

SOUTHWESTERN

LAW SCHOOL

Los Angeles, CA

Naloxone/Narcan Administration Policy

Administrative policy approved February 27, 2023.

Revision history: Technical edits made in February 2025.

Related policies: Policy on Alcohol and Other Drugs

Scheduled Review Date: February 2027 (Administrative Services Office and General Counsel's Office)

A. Background and Purpose

Opioid overdose and deaths from opioid overdose are major public health problems in the United States. Opioids include prescription medications used to treat pain, like morphine, codeine, methadone, oxycodone, hydrocodone, fentanyl, and illegal drugs like heroin and illicit potent opioids such as fentanyl analogs. The California Department of Health Care Services created the Naloxone Distribution Project to combat opioid overdose-related deaths. As a school, Southwestern qualifies for this program and has applied for and received a Naloxone Standing Order that authorizes school personnel who have completed an opioid overdose prevention and treatment training program to administer Naloxone Hydrochloride (Naloxone), in its nasal spray formulation, to reverse an opioid-related overdose. Naloxone, an opioid antagonist, blocks the effects of opioids but does not cause any opioid-like symptoms and is commonly distributed under the trade name Narcan. The purpose of this policy is to help reduce morbidity and mortality associated with opioid overdoses by facilitating the administration of Naloxone.

B. Who May Administer Naloxone

Trained Southwestern personnel and authorized vendors may administer Naloxone to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. "Trained Southwestern personnel and authorized vendors" means those individuals identified on **Appendix B** (Naloxone Emergency Responder) as updated (see Section E.3 below).

C. Where Southwestern Personnel May Administer Naloxone

Generally, Naloxone Emergency Responders may administer Naloxone to a person on or immediately adjacent to the Southwestern campus (e.g., the Shatto properties and the

streets around the periphery of the Southwestern campus). The Southwestern campus is defined as the Bullock Wilshire building, the Westmoreland building, The Residences, the Promenade, the Student Commons, and all related parking lots.

D. Guidelines for Emergency Administration

1. When

Naloxone Emergency Responders may administer Naloxone to a person exhibiting potentially life-threatening symptoms of an opioid overdose.

2. Symptoms

If a person is exhibiting or reasonably believed to be experiencing any of the following symptoms, the Naloxone Emergency Responders may immediately administer Naloxone and then call 911. Below are symptoms of a potential opioid overdose.

- Unconsciousness
- Very small pupils
- Very slow or shallow breathing, or not breathing
- Vomiting
- Inability to speak
- Faint or no heartbeat
- Limp arms or legs
- Pale, clammy skin
- Blue or purple lips and fingernails

3. Administration

Naloxone Emergency Responders should use the "Instructions for Administration of Naloxone Nasal Spray" as a guide to administering Naloxone in an emergency. See **Appendix A**.

4. Emergency medical evaluation and transportation

All persons receiving emergency Naloxone should be evaluated by emergency medical services for emergency medical care and transportation to a hospital, even if symptoms appear to have been resolved. Southwestern employees will request that emergency medical services respond to the scene as soon as practicable, even if the person receiving Naloxone declines medical treatment or transportation to a medical facility. Southwestern employees shall not transport a person who has been administered Naloxone to a medical facility using their personal vehicle or a vehicle owned by Southwestern. A person who receives Naloxone in accordance with this policy may refuse further medical treatment and transportation to a medical facility. Southwestern employees will document the request for emergency medical services, transportation to a medical facility, or refusal of treatment in an Overdose Reversal and Naloxone Administration Reporting Form (**Appendix C**).

E. General Guidelines

1. Standing order

Southwestern keeps the Naloxone Standing Order on file in the Administrative Services Office. The Naloxone Standing Order will automatically expire two years from the date that it is signed. The Director of Campus Safety and Security is responsible for renewing this order.

2. Location of Naloxone

Naloxone will be stored at the security office in Bullocks Wilshire, at the security desk in Westmoreland, at the security office at The Residences, and at additional locations approved by the Director of Campus Safety and Security.

3. Naloxone emergency response plan

The Director of Campus Safety and Security must maintain an annually updated Naloxone Emergency Response Plan, **Appendix B**, with the following information:

- Where and how the Naloxone will be stored.
- A description of the required training.
- The names of the designated employees who have completed the required training program.
- Responsibilities of first responders and Naloxone Emergency Responders.
- Inspection and replacement of the Naloxone.
- Documentation related to training and administration of Naloxone.

4. Reporting

All Naloxone use by Naloxone Emergency Responders will be documented using the Overdose Reversal and Naloxone Administration Reporting Form (see **Appendix C**) and reported to the Director of Campus Safety and Security.

F. Training

Before administering Naloxone, Southwestern personnel and authorized vendors will complete initial training on opioid overdose prevention and treatment and Naloxone use, followed by annual training thereafter. See **Appendix B** for a description of the training.

G. Legal Protection for Naloxone Emergency Responders

California Civil Code Section 1714.22(f) provides that persons who are trained in accordance with the requirements of California Civil Code Section 1714.22(d), and who act with reasonable care and good faith in administering Naloxone to a person experiencing or suspected of experiencing an opioid overdose, will not be subject to professional review, liable in a civil action, or subject to criminal prosecution for such administration.

Appendix A

Instructions for Administering 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; and
- 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 heartbeat/pulse	Cyanotic skin color (blue lips, fingertips)
Normal skin color	Pinpoint pupils

Suspicion of opioid overdose can be based on:

- Presenting symptoms
- History
- Report from bystanders
- Staff prior knowledge of person

- Nearby medications, illicit drugs, or drug paraphernalia

* If the person does not respond to stimuli (e.g., calling name, shaking, sternal rub), go to **STEP 2**.

STEP 2: ADMINISTER NALOXONE

Administer Naloxone prior to initiating CPR or rescue breathing if Naloxone is immediately available (see **STEP 4** for CPR and rescue breathing).

- **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 prior to, during, or as soon as practicable 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 pulse. Perform CPR if needed (CPR certification is recommended, not required) and use an automated external defibrillator (AED) if available.

Assess breathing. If there is a pulse but no breathing, perform rescue breathing.

- 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.
- 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.

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 (see **Step 2**).
- Resume rescue breathing if spontaneous breathing does not recur.
- Stay with the person until help arrives.
- Be prepared for agitation upon emergence from unresponsive state. Be prepared to restrain the person and protect patient and bystander/rescuer from if necessary.
- Nausea and vomiting may occur as the Naloxone takes effect. Be prepared to place the person on their side to avoid aspiration.
- Follow Campus Security's guidance regarding the seizing of all illegal and/or non-prescribed opioid narcotics found on victim.

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.
- Notify the Administrative Services Office; this office will then take the necessary steps to notify any emergency contacts.
- Complete Overdose Reversal and Naloxone Administration Reporting Form (note dose(s) and time(s) of administration and person's response) and provide to the Director of Campus Safety and Security by the end of the business day following the administration of Naloxone.
- Follow up with treatment referral recommendations.

Appendix B

Naloxone Emergency Response Plan – February 2025

Locations for Naloxone:

- Security office of Bullocks Wilshire
- Security desk of Westmoreland
- Security office at The Residences
- The following locations approved by the Director of Campus Safety and Security:

Description of training:

The training for Southwestern employees will consist of watching the Naloxone Administration video produced by the California Department of Public Health and reviewing this policy. Training for security personnel assigned to Southwestern by Allied University Security Services (Allied) will consist of completing the Naloxone training provided by Allied and reviewing this policy. The Security Manager assigned by Allied to Southwestern maintains the training certificates for Allied security personnel assigned to Southwestern, which are available to Southwestern upon request. Southwestern employees and security personnel will document the completion of their respective training by submitting the Naloxone Administration Training form to the Director of Campus Safety and Security. The Director of Campus Safety and Security is responsible for making sure this training occurs. An opioid overdose prevention and treatment training program means any program operated by a local health jurisdiction or that is registered by a local health jurisdiction to prevent, recognize, and respond to an opiate overdose. Training will include:

- The causes of an opiate overdose
- Recognizing the signs and symptoms of potential opioid overdose
- Potential risks and hazards of exposure to potent opioid substances
- Precautionary measures to protect responding staff and nearby individuals
- How to contact appropriate emergency medical services
- How to administer Naloxone
- Mouth-to-mouth resuscitation
- Expected possible undesired effects of Naloxone administration associated with acute withdrawal
- Appropriate after-action activities, including reporting and documentation

Trained personnel:

The Director of Campus Safety and Security maintains a record of all trained Southwestern employees and trained security personnel assigned to Southwestern by Allied who are authorized to administer Naloxone in accordance with this policy.

Storage:

The Director of Campus Safety and Security is responsible for properly storing Southwestern's supply of Naloxone. Naloxone will be stored in a secure manner at the security office in Bullocks Wilshire, at the security desk in Westmoreland, at the security office at The Residences, and at additional locations approved by the Director of Campus Safety and Security. Naloxone will be stored at a controlled room temperature of 59° F to 77° F. Naloxone should not be frozen and should be protected from light. To help protect Naloxone Emergency Responders from potential drug exposure, nitrile gloves will be stored with the Naloxone.

Monthly inspection:

On a monthly basis, the Director of Campus Safety and Security or their designee will visually inspect the Naloxone for the following:

- The Naloxone is stored at temperatures between 59F and 77F
- Any package tampering
- Expiration date

Replacement:

The Director of Campus Safety and Security or their designee will be responsible for replacing the Naloxone before the expiration date on the box or replace the dose(s) used. All Naloxone that has been opened, whether administered or not, will be replaced with a new kit.

Documentation:

The Director of Campus Safety and Security or their designee will be responsible for documenting the annual training of Southwestern personnel and will update this Naloxone Emergency Response Plan as necessary. In addition, the Director of Campus Safety and Security will be responsible for maintaining documentation regarding:

- The number of doses of Naloxone administered
- The number of reversals that occurred using Naloxone

Reporting:

All Naloxone use by Naloxone Emergency Responders will be documented using the Overdose Reversal and Naloxone Administration Reporting Form and reported to the Director of Campus Safety and Security. This report must be completed and submitted to the Director of Campus Safety and Security by the end of the business day following the administration of Naloxone. The Director of Campus Safety and Security or their designee will be responsible for reporting information regarding the number of reversals that occurred using the Naloxone to Naloxone@dhcs.ca.gov.

Responding:

A first responder is a person, other than a Naloxone Emergency Responder, who either finds or initially responds to a person experiencing an opioid overdose. The first responder will call Campus Security.

Campus Security will notify the Naloxone Emergency Responders by phone.

The responding Naloxone Emergency Responder will bring the Naloxone to the emergency location. The responding Naloxone Emergency Responder will document the Naloxone administration using the Naloxone Administration Report form and report such administration to the Director of Campus Safety and Security.

Appendix C

Overdose Reversal and Naloxone Administration Reporting Form

OVERDOSE REVERSAL AND NALOXONE ADMINISTRATION REPORTING FORM

THIS FORM IS TO BE COMPLETED WITHIN FIVE 5 BUSINESS DAYS OF NALOXONE ADMINISTRATION

Authorized Responder:

Date:

Incident #:

Use of Naloxone During Emergency Drug Overdose

Approximate time of incident:

How many doses of naloxone was used?

How was naloxone given?

Date naloxone was used (MM/DD/YY):

Manufacture name:

Manufacture lot #

Has patient been treated with naloxone in the past? Yes No Unknown

Location of Incident

Location address:

State/County:

Postal code:

About the Patient (check all that apply)

Gender: Male Female Unknown sex Approximate age:

What Drugs Had Been Used (check all that apply)

Inject Heroin Sniff Heroin Methadone Use Heroin, but unknown use Pain Pills

Smoke Heroin Cocaine Unknown Other Drugs, Please Specify:

Condition of Patient

Was the patient conscious before naloxone was used? Yes No Unknown

Signs of Overdose Present (check all that apply)

Unresponsive Breathing slowly Not Breathing Blue lips Blue fingertips

Deep snoring or gurgling Vomiting Cannot speak Pale or clammy skin

Slow heartbeat Stopped heartbeat Pinpoint pupils

Other:

Actions Taken (check all that apply)

Rescue Breathing Chest Compressions Recovery Position Called 911

Outcome

Did Emergency Medical Services assist in overdose? Yes No Unknown

Did the patient survive? Yes No Unknown

Was the patient transported to the hospital? Yes No Unknown

Event Summary

Written summary describing the incident:

Signature of Authorized Responder:

Date:

Signature of the Director of Campus Safety Security:

Date: