

# Naloxone Training Resource Guide



**SEPTEMBER 2022**

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# Introduction to the Resource Guide

*“I, Surgeon General of the United States Public Health Service, am emphasizing the importance of the overdose-reversing drug naloxone. For patients currently taking high doses of opioids as prescribed for pain, individuals misusing prescription opioids, individuals using illicit opioids such as heroin or fentanyl, health care practitioners, family and friends of people who have an opioid use disorder, and community members who come into contact with people at risk for opioid overdose, knowing how to use naloxone and keeping it within reach can save a life.”*

– VADM Jerome Adams, 20th US Surgeon General – US Surgeon General’s Advisory on Naloxone and Opioid Overdose

Santa Clara County has not been spared from the ravages of the opioid crisis. Like the rest of the state and the US, the county has seen a dramatic increase in opioid-related overdoses and deaths. Across Santa Clara County, several initiatives have been put into action in response to this public health emergency. Santa Clara County formed a Fentanyl Working Group in April 2022, of which Santa Clara County Superintendent of Schools, Dr. Mary Ann Dewan, is a member. On May 4, 2022, the Santa Clara County Office of Education recognized May 10th as National Fentanyl Awareness Day and most recently, SCCOE developed a partnership with the Santa Clara County Behavioral Services Department and Santa Clara County Opioid Overdose Prevention Project, to provide training to volunteer school staff on the administration of naloxone, an opioid antagonist that reverses the effects of an opioid overdose, and to provide free Narcan kits to schools.

This resource guide has been developed for local education agencies (LEAs) who are exploring opportunities to implement the emergency use of naloxone on school campuses. This guide provides information, best practices, resources, and tools informed by the latest available research. The process for obtaining the statewide standing order for naloxone and applying to the California Department of Health Care Services - Naloxone Distribution Project to obtain stock of naloxone can also be found in this guide.

Examples of some of the tools and resources in this guide:

- School district standalone template policy
- Best practices for training school staff
- Responding to an opioid overdose flowchart



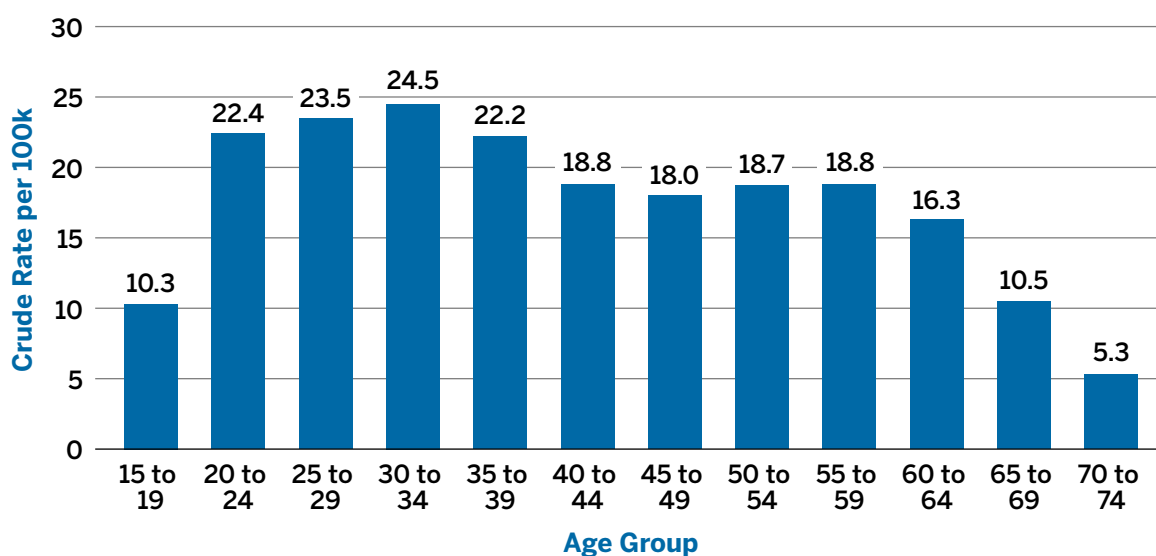
# Adolescent and Young Adult Use of Opioids

Adolescence is a developmental period marked by tremendous growth and transition for young people. This is a time of exploration and skill building that will be critical for their success as adults, and risk-taking and experimentation are essential aspects of this developmental period. Adolescents are often eager to try new experiences and explore relationships, all of which will contribute to their independence and autonomy. It is this eagerness to try new activities and experiences that often lead to adolescents participating in risky behavior, such as substance use.

Adolescents have not been excluded from the effects of this opioid epidemic. While overall drug use among adolescents has decreased in the decade before the pandemic, overdose related deaths for this age group has risen three-fold from 2019-2021. Following overdose death trends for adults, this dramatic spike in adolescent overdose deaths have been driven by synthetic opioids, most especially fentanyl. In California, overdose death rates increased for adolescents and young adults, 179% for 15-19 years old, 91% for 20 to 24 years old, and 84% for 25 to 29 years old. Research shows that a high number of opioid-related fatalities among adolescents and young adults were unintentional opioid poisonings. Most of these victims do not have a substance use disorder but were likely experimenting with illicit pills but unaware of the presence of fentanyl in what they were ingesting. Increasingly more potent illicit fentanyl pills are also being sold to youth over social media, which makes access more convenient.

California experienced 6,843 opioid-related overdose deaths in 2021, a 109% increase from 2019. 245 or 3.6% of these opioid-related deaths were of individuals aged 0 to 19 (California Department of Public Health [CDPH], 2022). In Santa Clara County, fentanyl accounted for 81% of opioid-related deaths in 2021 and 77% for the first half of 2022 (County of Santa Clara Medical Examiner-Coroner's Office ME-C Dashboard, 2022). The groups most affected by fentanyl are middle- and high-school-aged children and young adults.

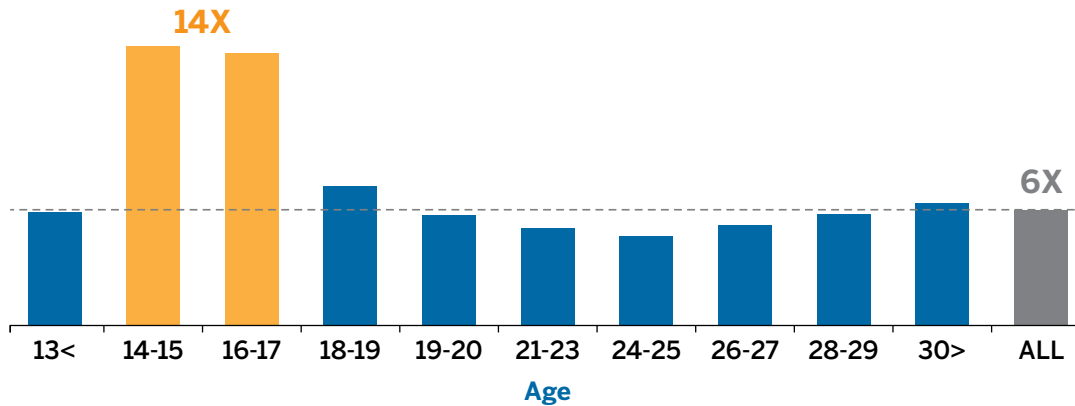
## Any Opioid-Related Overdose: Crude Rate per 100k Residents by Age, 2020



Data source: California Overdose Surveillance Dashboard • <https://cdph.ca.gov/opioiddashboard/> • Data Represented: 2020 • Date Downloaded: 2/25/2022

## Teens Particularly Impacted by Growth of Illicit Fentanyl

Growth in U.S. Fentanyl Involved Deaths by Age • 2020 v 2015



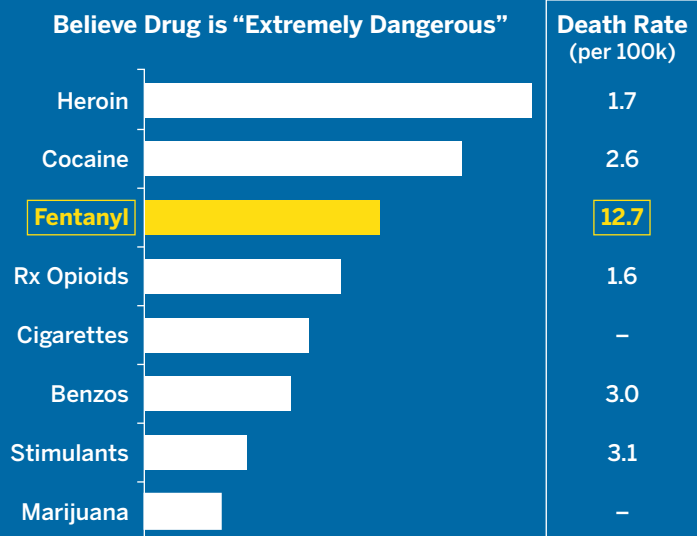
Source: <https://www.songforcharlie.org/data>

Significant racial and ethnic disparities are evident in the research around opioid use by adolescents and young adults. American Indian/Alaska Native, Black, and Hispanic adolescents, as well as adolescents from lower socioeconomic backgrounds have been affected disproportionately. In addition, LGBTQ+ adolescents are also more likely to report opioid use and other problematic substance use practices, than their cisgender heterosexual peers.

The COVID-19 pandemic may have contributed significantly to this rise in adolescent opioid overdose deaths. COVID-19 disrupted regular life, placed enormous stress, and increased disconnection and isolation for everyone but especially for teens. The Covid-19 pandemic worsened mental health issues among teens who use drugs and may have caused more frequent use, raising the possibility of tragic outcomes like unobserved overdose.

## Gen Z (13-24) Stress & Substance Use

- 86% are overwhelmed
- 51% don't feel comfortable talking about mental health
- 84% say anxiety/stress is a common reason to misuse prescription medicine
- 20% have misused Rx or thought of it; 40% know a friend who has
- 23% don't know enough about fentanyl to rate its danger
- 59% hadn't heard of fentanyl in counterfeit pills



Source: <https://www.songforcharlie.org/data>

# The Impact of the Opioid Crisis on Student Learning

For children from disadvantaged backgrounds, education has long been recognized as a possible path to social and economic mobility. The effects of the opioid epidemic are felt widely, with collateral consequences ranging from family members who suffer from substance abuse disorder, parents lost to opioid overdose, redirected community resources, and the unraveling of neighborhood social bonds, which can negatively impact and worsen educational outcomes for children, especially in areas hardest hit by the crisis. While research on the societal effects of the opioid-use epidemic is just emerging, a recent report by Rajeev Darolia and John Tyler for the Brown Center on Education Policy examined how indirect exposure to the epidemic may harm the educational outcomes of children who live in communities most affected by the opioid crisis. The report's findings indicate that while the causal links in this relationship are still not entirely clear, exposure to the epidemic is likely to affect critical educational outcomes other than test scores, such as attendance, probability of school disciplinary action, graduation, and college enrollment rates.

Children affected by opioid abuse can have an increased risk for:

- Poor nutrition
- Chronic poverty
- Domestic violence
- Child abuse/neglect
- Homelessness
- Low educational achievement
- Poor parenting skills
- Lack of a healthy support system.

Decades of research show that chronic stress from repeated exposure to traumatic events can disrupt neurodevelopment and learning in children and lead to harmful coping mechanisms such as substance abuse, risky behaviors, and self-harm in adolescence. A large body of literature also points to the link between community exposure to violence and trauma to decreased academic achievement.

# What Are Opioids?

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Opioids are compounds that are extracted from the poppy seed as well as synthetic and semisynthetic compounds. They interact with the opioid receptors in the brain and are prescribed for pain management due to their sedative and analgesic effects. When used for prolonged periods and when misused without medical supervision, opioids can lead to dependence and other health problems.

Opioid use can lead to overdose when a combination of opioids or a large amount is present in the body. An opioid overdose can lead to death when opioids affect the part of the brain which regulates breathing. In recent years, fentanyl, a powerful synthetic opioid, and its chemically similar analogues (including carfentanyl, acetyl fentanyl, butyrfentanyl, and furanyl fentanyl) have been identified as the primary driver of the increase in opioid overdoses. Fentanyl is approximately 50-100 times more potent than morphine and less expensive to manufacture and transport than heroin, making it a top choice for illicit drug manufacturers. There is evidence that fentanyl is regularly mixed in with heroin and marketed as counterfeit tablets made to look like authentic prescription medication. Most users who test positive for fentanyl are unaware they took the substance.

Opioid overdose can affect individuals from every socioeconomic background, culture, race, or ethnicity; and occurs in every part of the state, in rural, urban, and suburban areas. According to the World Health Organization, there are several opioid overdose risk factors, which include:

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



# Fentanyl Trends

In the past few years, fentanyl has been found in fake Oxycodone and Percocet pills as drug cartels sought to increase the potency of these illicit drugs. It is also found in marijuana and various capsule forms. However, brightly colored fentanyl, or rainbow fentanyl, has been recently identified as a new trend by the Drug Enforcement Agency (DEA). Rainbow fentanyl can take different forms, from brightly colored pills to gummy candy and colorful blocks. The California Department of Public Health has recently issued an alert regarding rainbow fentanyl as this new trend aims to attract young children.



**Fentanyl in Various Forms**



**Fentanyl-laced Marijuana**



**Illicit Oxycodone Pills laced with Fentanyl**



**Illicit Percocet Pills laced with Fentanyl**



**Rainbow Fentanyl**



**Fentanyl-laced Candy**



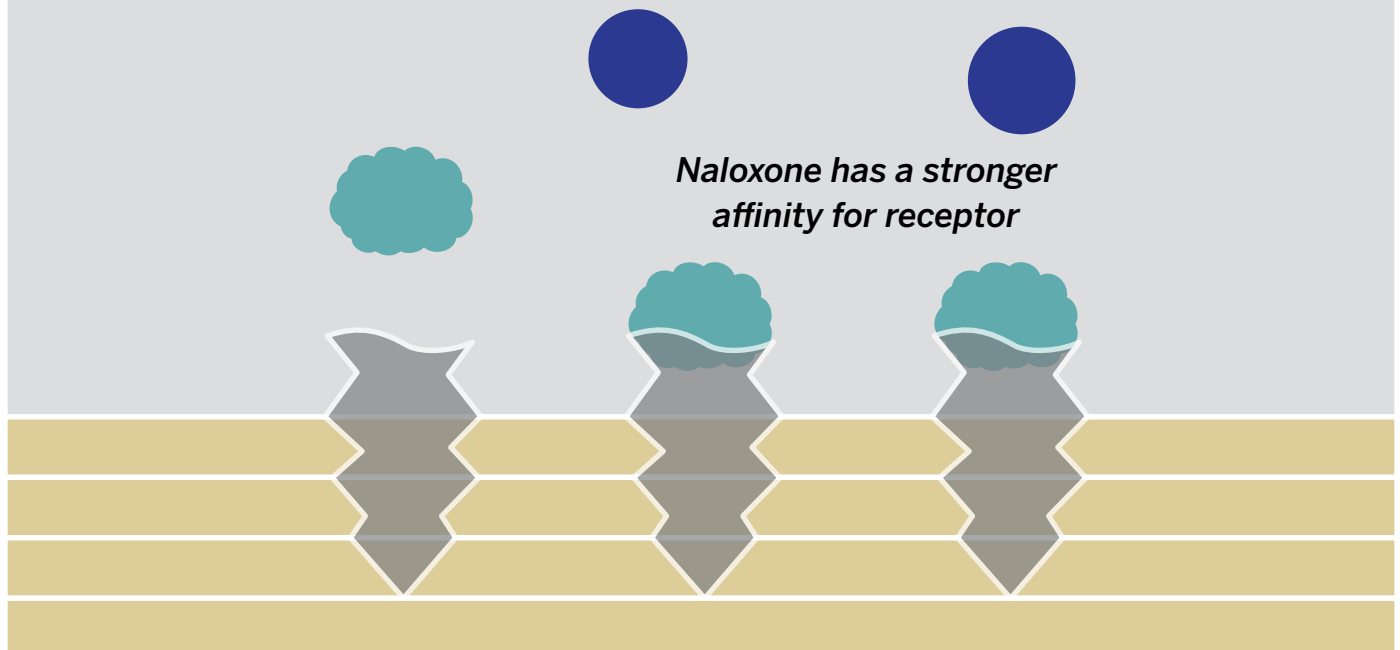
# Naloxone: A Life Saving Strategy

Naloxone or its brand name Narcan, is a life-saving medication that reverses the respiratory effects of an overdose. It can quickly restore normal breathing to a person undergoing respiratory distress because of an opioid overdose. It has been used as an effective opioid antagonist since 1971, when it was first approved by the Food and Drug Administration (FDA). While naloxone is a prescription medication, it is not a controlled substance. Naloxone works on reversing opioid overdoses because it has a stronger affinity to the opioid receptors in the brain than opioids such as heroin, Oxycontin, Percocet, and fentanyl, and it displaces the opioids for a short period of time allowing the individual to breathe again.

Naloxone has been in use for over forty years by emergency medical services personnel to resuscitate individuals who otherwise might have died in the absence of or while waiting for treatment. To address the crisis of opioid-related overdoses and deaths, there has been a concerted effort in recent years to increase the number of individuals trained in administering naloxone. In the past, training was limited to emergency medical personnel, health care professionals, and law enforcement, but now includes community members, family members, and individuals who use opioids, who may witness and respond to an overdose.

## Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids like heroin or Percocet®, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverse the overdose.



<https://harmreduction.org/issues/overdose-prevention/developing-overdose-prevention-and-naloxone-projects/basics/>

# Required Naloxone Training Components

This section of the resource guide introduces the various best practices for training staff in administering naloxone and the two most recent campaigns focused on opioid prevention collaboratively launched by Santa Clara County Behavioral Services, the Santa Clara County Opioid Overdose Prevention Project, and the Santa Clara County Prevention Division. Additionally, this section will share information on recognizing the signs of and responding to an opioid overdose. Finally, it will provide guidance on the standards and procedures for storage, restocking, and emergency use of naloxone and identifying volunteer staff.

## Best practices for training school staff on administering naloxone

Offering training on the emergency use of naloxone to people most likely to witness an opioid overdose has proven to be a successful strategy in building community partnerships, increasing public awareness of opioid use disorder, and reducing stigma. There are a few best practices associated with the training of school staff on the emergency administration of naloxone on school campuses:

- **Proactive engagement:** Providing interactive, purposeful, and direct naloxone training and overdose prevention education for school staff before an incident occurs on a school campus.
- **Needs-based training:** Designing naloxone training that addresses the unique characteristics and needs of a school site or district. It identifies the individuals who need training and their level of existing knowledge on the subject.
- **Follow-up support for vicarious trauma:** Individuals who witnessed or administered naloxone to someone who overdosed on opioids may experience vicarious trauma after the event. School districts or sites might find it helpful to proactively develop supportive strategies before an incident in school. Supportive strategies may include: discussing vicarious trauma as part of supervision, creating time and physical space at work for reflection through reading, meditation, and other activities, and referring to therapeutic and professional assistance when appropriate.
- **Onsite overdose protocol established:** It is essential to document the process staff should follow in case of an opioid overdose on campus. Ensure that volunteer staff is trained on this protocol, which should include the steps in administering naloxone, the emergency procedures related to it, and the completion of documentation after the event.
- **Providing culturally relevant overdose response information and educational materials:** Naloxone information and overdose prevention education materials such as pamphlets, posters, palm cards, and web-based resources should be offered to families and other members of the community in several languages.

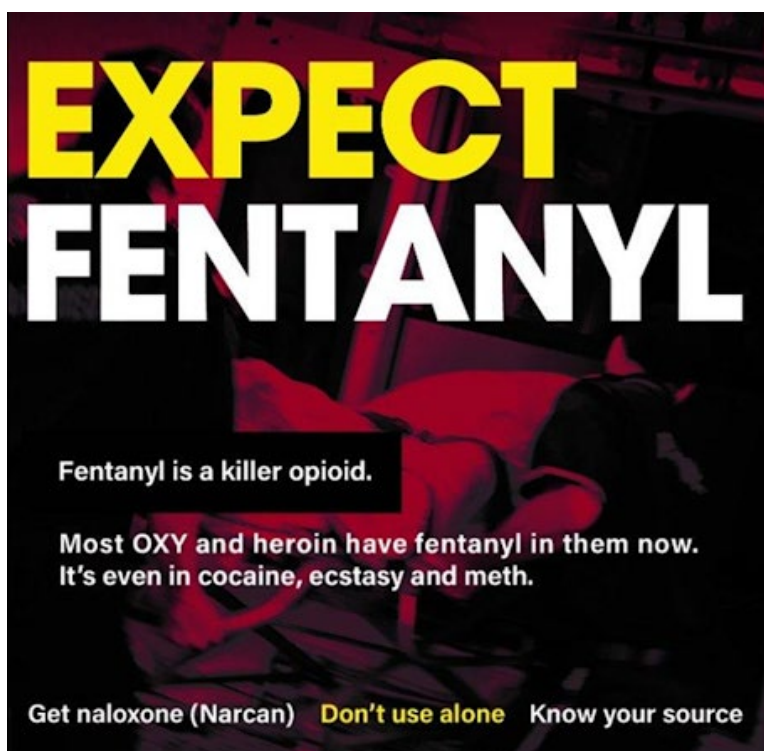
## Opioid Overdose Prevention Campaigns

In Santa Clara County, the Behavioral Health Services Department and the Santa Clara County Opioid Overdose Prevention Project have launched two campaigns aimed at increasing awareness in the community, especially among the youth, of the dangers of opioid use and the pervasive presence of fentanyl in illicit opioid pills.

The Fentanyl Takes Friends and Expect Fentanyl campaigns are a collaborative effort between the Santa Clara County Opioid Overdose Prevention Project, Santa Clara County Behavioral Health, and the Santa Clara County Prevention Division. These campaigns focus on reaching youth with the core message that fake opioid pills likely contain fentanyl and may cause death. The campaigns also promote obtaining Narcan and using it to prevent death during an opioid overdose.



Fentanyl Takes Friends Campaign • [www.Friendtaker.org](http://www.Friendtaker.org)



Expect Fentanyl Campaign • [www.expectfentanyl.org](http://www.expectfentanyl.org)

## Recognizing the Signs of an Opioid Overdose

Anyone who uses opioids can experience an overdose at any time. The Substance Abuse and Mental Health Services Administration's Opioid Overdose Toolkit describes the signs of an opioid overdose as:

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

If an opioid overdose is suspected, stimulate the person by:

- Calling out their name loudly
- Vigorously grind knuckles into the sternum (the breastbone in the middle of the chest) or rub knuckles on the person's upper lip

### SIGNS OF AN OPIOID OVERDOSE



Unconsciousness



Inability to waken



Slow or shallow breathing



Choking, gurgling  
or snoring noises



Fingernails or lips  
turning blue/purple



Cold/clammy skin

## Responding to an Opioid Overdose

- If the person responds, assess whether they can maintain responsiveness and breathing
- Start the chain of survival by calling 911
- Administer Narcan and monitor breathing
- Provide rescue breathing (CPR) if breathing is slow or has stopped
- If there is no response after 2-3 minutes, administer another dose of Narcan
- Once the person is breathing again, place them in recovery position (on their side with their top leg and arm crossed over the body to prevent choking)
- Continue to monitor the individual until EMS arrives

## EMERGENCY RESPONSE TO AN OPIOID OVERDOSE



**Call out loudly and vigorously grind knuckles into the sternum**



**Call 911**



**Administer Narcan and monitor breathing**



**Provide rescue breathing (CPR) if breathing is slow or has stopped**



**Once the person is breathing again, place them in recovery position**



**Continue to monitor the individual until EMS arrives**



## **Standards and procedures for the storage, restocking, and emergency use of naloxone**

The school nurse, other qualified supervisor of health, or district administrator shall obtain a prescription of naloxone or another opioid antagonist for each school from an authorized physician and surgeon.

1. The school nurse, other qualified supervisor of health, or district administrator shall be responsible for stocking the naloxone hydrochloride or another opioid antagonist and shall restock the medication as soon as reasonably possible but no later than two weeks after it is used. In addition, the medication shall be restocked before its expiration date.
2. The superintendent or designee shall monitor the supply of naloxone hydrochloride or another opioid antagonist and ensure the destruction of expired medication.
3. The superintendent or designee shall maintain records regarding the acquisition and disposition of naloxone hydrochloride to another opioid antagonist for a period of three years from the date the records were created.
4. The school nurse or other supervisor of health shall keep the supply of naloxone hydrochloride or another opioid antagonist in a locked drawer or cabinet.
5. The school nurse or other supervisor of health must maintain detailed distribution logs and reversal reporting documentation.

### **Identifying volunteer staff**

Volunteer or trained personnel as it relates to Ed Code 49414.3 refers to an employee who has volunteered to administer naloxone hydrochloride or another opioid antagonist to a person suffering or believed to be suffering from an opioid overdose, designated by a school and has received training on the administration of naloxone.

Training on the emergency administration of naloxone should come at no cost for the volunteer and should be completed during their work hours.

A trained volunteer may rescind their offer to administer naloxone at any time, without fear of retaliation, even after they have received training.

# Applying for the Naloxone Statewide Standing Order

The statewide naloxone standing order was issued by the state Public Health Officer to allow community organizations and other entities in California that are not currently working with a physician to distribute naloxone to a person at risk for an opioid-related overdose or to a family member, friend, or another person in a position to assist. It was also issued to allow for the administration of naloxone by a family member, friend, or another person to an individual experiencing or reasonably believed to be experiencing an opioid overdose. Many community organizations may be willing to distribute naloxone but may find it challenging to obtain a physician's standing order. In addition, entities eligible to distribute naloxone, such as public health departments, harm reduction/syringe exchange programs, substance use disorder treatment providers, emergency services providers, and schools and universities, may use the statewide naloxone standing order to address their need for a prescription.

Schools can access the online application for the statewide standing order from the California Department of Public Health website:

<https://www.cdph.ca.gov/Programs/CCDPHP/sapb/Pages/Naloxone-Standing-Order.aspx>

To obtain the standing order, each school must provide all of the following:

1. Name of the authorized person completing the application form on behalf of the entity (first, middle, and last name, and if applicable, suffix)
2. Email address for the person completing the application form
3. Entity Information
  - a. Name of the entity that is requesting the standing order
  - b. Type of entity
  - c. Physical address
  - d. Public phone number
  - e. Public email address
  - f. ZIP code(s) of the service area(s) served

Schools applying for the standing order must agree to the terms and conditions included in the online application.

# Obtaining Naloxone Through the California Department of Health Care Services (DHCS)

The DHCS created the Naloxone Distribution Project (NDP) to address the opioid crisis by providing free naloxone to reduce the number of opioid-related deaths.

All schools applying to the NDP must submit a prescription or standing order for naloxone, as discussed in the previous section of this guide. Schools must submit the following materials for application approval:

- Completed NDP application
- A copy of a naloxone standing order or physician's prescription
- A copy of the valid and active business license, FEIN number, or tax-exempt letter
- A distribution plan (for orders over 48 units)
- Number of overdose reversals reported with naloxone received through NDP (for subsequent applications)

The online application form can be accessed here:

[https://www.dhcs.ca.gov/Documents/CSD\\_YV/NDP/DHCS-5280.pdf](https://www.dhcs.ca.gov/Documents/CSD_YV/NDP/DHCS-5280.pdf)

Schools must maintain detailed distribution logs and reversal reporting documentation, as the DHCS may require a review of this additional information before approving subsequent applications. If applicable, provide your policies and procedures for storage, adequate staffing, details of distribution plans, and reversal reporting to avoid delays in processing applications.

# Resources

California Education Code Section 49414.3 allows school districts, county offices of education, and charter schools to provide emergency naloxone to school nurses or trained personnel who have volunteered. It allows school nurses or trained personnel to administer emergency aid to a person suffering or reasonably believed to be suffering from an opioid overdose. CA Ed Code 49414.3 outlines the requirements for identifying and training volunteer staff, standards for storage and restocking, as well documentation procedures. All of these requirements will be discussed in this section of the guide.

A critical step to establishing naloxone distribution in school districts is updating school board policy. This guide offers a standalone template developed by the Santa Clara County Office of Education that districts can use to update their board policy. The standalone template can be found in the Templates and Resources section of this guide.

## Document templates

You will find templates that your school might find helpful as you establish your naloxone policy and implementation. A description and, in some cases, instructions on using each template are provided.

| Document Template/Sample  | Description  |
|---|--|
| <a href="#"><u>School District Standalone Template Policy on Naloxone</u></a>               | School Boards may use this document to update their board policies prior to establishing and implementing their district's naloxone program.   |
| <a href="#"><u>AR 5141.21 Administering Medication and Monitoring Health Conditions</u></a> | School Boards may use this document to update their board policies prior to establishing and implementing their district's naloxone program.   |
| <a href="#"><u>Attestation for Narcan Distribution</u></a>                                  | This form can be attached to your DHCS Naloxone Distribution Project Application as part of your distribution plan. (Editable)   |
| <a href="#"><u>Sample Naloxone Policy and Procedures</u></a>                                | This form may serve as a guide for administrators and staff on the district's policies regarding naloxone use on site and can be attached to your DHCS Naloxone Distribution Project Application. (Editable) |
| <a href="#"><u>Opioid Antagonist Indemnity Acknowledgement</u></a>                          | This form must be provided to all staff who volunteer to administer naloxone on school sites after receiving training. Signed forms may be placed in the individual's personnel file. (Editable)             |

# Resources

| Document Template/Sample  | Description   |
|---|---|
| <a href="#"><u>Responding to an Opioid Overdose Flowchart</u></a>           | A visual guide for responding to an opioid overdose using naloxone, which can be distributed to volunteer staff after training.   |
| <a href="#"><u>Opioid Antagonist FAQs</u></a>                               | Frequently asked questions about AB1748: Opioid Antagonist from the California School Nurses Organization.  |
| <a href="#"><u>Opioid Antagonist Definition and General Information</u></a> | This document may be distributed to staff or parents. (Editable)  |
| <a href="#"><u>Employee Volunteer Form</u></a>                              | This form must be provided to all staff who volunteer to administer naloxone on school sites. Completed forms may be placed in the individual's personnel file. (Editable)  |
| <a href="#"><u>Emergency Response Report Opioid Overdose</u></a>            | This document can serve as an incident report for an opioid overdose that occurs on the school site. When applying to DHCS's Naloxone Distribution Project, data on the number of overdose reversals may be required. This document can serve as a record to support your district's reversal data. |
| <a href="#"><u>Naloxone Nasal Spray Maintenance Form</u></a>                | This form may be used to document proper monitoring of your site's naloxone stock and each unit's expiration date. When applying to DHCS's Naloxone Distribution Project, data storage and monitoring processes may be required.  |
| <a href="#"><u>Disposal of Opioid Antagonist</u></a>                        | This form may be used to document the proper disposal of expired naloxone. This data may be required when applying to DHCS's Naloxone Distribution Project.   |
| <a href="#"><u>Staff Training Sign-in Sheet</u></a>                         | Use this sign-in sheet to document participation during a naloxone training event.  |
| <a href="#"><u>CDPH Standing order application FAQs</u></a>                 | Frequently asked questions on how to obtain a naloxone standing order from the California Department of Public Health.  |



# Resources

| Document Template/Sample  | Description  |
|---|--|
| <a href="#">DHCS Naloxone Distribution Project Application FAQs</a> | Frequently asked questions on how to apply to the California Department of Health Care Services's Naloxone Distribution Project. |
| <a href="#">California Education Code 49414.3</a>                   | A copy of CA Ed Code 49414.3: Opioid Antagonist.   |

## Web-Based Resources

| Link  | Description   |
|---|---|
| <a href="https://www.songforcharlie.org/">https://www.songforcharlie.org/</a>   | A Song for Charlie is national family-run non profit charity dedicated to raising awareness about "fentapills"- fake pills made of fentanyl. This website provides resources related to healthy-coping strategies for young people as well as promoting peer-to-peer learning programs. |
| <a href="https://www.samhsa.gov/">https://www.samhsa.gov/</a>   | The Substance Abuse and Mental Health Services Administration. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on communities. Treatment, training, and research resources can be found on this website.   |
| <a href="https://bhsd.sccgov.org/information-resources/opioid-overdose-prevention-project">https://bhsd.sccgov.org/information-resources/opioid-overdose-prevention-project</a> | The Santa Clara County Opioid Overdose Prevention Project is a coalition of healthcare professionals and other volunteers from a variety of backgrounds whose aim is to promote opioid safety. The site provides resources on prevention and education, as well as county-wide events.  |

# Naloxone Training Resource Guide

Santa Clara County  Office of Education

1290 Ridder Park Drive, San Jose, CA 95131

[www.sccoe.org](http://www.sccoe.org)