



December 12, 2022

TO: District Superintendents and Chief Business Officials

FROM: Robert J. Kretzmer
Director, Property & Liability

SUBJECT: Fentanyl Crisis

What is fentanyl?

Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. Pharmaceutical fentanyl treats severe pain, sometimes after surgery and for advanced-stage cancer. Illicitly manufactured fentanyl is an illegal drug that has a heroin-like effect. It is often times added to other drugs and used to make other illicit drugs more powerful and addictive. It can come in powdered or liquid form. We recommend that our member districts watch the educational video provided by the California Department of Public Health which can be found at [Fentanyl Crisis Among CA Youth \(CDPH Safe Schools for All\)](#)

Signs of overdose

Individuals suffering from an opioid overdose may have “pinpoint pupils”, fall asleep or lose consciousness, have slow weak or no breathing, choke or make gurgling sounds, have a limp body and have cold, clammy and or discolored skin.

Naloxone

This is a medication to reverse an opioid overdose. It can be administered through a nasal spray or with an auto-injector into the outer thigh. It is not addictive and will have no effect on the person if there are no opioids in the person’s system. Free naloxone is available to qualified organizations including school districts. Attached is a publication from the Centers for Disease Control (CDC) explaining the particulars on how and when to use naloxone.

What to do in the event of an overdose

Naloxone should be administered immediately if available and 911 should be called if you believe someone is suffering from an opioid overdose. Every attempt should be made to keep the person awake and breathing. The person should be laid on their side to prevent choking. Lastly, be sure to stay with the person until emergency personnel have arrived. We recommend that our member districts watch the educational video provided by the CDPH, which can be found at [Administering Naloxone](#)

Authorization for administration of naloxone

On September 24, 2016, the Governor approved AB 1748, which authorized a pharmacy to furnish naloxone hydrochloride or another opioid antagonist to a school district, county office of education, or charter school if certain conditions are met. The bill authorizes school nurses and trained personnel who

have volunteered to provide emergency medical aid to persons suffering from a potential overdose. Under the bill's provisions, school districts are authorized to voluntarily determine whether to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available. We are attaching a copy of Education Code section 49414.3 that codified AB 1748 and became effective January 1, 2017.

Rainbow Fentanyl Alert

On September 21, 2022, Tomas Aragon, M. D., Director and State Public Health Officer for the CDPH, issued a letter to California County and District Superintendents and Charter School Administrators as a Rainbow Fentanyl Alert. These brightly colored fentanyl have been identified as a new trend according to the United States Drug Enforcement Agency (DEA). Dr. Aragon explained that opioid related overdose deaths in California's youth ages 10 to 19 saw a significant increase from 54 deaths in 2018 to 274 deaths in 2020. Fentanyl related overdose deaths also saw a significant increase. There were 36 fentanyl related deaths in 2018 compared to 261 in 2020.

What steps can our member districts take?

We encourage our member districts to take the following steps:

- Contact your local county public health office to obtain guidance on the fentanyl crisis as well as to learn about what steps can be taken to obtain and administer naloxone at your school sites. Kern County member districts can contact Jaime Bowman, Program Coordinator, Kern Behavioral Health and Recovery Services, at telephone number 661-868-8028 or by email at jbowman@kernbhhs.org
- Educate yourselves as to the complexity of the fentanyl crisis by watching the CDPH video noted above at [Fentanyl Crisis Among CA Youth \(CDPH Safe Schools for All\)](#)
- Watch the video pertaining to the administration of naloxone at [Administering Naloxone](#)

How and When to Use Naloxone for an Opioid Overdose

Naloxone saves lives because it can very quickly restore normal breathing to a person whose breathing has slowed or stopped as a result of overdosing on opioid medications, heroin, or other drugs (e.g., cocaine, methamphetamine) that are mixed or laced with the opioid fentanyl.¹



What are the signs of an opioid overdose?

During an overdose, a person's breathing can be dangerously slowed or stopped, causing brain damage or death. It's important to recognize the signs and act fast, even before emergency workers arrive. Signs of an overdose may include:²

- Small, constricted "pinpoint pupils"
- Limp body
- Falling asleep or loss of consciousness
- Slow, shallow breathing
- Choking or gurgling sounds



Naloxone (Narcan®) temporarily reverses the effects of overdose from drugs made from opium or opioids, including:³

- heroin
- morphine
- oxycodone (OxyContin®)
- methadone
- fentanyl
- hydrocodone (Vicodin®)
- codeine
- hydromorphone
- buprenorphine

If you give naloxone to a person who has not taken an opioid medicine, it will not hurt them.⁵

To learn about training on how to give naloxone, visit getnaloxonenow.org.



Side effects of naloxone

Naloxone can (but does not always) cause withdrawal symptoms, unpleasant physical reactions, when an individual stops using a substance that they depend on. Withdrawal symptoms may be uncomfortable but are not life-threatening.³

Withdrawal symptoms may include:

- Fever
- Nausea
- Feeling restless or irritable
- Fast heart rate
- Sweating
- Vomiting
- Shaking

What to do if you think someone has overdosed on opioids²

Naloxone can (but does not always) cause withdrawal symptoms, unpleasant physical reactions, when an individual stops using a substance that they depend on. Withdrawal symptoms may be uncomfortable but are not life-threatening.³

1. Call 911 immediately.
2. Give naloxone as quickly as possible, if available. Do not wait for emergency workers to arrive before giving naloxone.
3. Try to keep the person awake and breathing.
4. Lay the person on their side to prevent choking.
5. Stay with the person until emergency workers arrive.
6. Naloxone is a temporary treatment. More than one dose might be needed under some circumstances, especially if an overdose event involves illicitly manufactured fentanyl and fentanyl-related substances.^{4,5}

Remember, naloxone is a safe medicine. By carrying naloxone, you can save a life.⁶ After naloxone is used or if it is expired, make sure to let your provider or pharmacist know so you can get more.



For more information and resources on naloxone, visit [cdc.gov/opioids/naloxone](https://www.cdc.gov/opioids/naloxone), and for drug overdose prevention, visit [cdc.gov/drugoverdose](https://www.cdc.gov/drugoverdose).

¹<https://www.drugabuse.gov/publications/drugfacts/naloxone>

²<https://www.cdc.gov/drugoverdose/pdf/patients/Preventing-an-Opioid-Overdose-Tip-Card-a.pdf>

³<https://www.drugabuse.gov/publications/drugfacts/naloxone>

⁴<https://emergency.cdc.gov/han/2020/han00438.asp>

⁵<https://www.fda.gov/drugs/drug-safety-and-availability/fda-recommends-health-care-professionals-discuss-naloxone-all-patients-when-prescribing-opioid-pain>

⁶<https://www.hhs.gov/surgeongeneral/priorities/opioids-and-addiction/naloxone-advisory/index.html>

State of California

EDUCATION CODE

Section 49414.3

49414.3. (a) School districts, county offices of education, and charter schools may provide emergency naloxone hydrochloride or another opioid antagonist to school nurses or trained personnel who have volunteered pursuant to subdivision (d), and school nurses or trained personnel may use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

(b) For purposes of this section, the following terms have the following meanings:

(1) “Authorizing physician and surgeon” may include, but is not limited to, a physician and surgeon employed by, or contracting with, a local educational agency, a medical director of the local health department, or a local emergency medical services director.

(2) “Auto-injector” means a disposable delivery device designed for the automatic injection of a premeasured dose of an opioid antagonist into the human body and approved by the federal Food and Drug Administration for layperson use.

(3) “Opioid antagonist” means naloxone hydrochloride or another drug approved by the federal Food and Drug Administration that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body, and has been approved for the treatment of an opioid overdose.

(4) “Qualified supervisor of health” may include, but is not limited to, a school nurse.

(5) “Volunteer” or “trained personnel” means an employee who has volunteered to administer naloxone hydrochloride or another opioid antagonist to a person if the person is suffering, or reasonably believed to be suffering, from an opioid overdose, has been designated by a school, and has received training pursuant to subdivision (d).

(c) Each public and private elementary and secondary school in the state may voluntarily determine whether or not to make emergency naloxone hydrochloride or another opioid antagonist and trained personnel available at its school. In making this determination, a school shall evaluate the emergency medical response time to the school and determine whether initiating emergency medical services is an acceptable alternative to naloxone hydrochloride or another opioid antagonist and trained personnel. A private elementary or secondary school choosing to exercise the authority provided under this subdivision shall not receive state funds specifically for purposes of this subdivision.

(d) (1) Each public and private elementary and secondary school in the state may designate one or more volunteers to receive initial and annual refresher training, based

on the standards developed pursuant to subdivision (e), regarding the storage and emergency use of naloxone hydrochloride or another opioid antagonist from the school nurse or other qualified person designated by an authorizing physician and surgeon. A benefit shall not be granted to or withheld from any individual based on his or her offer to volunteer, and there shall be no retaliation against any individual for rescinding his or her offer to volunteer, including after receiving training. Any school district, county office of education, or charter school choosing to exercise the authority provided under this subdivision shall provide the training for the volunteers at no cost to the volunteer and during the volunteer's regular working hours.

(2) An employee who volunteers pursuant to this section may rescind his or her offer to administer emergency naloxone hydrochloride or another opioid antagonist at any time, including after receipt of training.

(e) (1) The Superintendent shall establish minimum standards of training for the administration of naloxone hydrochloride or another opioid antagonist that satisfies the requirements of paragraph (2). Every five years, or sooner as deemed necessary by the Superintendent, the Superintendent shall review minimum standards of training for the administration of naloxone hydrochloride or other opioid antagonists that satisfy the requirements of paragraph (2). For purposes of this subdivision, the Superintendent shall consult with organizations and providers with expertise in administering naloxone hydrochloride or another opioid antagonist and administering medication in a school environment, including, but not limited to, the California Society of Addiction Medicine, the Emergency Medical Services Authority, the California School Nurses Organization, the California Medical Association, the American Academy of Pediatrics, and others.

(2) Training established pursuant to this subdivision shall include all of the following:

(A) Techniques for recognizing symptoms of an opioid overdose.

(B) Standards and procedures for the storage, restocking, and emergency use of naloxone hydrochloride or another opioid antagonist.

(C) Basic emergency followup 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.

(D) Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.

(E) Written materials covering the information required under this subdivision.

(3) Training established pursuant to this subdivision shall be consistent with the most recent guidelines for medication administration issued by the department.

(4) A school shall retain for reference the written materials prepared under subparagraph (E) of paragraph (2).

(5) The department shall include on its Internet Web site a clearinghouse for best practices in training nonmedical personnel to administer naloxone hydrochloride or another opioid antagonist to pupils.

(f) Any school district, county office of education, or charter school electing to utilize naloxone hydrochloride or another opioid antagonist for emergency aid shall distribute a notice at least once per school year to all staff that contains the following information:

(1) A description of the volunteer request stating that the request is for volunteers to be trained to administer naloxone hydrochloride or another opioid antagonist to a person if the person is suffering, or reasonably believed to be suffering, from an opioid overdose.

(2) A description of the training that the volunteer will receive pursuant to subdivision (d).

(3) The right of an employee to rescind his or her offer to volunteer pursuant to this section.

(4) A statement that no benefit will be granted to or withheld from any individual based on his or her offer to volunteer and that there will be no retaliation against any individual for rescinding his or her offer to volunteer, including after receiving training.

(g) (1) A qualified supervisor of health at a school district, county office of education, or charter school electing to utilize naloxone hydrochloride or another opioid antagonist for emergency aid shall obtain from an authorizing physician and surgeon a prescription for each school for naloxone hydrochloride or another opioid antagonist. A qualified supervisor of health at a school district, county office of education, or charter school shall be responsible for stocking the naloxone hydrochloride or another opioid antagonist and restocking it if it is used.

(2) If a school district, county office of education, or charter school does not have a qualified supervisor of health, an administrator at the school district, county office of education, or charter school shall carry out the duties specified in paragraph (1).

(3) A prescription pursuant to this subdivision may be filled by local or mail order pharmacies or naloxone hydrochloride or another opioid antagonist manufacturers.

(4) An authorizing physician and surgeon shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for the issuance of a prescription or order pursuant to this section, unless the physician and surgeon's issuance of the prescription or order constitutes gross negligence or willful or malicious conduct.

(h) (1) A school nurse or, if the school does not have a school nurse or the school nurse is not onsite or available, a volunteer may administer naloxone hydrochloride or another opioid antagonist to a person exhibiting potentially life-threatening symptoms of an opioid overdose at school or a school activity when a physician is not immediately available. If the naloxone hydrochloride or another opioid antagonist is used it shall be restocked as soon as reasonably possible, but no later than two weeks after it is used. Naloxone hydrochloride or another opioid antagonist shall be restocked before its expiration date.

(2) Volunteers may administer naloxone hydrochloride or another opioid antagonist only by nasal spray or by auto-injector.

(3) A volunteer shall be allowed to administer naloxone hydrochloride or another opioid antagonist in a form listed in paragraph (2) that the volunteer is most comfortable with.

(i) A school district, county office of education, or charter school electing to utilize naloxone hydrochloride or another opioid antagonist for emergency aid shall ensure that each employee who volunteers under this section will be provided defense and indemnification by the school district, county office of education, or charter school for any and all civil liability, in accordance with, but not limited to, that provided in Division 3.6 (commencing with Section 810) of Title 1 of the Government Code. This information shall be reduced to writing, provided to the volunteer, and retained in the volunteer's personnel file.

(j) (1) Notwithstanding any other law, a person trained as required under subdivision (d), who administers naloxone hydrochloride or another opioid antagonist, in good faith and not for compensation, to a person who appears to be experiencing an opioid overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for his or her acts or omissions in administering the naloxone hydrochloride or another opioid antagonist.

(2) The protection specified in paragraph (1) shall not apply in a case of gross negligence or willful and wanton misconduct of the person who renders emergency care treatment by the use of naloxone hydrochloride or another opioid antagonist.

(3) Any public employee who volunteers to administer naloxone hydrochloride or another opioid antagonist pursuant to subdivision (d) is not providing emergency medical care "for compensation," notwithstanding the fact that he or she is a paid public employee.

(k) A state agency, the department, or a public school may accept gifts, grants, and donations from any source for the support of the public school carrying out the provisions of this section, including, but not limited to, the acceptance of naloxone hydrochloride or another opioid antagonist from a manufacturer or wholesaler.

(Added by Stats. 2016, Ch. 557, Sec. 2. (AB 1748) Effective January 1, 2017.)