



## INTRANASAL NALOXONE BY PUBLIC SAFETY FIRST RESPONDERS

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### I. AUTHORITY:

*California Code of Regulations, Title 22, Div 9, Chpt 1.5.*

### II. APPLICATION:

The purpose of this policy is to describe criteria for public safety officer administration of naloxone hydrochloride in cases of suspected acute opioid overdose.

### III. NOTIFICATIONS:

- A. Upon approval of a public safety agency or department to administer naloxone in the field by Orange County EMS (OCEMS), there shall be notification of all hospitals (including Base Hospitals), provider agencies and appropriate political jurisdictions.

### IV. PARTICIPANT CRITERIA:

- A. Public safety officers working in OCEMS naloxone administration approved agencies or departments who have completed OCEMS- sanctioned First Responder Naloxone Training may administer naloxone in the field or jails by authority of the OCEMS Medical Director.
- B. Current certification in Basic Life Support (AHA, American Red Cross, or OCEMS approved equivalent) is required of any deputy or officer approved for administration of naloxone.

### V. APPROVED DEPARTMENTS AND RESPONDING UNITS

- A. Orange County public safety agencies and departments approved for administration of naloxone will be identified by OCEMS.
- B. Those agencies or departments approved by OCEMS will determine deployment of naloxone capability within their jurisdiction and notify OCEMS of those public safety units that carry naloxone for emergency administration.

### VI. TRAINING

- A. Training shall consist of a one-hour presentation prepared by OCEMS 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 instructor demonstration and participant return demonstration of the administration of intranasal naloxone.

### VII. PROCEDURE

- A. Identify victim of possible opioid overdose.
- B. Ensure 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 if initially unresponsive, using sternal rub technique.
- E. Open the airway using Basic Life Support techniques.



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- F. Perform rescue breathing, if indicated using bag-valve-mask or protective face shield.
- G. Administer intranasal naloxone per standing order (FRS-SO-01).
- H. If patient is in full, cardiac arrest as demonstrated by no breathing effort, begin CPR.
- I. If responds to naloxone, prepare for possible narcotic reversal behavior or withdrawal symptoms (vomiting, irritability).
- J. Notify responding EMS personnel of administration of naloxone.

**VIII. DATA COLLECTION**

- A. EMS responders shall document the “prior to arrival” administration of naloxone by law enforcement personnel.
- B. Participating Public Safety Agencies will report all cases of naloxone administration to OCEMS using standard reporting form.

**IX. SAFETY and MONITORING**

- A. Public safety first responder naloxone administration will be included into the OCEMS EMS Plan and evaluated and monitored within the OCEMS Quality Improvement and Process Improvement Program.
- B. Naloxone storage and rotation of expired medication will be done using pre-determined protocols and documentation developed by the participating public safety agencies.

**Approved:**

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