

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 212 Page 1 of 3
Subject	Administration of Naloxone by Law Enforcement / First Responders	
References	Health and Safety Code, Division 2.5 California Code of Regulations, Title 22, Division 9	Effective: 4/1/17

I. POLICY

Law enforcement and First responder agencies in Fresno, Kings, Madera, and Tulare Counties desiring to administer naloxone hydrochloride, (Narcan), shall be approved and authorized by the EMS Agency in accordance with California Code of Regulations, Title 22, Division 9. Authorized agencies shall administer naloxone in accordance with this policy.

A deputy, officer or first responder trained and approved in the administration of naloxone shall maintain current certification in cardiopulmonary resuscitation (CPR), which shall be at the Basic Life Support level and consistent with the American Heart Association.

II. PURPOSE OF POLICY

- A. Provide law enforcement officers with the information necessary to identify and treat a person who may be critically ill from an opiate overdose or ingestion.
- B. To provide medical direction and parameters for the administration of naloxone.

III. 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 naloxone for suspected narcotic overdose.
- B. Each department's Training Officer/Coordinator or other designated individual, shall be responsible for the following:
 - 1. Ensuring the nasal naloxone is current and not expired.
 - 2. Replacement of any nasal naloxone that is damaged, unusable, expired or deployed.
 - 3. Ensuring all personnel that will be using nasal naloxone has received appropriate training.

Approved By EMS Director	Daniel J. Lynch (Signature on File at EMS Agency)	Revision 11/28/2017
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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4. Replacing the nasal naloxone and ensuring that there is an adequate supply available for use.
5. Keep record of all documented use and forward to EMS Agency.

IV. DEFINITIONS

- A. Opioid (narcotic) overdose: Is the result of an individual's intentional/accidental exposure to opiate narcotic pharmacological substance(s), e.g. heroin, morphine, oxycodone, hydrocodone, fentanyl, methadone, opium, dilaudid, and Demerol.
- B. Naloxone (Narcan): 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.

V. INDICATIONS/CONTRAINDICATIONS

A. Indications:

1. Suspected or confirmed opiate overdose.
 - a. Environment is suspicious of illegal or prescription use of opiates; and
 - b. Victim is unconsciously/poorly responsive and respiratory (breathing) rate appears slow (<8 breaths per minute) or shallow/inadequate; or victim is unconscious and not breathing.
2. Law Enforcement or First Responder personnel with known or suspected opiate exposure (Fentanyl) AND signs and symptoms of Opiate overdose.

B. Contraindications:

1. Allergy to naloxone.

VI. PROTOCOL

A. Intranasal (IN) Naloxone Administration:

1. Ensure EMS has been activated.
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 intranasal naloxone:
 - a. Naloxone 2 mg IN (One half in each nostril) - if no improvement, the dose may be repeated every 5 minutes if respiratory depression (breathing <8 breaths per minute) persists. If single use administration devices are used, the entire dose may be given in one nostril up to 4 mg total.
7. If there is a positive response to naloxone and patient is possibly a chronic opiate user, prepare for possible narcotic reversal behavior or withdrawal symptoms.

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8. Notify transporting EMS personnel of administration of naloxone.

VII. CONSIDERATIONS:

- A. Use naloxone 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
- B. Some opiates require higher doses of naloxone. Be prepared to give additional doses of naloxone if there is no response in the appropriate clinical circumstances.

VII. DATA COLLECTION

- A. Ambulance providers shall document the “prior to arrival” administration of naloxone by law enforcement personnel.
- B. Participating law enforcement and first responder agencies will report all cases of naloxone administration to CCEMSA using a standard reporting form. If the agency is using a form developed by its local health department, a copy of that form would be acceptable.