

ADMINISTRATION & MAINTENANCE OF INTRANASAL NALOXONE

STANDARD NO(S):

DATE:

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REFER TO:

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I. OBJECTIVE:

The purpose of this policy is to establish broad guidelines and regulations governing the utilization of naloxone by trained personnel within the Seneca County Sheriff's Office (SCSO). The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when members of the SCSO are the first to arrive at the scene of a suspected overdose.

II. POLICY:

Law enforcement personnel and civilians may possess and administer naloxone so long as they have been trained consistent with New York State Public Health Law §3309 and the regulations in §80.138 of Title 10 of the New York Codes, Rules and Regulations. The New York State Division of Criminal Justice Services and the New York State Department of Health training curriculum meets this standard. New York State Public Health Law §3309 provides protections for non-medical individuals from liability when administering naloxone to reverse and opioid overdose.

III. DEFINITIONS:

- A. **OPIOID:** A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin ®, Percocet ®, and hydrocodone (Vicodin ®).
- B. **NALOXONE:** A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan ®.

C. OVERDOSE RESCUE KIT: At a minimum should include the following:

1. Two (2) prefilled luer-lock syringes, without needles, each containing 2 mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates.
2. Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.

IV. PROCEDURES

A. Deployment:

1. The Road Patrol Lieutenant will be the SCSO coordinator for the naloxone administration program, whose responsibilities will include:
 - a. Maintaining training records for personnel;
 - b. Assuring the supply, integrity and expiration dates of the Overdose Rescue Kits and ;
 - c. Assuring the maintenance of the administration records.

B. Naloxone Use:

1. Members will request an ambulance to respond to the scene where the aided is in potential overdose state.
2. Members should use universal precautions and protections from blood borne pathogens and communicable diseases when administering naloxone.
3. Members will determine need for treatment of naloxone by evaluating the aided: if the aided is unresponsive with decreased or absent respirations the member should administer naloxone following the established training guidelines.
4. Once the assessment of the aided is complete, which should include, but may not be limited to determining unresponsiveness and other indicators of opiod involved overdose, each member will administer the medication from the Overdose Rescue Kit following established training guidelines.
5. Members will use proper tactics when administering naloxone; aided individuals who are revived from an opiod overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
6. Members will remain with the aided until EMS personnel arrive.

7. Members will inform EMS personnel upon their arrival that naloxone has been administered.

C. Maintenance/Replacement of Naloxone:

1. Overdose Rescue Kits will be carried in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
2. Used, lost, damaged, or expired Overdose Rescue Kits will be replaced according to CSO policy.
3. Expired naloxone will be:
 - a. Maintained by the agency for use in training; or
 - b. Properly disposed of according to SCSO policy.

D. Documentation:

1. Following naloxone administration, the member will prepare an SJS entry outlining the facts and circumstances surrounding the event, and will
2. Complete and submit via email or fax a New York State Public Safety Naloxone Quality Improvement Usage Report to the New York State Department of Health, (located in the SCSO Forms Folder on the SCSO "G" Drive.
3. The member will place the completed Usage Report in the Road Patrol Lieutenant's wall mail pocket.