

Naloxone (Narcan) Administration for Opiate/ Opioid Overdoses

505.1 PURPOSE AND SCOPE

The purpose of this policy is to provide approved members with guidelines to utilize Naloxone (Narcan) in order to reduce fatal opiate/opioid overdose or for members affected by an occupational opioid exposure.

505.2 POLICY

It is the policy of the Fresno County Fire Protection District (FCFPD) for trained members to administer Naloxone (Narcan), in accordance with state law and the administrative medical director's guidelines and oversight, to persons suffering from opiate/opioid overdose at the earliest possible time to minimize chances of death.

505.3 DEFINITIONS

1. **Naloxone Hydrochloride (Narcan):** an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal and intravenous forms. Narcan is the brand name for Naloxone. Naloxone is an antagonist **ONLY** to opioid narcotics and is not effective with other medications. It will **NOT** reverse non-opiate drug exposures, e.g. benzodiazepines, sedative hypnotics, alcohol or other class of drugs.
2. **Opiates:** Naturally derived from the poppy plant, such as heroin and opium.
3. **Opioids:** Synthetic opiate drugs such as fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone and oxycodone.
4. **Opioid Overdose:** an acute condition including but not limited to extreme physical illness, decreased level of consciousness, respiratory depression coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.
5. **Naloxone Nasal Spray** – The device issued to trained personnel to administer the prefilled dose of naloxone hydrochloride opioid antagonist via the intranasal mucosal atomization device (nasal spray) in accordance with medical and training protocols.
6. **Administer/administration** – To introduce an emergency opioid antagonist into the body of a person.
7. **Occupational Opioid Exposure** - When first responders are exposed to opioids during incidents.

505.4 NALOXONE NASAL SPRAY

Protocols for the training of, deployment, storage, and maintenance of Naloxone Nasal Spray

Fresno County Fire Protection District

Policy Manual

Naloxone (Narcan) Administration for Opiate/Opioid Overdoses

505.4.1 TRAINING

1. Training shall be done as outlined in Central California Emergency Medical Services (CCEMS) Policy 212 and California Code of Regulations, Title 22, Division 9, Chapter 1.5. First Aid and CPR Standards and Training for Public Safety Personnel, including the optional skills administration of naloxone for suspected narcotic overdose. [See attachment: CCEMS Policy 212 Naloxon.pdf](#)
2. The Training Officer/Coordinator or other designated individual, shall be responsible for the following:
 - (a) Ensuring the nasal naloxone is current and not expired.
 - (b) Replacement of any nasal naloxone that is damaged, unusable, expired or deployed.
 - (c) Ensuring all personnel that will be using nasal naloxone has received appropriate training.
 - (d) Replacing the nasal naloxone and ensuring that there is an adequate supply available for use.
 - (e) Keep record of all documented use and forward to EMS Agency.

Only members trained in the use of Naloxone are authorized to administer Naloxone. Members shall follow protocols outlined in their Naloxone training.

Members will receive the initial naloxone hydrochloride training prior to the issuance or administration of naloxone

505.4.2 STORAGE

1. Naloxone nasal spray doses shall be carried and or kept in a manner consistent with proper storage guidelines as detailed by the manufacturer for temperature and sunlight exposure.
 - (a) Naloxone nasal spray medication shall be kept in a District-issued airway or resuscitator bag.
 - (b) Do not freeze medication.
 - (c) Protect from light until ready to use.
 - (d) Replace medication before expiration date.

505.4.3 MAINTENANCE

1. An inspection of the naloxone nasal spray dose shall be the responsibility of the personnel receiving the equipment. If the required medical seal is broken or removed, the dose will need to be replaced and restocked. Personnel will also be responsible for replacing the naloxone nasal spray doses before its expiration date.
2. Missing or damaged naloxone nasal spray doses will be reported directly to the Naloxone Liaison who shall issue new doses.

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505.4.4 DEPLOYMENT

1. Ensure EMS has been activated.
2. Maintain standard blood and body fluid precautions, use personal protective equipment.
3. Check patient/victim for responsiveness.
4. Open the airway using Basic Life Support techniques.
5. Perform rescue breathing, if indicated. Perform CPR if pulseless.
6. Administer intranasal naloxone: Naloxone 2 mg IN (One half in each nostril) - if no improvement, the dose may be repeated every 5 minutes if respiratory depression (breathing <8 breaths per minute) persists. If single use administration devices are used, the entire dose may be given in one nostril up to 4 mg total.
7. If there is a positive response to naloxone and patient is possibly a chronic opiate user, prepare for possible narcotic reversal behavior or withdrawal symptoms.
8. Notify transporting EMS personnel of administration of naloxone.
9. Use naloxone with caution in opiate-dependent patients and in neonates of opiate addicted mothers; opiate-dependent patients who receive naloxone may experience acute withdrawal reaction syndrome. Opiate withdrawal symptoms in the opiate-dependent patient include:
 - (a) Agitation
 - (b) Tachycardia
 - (c) Hypertension
 - (d) Seizures
 - (e) Dysrhythmias
 - (f) Nausea, vomiting, and/or diarrhea
 - (g) Diaphoresis
10. Some opiates require higher doses of naloxone. Be prepared to give additional doses of naloxone if there is no response in the appropriate clinical circumstances.

505.5 REPORTING REQUIREMENTS

Members will report all cases of naloxone administration to CCEMSA using a standard reporting form and in accordance with the policy on Pre-Hospital Care Reports. [See attachment: Naloxone Admin Report Form.pdf](#)

Attachments

CCEMS Policy 212 Naloxon.pdf

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 212 Page 1 of 3
Subject	Administration of Naloxone by Law Enforcement / First Responders	
References	Health and Safety Code, Division 2.5 California Code of Regulations, Title 22, Division 9	Effective: 4/1/17

I. POLICY

Law enforcement and First responder agencies in Fresno, Kings, Madera, and Tulare Counties desiring to administer naloxone hydrochloride, (Narcan), shall be approved and authorized by the EMS Agency in accordance with California Code of Regulations, Title 22, Division 9. Authorized agencies shall administer naloxone in accordance with this policy.

A deputy, officer or first responder trained and approved in the administration of naloxone shall maintain current certification in cardiopulmonary resuscitation (CPR), which shall be at the Basic Life Support level and consistent with the American Heart Association.

II. PURPOSE OF POLICY

- A. Provide law enforcement officers with the information necessary to identify and treat a person who may be critically ill from an opiate overdose or ingestion.
- B. To provide medical direction and parameters for the administration of naloxone.

III. TRAINING

- A. Training shall be done as outlined in California Code of Regulations, Title 22, Division 9, Chapter 1.5. First Aid and CPR Standards and Training for Public Safety Personnel, including the optional skills administration of naloxone for suspected narcotic overdose.
- B. Each department's Training Officer/Coordinator or other designated individual, shall be responsible for the following:
 - 1. Ensuring the nasal naloxone is current and not expired.
 - 2. Replacement of any nasal naloxone that is damaged, unusable, expired or deployed.
 - 3. Ensuring all personnel that will be using nasal naloxone has received appropriate training.

Approved By EMS Director	Daniel J. Lynch (Signature on File at EMS Agency)	Revision 11/28/2017
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	

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4. Replacing the nasal naloxone and ensuring that there is an adequate supply available for use.
5. Keep record of all documented use and forward to EMS Agency.

IV. DEFINITIONS

- A. Opioid (narcotic) overdose: Is the result of an individual's intentional/accidental exposure to opiate narcotic pharmacological substance(s), e.g. heroin, morphine, oxycodone, hydrocodone, fentanyl, methadone, opium, dilaudid, and Demerol.
- B. Naloxone (Narcan): Naloxone is an antagonist **ONLY** to opioid narcotics and is not effective with other medications. It will **NOT** reverse non-opiate drug exposures, e.g. benzodiazepines, sedative hypnotics, alcohol or other class of drugs.

V. INDICATIONS/CONTRAINDICATIONS

- A. Indications:
 1. Suspected or confirmed opiate overdose.
 - a. Environment is suspicious of illegal or prescription use of opiates; and
 - b. Victim is unconsciously/poorly responsive and respiratory (breathing) rate appears slow (<8 breaths per minute) or shallow/inadequate; or victim is unconscious and not breathing.
 2. Law Enforcement or First Responder personnel with known or suspected opiate exposure (Fentanyl) AND signs and symptoms of Opiate overdose.
- B. Contraindications:
 1. Allergy to naloxone.

VI. PROTOCOL

- A. Intranasal (IN) Naloxone Administration:
 1. Ensure EMS has been activated.
 2. Maintain standard blood and body fluid precautions, use personal protective equipment.
 3. Check patient/victim for responsiveness.
 4. Open the airway using Basic Life Support techniques.
 5. Perform rescue breathing, if indicated. Perform CPR if pulseless.
 6. Administer intranasal naloxone:
 - a. Naloxone 2 mg IN (One half in each nostril) - if no improvement, the dose may be repeated every 5 minutes if respiratory depression (breathing <8 breaths per minute) persists. If single use administration devices are used, the entire dose may be given in one nostril up to 4 mg total.
 7. If there is a positive response to naloxone and patient is possibly a chronic opiate user, prepare for possible narcotic reversal behavior or withdrawal symptoms.

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8. Notify transporting EMS personnel of administration of naloxone.

VII. CONSIDERATIONS:

- A. Use naloxone with caution in opiate-dependent patients and in neonates of opiate addicted mothers; opiate-dependent patients who receive naloxone may experience acute withdrawal reaction syndrome. Opiate withdrawal symptoms in the opiate-dependent patient include:
 1. Agitation
 2. Tachycardia
 3. Hypertension
 4. Seizures
 5. Dysrhythmias
 6. Nausea, vomiting, and/or diarrhea
 7. Diaphoresis
- B. Some opiates require higher doses of naloxone. Be prepared to give additional doses of naloxone if there is no response in the appropriate clinical circumstances.

VII. DATA COLLECTION

- A. Ambulance providers shall document the “prior to arrival” administration of naloxone by law enforcement personnel.
- B. Participating law enforcement and first responder agencies will report all cases of naloxone administration to CCEMSA using a standard reporting form. If the agency is using a form developed by its local health department, a copy of that form would be acceptable.

Naloxone Admin Report Form.pdf

