

## INTRANASAL NALOXONE ADMINISTRATION

- AUTHORITY:** Health and Safety Code 1797.197  
California Civil Code 1714.22  
Orange County EMS Intranasal Naloxone by Public Safety First Responders Policy 398.00
- RESCINDS:** Procedure Manual Item number 1-4-125, dated 05/16/18
- FORMS:** OC EMS Law Enforcement First Responder: Naloxone Administration (Attachment A) SO-FR-01
- PURPOSE:** Orange County Probation may occasionally be the first responders to a person who is experiencing or suspected of experiencing an opioid-related overdose. The purpose of this policy is to establish procedures to govern an "Overdose Prevention Program" through the deployment of Naloxone by Orange County Probation Personnel. The objective is to reduce injuries and fatalities resulting from opioid overdoses, in the instances where emergency personnel have not yet arrived.

### I. GENERAL INFORMATION

It is the policy of the Orange County Probation Department that Probation personnel shall be trained to administer Naloxone in accordance with mandated training guidelines as determined and established by the Orange County Health Care Agency/Emergency Medical Services (HCA/EMS) pursuant to Health & Safety Code 1797.197 and California Civil Code 1714.22.

- A. Probation personnel who are trained in accordance with mandated training guidelines shall deploy with Naloxone kits in the field. However, Probation personnel will retain the discretion to administer or not administer Naloxone to persons experiencing or suspected of experiencing opioid-related overdoses. There is no legal obligation to administer Naloxone.
- B. Probation personnel who administer Naloxone are protected from civil and criminal liability if they "act with reasonable care" and "in good faith." This is accomplished by administering Naloxone according to established training protocol.
- C. If Probation personnel have a valid reason for not participating in the program, such as religious objections, the Probation personnel will be excused with the approval of his/her Division Director.

## II. PROCEDURE

### A. Program Coordinator

The AB109 field supervision Director will serve as the Department's program coordinator and will work in collaboration with HCA/EMS. The program coordinator will designate program managers at each participating location to provide support to the program coordinator. The program managers will be responsible for tracking, storage, maintenance, replacement of Naloxone kits, and reporting to the program coordinator.

### B. Training

#### 1. Initial Training

Probation personnel may not administer Naloxone without the completion of mandated training by HCA/EMS. All Probation personnel at participating locations will receive initial training that will include, at a minimum, an overview of California Civil Code 1714.22, patient assessment (signs/symptomology of overdose), universal precautions, rescue breathing, seeking medical attention, and the use of intra-nasal Naloxone. Upon completion of training, staff will have their training recorded with the program coordinator.

#### 2. Continued Training

Probation personnel will receive refresher training as deemed appropriate by HCA/EMS.

### C. Naloxone Deployment

The Orange County Probation Department will deploy Naloxone kits in office locations and other areas as deemed appropriate by the Chief Probation Officer or his designee.

#### 1. Naloxone Kits

Naloxone kits will contain at a minimum: gloves, mask, eye protection and Naloxone. Probation personnel at participating locations shall check out a Naloxone kit and deploy with the kit while they are in the field. If no kits are available to take into the field, Probation personnel must notify his/her supervisor.

#### 2. Naloxone Storage

Naloxone kits must be returned at the end of the shift and will not be kept in vehicles for extended periods of time.

### D. Naloxone Use

Probation personnel who have completed mandated Naloxone training by HCA/EMS are authorized to administer Naloxone when they reasonably believe someone is experiencing an opioid-related overdose. Personnel will treat the

incident as a medical emergency and shall follow these steps when performing this intervention:

1. Confirm emergency personnel are responding
2. Maintain universal precautions
3. Perform patient assessment
4. Determine unresponsiveness
5. Update dispatch of potential overdose state
6. Follow Naloxone use protocol
7. Immediately notify responding emergency medical personnel that Naloxone has been administered
8. Notify a supervisor

E. Documentation/Naloxone Reports

Upon completion of the incident, Probation personnel will submit a Special Incident Report (SIR) detailing the nature of the incident, the care the patient received and the fact that Naloxone was deployed.

F. Reporting Responsibility

Supervisors will be responsible to ensure the SIR is completed and submitted to the program manager in a timely manner. The program manager will ensure the SIR is forwarded to the program coordinator, who will notify Orange County EMS that Naloxone was administered.

G. Maintenance and Replacement

The daily inspection of Naloxone kits will be the responsibility of Probation personnel who are assigned the kit for field deployment. The maintenance and replacement of Naloxone kits will be the responsibility of the program manager (or their designee) assigned to each location where the kits are used. Used, lost, or damaged Naloxone kits will be reported to the immediate supervisor and returned to the program manager for replacement.

**REFERENCES:**

Procedure: 1-4-101 Incidents or Injuries Involving the Public

Policies: G-3 Building Security and Safety  
G-8 Injuries and Medical Emergencies

Attachment

V. Sanchez

**APPROVED BY:**



ORANGE COUNTY EMERGENCY MEDICAL SERVICES  
PREHOSPITAL STANDING ORDERS / TREATMENT GUIDELINES

LAW ENFORCEMENT FIRST RESPONDER: NALOXONE ADMINISTRATION

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**Indication:** Suspected narcotic overdose:

- Environment is suspicious for illegal or prescription use of narcotics, AND
- Victim is poorly responsive and respiratory (breathing) rate appears slow or shallow; or victim is unresponsive and not breathing.

**Standing Order (poor breathing and decreased consciousness):**

1. Assure 9-1-1 EMS medical dispatch is notified.
2. Use personal protective equipment (gloves, face shield).
3. Stimulate victim to determine if the person will awaken.
4. If no response to stimulation and continued poor breathing, administer:
  - NARCAN™ Nasal Spray 4 mg preloaded single dose device*
    - Administer full dose in one nostril
    - If partial response in breathing or consciousness, repeat 4 mg preloaded dose in nostril opposite to first dose; may repeat additional doses as needed to maintain breathing and consciousness.
  - OR
  - Naloxone (generic):*
    - Assemble 2 mg syringe and atomizer
    - Administer 1 mg into each nostril (1/2 total dose into each nostril)
    - If partial response in breathing or consciousness, repeat 2 mg, 1 mg into each Nostril; may repeat additional doses as needed to maintain breathing and consciousness..
5. After NARCAN™ or Naloxone administration, observe for improved breathing and consciousness; if no improvement, assist breathing if bag-valve-mask if available or begin CPR if no pulse and no breathing detected.
6. If awakened by NARCAN™ or Naloxone, be alert for sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating.
7. If CPR not necessary and it is possible, place patient on left side to avoid inhaling any possible vomit.
8. Report administration of naloxone to EMS personnel for documentation in the EMS Patient Care Record.
9. Complete report per law enforcement agency protocol.

Approved:

Review Dates: 2/17, 4/18  
Final Date of Implementation: 4/20/2018  
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PREHOSPITAL STANDING ORDERS / TREATMENT GUIDELINES

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**Standing Order (not breathing, unresponsive):**

1. Assure 9-1-1 EMS medical dispatch is notified.
2. Use personal protective equipment (gloves, face shield).
3. Begin CPR (chest compressions with ventilation if bag-valve-mask available).
4. When possible: administer either:
  - NARCAN™ Nasal Spray 4 mg preloaded single dose device*
    - *Administer full dose in one nostril*
    - *If partial response in breathing or consciousness, repeat 4 mg preloaded single dose administration in nostril opposite to first dose.*

*OR*

  - Naloxone (generic):*
    - *Assemble 2 mg syringe and atomizer*
    - *Administer 1 mg into each nostril (1/2 total dose into each nostril)*
    - *If partial response in breathing or consciousness, repeat 2 mg, 1 mg into each nostril.*
5. After NARCAN™ or Naloxone administration, observe for improved breathing and consciousness; if breathing or consciousness do not improve, assist breathing if bag-valve-mask if available or begin CPR if no pulse and breathing detected.
6. If awakened by NARCAN™ or Naloxone, be alert for sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating.
7. If CPR no longer necessary and it is possible, place patient on left side to avoid inhaling any possible vomit.
8. Report administration of naloxone to EMS personnel for documentation in the EMS Patient Care Record.
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