

**EMS Operations****Date: 07/01/2023****Intranasal Naloxone by Public Safety First Responders****Policy #1800****I. Purpose:**

The purpose of this policy is to describe criteria for public safety first responder administration of naloxone hydrochloride in cases of suspected acute opioid overdose. A public safety agency or department shall meet the requirements outlined herein to be approved by Imperial County EMS to administer naloxone in the field.

**II. Authority:**

Education Code § 49414.3, Business and Professions Code §4052.01, Health and Safety Code Division 2.5 ,California Code of Regulations, Title 22, Div 9 §100019

**III. Policy:****A. Participation Criteria**

1. Public safety first responders working in agencies or departments approved the Imperial County EMS Agency (ICEMSA) to administer naloxone and have completed First Responder Naloxone Training may administer naloxone in the field or jails.
2. Current certification in Basic Life Support (AHA or equivalent as approved by ICEMSA) is required of any public safety first responder approved for administration of naloxone.
3. Imperial County public safety agencies and departments approved for administration of naloxone will be identified by ICEMSA.

**B. Program Administration**

1. Each agency shall designate a qualified supervisor of health to oversee the naloxone nasal spray program. If a qualified supervisor of health is not available, an administrator shall be responsible for the program.
2. Each agency requesting approval for naloxone nasal spray administration, shall submit a "Naloxone Nasal Spray Administration" form to ICEMSA.
3. The qualified supervisor of health or the administrator may designate volunteers who wish to participate in the program to receive initial and bi-annual refresher training as describe below.

**C. Training Requirements**

1. Designated public safety first responders shall receive annual training that includes, but is not limited to, the following minimum requirements.
  - i. A one (1) hour presentation approved by ICEMS which shall cover:

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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. Potential side effects of naloxone administration and reversal of opioids
  9. Safety, medical asepsis, and personal protective equipment measures
  10. Standards and procedures for the storage, restocking, and emergency use of naloxone nasal sprays
  11. Emergency follow-up procedures, including calling the emergency 911 telephone number and contacting, if possible, the pupil's parent and physician.
  12. Recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.
- ii. Written examination, instructor demonstration and participant return demonstration of the administration of intranasal naloxone.
  - iii. Written materials covering the information included in this section.
  - iv. The training program shall be approved by the ICEMSA Medical Director.
  - v. Every five (5) years, or sooner, as deemed necessary by the EMS Agency Medical Director, the agency point of contact shall consult with the EMS Agency to review the minimum standards of training for the administration of naloxone nasal spray.

**D. Maintaining Authorization**

1. To maintain authorization to perform this optional skill, the public safety first responder must meet the following requirements:
  - i. Skills competency demonstrated by direct observation of an actual or simulated patient contact for each optional skill the public safety first responder is authorized to perform. Skills demonstration shall include a review of the skill,

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medications and conditions for which it can be administered. The interval between skills demonstration sessions shall be every two (2) years from the date of authorization. An "Optional Skills Competency Verification Form" must be completed every two (2) years. Mandatory forms can be found on the Imperial County EMS Agency website.

- ii. Failure to meet the criteria listed above shall result in the suspension of the optional skill authorization.

**E. Naloxone Nasal Spray**

1. The ICEMSA Medical Director shall provide approval for use of naloxone nasal spray and training for agencies completing the requirements noted.
2. The qualified supervisor of health, or administrator, shall be responsible for stocking the naloxone nasal sprays and restocking it if it used.
3. A trained individual may administer a naloxone nasal spray to a person exhibiting potentially life-threatening symptoms of opioid overdose.

**F. Data Collection**

1. Ensure all uses of naloxone nasal spray through this program are documented and reported to the ICEMSA Medical Director. Each time a naloxone nasal spray is used:
  - i. Emergency medical services shall be activated for follow-up care through the 911 system or appropriate PSAP center. Report the use of a naloxone nasal spray to EMS first responders and/or ambulance personnel.
  - ii. A "Naloxone Incident Report Form" shall be submitted to ICEMSA within 72 hours of event. Mandatory forms can be found on the Imperial County EMS Agency website.
  - iii. Participating public safety agencies will maintain records of all deployments of naloxone which shall be available to ICEMSA upon request.
  - iv. EMS personnel shall document the "prior to arrival" administration of naloxone by public safety first responders.

**G. Stocking of Naloxone Nasal Spray**

1. Stocking should occur prior to expiration.
2. If there is a medication shortage, application for use of expired medications, or consulting with ICEMSA to determine current recommendations is encouraged prior to

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disposal of expired medications.

3. The naloxone nasal spray shall be restocked within two (2) weeks of use.

**H. Safety and Monitoring**

1. Public safety first responder naloxone administration will be included into the ICEMSA EMS Plan and evaluated and monitored within the ICEMS quality improvement and process improvement program.

APPROVED:

Signature on File

Katherine Staats, M.D. FACEP

EMS Medical Director