



*NALOXONE USE AND MAINTENANCE*  
**GENERAL ORDER #25.01**

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**Persons Affected:** All personnel

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**IACLEA Standards:**

**Revision History**

New SUDPS General Order

**PURPOSE**

The purpose of this Order is to provide guidelines pertaining to the use of Naloxone Hydrochloride (Naloxone or NARCAN) issued by the Stanford University Department of Public Safety (SUDPS) to its personnel for use in the performance of their duties. Naloxone is used for the purpose of reducing fatalities which occur as a result of opiate overdose. California law currently permits the administration of Naloxone to a person experiencing an opioid overdose by anyone who has completed training on the use of the medication.

**POLICY**

SUDPS will issue a Naloxone dispenser to Department personnel who have been selected to be trained in the use and maintenance of Naloxone Hydrochloride. It will be the employee's responsibility to retain the dispenser, use it in compliance with their training, document its use, and arrange for a replacement when used, expired or damaged.



The SUDPS is dedicated to a continuous quality improvement plan (CQIP) regarding the storage, training and administration of Naloxone by department personnel. In an effort to ensure appropriate administration of Naloxone, the SUDPS will review 100% of administrations of the medication by Department personnel. Personnel are required to follow the appropriate documentation standards prescribed within this Order and submit to their supervisor for review. All incident reports will be forwarded to the Santa Clara County EMS Agency via email within 96 hours of administration.

### DEFINITIONS

<b>Naloxone</b>	<p>Naloxone is an opioid antagonist drug. Naloxone is a drug used to counter the effects of opiate overdose, for example, a heroin or morphine overdose. Naloxone is specifically used to counteract life-threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including NARCAN.</p> <p>Naloxone, and Narcan, has sometimes been mistakenly called "naltrexate". It is not to be confused with naltrexone, an opioid receptor antagonist with qualitatively different effects, used for dependence treatment rather than emergency overdose treatment.</p>
<b>Opiate</b>	<p>An opiate is any controlled substance containing or compounded to be a derivative of morphine or morphine sulfate. The term opiate describes any of the narcotic opioid alkaloids found as natural products in the opium poppy plant, <i>Papaver somniferum</i>. Commonly encountered opiates by public safety personnel include heroin, fentanyl, morphine, OxyContin, Percocet, and Percodan.</p>
<b>Opiate Overdose</b>	<p>A serious medical condition that may lead to decreased or loss of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance with which the opioid was combined.</p>
<b>Recognizing an Opioid Overdose</b>	<ul style="list-style-type: none"><li>• Loss of consciousness</li><li>• Unresponsive to outside stimulus</li><li>• Awake, but unable to talk</li><li>• Breathing is very slow and shallow, erratic, or has stopped</li><li>• Blue or ashen skin color</li><li>• Choking sounds, or snore-like gurgling noise ("death rattle")</li><li>• Vomiting</li><li>• Slack muscles, skin pale or clammy</li><li>• Fingernails and lips blue or purplish black</li><li>• Pulse (heartbeat) is slow, erratic, or not at all</li></ul>



## **PROCEDURE**

### **A. TRAINING**

1. SUDPS Department personnel will receive training that includes, but is not limited to the following:
  - a. An overview of the laws allowing personnel to use Naloxone
  - b. Causes of opiate overdose
  - c. Victim assessment (e.g., signs/symptoms of overdose)
  - d. Personal Protective Equipment (PPE)
  - e. AED/CPR priority over Naloxone administration
  - f. Rescue breathing/Bag Valve Mask (BVM) operation
  - g. Notification of need for emergency medical services
  - h. Proper administration of intranasal Naloxone application
  - i. Post administration reaction and duration of Naloxone
  - j. Necessity of EMS transport to a hospital
2. Continuing education for Naloxone administration will be the responsibility of the SUDPS Training Manager. Refresher training will occur annually.

### **B. ISSUANCE AND STORAGE OF NALOXONE**

SUDPS personnel who have successfully completed a department authorized Naloxone training course will be issued a Naloxone dispenser. The Naloxone issued by SUDPS is in nasal spray form. Upon being issued the dispenser, it should be carried or immediately available at all times while on-duty.

1. Issuance and storage of Naloxone is as follows:
  - a. The Logistics Manager will be responsible for the issuance of Naloxone dispensers upon being advised by the Training Manager that an employee has completed the required training. The Logistic Manager will keep records of issuance, replacement and return. It shall be his/her responsibility to maintain a written inventory of Naloxone and closely monitor expiration dates. Shelf life of the medication is approximately 12 months. An additional supply will be maintained by the Logistics Manager in a secure location that provides a moderate temperature of 59-86° F.



- b. Personnel working in the field may keep their issued Naloxone dispenser in their individual first aid kits (IFAK), assigned vehicle glove box or on their person. When stored in an IFAK, the IFAK will be draped over the passenger front seat headrest and out of direct sunlight.
- c. Personnel operating a motorcycle or bicycle may store their issued Naloxone dispenser in the motorcycle's side pouch, or bicycle's pannier as long as the vehicle is not stored in the sun or high temperature areas. In cases where the vehicle will be in the sun for an extended period of time, the Naloxone dispenser should be removed and retained by the employee.
- d. Personnel assigned to plain clothes should have their Naloxone dispenser in close proximity to their work area or when leaving the station, on their person.
- e. Since Naloxone, a perishable prescription medication is temperature sensitive, storage within patrol vehicle trunks is prohibited. It is also not to be stored in patrol vehicles for consecutive days. It is the responsibility of the employee to retrieve their issued dispenser from their vehicle and store it in their secured locker when off-duty.
- f. A Naloxone dispenser will be stored above the first floor wall mounted first aid box and in the evidence processing area of the Department. Both will be in a red emergency box marked "Emergency NARCAN." It will be the Logistic Manger's responsibility, each October, to inspect both and when warranted, replace them.

### **C. ADMINISTERING**

- 1. When SUDPS personnel arrive at the scene of a medical emergency prior to Fire or Paramedic arrival, he/she shall take the following steps.
  - a. Take the following equipment to the scene/patient:
    - 1) Naloxone dispenser (NARCAN)
    - 2) First aid bag/IFAK
    - 3) A.E.D (if readily available)
  - b. Ensure the scene is safe.
  - c. Don appropriate PPE.
  - d. Assess the need for medical treatment of the person consistent with Department policies, procedures and training. This may include obtaining statements from witnesses and/or family members regarding drug use.



2. If personnel determine that the subject is likely suffering from an opiate overdose, he/she is authorized to administer Naloxone consistent with the policy and training of the SUDPS and the Santa Clara County Emergency Medical Services Agency (EMSA).
  - a. Request the Fire Department and Paramedics if they are not already enroute.
  - b. The application of an AED and/or administration of CPR shall take precedence over Naloxone administration for those patients who meet the AED/CPR criteria.
  - c. It is recommended that no less than two personnel are present at the time of Naloxone administration.
  - d. Communications should be notified once Naloxone has been administered.
  - e. Continue to observe and provide first aid until Fire Department personnel or Paramedics arrive.
  - f. After administering Naloxone, place the person in the “recovery” position on their side with their arm under their head so the mouth is facing downward unless contraindicated (as in the case of a neck or back injury).
  - g. Upon arrival of Fire and/or Paramedics, administering personnel shall advise the EMS personnel of the administration of the Naloxone, the time administered, and any changes in the patient’s condition.
  - h. Once used, the Naloxone dispenser is deemed a bio-hazard. Personnel will turn it over to Fire Department or Paramedic personnel for proper disposal.

#### **D. REPORTING**

1. Use of Naloxone will be documented by the deputy in an (IR), (SR) or collision report depending on the nature of the incident. The report’s heading shall include: “Medical Aid – Naloxone Deployment.”
  - a. The report shall include the following details:
    - 1) Nature of the incident and how notified i.e. dispatched, flagged down, on-view, etc.
    - 2) Patient information and condition upon arrival
    - 3) How a determination was made that the patient was experiencing a suspected opiate overdose
    - 4) Naloxone administration details including the time administered, who was present, outcome of the administration, the lot number and expiration date



on the Naloxone dispenser, responding Fire and Paramedic unit numbers, and the hospital the patient was transported to.

- a) When a patient who is legally authorized refuses medical assessment or transport by on-scene Fire Department or Paramedic personnel, the refusal and disposition of the patient will be noted in the report. If a Santa Clara County EMS Refusal of Service form is completed by EMS personnel, it will also be noted in the report.

An Individual is legally authorized to refuse care if he/she:

(1) Is any of the following:

- (a) An adult who has capacity;
- (b) A minor legally authorized to consent to medical treatment and who has capacity; or
- (c) A legal representative of a patient and has capacity; and

(2) Is not currently suicidal; and

(3) Is not on a psychiatric hold under California Welfare and Institutions Code Section 5150 (or similar hold).

- b. A copy of the report shall be forwarded through the chain of command to the Director of Public Safety or his/her designee. The purpose of the review by the chain of command is to discuss the effectiveness of the Naloxone administration and determine if changes to the program are necessary.
- c. A Santa Clara County EMS Law Enforcement Naloxone Utilization form will also be completed by the person administering the Naloxone. The form will be forwarded by the Department to County EMS within 4 days (96 hours) of the Naloxone being administered. The form is available on-line at:  
<https://www.sccgov.org/sites/ems/documents/pcm900/form913.pdf>
- d. The Watch Commander or shift supervisor will make an entry in the Watch Commander Log pertaining to the use of Naloxone, who administered it, and a synopsis of the event.

#### **E. TRAINING RECORDS**

The department Training Manager will be responsible for maintaining all records of SUDPS personnel who are trained in the administration of Naloxone and arranging for refresher training.