



Operational Policy		3309
Effective December 1, 2017		Expires March 31, 2019
Policy: Intranasal Naloxone Use by Public Safety Personnel	Approval: Medical Director Reza Vaezazizi, MD	Signed
Applies To: PSP, EMT, Paramedic, EMS System	Approval: REMSA Director Bruce Barton	Signed

PURPOSE

To establish the process and procedures to allow for approved law enforcement agencies and appropriately trained law enforcement personnel to provide intranasal naloxone to patients with suspected acute narcotic overdose.

AUTHORITY

[California Health and Safety Code - Division 2.5: Emergency Medical Services \[1797. - 1799.207.\]](#)
[California Code of Regulations, Title 22. Social Security, Division 9. Ch. 1.5 Prehospital Emergency Medical Services](#)

Training Standards

1. Law Enforcement agencies in Riverside County seeking to utilize naloxone to manage patients with suspected narcotic overdose shall be authorized and approved by REMSA in accordance with state laws, regulations and REMSA policies. Authorized agencies shall administer naloxone in accordance with this policy.
2. Law enforcement personnel must be trained to the Public Safety Personnel First Aid and CPR standard as outlined in Title 22, Division 9, Chapter 1.5, Section 100017 and maintain ongoing competencies and proficiencies as outlined by Section 100022.
3. Ongoing competency for the administration of intranasal naloxone must be maintained every two (2) years, training for ongoing competency must be approved by REMSA.
4. Each authorized law enforcement agency requesting authorization will submit:
 - a. A formal request for approval of intranasal naloxone use.
 - b. A designated point of contact for the program and provide contact information for the individual in the formal request letter above.

Performance Standards

1. Law enforcement personnel working for agencies authorized to administer intranasal naloxone by REMSA may provide 2.0 mg intranasal naloxone following procedure outlined in this policy and in REMSA approved training.
2. Intranasal Naloxone Administration:
 - a. Identify the victim of possible narcotic overdose.
 - b. Ensure Paramedic response has been requested.
 - c. Maintain standard blood and body fluid precautions and use appropriate personal protective equipment.
 - d. Check victim for responsiveness.
 - e. Ensure an open airway using Basic Life Support Techniques. Perform CPR if patient is in cardiac arrest.
 - f. As clinically indicated, provide rescue breathing using a bag-valve-mask or face shield.
 - g. Administer intranasal naloxone, using procedure from training.
 - i. Repeat dose if respiratory depression persists (breathing < 8 breaths/minute).
 - h. Continue CPR, rescue breathing or other first aid as clinically indicated.

- i. Prepare for possible reversal behavior or withdrawal symptoms such as agitation/aggression, combativeness, vomiting, etc.
 - j. Notify the responding agency's paramedic of the administration of naloxone.
 - k. Replace the used naloxone device with another intranasal naloxone administration device.
3. Responding EMS providers shall document the intranasal naloxone use as "prior to arrival" and assign the administration to the administering law enforcement agency.
4. Participating law enforcement agencies will report all cases of naloxone administration to REMSA via data submission compatible with REMSIS.