



Policy 620: Intranasal Naloxone by Law Enforcement

Revision 10/20/21
Effective 11/1/21

- I. Authority:
 - A. California Code of Regulations, Title 22, Div. 9, Chat 1.5.
- II. Purpose:
 - A. To describe criteria for law enforcement officer administration of Naloxone hydrochloride in cases of suspected acute opioid overdose
- III. Notification of Agency Approval:
 - A. Upon Santa Cruz County EMS (SCEMS) Medical Director authorization of a law enforcement 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. Law enforcement 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 SCEMS Medical Director.
 - B. Current certification in Basic Life Support (AHA, American Red Cross, or SCEMS approved equivalent) is required of any deputy or officer approved for administration of Naloxone.
- V. Approved Departments and Responding Units
 - A. Santa Cruz County law enforcement agencies and departments approved for administration of Naloxone by the SCEMS.
 - B. Those agencies or departments approved by SCEMS will determine deployment of Naloxone capability within their jurisdiction and notify SCEMS of those law enforcement units that carry Naloxone for emergency administration.
- VI. Training
 - A. Training shall consist of a one-hour presentation approved by SCEMS 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
- 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
 - (1) Administer 2-4 mg into one nostril
 - (2) If needed repeat into other nostril
 - b) Use prepackaged Narcan nasal spray (4mg)
 - (1) Spray into one nostril
 - (2) If needed repeat into other nostril
 3. Re-administer Naloxone
 - a) If desired response is not achieved, additional doses may be administered every 2 to 3 minutes in alternating nostrils until emergency medical assistance arrives
 - b) There is no maximum dose however if no improvement after 10mg cumulative dosage, then the diagnosis of opioid induced toxicity should be questioned.
 - (1)



- 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 resources
- H. Complete report per law enforcement agency protocol

VIII. Reports and Quality Assurance

- A. All cases of law officer administered Naloxone shall be reported to the EMS Medical Director within 10 business days. 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 law agency of any opportunities for improvement, should any exist.