

LOS ANGELES UNIFIED SCHOOL DISTRICT POLICY BULLETIN

TITLE: Administration of Naloxone Nasal Spray

NUMBER: BUL-133120

ISSUER: Dr. Smita Malhotra, Medical Director
Office of the Medical Director

DATE: October 26, 2022

ROUTING

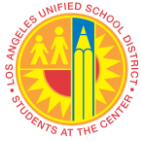
Local District
Superintendents
Administrators of
Operations
School Site
Administrators
Nursing
Administrators
School Nurses
School Physicians
School
Administrative
Assistants

POLICY: The California Education Code (EC) Section 49414.3 authorizes school districts, county offices of education, and charter schools to provide emergency naloxone or another opioid antagonist to school nurses or trained personnel who have volunteered, and 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. In addition, Section 49414.3 states that a school district, county office of education, or charter school may designate one or more volunteers to receive initial and annual refresher training, based on standards regarding the storage and emergency use of naloxone or another opioid antagonist from the school nurse or other qualified person designated by an authorizing physician and surgeon.

The guidelines outlined in this bulletin are for administrators, school nurses, and other trained personnel to provide instructions on the use of naloxone nasal spray to provide emergency medical aid to persons suffering or reasonably believed to be suffering from an opioid overdose. The bulletin provides instructions and requirements for emergency administration of naloxone, division of responsibilities on school campuses, and guidelines for the process of distributing a notice and description of volunteer training.

MAJOR CHANGES: This is a new policy.

GUIDELINES: The following guidelines apply:



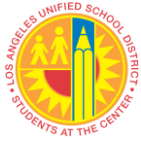
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I. GENERAL GUIDELINES

- A. The Standing Order for Naloxone is kept on file in the Office of the Medical Director, District Nursing Services (DNS) and Student Medical Services (SMS).
- B. Naloxone and monthly checklists must be kept at the school in a secure location accessible to designated school personnel.
- C. Instructions for Administration of Naloxone Nasal Spray should be used to guide the school nurse or trained unlicensed personnel to administer naloxone in an emergency (Attachment A)
- D. All persons receiving emergency naloxone should be immediately transported by emergency medical services (EMS) for emergency medical care, even if symptoms appear to have been resolved.
- E. The school site administrator or designee must maintain on the premises where the naloxone nasal spray is stored, an annually updated Naloxone Emergency Response Site Plan (Attachment B) with the following information:
 - 1. The name and contact number for the health care provider who signed the standing order.
 - 2. Where and how the naloxone will be stored.
 - 3. The names of the designated employees who have completed the required training program.
 - 4. How and when the naloxone will be inspected for an expiration date.
 - 5. The process to replace the expired naloxone, including proper disposal of the expired or used naloxone.
- F. All schools must maintain records for seven (7) years, including the Naloxone Emergency Response Site Plan and information regarding the acquisition and disposition of naloxone nasal spray.
- G. Report of Naloxone Administration (Attachment G) is a CONFIDENTIAL REPORT for use by Los Angeles Unified School district attorneys and the Office of Risk Management. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.

II. DIVISION OF RESPONSIBILITIES

- A. Responsibility of School Administrator
In order to implement this policy, school administrators should follow the guidelines below. School administrators responsible



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for distributing a notice at least on per school year to all staff requesting volunteers to be trained to administer naloxone (Attachment C).

1. Coordinate with the credentialed school nurse to establish a secure location where the naloxone and monthly checklists must be kept.
2. Staff training must be conducted through [MyPLN](#). Maintain a copy of the MyPLN completion certificate in the employee's personnel file. Supplemental training will be conducted by a credentialed school nurse.
3. Maintenance of training standards written materials must include:
 - Techniques for recognizing symptoms of opioid overdose
 - Standards and procedures for the storage, restocking, and emergency use of naloxone nasal spray
 - Emergency follow-up procedures, including calling the emergency 911 telephone number and contacting a pupil's parent/guardian/emergency contact or an employee's emergency contact
 - Certification in cardiopulmonary resuscitation is recommended, but not required. Individuals may register for CPR training through [MyPLN](#).
4. Monthly Checklist must be completed once a month (Attachment D)
5. Provide each employee who volunteers with a Naloxone Volunteer Notification letter (Attachment E)
6. Maintain confidential files of all required documentation for a period of seven (7) years. These documents include the annual request for volunteers' letter (Attachment C), monthly checklists (Attachment D), copies of signed volunteer notification letters (Attachment E), and training log sign-in sheets (Attachment F).
7. Report of Naloxone Administration (Attachment G) is a CONFIDENTIAL REPORT for use by Los Angeles Unified School district attorneys and the Office of Risk Management. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.



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8. Maintain a supply of naloxone at all times. If a naloxone nasal spray has been used, it must be restocked immediately, but no later than 2 weeks after it is used. Naloxone nasal spray must be restocked before its expiration date.
9. Instructions on how to replenish the school's supply of naloxone are included in the last bullet point of the Naloxone Emergency Response Site Plan (Attachment B)
10. All instances of naloxone usage should be documented by an iSTAR report.
11. Review that certification in cardiopulmonary resuscitation is recommended, but not required. Individuals may register for CPR training through [MyPLN](#).
12. Notification to Local District Operations Administrator when replacement of naloxone is no longer free of cost.

B. Responsibility of credentialed school nurse

The credentialed school nurse should collaborate with the school administrator by following the actions below.

1. Receive training from Nursing Administrator, including skills and procedures, prior to providing supplemental training to designated school personnel.
2. The credentialed school nurse will provide supplemental training to designated school personnel once annual training(s) have been completed through [MyPLN](#).
3. Coordinate with the school administrator to keep the naloxone and monthly checklists stored in a secure location.
4. Training standards to include:
 - Techniques for recognizing symptoms of an opioid overdose
 - Training on the administration of emergency medications using the Instructions for Administration of Naloxone Nasal Spray (Attachment A)
 - Emergency follow-up procedures
 - Documentation procedures: Report of Naloxone Administration (Attachment G)
5. Provide the trainee with District approved written materials covering the training components (i.e., Attachments A, B, D, and G).



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6. Assist school administrator in the organization and maintenance of a confidential file of all required documentation. These documents include annual request for volunteers' letter (Attachment C), monthly checklists (Attachment D), copies of signed volunteer notification letters (Attachment E), and training log sign-in sheets (Attachment F). All documentation should be kept for a period of seven (7) years.
7. Report of Naloxone Administration (Attachment G) is a CONFIDENTIAL REPORT for use by Los Angeles Unified School district attorneys and the Office of Risk Management. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.
8. All instances of naloxone usage should be documented in an iSTAR report.

III. GUIDELINES FOR EMERGENCY ADMINISTRATION

A. Personnel

If opioid overdose is suspected and a physician is not immediately available, a school nurse should administer naloxone to the person suspected of experiencing an opioid overdose. If a school site does not have a school nurse, the school nurse is not onsite or is unavailable, a trained volunteer may administer naloxone to a person exhibiting potentially life-threatening symptoms of an opioid overdose.

B. Symptoms

If a person is exhibiting or reasonably believed to be experiencing any of the following symptoms, immediately administer naloxone, then call 911:

1. Unconsciousness
2. Very small pupils (miosis)
3. Very slow or shallow breathing
4. Vomiting
5. An inability to speak
6. Faint heartbeat
7. Limp arms and legs
8. Pale, clammy skin
9. Blue or purple lips and fingernails

C. Emergency Medical Services



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Upon the administration of naloxone, 911 or other emergency medical services must be called so the person may be transported in an emergency vehicle to a hospital for further treatment and observation.

AUTHORITY: California Education Code Section 49414.3
California Civil Code Section 1714.22

RELATED RESOURCES: [Attachments A: Instructions For Administration of Naloxone Nasal Spray](#)
[Attachments B: Naloxone Emergency Response Site Plan](#)
[Attachments C: Request For Volunteers To Administer Naloxone To Persons With Suspected Opioid Overdose](#)
[Attachments D: Monthly Checklist](#)
[Attachments E: Naloxone Volunteer Notification Letter](#)
[Attachments F: Training Log Sign-In Sheets](#)
[Attachments G: Report Of Naloxone Administration](#)
[Narcan Quick Start Guide](#)
[Narcan.com for Emergency Response Teams](#)
[National Institute on Drug Abuse](#)
[National Institute of Health \(NIH\): National Institute of Drug Abuse. \(2019\). Opioid.](#)
[Substance Abuse and Mental Health Services Administration](#)
[National Association of School Nurses \(NASN\)](#)
[American Heart Association \(AHA\)](#)
[Los Angeles County Department of Public Health \(LACDPH\)](#)
[California Department of Public Health \(CDPH\)](#)
[Naloxone Distribution Project, California Department of Health Care Services \(DHCS\)](#)
[California Education Code Section 49414.3](#)

ASSISTANCE: For assistance or further information, please contact Director, Student Medical Services at (213) 202-7584 or Director, Nursing Services at (213) 202-7580.



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Attachment A

INSTRUCTIONS FOR ADMINISTRATION OF NALOXONE NASAL SPRAY

INSTRUCTIONS FOR ADMINISTRATION OF NALOXONE NASAL SPRAY

Use naloxone nasal spray for known or suspected opioid overdose in adults and children. Each naloxone nasal spray has 1 dose and cannot be reused.

STEP 1: EVALUATE FOR SIGNS OF OPIOID OVERDOSE

Signs of OVERDOSE*, which often results in death if not treated, include:

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

OPIOID HIGH vs. OPIOID OVERDOSE

OPIOID HIGH	OPIOID OVERDOSE
Relaxed muscles	Pale, clammy skin
Speech slowed, slurred	Cannot speak, very shallow breathing or not breathing
Breathing slow or shallow	Slowed heartbeat or stopped
Appears sleepy, nodding off	Deep snorting or gurgling, vomiting
Responds to stimuli but difficulty being awakened from sleep	Unresponsive to stimuli (calling name, shaking, sternal rub)
Normal heart beat/pulse	Cyanotic skin color (blue lips, fingertips)
Normal skin color	Pinpoint pupils



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Suspicion of opioid overdose can be based on:

- Presenting symptoms
- History
- Report from bystanders
- School Nurse or staff prior knowledge of person
- Nearby medications, illicit drugs or drug paraphernalia

*If the person does not respond to stimuli (as above), go to STEP 2.

STEP 2: ADMINISTER NALOXONE (SEE NARCAN™ Nasal Spray QUICK START GUIDE below)

- **Action 1.**
 - Lay the person on their back to receive a dose of naloxone nasal spray
- **Action 2.**
 - Remove naloxone nasal spray from the box
 - Peel back the tab with the circle to open the naloxone nasal spray
- **Action 3.**
 - 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
- **Action 4.**
 - Tilt the person's head back and provide support under the neck with your hand
 - Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose
- **Action 5.**
 - Press the plunger firmly to give the dose of naloxone nasal spray
- **Action 6.**
 - Remove the naloxone nasal spray from the nostril after giving the dose

STEP 3: CALL 911 FOR HELP

- Call for help- Dial 911 after naloxone nasal spray is used
 - State: "Someone is unresponsive and not breathing."
 - Give a specific address and/or description of your location
 - Follow dispatcher's instructions

STEP 4: RESUSCITATE/SUPPORT THE PERSON'S BREATHING

- Assess breathing: Perform rescue breathing if needed.
 - Place the person on their back.
 - Check to see if there is anything in their mouth blocking the airway, such as gum, toothpick, undissolved pills, syringe cap, cheeked Fentanyl patch. If present, remove it while wearing gloves.



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- Place one hand on the person's chin, tilt the head back, and pinch the nose closed.
 - If using a mask, place and hold mask over mouth and nose
 - If not using a mask, pinch their nose with one hand and place your mouth over the person's mouth to make a seal and give two (2) slow breaths.
 - Watch for the person's chest (but not the stomach) to rise.
 - Follow up with one breath every 5 seconds.
- Assess pulse: Perform CPR if needed. (CPR certification is recommended, not required)

STEP 5: MONITOR THE PERSON'S RESPONSE

- If the person responds by returning to spontaneous breathing, move the person on their side (recovery position) after giving naloxone nasal spray
- Watch the person closely until help arrives
- If the person does not respond by waking up, to voice or touch, or breathing normally after 2 to 3 minutes of naloxone nasal spray administration, another dose may be given
- Resume rescue breathing if spontaneous breathing does not recur
- Stay with the person until help arrives
- Follow school administrator's guidance regarding the seizing of all illegal and/or non-prescribed opioid narcotics found on victim; process in accordance with LA Unified School District protocols

NOTE SIGNS OF OPIOID WITHDRAWAL: Using naloxone in patients who are opioid dependent may result in severe opioid withdrawal symptoms such as restlessness or irritability, body aches, diarrhea, tachycardia, fever, runny nose, sneezing, piloerection (goosebumps), sweating, yawning, nausea or vomiting, nervousness, shivering or trembling, abdominal cramps, weakness, tearing, insomnia, opioid craving, dilated pupils, and increased blood pressure.

These symptoms are uncomfortable, but not life threatening.

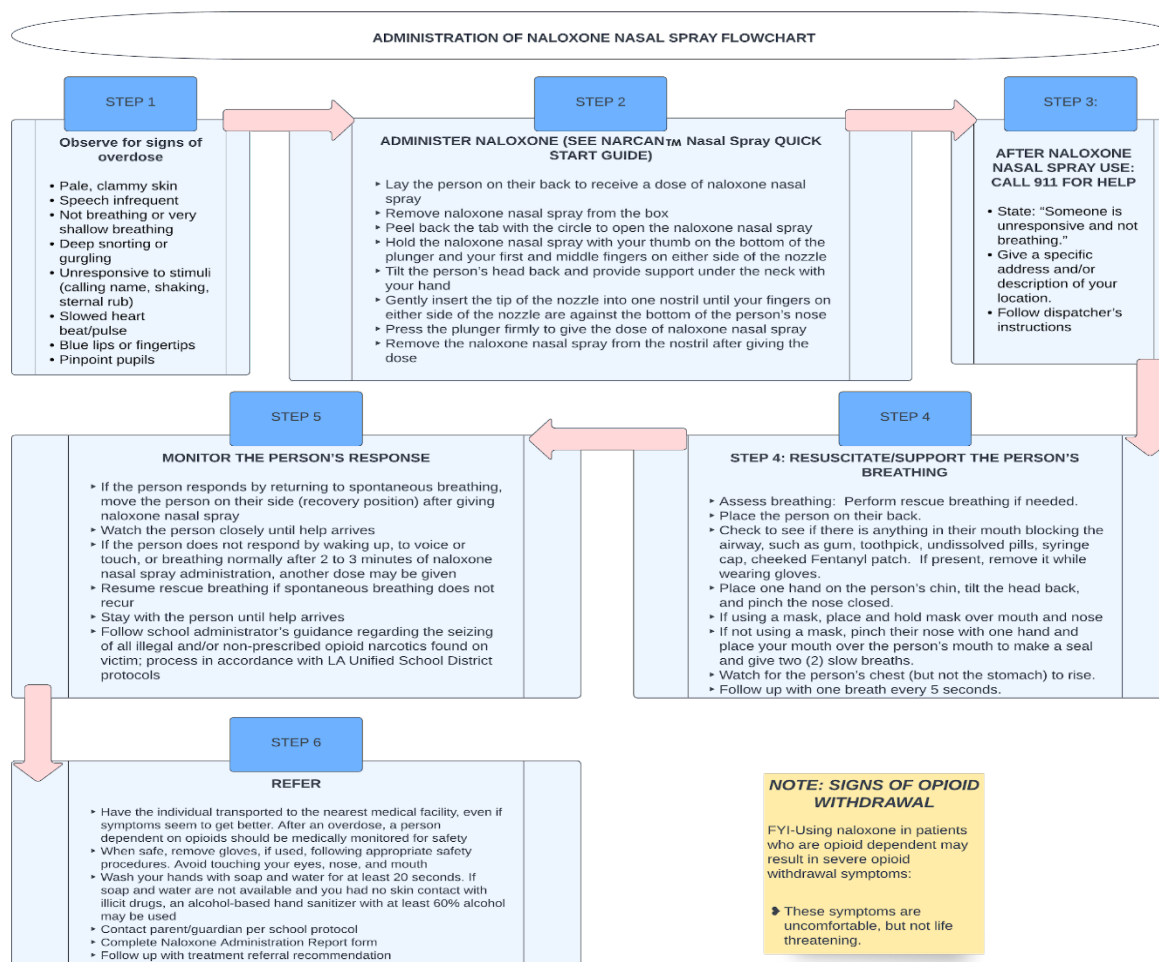
STEP 6: REFER

- Have the individual transported to the nearest medical facility, even if symptoms seem to get better. After an overdose, a person dependent on opioids should be medically monitored for safety
- When safe, remove gloves, if used, following appropriate safety procedures. Avoid touching your eyes, nose, and mouth
- Wash your hands with soap and water for at least 20 seconds. If soap and water are not available and you had no skin contact with illicit drugs, an alcohol-based hand sanitizer with at least 60% alcohol may be used
- Contact parent/guardian per school protocol
- Complete Naloxone Administration Report form
- Follow up with treatment referral recommendations



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ADMINISTRATION OF NALOXONE NASAL SPRAY FLOWCHART



Opioid High	Opioid Overdose	Opioid Withdrawal	
<ul style="list-style-type: none">• Relaxed muscles• Speech slowed, slurred• Breathing slow or shallow• Appears sleepy, nodding off• Responds to stimuli but difficulty being awakened from sleep• Normal heart beat/pulse• Normal skin color	<ul style="list-style-type: none">• Pale, clammy skin• Cannot speak, very shallow breathing or not breathing• Slowed heartbeat or stopped<ul style="list-style-type: none">• Deep snorting or gurgling, vomiting• Unresponsive to stimuli (calling name, shaking, sternal rub)• Cyanotic skin color (blue lips, fingertips)• Sweating• Pinpoint pupils	<ul style="list-style-type: none">• Restlessness or irritability• Body aches• Diarrhea• Tachycardia• Fever• Runny nose• Sneezing• Piloerection (goosebumps)• Dilated pupils• Yawning	<ul style="list-style-type: none">• Nausea or vomiting• Nervousness• Shivering or trembling• Abdominal cramps• Weakness• Tearing• Insomnia• Opioid craving• Dilated pupils• Increased blood pressure



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Attachment B

NALOXONE EMERGENCY RESPONSE SITE PLAN

LOS ANGELES UNIFIED SCHOOL DISTRICT NALOXONE EMERGENCY RESPONSE SITE PLAN

School Nurse: _____ Date: _____

Local District: _____ Loc Code: _____ School: _____

School Address: _____

City: _____ Zip Code: _____

Phone (____) _____ Extension _____

Exact Location of the Naloxone _____

Naloxone Emergency Response Team Members	Employee No.	Naloxone Training Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

1. How will the first responder activate the Emergency Medical Service (EMS)?

2. How will the first responder notify the Naloxone Emergency Response Team Members?
Indicate by phone, radio, bell, intercom.

3. Which Emergency Response Team members have access to the Naloxone and will bring
the Naloxone to the emergency location?

The first responder will be responsible for the documentation of the emergency.

- ✓ Please note Attachment B – Naloxone Emergency Response Site Plan **must be** reviewed and updated annually.
- ✓ Naloxone ordering health care provider is Dr. Smita Malhotra, Office of the Medical Director at (213) 241-6326.
- ✓ Maintain the original copy of the Naloxone Emergency Response Site Plan at your school site for seven years.
- ✓ Monthly inspection for Naloxone expiration and replacement (Attachment D)
- ✓ Proper replacement of expired or used Naloxone. Contact DNS Medical Supply Clerk at (213) 202-7540 or (213) 202-7580.



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Attachment C

REQUEST FOR VOLUNTEERS TO ADMINISTER NALOXONE TO PERSONS WITH SUSPECTED OPIOID OVERDOSE

(SAMPLE LETTER)
(Please use School Letterhead)

REQUEST FOR VOLUNTEERS TO ADMINISTER NALOXONE TO PERSONS WITH SUSPECTED OPIOID OVERDOSE

Date

Dear School Staff:

The California Education Code (EC) Section 49414.3 authorizes school districts, county offices of education, and charter schools to provide emergency naloxone or another opioid antagonist to school nurses or trained personnel who have volunteered, and 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. In addition, Section 49414.3 states that a school district, county office of education, or charter school may designate one or more volunteers to receive initial and annual refresher training, based on standards regarding the storage and emergency use of naloxone or another opioid antagonist from the school nurse or other qualified person designated by an authorizing physician and surgeon. An employee who volunteers to be trained to administer naloxone may rescind his or her offer to administer naloxone at any time, including after receipt of training.

The training standards include:

- Techniques for recognizing symptoms of an opioid overdose
- Standards and procedures for the storage, restocking, and emergency use of naloxone nasal spray as an 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
- Instructions on rescue breathing.
- Certification in cardiopulmonary resuscitation is recommended, but not required.
- Written materials covering the training components

In addition, California Education Code Section 49414 requires that the District provide each employee volunteer with a letter of indemnification, advising that they will be defended and indemnified for any and all civil liability that arises from any of their actions in the course of their service as a volunteer in this capacity.

Please consider volunteering and becoming a member of our trained personnel. If interested, please contact me.

Sincerely,

Principal
School Nurse



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Attachment D

MONTHLY CHECKLIST

NALOXONE NASAL SPRAY MONTHLY CHECKLIST												
Site												
Location of Naloxone nasal spray												
Year		Naloxone Kit										
Monthly Check												
Visually inspect the Naloxone kit:												
✓ Store at temperatures between 59°F and 77°F (15°C and 25°C)												
✓ Inspect for package tampering												
✓ Check expiration date												
Month	August	September	October	November	December	January	February	March	April	May	June	July
Initials												
Action Notification Log: Notify the school administrator immediately for Naloxone nasal spray PROBLEMS or USE												
NALOXONE KIT PROBLEMS												
Date	Time	Person Reporting Problem	Describe Problem				School Admin. Notified (Name-Title)		Steps taken to resolve problem			
NALOXONE USE												
Date	Time	Person Whom Naloxone Was administered (Name)	Staff/Student Visitor	Person Who Administered (Name-Title)		Describe Symptom			School Admin. Notified (Name-Title)			
PRINT NAME/INITIAL		Name		Initial	Name		Initial	Name		Initial		



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Attachment E

NALOXONE VOLUNTEER NOTIFICATION LETTER

(SAMPLE LETTER)
(Please use School Letterhead)

NALOXONE VOLUNTEER NOTIFICATION

Pursuant to Education Code Section 49414.3, as a volunteer of the Los Angeles Unified School District trained to use naloxone to provide emergency medical aid, you are hereby advised that the District will defend you and indemnify you for any and all civil liability that arises from any of your actions in the course of your service as a volunteer in this capacity.

The obligation to provide defense and indemnification for you is set forth in Government Code section 995, which provides in part:

"...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:

"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 Printed Name

Employee's Signature

Date

c: Employee's Personnel File



TRAINING LOG SIGN-IN SHEETS

[illegible]

Signature _____



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Attachment G

REPORT OF NALOXONE ADMINISTRATION



This is a CONFIDENTIAL REPORT for use by Los Angeles Unified School district attorneys and the Office of Risk Management. No copies of this report shall be furnished to anyone including employees, students, or parents without permission from the Office of the General Counsel.

REPORT OF NALOXONE ADMINISTRATION	
Demographics and Health History	
Name of Person: _____	Age: _____ Date: _____
School/Site: _____	Location: _____
Type of Person: <input type="checkbox"/> Student <input type="checkbox"/> Staff <input type="checkbox"/> Visitor Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-binary	
Ethnicity Description: Spanish/Hispanic/Latino Origin <input type="checkbox"/> Yes (if yes, see below) <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Spanish/Hispanic/Latino Origin	
<input type="checkbox"/> Argentinian <input type="checkbox"/> Colombian <input type="checkbox"/> Costa Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Honduran <input type="checkbox"/> Guatemalan <input type="checkbox"/> Hispanic, Latino/Spanish Origin	
<input type="checkbox"/> Mexican, Mexican American, Chicano <input type="checkbox"/> Nicaraguan <input type="checkbox"/> Panamanian <input type="checkbox"/> Peruvian <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Asian	
<input type="checkbox"/> Salvadorian <input type="checkbox"/> Other South American <input type="checkbox"/> Other <input type="checkbox"/> Unknown	
Race/Nationality Description:	
<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	
<input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Unknown	

Signs of Overdose Present	
<input type="checkbox"/> Blue lips	<input type="checkbox"/> Breathing slowly
<input type="checkbox"/> Shallow breathing	<input type="checkbox"/> Slow pulse
<input type="checkbox"/> Unresponsive	
<input type="checkbox"/> Weak pulse	<input type="checkbox"/> Other (specify) _____

Suspected Overdose on What Drugs?	
<input type="checkbox"/> Heroin	<input type="checkbox"/> Benzos/Barbituates
<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Methadone	<input type="checkbox"/> Suboxone
<input type="checkbox"/> Unknown	<input type="checkbox"/> Other (specify) _____



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Naloxone Administration Incident Reporting	
Date of occurrence: _____	Time of occurrence: _____
Vital signs: BP ____/____ Temp ____ Pulse ____ Respiration ____	
Location where student was found:	
<input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Health Office <input type="checkbox"/> Playground <input type="checkbox"/> Bus <input type="checkbox"/> Other (specify): _____	
How was the naloxone given: <input type="checkbox"/> Injected into muscle <input type="checkbox"/> Sprayed into nose	
Naloxone lot #: _____	Expiration date: _____
Naloxone administered by: (Name) _____	
Was this person formally trained? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Parent notified of naloxone administration: (time) _____	
Was a second dose of naloxone required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
➤ If yes, was that dose administered at the school prior to arrival of EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
➤ Approximate time between the first and second dose: _____	
Naloxone lot #: _____	Expiration date: _____

Person's Response to Naloxone
<input type="checkbox"/> Combative <input type="checkbox"/> Responsive/Angry <input type="checkbox"/> Responsive but sedated <input type="checkbox"/> Responsive and Alert
<input type="checkbox"/> No response to naloxone

Post-Naloxone Observations (Check all that apply)
<input type="checkbox"/> None <input type="checkbox"/> Seizure <input type="checkbox"/> Vomiting <input type="checkbox"/> Difficulty breathing <input type="checkbox"/> Other (specify): _____

Other Actions Taken
<input type="checkbox"/> Sternal rub <input type="checkbox"/> Recovery position <input type="checkbox"/> Rescue breathing <input type="checkbox"/> Chest compressions
<input type="checkbox"/> Automatic defibrillator <input type="checkbox"/> Yelled <input type="checkbox"/> Shook the person <input type="checkbox"/> Oxygen
<input type="checkbox"/> Other (specify): _____



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Disposition
EMS notified at: (time) _____
Transferred to ER: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
If yes, transferred via: <input type="checkbox"/> Ambulance <input type="checkbox"/> Other: _____
Parent: <input type="checkbox"/> At school <input type="checkbox"/> Will come to school <input type="checkbox"/> Will meet student at hospital <input type="checkbox"/> Other: _____
Hospitalized: <input type="checkbox"/> Yes <input type="checkbox"/> If yes, discharged after _____ days <input type="checkbox"/> No
Name of hospital: _____
Student/Staff/Visitor outcome: _____

Comments

Form completed by: _____ Date: _____
Signature: _____ Title: _____
Phone number: (____) _____ - _____ Ext.: _____
School/Site: _____
School/Site Address: _____

Fax completed form to District Nursing at (213) 580 - 6557 for distribution to authorized District representatives.

October 2022