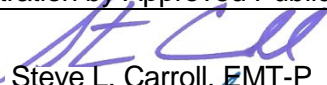



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Naloxone Administration by Approved Public Safety Agency Personnel		Policy Number 1605	
APPROVED: Administration:  Steve L. Carroll, EMT-P		Date: July 28, 2017	
APPROVED: Medical Director:  Daniel Shepherd, MD		Date: July 28, 2017	
Origination Date: July 13, 2017			
Date Revised:		Effective Date: July 28, 2017	
Date Last Reviewed:			
Review Date: August, 2018			

I. PURPOSE:

- A. To outline criteria for approved Public Safety First Aid (PSFA) administration of naloxone hydrochloride in cases of suspected acute opioid overdose.
- B. To provide medical direction and naloxone administration parameters for approved PSFA optional skills provider agencies and personnel in the County of Ventura.

II. AUTHORITY: California Health and Safety Code, Division 2.5; California Code of Regulations, Title 22, Division 9, Section 100019.

III. DEFINITIONS:

Opioid Overdose: The result of an individual's accidental or intentional exposure to narcotic substances e.g. heroin, morphine, oxycodone, hydrocodone, fentanyl, methadone, opium, hydromorphone (dilaudid), or Demerol.

Naloxone Hydrochloride (Narcan): An opioid antagonist that is only indicated for the reversal of opioid drug exposures. Naloxone will not reverse the effects of non-opioid drugs such as benzodiazepines, sedative hypnotics, alcohol, or other drug classifications.

IV. POLICY:

- A. Training shall be completed as outlined in California Code of Regulations, section 100019 and VCEMS Policy 1602 – PSFA Optional Skills Approval and Training
- B. The PSFA agency training program director shall be responsible for the following:
 - 1. Ensuring the agency's supply of nasal naloxone remains current and not expired at all times.
 - 2. Ensuring proper and efficient deployment of nasal naloxone for use within the agency.
 - 3. Prompt replacement of any nasal naloxone that is used in the course of care, expired, damaged, or otherwise deemed unusable.

4. Ensuring all personnel that will be using nasal naloxone has received appropriate training.
5. Maintain records of all documented use, restocking, damaged, expired or otherwise unusable naloxone.

V. PROCEDURE:

A. Indications

1. Suspected or confirmed opiate overdose
 - a. Environment indicates illegal or prescription use of opiate medication, AND
 - b. Victim is unconscious or poorly responsive and respiratory rate appears to slow (less than 8 per minute) or shallow/inadequate; or victim is unconscious and not breathing.
2. Need for complete or partial reversal of central nervous system and respiratory depression induced by opioids.
3. Decreased level of consciousness of unknown origin and opioid induced respiratory depression
4. Law enforcement or First Responders with known or suspected opiate exposure AND signs and symptoms of opiate overdose.

B. Contraindications

1. Known allergy to naloxone hydrochloride

C. Relative Contraindications

1. Use with caution in opiate-dependent patients and in neonates of opiate addicted mothers; opiate-dependent patients who receive naloxone may experience acute withdrawal reaction syndrome. Opiate withdrawal symptoms in the opiate-dependent patient include:
 - a. Agitation
 - b. Tachycardia
 - c. Hypertension
 - d. Seizures
 - e. Cardiac Rhythm Disturbances
 - f. Nausea, vomiting, and/or diarrhea
 - g. Profuse sweating

D. Intranasal (IN) Naloxone Administration

1. Ensure EMS personnel (fire and transport) have been responded to the scene through established communications channels.
-

2. Maintain standard body substance isolation precautions utilizing appropriate personal protective equipment.
 3. Check patient/victim for responsiveness
 4. Open airway using established Basic Life Support techniques
 5. Perform CPR as indicated.
 6. Administer intranasal naloxone
 - a. Naloxone 4mg IN
 - b. May repeat dose, if no improvement in patient condition, x 1 (total of 2 doses)
 7. If response to naloxone and patient is a suspected chronic opiate user, prepare for possible narcotic reversal behavior or withdrawal symptoms (agitation and vomiting)
 8. Notify fire and transport personnel of naloxone administration.
- E. On a monthly basis, law enforcement agencies that administer naloxone shall report all cases to the Ventura County EMS Agency using the established reporting form (Attachment A)
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Ventura County EMS Agency

VCEMS Policy 1605 Attachment A Monthly PSFA Optional Skills UTILIZATION & UPDATE FORM

Due the 15th of the following month
(ex: Jan. 1-31, due Feb. 15)

PSFA Agency Name: _____

Review Month: _____

Current Program Coordinator: _____

No Utilizations
(check here if applicable)

OR

Date of Incident	Patient Initials	Provider Name	PCR Attached
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
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			<input type="checkbox"/>

Program Coordinator Signature: _____ Date: _____

Program Notes/Comments:

For VCEMS Use Only

Received Date	Reviewed Date	Reviewed By
/ /	/ /	