

	COUNTY OF SACRAMENTO EMERGENCY MEDICAL SERVICES AGENCY	Document #	2523.03
	<u>PROGRAM DOCUMENT:</u> Administration of Naloxone by Law Enforcement First Responders	Initial Date:	11/17/16
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Signature on File

EMS Medical Director

Signature on File

EMS Administrator

Purpose:

- A. To describe criteria for law enforcement officer administration of intranasal (IN) Naloxone Hydrochloride (Naloxone) in cases of suspected acute opioid overdose.
- B. To provide medical direction and Naloxone administration parameters for (approved optional scope) for law enforcement officers in Sacramento County.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Training:

- A. Training shall be done as outlined in California Code of Regulations, Title 22, Division 9, Chapter 1.5. First Aid and CPR Standards and Training for Public Safety Personnel, including the optional skills administration of IN Naloxone for suspected narcotic overdose.
- B. The Training Officer/Coordinator or other designated individual, shall be responsible for the following:
 - 1. Ensuring the Naloxone is current and not expired.
 - 2. Proper and efficient deployment of Nasal Naloxone for use.
 - 3. Replacement of any Naloxone that is damaged, unusable, expired or deployed.
 - 4. Ensuring all personnel that will be using ~~Nasal~~ Naloxone has received appropriate training.
 - 5. Replacing the Naloxone and ensuring that there is an adequate supply available for use.
 - 6. Keep record of all documented use, restocking, damaged, and unusable or expired Naloxone.

Definitions:

- A. Opioid (narcotic) overdose: The result of an individual's intentional/accidental exposure to narcotic pharmacological substance(s), e.g. heroin, morphine, oxycodone, hydrocodone, fentanyl, methadone, opium, dilaudid, and Demerol.
- B. Naloxone: Naloxone is an antagonist **ONLY** to opioid narcotics and is not effective with other medications. It will **NOT** reverse non-opiate drug exposures, e.g. benzodiazepines, sedative hypnotics, alcohol or other class of drugs.

Indications:

- A. Suspected or confirmed opiate overdose
 - 1. Environment is suspicious of illegal or prescription use of opiates, AND
 - 2. Victim is unconscious/poorly responsive and respiratory (breathing) rate appears slow (< 8) or shallow/inadequate; or victim is unconscious and not breathing.
- B. Need for complete or partial reversal of Central Nervous System and respiratory depression induced by opioids.

- C. Decreased sensorium of unknown origin
- D. Law Enforcement personnel or First Responders with known or suspected Opiate exposure (Fentanyl) AND signs and symptoms of Opiate overdose.

Contraindications:

- A. Allergy to Naloxone

Relative Contraindications:

- A. Use with caution in opiate-dependent patients and in neonates of opiate addicted mothers; opiate-dependent patients who receive Naloxone may experience acute withdrawal reaction syndrome. Opiate withdrawal symptoms in the opiate-dependent patient include:
 - 1. Agitation
 - 2. Tachycardia
 - 3. Hypertension
 - 4. Seizures
 - 5. Dysrhythmias
 - 6. Nausea, vomiting, and/or diarrhea
 - 7. Diaphoresis

Protocol:

A. IN Naloxone Administration:

- 1. Ensure EMS has been activated using the 9-1-1 system
- 2. Maintain standard blood and body fluid precautions, use personal protective equipment.
- 3. Check patient/victim for responsiveness.
- 4. Open the airway using Basic Life Support techniques.
- 5. Perform rescue breathing, if indicated. Perform CPR if pulseless.
- 6. Administer IN Naloxone:
 - a) **Preload Naloxone, administer 4 mg IN.** If no improvement, consider repeat dose in 2-3 minutes if no response to initial dose (total of 2 doses) **or**
 - b) **Atomizer Naloxone administer 2 mg IN** (administer ½ of dose to each nostril). Consider repeat dose in 2-3 minutes if no response to initial dose. A third dose may be given if there is no response to the second dose, for a total of three (3) doses.
- 7. If response to naloxone and patient is possibly a chronic opiate user, prepare for possible narcotic reversal behavior or withdrawal symptoms (vomiting and agitation).
- 8. Notify transporting EMS personnel of Naloxone administration.

Data Collection:

- A. EMS providers shall document the “prior to arrival” administration of Naloxone by law enforcement personnel.
- B. Participating law enforcement agencies shall report all cases of Naloxone administration to SCEMSA within forty-eight (48) hours using a standard reporting form.

Cross Reference: PD # 8831- Intranasal Medication Administrations