



PASADENA UNIFIED SCHOOL DISTRICT

EDUCATION CENTER • HEALTH PROGRAMS

School Year: 2023-2024

To: All Staff

From: Ria Apodaca, Director of Health Programs

Re: Solicitation of Volunteer Nonmedical School Personnel

Education Code section 49414.3 authorizes unlicensed school employees to administer emergency naloxone hydrochloride or another opioid antagonist medication to students who suffer an opioid overdose at school.

The purpose of this notice is to solicit volunteers to administer emergency naloxone hydrochloride or another opioid antagonist medication to pupils suffering, or reasonably believed to be suffering, from an opioid overdose, in the absence of a school nurse. Volunteers may administer naloxone hydrochloride or another opioid antagonist only by nasal spray or by auto-injector; a volunteer may administer naloxone hydrochloride or another opioid antagonist in a form that the volunteer is most comfortable with. Volunteers will receive training from a licensed healthcare professional.

Any agreement by an employee to administer emergency naloxone hydrochloride or another opioid antagonist medication is strictly voluntary and no benefit shall be granted to or withheld from any individual based on his/her offer to volunteer. Employees who volunteer may rescind his/her offer to administer emergency naloxone hydrochloride or another opioid antagonist medication at any time, including after receipt of training.

Employees who volunteer to administer emergency naloxone hydrochloride or another opioid antagonist medication will be provided a 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 Government Code section 810 *et seq.*

This notification is provided annually to all staff. If you are willing to be identified as a volunteer and be trained in the administration of an opioid antagonist, please complete the section below and submit it to your site administrator.

Name: _____ (Print Name)

School: _____ Position: _____

_____ I wish to volunteer to administer an emergency opioid antagonist emergency medication to students who are suffering or reasonably believed to be suffering from an opioid overdose.

_____ I understand that I will be trained by a licensed healthcare professional.

Signature: _____ Date: _____

**351 South Hudson Avenue • Pasadena, CA 91109
(626) 396-3600 ext. 88240 • Fax (626) 584-1540**

www.pusd.us