 3 | Yes | No | Yes | Not Completed | 9/13/2023 | 0 | 3 | 1 | 2 | 4 | 2 | 2 | | 2 | | | | | | |
| 6 | Elementary | East | Moderate | 439 | 0 | M, T, W | 3 | Yes | No | Yes | 12/7/2022 | 8/28/2023 | 4 | 3 | 0 | 3 | 4 | 1 | 4 | | | | | | | | |
| 7 | High | East | Moderate | 2025 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes | 11/16/2022 | 11/1/2023 | 10 | 6 | 5 | 1 | 4 | 4 | 1 | | | 1 | 2 | | | | |
| 8 | High | East | High | 1640 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes | 4/20/2023 | 4/25/2024 | 2 | 4 | 0 | 4 | 8 | 4 | 2 | 1 | 1 | | | | | | |
| 9 | Middle | North | High | 694 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes | Not Completed | 8/1/2023 | 0 | 5 | 4 | 1 | 6 | 3 | 2 | | | | | | | | |
| 10 | Span - Elementary/Middle | North | Moderate | 1195 | 0 | M, W, TH, F | 4 | Yes | No | No | Not Completed | 5/1/2024 | 0 | 9 | 8 | 1 | 20 | 8 | 2 | 4 | | 2 | 4 | 2 | | 6 | |
| 11 | | Middle | North | High | 1118 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes | 1/10/2023 | 11/7/2023 | 7 | 4 | 0 | 4 | 6 | 3 | 2 | 2 | | | 2 | | | |
| 12 | Elementary | North | Lowest | 196 | 0 | M, T, W, TH, F | 5 | Yes | No | Yes | Not Completed | 10/11/2023 | 0 | 3 | 1 | 2 | 2 | 1 | 2 | | | | | | | | |
| 13 | Span - Middle/High | North | High | 1208 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes | Not Completed | 12/14/2023 | 0 | 8 | 7 | 1 | 12 | 5 | 4 | 2 | | | 4 | 2 | | | |
| 14 | | Elementary | North | High | 405 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes | Not Completed | 4/30/2024 | 0 | 2 | 1 | 1 | 4 | 1 | 4 | | | | | | 2 | |
| 15 | High | North | High | 1813 | 5 | M, T, W, TH, F | 5 | Yes | Yes | Yes | Not Completed | 8/20/2023 | 0 | 5 | 1 | 4 | 8 | 4 | 2 | | | 2 | 4 | | | | |
| 16 | Continuation | North | Options | 67 | 2 | M, T, W, TH, F | 5 | No | No | No | Not Completed | 9/1/2023 | 0 | 2 | 1 | 1 | 4 | 1 | | 4 | | | | | | | |
| 17 | Elementary | South | Highest | 601 | 0 | W, TH | 2 | Yes | Yes | Yes | Not Completed | 5/3/2024 | 0 | 4 | 3 | 1 | 2 | 1 | 2 | | | | | | | | |
| 18 | High | South | Low | 1134 | 1 | M, T, W, TH | 4 | Yes | Yes | Yes | 11/16/2022 | Not Updated | 6 | 1 | 0 | 1 | 4 | 1 | 4 | | | | | | | | |
| 19 | Span - Middle/High | South | High | 1177 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes | Not Completed | 9/18/2023 | 0 | 6 | 0 | 6 | 7 | 3 | 3 | | | | 2 | | | 2 | |
| 20 | | High | South | Moderate | 2207 | 0 | M, T, W, F | 4 | Yes | Yes | Yes | 3/30/2023 | 2/22/2024 | 6 | 11 | 3 | 8 | 8 | 4 | 2 | 2 | | | 2 | | | 2 |
| 21 | Span - Elementary/Middle | South | Highest | 639 | 0 | M, T, W, TH, F | 5 | Yes | Yes | Yes | Not Completed | 5/24/2023 | 0 | 6 | 4 | 2 | 10 | 5 | 2 | 2 | 2 | 2 | | | | | 2 |
| 22 | | Middle | South | Low | 991 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes | 1/30/2023 | 1/16/2024 | 4 | 5 | 1 | 4 | 6 | 3 | 2 | 2 | | | 2 | | | |
| 23 | Middle | South | Moderate | 991 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes | Not Completed | 11/6/2023 | 0 | 6 | 0 | 6 | 6 | 3 | | 2 | | | | | | | |
| 24 | Middle | West | Lowest | 1059 | 0 | M, T, W, TH, F | 5 | Yes | No | No | Not Completed | 5/7/2024 | 0 | 9 | 8 | 1 | 6 | 3 | 2 | 2 | | | | | | | |
| 25 | High | West | Low | 1546 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes | Not Completed | Not Completed | 29 | 1 | 0 | 1 | 10 | 5 | 2 | 2 | 2 | | | | | 2 | |
| 26 | High | West | Moderate | 915 | 1 | W, TH | 2 | Yes | Yes | Yes | Not Completed | 10/2/2023 | 0 | 3 | 0 | 3 | 8 | 4 | 2 | 2 | | | | | | | 2 |
| 27 | Span - Middle/High | West | Lowest | 1137 | 0 | M, T, W, TH, F | 5 | Yes | No | Yes | 4/18/2023 | 3/4/2024 | 9 | 10 | 0 | 10 | 6 | 3 | 2 | 2 | | | | | | | |
| 28 | | Elementary | West | Lowest | 97 | 0 | T, W | 2 | Yes | No | Yes | Not Completed | Not Completed | 0 | 1 | 1 | 0 | 2 | 1 | | 2 | | | | | | |
| 29 | Elementary | West | Lowest | 88 | 0 | M, T, W, TH, F | 5 | Yes | No | Yes | Not Completed | 3/9/2024 | 0 | 4 | 0 | 4 | 2 | 1 | 2 | | | | | | | | |
| 30 | High | West | Low | 957 | 1 | M, T, W, TH, F | 5 | Yes | Yes | Yes | Not Completed | 4/1/2024 | 0 | 11 | 10 | 1 | 12 | 5 | 4 | 2 | | | 2 | | | | 4 |
| Total | | | | | | | | | | | | | 95 | 174 | 66 | 108 | 243 | 110 | 84 | 38 | 9 | 20 | 54 | 2 | 6 | 1 | 29 |

* M - Monday, T - Tuesday, W - Wednesday, TH - Thursday and F - Friday.

** Other school staff, offices, and facilities included the plant manager, the auditorium, the parent and student support center, the dean's office, the office of accommodation, the community room and the facility staff restroom.

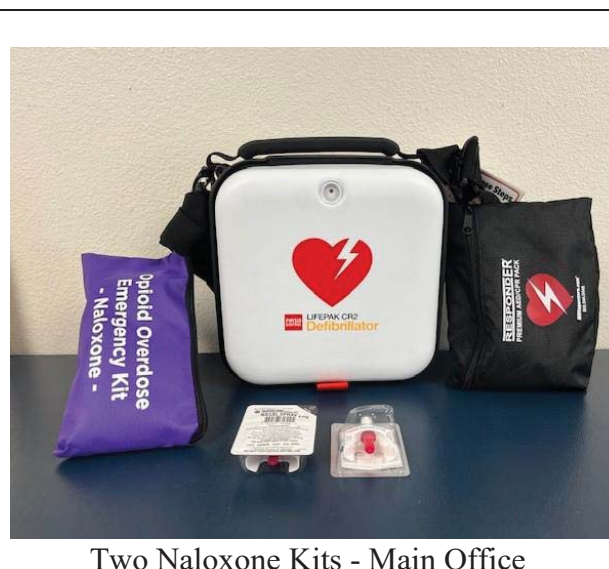
NALOXONE SPRAY



SCHOOL SITE PHOTOS OF NALOXONE KITS



Two Naloxone Kits - Health Office



Two Naloxone Kits - Main Office



Two Naloxone Kits - Gymnasium




One Naloxone Kit - Cafeteria

Responses From the Chief Medical Director and District Nursing

INTER-OFFICE CORRESPONDENCE
Los Angeles Unified School District
Medical Services Division

TO: Sue Stengel, Inspector General
Office of the Inspector General
Date: 6/30/2025

FROM: Smita Malhotra, MD, Chief Medical Director 
Medical Services Division

**SUBJECT: UPDATED RESPONSE TO DRAFT AUDIT OF DRUG ABUSE
MANAGEMENT AND DISTRICT RESPONSE – NALOXONE KITS**

Observation No. 1 - All the schools had a supply of Naloxone kits available to use. Some schools did not keep the kits in a location that was readily accessible at all times.

Naloxone Kits Recommendation No. 1 – Coordinate with school administrators to ensure sufficient Naloxone kits are available and accessible during regular school schedules and hours and coordinate with the Division of Instruction for the availability and accessibility of Naloxone kits outside the regular school schedules and hours.

RESPONSE: Given that each school has an adequate and appropriate supply of kits, it is at the discretion of school site administration to determine from time to time the best practices for locations on campus for accessibility. To the degree each unique school site may consider moving the location of a kit for accessibility purposes, we will also need to work with School Operations on this by perhaps including it in the Administrator Certification. School Nurses will be reminded to work with their administrator to facilitate the kits are placed in accessible areas. We have already worked with Beyond the Bell (BTB) from DOI to train designated staff by them. The implementation date will be September 2025.

Observation No. 2 - All schools had a full-time or part-time nurse available to administer Naloxone; however, not all schools had additional designated volunteers to administer Naloxone throughout the year in the event of an opioid overdose.

Volunteers Recommendation No. 2 - Coordinate with the Division of Instruction and District Operations to more effectively and efficiently recruit volunteers.

RESPONSE: Volunteers must come forward willingly to be trained per the California Education Code Section 49414.3. Per the Education Code, no employee may be compelled to volunteer. Further, no incentive or other reward may be given to recruit volunteers. We will work on trying to recruit more volunteers while abiding by state laws and Labor Relations recommendations with an implementation date of October 2025.

Observation No. 3 - Not all volunteers received or completed the required training to identify potential opioid overdose and administer Naloxone.

Training Recommendation No. 3 - Provide opioid awareness and the use of Naloxone along with other required annual training, such as the Annual Bloodborne Pathogens training, via MyPLN.

RESPONSE: While the Annual Bloodborne Pathogen (BBP) training is a requirement by CalOSHA and the Code of Federal Regulations (29 CFR 1910.1030). Per Education Code volunteers may sign up to be trained and administer Narcan. There is currently a MyPLN training course available for any employee who is interested in registering for it. They receive a certificate of completion once they have completed online training. We will continue to follow the processes we use to seek volunteers. The expected implementation date is ongoing throughout the 2025-2026 school year as additional volunteers' express interest in being trained.

Observation No. 4 - Some schools did not complete the Naloxone Administration Report that must be sent to the Office of the General Counsel.

Recommendation No. 4 - Coordinate with school administrators to ensure that designated volunteers complete the required training before being included as designated volunteers in the Naloxone Emergency Response Site Plan.

RESPONSE: The Naloxone Administration Report is to be maintained by the school site administrator. BUL-133120, Sec. II.A.7. The report is referred to as Attachment G to the Bulletin. The Report is to be maintained by the school site administration and is not to be distributed without the authorization of the Office of the General Counsel. The Naloxone Emergency Response Site Plan is to be completed by the school site administrator, which includes designated volunteer staff. Administrators will receive information at the Principals Learning Institute (PLI) on July 24, 2025. Follow-up training will be offered at the monthly Regional Principal meeting in September 2025.

Observation No. 5 - Not all schools sent annual notices to staff requesting volunteers.

Recommendation No. 5 - Ensure school nurses receive training from a Nursing Administrator prior to providing training to designated volunteers.

RESPONSE: Site administrators will receive training on distributing the letter to staff seeking volunteers. Administrators will receive information at the Principals Learning Institute (PLI) on July 24, 2025, as well as at the Regional Principal meetings in September 2025. All School Nurses and Licensed Vocational Nurses (LVNs) are auto-enrolled in the Narcan MyPLN training each fall. Each spring all nurses are required to demonstrate their skills in a variety of procedures which Narcan administration is a part of. All Nursing Administrators are also included. No expected implementation date as this is currently done each year.

Observation No. 6 - Not all schools provided the volunteers with the Naloxone Volunteer Notification.

Recommendation No. 6 - Through email, remind school administrators to (i) provide the annual notice to staff requesting volunteers to administer Naloxone, (ii) provide volunteers with the Naloxone Volunteer Notification, (iii) complete the Naloxone Emergency Response Site Plan, including updates for significant changes, (iv) complete the Monthly Checklist, and (v) maintain all required Naloxone-related documentation on file.

RESPONSE: Site administrators will receive training recommendations at the Principals Learning Institute (PLI) on July 24, 2025, as well as at the Regional Principal meetings in September 2025.

Observation No. 7 - Not all schools completed the Naloxone Emergency Response Site Plan

Naloxone Emergency Response Site Plan Recommendation No. 7 - Consider requiring schools to complete the Naloxone Emergency Response Site Plan by a specific date at the beginning of the school year and at the beginning of summer schools (as applicable) and update it throughout the year for significant changes.

RESPONSE: Nursing Services will collaborate with School Operations to ensure this task is completed at the specified times during the school year. The ISSP will include a link to the Bulletin and the Naloxone Emergency Response Site Plan. The implementation date is October 2025.

Observation No. 8 - Not all schools completed the required Monthly Checklist.

Recommendation No. 8 - Integrate the Naloxone Emergency Response Site Plan with the District's ISSP system to ensure completion of the Emergency Response Site Plan.

RESPONSE: The ISSP will include a link to the Bulletin and the Naloxone Emergency Response Site Plan. The implementation date is October 2025.

Observation No. 9 - Not all schools maintained the required Naloxone-related documentation.

RESPONSE: This will be brought up with all Nursing Services staff and School Administrators as a reminder that all documents must be completed, filed and kept for a minimum of seven (7) years. Implementation date for nurses and school administrators will be September 2025. We will also be training site administrators at the Principals Learning Institute (PLI) on July 24, 2025.

Report of Naloxone Administration Recommendation No. 9 - Define who is responsible for completing the Report of Naloxone Administration in the Naloxone bulletin.

RESPONSE: We will define who is responsible for completing the Report of Naloxone Administration via the next iteration of the Bulletin. The expected implementation date is December 2025.

Recommendation No. 10 - Identify instances of Naloxone administration that were not reported to the Office of the General Counsel via the District Operations Report of Naloxone Administration to ensure that every incident is reported.

RESPONSE: The Naloxone Administration Report is to be maintained by the school site administrator. BUL-133120, Sec. II.A.7. The report is referred to as Attachment G to the Bulletin. The Report is to be maintained by the school site administration and is not to be distributed without the authorization of the Office of the General Counsel. It is not required to be sent to the Office of the General Counsel. This will be ongoing throughout the 2025-2026 school year.

Monthly Checklist Recommendation No. 11 - Collaborate with the Division of Instruction to determine the feasibility of completing the Monthly Checklist year-round.

RESPONSE: We will consult with DOI regarding instructional programs that take place during our summer and winter breaks to ensure appropriate administrator training and compliance with completing the Monthly Checklist.

School Administrator Certification Recommendation No. 12 - Require school administrators to certify they complied with the requirements stated in BUL-133120.1, including the following requirements: (i) volunteer training, (ii) completion/submission of the Report of Naloxone Administration to the General Counsel and the Office of Risk Management via the Report of Naloxone Administration (iii) issuance of annual notices requesting volunteers, (iv) provision of the Naloxone Volunteer Notification to volunteers, (v) completion of the Naloxone Emergency Response Site Plan, (vi) completion of the Monthly Checklist, and (vii) adherence to maintenance and record-keeping requirements related to Naloxone documentation.

RESPONSE: The information is included in the Administrator Certification. The implementation dates are October 2025 and March 2026.

Know about fraud, waste or abuse?

Tell us about it.

Maybe you are a school district employee, a parent or just a concerned citizen. Regardless, you can make a difference!

Maybe you know something about fraud, waste, or some other type of abuse in the school district.

The Office of the Inspector General has a hotline for you to call. You can also email or write to us.

If you wish, we will keep your identity confidential. You can remain anonymous, if you prefer. And you are protected by law from reprisal by your employer.

Whistleblower Protection

The Board approved the Whistleblower Protection Policy on February 12, 2002. This policy protects LAUSD employees who make allegations of improper governmental activity from retaliation or reprisal. To assure the reporting of any activity that threatens the efficient administration of the LAUSD, reports that disclose improper governmental activities shall be kept confidential.

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