

Naloxone Administration for Law Enforcement

Alabama Department of Public Health
Office of EMS

Introduction

All participating law enforcement officers will receive initial training that will include:

- An overview of Act No. 2015-364 that permits law enforcement use of Naloxone,
- Signs/Symptoms of Overdose,
- Universal Precautions,
- Rescue Breathing,
- Seeking Medical Attention, and
- Use of Intra-Nasal Naloxone.

Act No. 2015-364

- This bill:
 - Authorizes a physician or dentist to prescribe an opioid antagonist to an individual at risk of experiencing an opiate-related overdose or to an individual who is in a position to assist another individual at risk of experiencing an opiate-related overdose.
 - Provides immunity to a physician or dentist who prescribes an opioid antagonist and to an individual who administers an opioid antagonist.

Act No. 2015-364 continued

- This bill:
 - Provides immunity from prosecution for possession or consumption of alcohol for an individual under the age of 21 or a misdemeanor controlled substance offense by any individual who seeks medical assistance for another individual under certain circumstances.
 - Requires the Alabama Department of Public Health to approve a specific training curriculum for certain law enforcement officers relating to the administration of opioid antagonists.

Signs of Possible Overdose of Opiates

- Unresponsiveness to verbal or physical stimulation, such as pinching their ear lobe or rubbing your knuckles up and down the person's sternum. Whether or not they respond to this stimulation effectively draws the line between being really high versus overdosed.
- Slow, shallow, or absent breathing
- Skin pale, blue, or gray (especially lips and fingernails)
- Snoring, gurgling, or choking sounds
- Very limp body

If the person shows any of these symptoms, especially lack of response to stimulus or no breathing/pulse, the person may be experiencing an opioid overdose emergency.

Responding to a Suspected Opioid Overdose Emergency

- Use universal precautions (minimum level of universal precautions is medical gloves).
- Check for responsiveness and administer initial rescue breaths if person is not breathing.
- Call 911.
- Continue rescue breathing if person is not breathing on his own.
- Administer naloxone.
- Resume rescue breathing if the person is not yet breathing on his own.
- If no response after 3 minutes, conduct follow-up and administer a second dose of naloxone.

Naloxone Administration

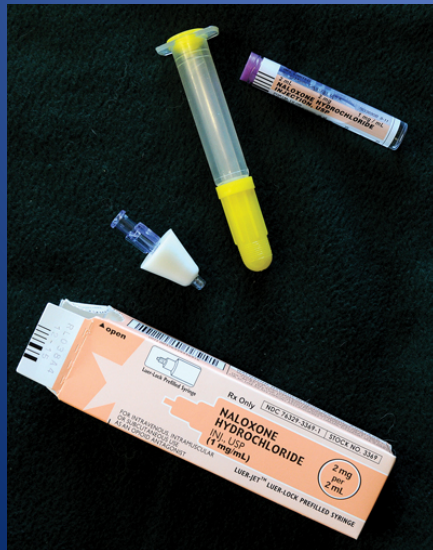
Administration of naloxone may result in opioid withdrawal symptoms.

Symptoms include:

- Nausea
- Vomiting
- Sweating
- Abnormal heart beats
- Fluid development in the lungs
- Increased blood pressure
- Shaking
- Shivering
- Seizures
- Hot flashes

Administer Intra-Nasal Naloxone

- Pull the cap off the syringe.
- Pull the red (may also be purple or gray) cap off the naloxone capsule.
- Screw the atomizer, which looks like a white cone, onto the threaded end of the syringe.



Administer Intra-Nasal Naloxone continued

- Gently screw the naloxone capsule into the syringe, open end first.
- Put the tip of the spray device into one nostril and push on the capsule to spray half of the naloxone into the nostril; immediately switch to the other nostril and spray the other half of the naloxone into the nostril. The capsule has gradient marks to indicate when you have sprayed half of the medication.

There are two cases in which you may need to administer a second dose of naloxone

Situation A

If the individual has not responded to the initial dose within 3 minutes:

- Naloxone should take effect within 30-45 seconds but may take longer.
- Wait 3 minutes (should continue rescue breathing during this time).
- At 3 minutes, administer second dose of naloxone if the patient is still showing signs of opiate overdose.
- If person remains unresponsive after the second dose is administered, continue rescue breathing until emergency medical services arrives.

Situation B

If the individual has relapsed into an overdose again after having previously recovered with the initial dose.

Naloxone has a very short half life (30-45 minutes). In some cases, there is so much opioid in the patient's system that the person can relapse back into overdose after the naloxone has worn off.

Situation B continued

When an opioid overdose relapse occurs:

- Recheck person for responsiveness.
- If unresponsive, administer second dose of naloxone.
- Continue rescue breathing until person recovers or until emergency medical services arrives.

Naloxone Storage

Naloxone is fairly tolerant of both cold and heat. Optimally, naloxone should be stored at room temperature but this may not be possible in a patrol vehicle. Care should be taken to avoid storage in direct sunlight in a patrol vehicle. Periodically check the expiration date and replace all medication upon expiration.