



POLICY: 552.00  
TITLE: Naloxone Administration by EMRs, EMTs & Law Enforcement  
  
EFFECTIVE: 08/01/2017  
REVIEW: 08/2022  
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

PAGE: 1 of 4

---

---

**Naloxone Administration by EMRs, EMTs & Law Enforcement**

I. AUTHORITY

Health and Safety Code, Division 2.5, CA. Code of Regulation, Title 22, Division 9.

II. DEFINITIONS

- A. **Opioid (narcotic) overdose** is the result of an individual's exposure to opioid narcotic pharmacological substances (accidental or intentional). Common narcotic substances include heroin, morphine, oxycodone, hydrocodone, fentanyl, methadone, Dilaudid and Demerol.
- B. **Naloxone (Narcan)** is an antagonist to opioid narcotics and is not effective with other medications. It will NOT reverse non-opiate exposures.

III. PURPOSE

To serve as a patient treatment standard for EMRs, EMTs and Law Enforcement within their scope of practice. EMRs, EMTs and Law Enforcement Agencies desiring to administer naloxone hydrochloride (Narcan) shall be approved and authorized by the EMS Agency in accordance with CCR, title 22, Division 9.

IV. PROTOCOL

- A. Authorized agencies shall administer Naloxone in accordance with this policy.
- B. A deputy or officer approved in the administration of Naloxone shall maintain current certification in cardiopulmonary resuscitation (CPR) at the basic life support level and consistent with the American Heart Association.

C. INDICATIONS/CONTRAINDICATIONS

1. Environment is suspicious for use of opioids; AND
2. Victim is unconscious/poorly responsive and respiratory (breathing) rate appears slow (<10/min) or shallow/inadequate; OR
3. Victim is unconscious and not breathing (Note: If patient has no pulse, begin continuous chest compression CPR immediately. CPR should take priority over administration of Naloxone)

**STANDING ORDERS**

<b>ASSESS</b>	Establish responsiveness.
<b>SECURE AIRWAY</b>	Using the simplest effective method. A BLS airway with objective evidence of good ventilation and oxygenation is adequate and acceptable.
<b>OXYGEN</b>	Oxygen delivery if available and as appropriate.
<b>ACTIVATE EMS</b>	Ensure EMS has been activated.
<b>NALOXONE</b>	2-4mg Intranasal, administer half in each nare if possible. Use lowest dose available to achieve adequate respirations. If no improvement, dose may be repeated every 5 minutes if respiratory depression (respiratory rate <10 min.) persists.

D. Documentation:

1. Complete an Overdose Report Back and Naloxone Refill Form and return to Behavioral Health per instructions on form.

## Overdose Report Back and Naloxone Refill Form

Today's Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Name of Agency/Department (SO/PD/Fire): \_\_\_\_\_

Reason for Refill (check one):  Used during an OD  Lost  Stolen  Expired

Number of Refills given: \_\_\_\_\_

**Overdose Information:**

Date of Naloxone Administration: \_\_\_\_\_ EMS Incident Number (if known): \_\_\_\_\_

Location/Address of Incident: \_\_\_\_\_

Gender of the person who overdosed:  Male  Female  Unknown: \_\_\_\_\_

Approximate Age of person:  < 15 y.o.  15-25 y.o.  25-60 y.o.  60+ y.o.

Setting:  Private (house, apt)  Public (park, bathroom, car, hospital)

Did the person live?  Yes  No  Don't Know

Was 911 called?  Yes  No  Don't Know

Was Police or Fire present?  Yes  No  Don't Know

Number of Naloxone doses given: \_\_\_\_\_

Did you stay with the person until the Naloxone wore off and/or the person got medical attention?

Yes  No

Any post-Naloxone withdrawal symptoms?

None  Physically Combative  Irritable or Angry  Vomiting

Dope Sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes)

Other \_\_\_\_\_

**FOR FIRST RESPONDER USE ONLY**

	Before Treatment	After Treatment
Respiratory Rate		
Blood Pressure		
Level of Consciousness		

**Instructions for Use**

- 1) An Overdose Report Back and Naloxone Refill Form must be completed for every administration of Narcan by first responding agencies within Amador and Calaveras Counties. This report provides both a mechanism for resupply of Naloxone as well as clinical oversight. Please complete all sections in full.
- 2) The Overdose Report Back and Naloxone Refill Form must be faxed to Amador or Calaveras Behavioral Health within 48 hours of use of Naloxone at the appropriate fax number below.

Alpine County: 530-694-2252  
Amador County: 209-223-0920, Attn: Amy Hixon  
Calaveras County: 209-754-6559, Attn: Robb Fulgham  
Mariposa County: TBD  
Stanislaus County: TBD

- 3) To resupply Naloxone after administration, bring this form to behavioral health in your county at the following address (please call ahead).

Alpine County Public Health 75 Diamond Valley Rd. Markleeville, CA 96120	Amador County Behavioral Health Attn: Amy Hixon Substance Abuse Services 10977 Conductor Blvd. Sutter Creek, CA 209-223-6548
Calaveras County Behavioral Health Attn: Robb Fulgham Supervisor 891 Mountain Ranch Rd., Building L San Andreas, CA 209-754-6555	Mariposa County Behavioral Health (TBD)
Stanislaus County Behavioral Health (TBD)	