

## **POLICY #213: Naloxone for Public Safety First Responders Requirements**

### I. PURPOSE

- A. To establish criteria as defined by Title 22, Division 9, Chapter 1.5 of the California code of Regulations (CCR), for approval, requirements and responsibilities of Public Safety First Agencies to carry and deploy intranasal (IN) naloxone.

### II. SCOPE

- A. This policy applies to all agencies or organizations that employ individuals as public safety personnel, including firefighters, peace officers and lifeguards, and obtain Naloxone for providing care for suspected opioid overdoses.

### III. DEFINITIONS

- A. Public Safety First Aid: "Public safety first aid" means the recognition of and immediate care for injury or sudden illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.
- B. Public Safety AED Service Provider: "Public Safety AED Service Provider" means an agency, or organization which is responsible for, and is approved to operate, an AED.
- C. Peace Officer: "Peace officer" means any city police officer, sheriff, deputy sheriff, peace officer member of the California Highway Patrol, marshal or deputy marshal or police officer of a district authorized by statute to maintain a police department or other peace officer required by law to complete the training specified in this Chapter.
- D. Firefighter: "Firefighter" means any regularly employed and paid officer, employee or member of a fire department or fire protection or firefighting agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California or any member of an emergency reserve unit of a volunteer fire department or fire protection district.
- E. Lifeguard: "Lifeguard" means any regularly employed and paid officer, employee, or member of a public aquatic safety department or marine safety agency of the State of California, or any city, county, city and county, district or other public or municipal corporation or political subdivision of California.
- F. Regularly Employed: "Regularly employed" means being given wages, salary, or other remuneration for the performance of those duties normally carried out by lifeguards, firefighters, or peace officers.

#### IV. POLICY

- A. A Public Safety Agency wishing to carry and deploy Intranasal (IN) Naloxone shall submit an application packet to the County of San Luis Obispo Emergency Medical Services Agency (EMS Agency) for approval.
- B. The EMS Agency will notify the applicant within twenty-one (21) business days of receiving the application of its decision to approve or deny the program.
- C. The applying agency shall have a training program approved by the EMS Agency prior to implementation of Naloxone Program.
- D. An applying public safety agency shall be an approved Public Safety AED Provider per EMS Agency Policy 204 Public Safety AED Program.
- E. The EMS Agency may revoke or suspend the public safety agency's Naloxone Program authorization for failure to meet and maintain the requirements of this policy or applicable state regulations.
- F. The participating public safety agency shall provide a list of all authorized personnel to the EMS Agency prior to implementation of the Naloxone Program. This list shall be maintained and provided to the EMS Agency on an annual basis, and upon request of the EMS Agency.
- G. Authorized personnel who fail to meet and maintain training requirements shall not utilize Naloxone on a patient.
- H. Naloxone shall be maintained in accordance with drug manufacturer recommendations including, but not limited to: storage, use, disposal and temperature.
- I. The approval of the public safety agency's Naloxone authorization shall be valid for four (4) years from authorization date. The EMS Agency may audit all training records, IN Naloxone use, and documentation in order to continue authorization.
- J. Ongoing training and continued competency for personnel shall be completed and documented every two (2) years.
- K. The public safety agency shall notify the EMS Agency when IN Naloxone has been utilized using the approved Naloxone patient report form. This report shall be returned to the EMS Agency by the 15<sup>th</sup> day of the month following the date of the call.
- L. These policies and procedures may be revised, modified or deleted at any time by the EMS Agency.
- M. The EMS Agency Medical Director must approve any exceptions to the requirements of this policy and procedures.

#### V. PROCEDURE

- A. Any costs incurred creating, implementing and maintaining for the use of IN Naloxone will be the sole responsibility of the public safety agency.

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- B. The public safety agency requesting to implement a Naloxone Program shall submit an application to the EMS Agency for approval. A complete application shall include the following:
1. A letter of intent to provide IN Naloxone signed by a chief officer agreeing to abide by County of San Luis Obispo EMS Agency policies, procedures and program requirements.
  2. A description of the need for the use of Naloxone, including the number of law enforcement encounters which may have benefited from the use of Naloxone for the previous calendar year.
  3. A description of the geographic area which the public safety agency plans to deploy Naloxone. Include estimated size, estimated population and any other unique characteristics associated with the area that may impact the program, such as college campus, tourist impact, recreational activities, etc.
  4. Procedures for collection and retention of required medical records.
  5. Identification of a Program Coordinator. This person will be responsible for program oversight and coordination of quality improvement.
  6. Written procedure for ongoing Quality Improvement activities specific to use of IN Naloxone. Include name of individual assigned to complete this responsibility on a regular and on-going basis.
  7. A description of the plans for initial training and ongoing IN Naloxone competency verification for authorized personnel. Include copy of applicants training curriculum as outlined below:
    - a) All proposed instructors must be identified in the training plan. The primary instructor shall be a physician, registered nurse, physician assistant, or paramedic licensed in California.
    - b) All instructors must be approved by the EMS Agency.
    - c) An EMT trained and authorized to use IN Naloxone may assist in the training and demonstration of skills competency.
    - d) All authorized personnel shall have and maintain current certification in Basic Life Support CPR (AHA, American Red Cross or EMS Agency approved equivalent).
    - e) Training shall be a minimum of one-hour (1) which shall cover:
      - i. Background information on opioid use and abuse
      - ii. Definition of opioids
      - iii. Signs and Symptoms of an opioid overdose

- iv. Reversal of opioids using IN Naloxone
  - v. Emergency field treatment of the opioid overdose patient including activation of EMS and the use of AED, if indicated.
  - vi. Mechanism of drug action of Naloxone
  - vii. Dosing and Administration of IN Naloxone
  - viii. Scene safety, medical asepsis, and use of personal protective equipment
- f) Training shall include a written examination and instructor demonstration and student demonstration of the administration of IN Naloxone.
  - g) On-going training and continued competency for authorized personnel shall be completed and documented every two (2) years.

## VI. AUTHORITY

- A. Title 22, California Code of Regulations, Division 9, Chapter 1.5