

Policy 620

Intranasal Naloxone by Public Safety First Responders

Rev: 2/18

- I. Authority:
 - A. California Code of Regulations, Title 22, Div 9, Chpt 1.5.
- II. Purpose:
 - A. To describe criteria for public safety officer administration of naloxone hydrochloride in cases of suspected acute opioid overdose
- III. Notification of Agency Approval:
 - A. Upon San Benito County EMS (SBCEMS) Medical Director authorization of a public safety agency or department to administer naloxone in the field, there shall be notification of all hospitals, provider agencies and appropriate political jurisdictions.
- IV. Participant Criteria:
 - A. Public Safety officers employed by authorized law agencies or departments who have completed approved First Responder Naloxone training may administer naloxone in the field or in jails by authority of the SBCEMS Medical Director.
 - B. Current certification in Basic Life Support (AHA, American Red Cross, or SBCEMS approved equivalent) is required of any Public Safety personnel approved for administration of naloxone.
- V. Approved Departments and Responding Units
 - A. San Benito County public safety agencies and departments approved for administration of naloxone by the SBCEMS.
 - B. Those agencies or departments approved by SBCEMS will determine deployment of naloxone capability within their jurisdiction and notify SBCEMS of those public safety units that carry naloxone for emergency administration.
- VI. Training
 - A. Training shall consist of a one-hour presentation approved by SBCEMS which shall cover
 - 1. Background information on opioid use and abuse
 - 2. Definition of opioids
 - 3. Signs and symptoms of overdose
 - 4. Reversal of opioids using naloxone
 - 5. Emergency field treatment of the opioid overdose patient
 - 6. Mechanism of drug action of naloxone
 - 7. Dosing and Administration of intranasal naloxone
 - 8. Safety, medical asepsis, and personal protective equipment measures

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- B. Training will include a written examination and student demonstration of the administration of intranasal naloxone
- C. One hour refresher training shall be conducted at least every 2 years.
- D. Training records for each individual officer designated by the law agency as a participant shall be kept by that agency. Records should demonstrate the date of successful initial training or refresher training.

VII. Procedure for Treating Possible Opioid Overdose

- A. Identify patient with possible opioid overdose
 - 1. Environment is suspicious for illegal or prescription use of narcotics, AND
 - 2. Patient is poorly responsive and respiratory (breathing) rate appears slow or shallow; or victim is unresponsive and not breathing.
- B. Assure EMS has been activated using the 9-1-1 system.
- C. Maintain standard blood and body fluid precautions, use personal protective equipment
- D. Stimulate the patient, using sternal rub technique as necessary. If no response to stimulation and continued poor breathing,
 - 1. Open the airway using Basic Life Support techniques
 - 2. Administer Naloxone (Narcan®):
 - a) Assemble 2 mg syringe and atomizer
 - b) Administer 1mg into each nostril (1/2 total dose into each nostril)
- E. After naloxone administration observe for improved breathing and consciousness,
 - 1. If breathing or consciousness do not improve,
 - a) Perform rescue breathing, if indicated using bag-valve-mask or protective face shield
 - b) If patient is in full cardiac arrest as demonstrated by no breathing effort, begin CPR.
 - c) If patient responds to naloxone
 - (1) Prepare for possible narcotic reversal behavior or withdrawal symptoms (vomiting, irritability, agitation).
 - (2) The patient may refuse further care at this point. Continue the EMS response and notify the first arriving crew.
- F. Notify responding EMS personnel of naloxone administration.
- G. Provide patient with contact card with information on local substance abuse treatment

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resources

- H. Complete report per public safety agency protocol

VIII. Reports and Quality Assurance

- A. All cases of Public Safety administered naloxone shall be reported to the EMS Medical Director within 24 hours using the appropriate form. The report should contain, at a minimum:
 - 1. Date, time and location of service
 - 2. Brief description of initial physical findings (e.g., unresponsive, not breathing, blue skin, no pulse)
 - 3. Amount of Naloxone administered
- B. The EMS Agency, in accordance to the EMS Quality Improvement Plan, will notify the sponsoring Public Safety Agency of any opportunities for improvement, should any exist.

