

Naloxone Administration Protocols

442.1 PURPOSE AND SCOPE

To establish guidelines regarding the utilization of intranasal naloxone hydrochloride (opioid overdose medication) by sworn personnel (officers). The primary use of intranasal naloxone shall be to provide immediate medical assistance, where appropriate.

442.2 APPLICABILITY

The San Diego Probation Department will train and equip officers to respond to opioid overdose emergencies. Officers may administer opioid overdose medication in accordance with the protocol specified by the licensed healthcare provider who prescribed the overdose medication for use by the officer and (Civil Code §1714.22; 22 CCR 100019):

- (a) When trained and tested to demonstrate competence following initial instruction.
- (b) When authorized by the medical director of the local emergency medical services agency (LEMSA)

442.3 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Administer intranasal naloxone to a patient suspected of an opioid exposure with respiratory depression or unresponsiveness as follows:

- (a) Remove intranasal naloxone from packaging by peeling back the tab with the circle to open the spray.
- (b) Hold the intranasal naloxone with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
- (c) Tilt the head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into either nostril until your fingers are on the bottom of the person's nose.
- (d) Press the plunger firmly to give the dose of nasal naloxone spray.
- (e) Remain with the individual until he or she is under the care of a medical professional, such as a paramedic, emergency medical technician, physician, or nurse. Rescue breathing (one breath every 5 seconds) should be given, if necessary, while waiting for emergency medical assistance (EMS).
- (f) Administer additional doses of intranasal naloxone using a new nasal spray with each dose, if the exposed patient does not respond or relapses into respiratory depression. Additional doses of intranasal naloxone may be administered every 2 to 3 minutes until EMS arrives.

Do not administer intranasal naloxone to a patient with known hypersensitivity to naloxone.

Officers will inform responding EMS/paramedics that they have administered intranasal naloxone and the number of doses administered.

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442.3.1 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Officers who are qualified to administer opioid overdose medication, such as intranasal naloxone, shall handle, store and administer the medication consistent with their training. Officers should check the medication and associated administrative equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired or unserviceable administrative equipment shall be removed from service, given to the unit supervisor, and ultimately returned to the program administrator for replacement.

Officers who carry intranasal naloxone will maintain universal precautions, perform a basic assessment of the patient to determine unresponsiveness, absence of breathing and/or pulse and provide basic CPR/first aid as required.

Any officer who determines the patient is likely suffering a medical emergency as a result of an opioid overdose and who administers opioid overdose medication should contact the Probation dispatcher as soon as possible to request EMS response.

Additional medical treatment and transportation to a hospital will be at the discretion of EMS personnel. If the subject is transported to a hospital for treatment, the officer shall respond to the hospital to brief medical personnel and gather the necessary information to document the incident.

The Professional Standards Division shall designate a member of the Continuous Quality Improvement Unit to act as the program administrator. The program administrator shall be responsible for ensuring an adequate supply of intranasal naloxone is available for use by trained officers. He or she will also coordinate and assist with required training and submit training rosters to the San Diego County Health and Human Services Agency (HHSA). Periodic program evaluations shall be conducted to ensure the provisions of the program are implemented.

The role of the program administrator includes working under a standing order from the County of San Diego designated medical director and attending naloxone training provided by the County of San Diego. Additionally, the administrator will receive, manage and properly store and dispose of naloxone. The administrator will provide program oversight and distribution and disposal of naloxone. Documentation of distribution, disposal and use will be reported to HHSA on a quarterly basis.

442.4 TRAINING

All officers authorized to administer opioid overdose medication shall attend the mandatory training program designed by the department in coordination with the San Diego County Health and Human Services Agency and in compliance with Civil Code §1714.22 and 22 CCR 100019. The program coordinator shall ensure refresher training is provided to all officers authorized to administer opioid overdose medication.

442.5 OPIOID OVERDOSE MEDICATIONS REPORTING

Any officer administering intranasal naloxone nasal spray shall document the event in an incident report. The report shall include all identifying information for the assisted person (patient), the amount of intranasal naloxone nasal spray administered, and all circumstances surrounding its

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use. The report should be completed by the officer prior to the end of his or her shift. Once the report has been submitted, approved and all administrative reviews have been completed, a copy of the report shall be sent to the program administrator.

For naloxone received by the County of San Diego Health and Human Services Agency, a quarterly report will be submitted to Public Health Services, detailing the number of medications administered and the number of officers trained during the quarter.