



GENERAL ORDERS: Chapter 4.1

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Administration of Naloxone

I. Purpose

To establish guidelines and procedures governing the pre-hospital administration of a naloxone nasal spray device administered by trained employees to affected persons who may be experiencing an opioid overdose.

II. Policy

Designated employees shall be trained and are authorized to administer naloxone to preserve the life of another person after a suspected overdose as the result of a potential exposure to opioids.

III. Definitions

Opioid – natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others.

Naloxone – commonly known by the brand name Narcan®, is an opioid antagonist that can reverse the toxic effects of opioids by competing with the presence of opiates in the brain. It is a fast-acting drug that acts within two to three minutes of administration. It is safe to carry and administer with no potential harmful side effects and is impossible to abuse.

Naloxone Nasal Spray – an individually prepackaged nasal spray device having the ability to deliver naloxone into the nose of an individual in the form of a fine mist.

Opiate Overdose – a life threatening effect of an opiate on the human body often depressing the respiratory and central nervous systems resulting in a decreased level of consciousness. An opiate overdose can be reversed if proper medical treatment is administered in a timely manner.

IV. Statutory

A. Possession and administration of opioid antagonist

1. [Iowa Code Section 147A.18](#) provides that:

- a. Law enforcement agencies may obtain opioid antagonists (i.e. naloxone) for use by first responders.
- b. A first responder may possess and provide or administer such an opioid antagonist to an individual if the first responder reasonably and in good faith believes that such individual is experiencing an opioid-related overdose and shall not be liable for any injury arising from the administration of an opioid antagonist.

V. Training

A. General

1. Sworn employees, along with designated civilian personnel who are at risk of an opioid exposure, will be trained in the administration of naloxone.
2. Training will include:
 - a. An overview of department policy
 - b. Requesting emergency medical services to the scene
 - c. Using universal precautions
 - d. Performing a patient assessment (signs and symptoms of overdose)
 - e. Naloxone use considerations
 - f. How to properly administer the naloxone issued by the department
3. Upon completion of training, employees will have their training record documented accordingly.
4. Employees will have biennial continuing education in the administration of naloxone. This training will be in conjunction with in-service CPR recertification.

VI. Guidelines

A. General

1. Employees who have completed naloxone training are authorized to carry the department issued naloxone nasal spray for appropriate use while on duty or working off-duty in an official capacity.
2. Employees should only utilize the naloxone nasal spray device on persons believed to be suffering from an opioid overdose.

VII. Distribution and storage of naloxone

A. Distribution

1. Employees who have completed the training will be issued two 8mg naloxone nasal spray devices by the Property and Evidence Section.

B. Storage

1. Due to the temperature sensitivity of the medicine, employees should not leave the naloxone nasal spray devices in their work or personal vehicles between shifts and should remain cognizant of the location and temperature in which it is stored.
 - a. For example, the devices should not be left in direct sunlight or in temperatures of extreme heat or cold for prolonged periods of time.
2. Employee responsibility
 - a. Employees shall conduct regular visual inspections of their naloxone nasal spray devices to ensure the protective seal has not been damaged or removed and the device has not exceeded its expiration date. If one of these conditions exist:
 - (1) Discard the unused device in any waste receptacle
 - (2) Obtain a new naloxone nasal spray device(s) from the Property and Evidence Section

VIII. Utilization of Naloxone

A. Procedures

1. An employee suspecting an opioid overdose should immediately request emergency medical services respond to the scene.
2. Naloxone nasal spray will be administered according to employee training, as quickly as possible to reverse the effects of the opioid.
3. Keep the person under continued surveillance, providing basic life support services as needed, until emergency medical services arrive.

B. Documentation

1. The employee administering naloxone will complete a case investigation report titled “drug overdose” detailing the circumstances of the incident, including:
 - a. The signs and symptoms of a suspected opioid overdose that were observed by the employee
 - b. How many doses of naloxone were given
 - c. If the person was responsive to the medicine
 - d. The disposition of the person (i.e. revived and taken to the hospital)

C. Replacement

1. If an employee administers naloxone to a person, they will notify the Property and Evidence Section, within 24 hours of use, via email to propmgt@dmgov.org and provide the following information:
 - a. The case number of the incident
 - b. The date the naloxone nasal spray device was used
 - c. Whether the person was revived with the device
2. In all other cases of replacements, such as damaged or expired devices, the employee shall contact the Property and Evidence Section and provide the reason for the replacement request.
3. The Property and Evidence Section is responsible for the process to request replacement naloxone nasal spray devices from the State of Iowa.
4. The Property and Evidence Section will record and track if the device replacement was due to:
 - a. Deployment or use
 - b. Damaged, lost, or stolen
 - c. Expiration