

POLICY: 552.00
TITLE: Naloxone Administration by EMRs, EMTs & Law Enforcement

EFFECTIVE: 08/01/2017
REVIEW: 08/2022
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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Naloxone Administration by EMRs, EMTs & Law Enforcement

I. **AUTHORITY**

Health and Safety Code, Division 2.5, CA. Code of Regulation, Title 22, Division 9.

II. **DEFINITIONS**

- A. **Opioid (narcotic) overdose** is the result of an individual's exposure to opioid narcotic pharmacological substances (accidental or intentional). Common narcotic substances include heroin, morphine, oxycodone, hydrocodone, fentanyl, methadone, Dilaudid and Demerol.
- B. **Naloxone (Narcan)** is an antagonist to opioid narcotics and is not effective with other medications. It will NOT reverse non-opiate exposures.

III. **PURPOSE**

To serve as a patient treatment standard for EMRs, EMTs and Law Enforcement within their scope of practice. EMRs, EMTs and Law Enforcement Agencies desiring to administer naloxone hydrochloride (Narcan) shall be approved and authorized by the EMS Agency in accordance with CCR, title 22, Division 9.

IV. **PROTOCOL**

- A. Authorized agencies shall administer Naloxone in accordance with this policy.
- B. A deputy or officer approved in the administration of Naloxone shall maintain current certification in cardiopulmonary resuscitation (CPR) at the basic life support level and consistent with the American Heart Association.
- C. **INDICATIONS/CONTRAINDICATIONS**
1. Environment is suspicious for use of opioids; AND
 2. Victim is unconscious/poorly responsive and respiratory (breathing) rate appears slow (<10/min) or shallow/inadequate; OR
 3. Victim is unconscious and not breathing (Note: If patient has no pulse, begin continuous chest compression CPR immediately. CPR should take priority over administration of Naloxone)

STANDING ORDERS	
ASSESS	Establish responsiveness.
SECURE AIRWAY	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable.
OXYGEN	Oxygen delivery if available and as appropriate.
ACTIVATE EMS	Ensure EMS has been activated.
NALOXONE	2-4mg Intranasal, administer half in each nare if possible. Use lowest dose available to achieve adequate respirations. If no improvement, dose may be repeated every 5 minutes if respiratory depression (respiratory rate <10 min.) persists.

D. Documentation:

1. Complete an Overdose Report Back and Naloxone Refill Form and return to Behavioral Health per instructions on form.

Overdose Report Back and Naloxone Refill Form

Today's Date: _____ Your Name: _____

Name of Agency/Department (SO/PD/Fire): _____

Reason for Refill (check one): ☐ Used during an OD ☐ Lost ☐ Stolen ☐ Expired

Number of Refills given: _____

Overdose Information:

Date of Naloxone Administration: _____ EMS Incident Number (if known): _____

Location/Address of Incident: _____

Gender of the person who overdosed: ☐ Male ☐ Female ☐ Unknown: _____

Approximate Age of person: ☐ < 15 y.o. ☐ 15-25 y.o. ☐ 25-60 y.o. ☐ 60+ y.o.

Setting: ☐ Private (house, apt) ☐ Public (park, bathroom, car, hospital)

Did the person live? ☐ Yes ☐ No ☐ Don't Know

Was 911 called? ☐ Yes ☐ No ☐ Don't Know

Was Police or Fire present? ☐ Yes ☐ No ☐ Don't Know

Number of Naloxone doses given: _____

Did you stay with the person until the Naloxone wore off and/or the person got medical attention?

☐ Yes ☐ No

Any post-Naloxone withdrawal symptoms?

☐ None ☐ Physically Combative ☐ Irritable or Angry ☐ Vomiting

☐ Dope Sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes)

☐ Other _____

FOR FIRST RESPONDER USE ONLY

	Before Treatment	After Treatment
Respiratory Rate		
Blood Pressure		
Level of Consciousness		

Instructions for Use

- 1) An Overdose Report Back and Naloxone Refill Form must be completed for every administration of Narcan by first responding agencies within Amador and Calaveras Counties. This report provides both a mechanism for resupply of Naloxone as well as clinical oversight. Please complete all sections in full.
- 2) The Overdose Report Back and Naloxone Refill Form must be faxed to Amador or Calaveras Behavioral Health within 48 hours of use of Naloxone at the appropriate fax number below.

Alpine County: 530-694-2252

Amador County: 209-223-0920, Attn: Amy Hixon

Calaveras County: 209-754-6559, Attn: Robb Fulgham

Mariposa County: TBD

Stanislaus County: TBD

- 3) To resupply Naloxone after administration, bring this form to behavioral health in your county at the following address (please call ahead).

Alpine County Public Health 75 Diamond Valley Rd. Markleeville, CA 96120	Amador County Behavioral Health Attn: Amy Hixon Substance Abuse Services 10977 Conductor Blvd. Sutter Creek, CA 209-223-6548
Calaveras County Behavioral Health Attn: Robb Fulgham Supervisor 891 Mountain Ranch Rd., Building L San Andreas, CA 209-754-6555	Mariposa County Behavioral Health (TBD)
Stanislaus County Behavioral Health (TBD)	