

CITY OF NEEDLES NALOXONE POLICY AND PROCEDURES

I. POLICY

According to the Centers for Disease Control and Prevention (CDC), “The United States is experiencing an epidemic of drug overdose (poisoning) deaths. Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids.” Naloxone hydrochloride (“Naloxone”) is an opioid antagonist designed to reverse the respiratory depression caused by an overdose of opioids.

In 2017, in an effort to reduce morbidity and mortality associated with opioid overdose, the California Department of Public Health (CDPH) issued a statewide standing order permitting, through an application process, community organizations and other entities that are not currently working with a physician to obtain and distribute Naloxone to a person at risk of an opioid-related overdose. According to the CDPH standing order, “Naloxone has very few negative effects, no effect if opioids are not in a person’s system, and no potential for abuse. Naloxone requires a prescription but is not a controlled substance.”

California Civil Code 1714.22 (f) states:

Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.

Health and Safety Code 1799.113 provides qualified immunity and states:

(a) (1) A person who, in good faith and not for compensation, renders emergency treatment at the scene of an opioid overdose or suspected opioid overdose by administering an opioid antagonist shall not be liable for civil damages resulting from an act or omission related to the rendering of the emergency treatment. (2) A person who, in good faith and not for compensation, furnishes an opioid antagonist to a person for use at the scene of an opioid overdose or suspected opioid overdose shall not be liable for civil damages resulting from an act or omission related to the furnishing of the opioid antagonist.

(b) This section does not apply to an act or omission related to the rendering of emergency treatment at the scene of an opioid overdose or suspected opioid overdose by means of an opioid antagonist that constitutes gross negligence or willful or wanton misconduct.

The City of Needles (“City”) prioritizes the safety and welfare of our community and personnel.

The City will designate a coordinator responsible for administering established procedures to support this policy and will provide supplies and training on the administration and use of Naloxone.

The City supports the overall objective to reduce the number of fatal opioid overdoses in the community and increase employee safety.

II. DEFINITIONS

- A. Opioid Overdose. An Opioid Overdose is an acute, life-threatening medical condition caused by the excessive intake of opioids (e.g., heroin, morphine, fentanyl, tramadol, oxycodone). This serious medical condition causes the victim to suffer from symptoms including but not necessarily limited to an altered level of consciousness, pinpoint pupils, respiratory arrest, unresponsiveness to stimuli, shallow or stopped breathing, blue or gray skin color around lips and fingernails, and can lead to death.
- B. Naloxone Hydrochloride. A medication used for the treatment of a known or suspected Opioid Overdose; a narcotic antagonist which works by affecting opiate receptor sites within the brain. Naloxone is commonly referred to by the brand name Narcan.
- C. Authorized Employee. An individual employed by the City who has received training on Opioid Overdose prevention and the proper use and administration of Naloxone. Authorized Employees are permitted to administer Naloxone without additional approval in cases where an Opioid Overdose is suspected.
- D. Intranasal. Administered through the nose. The nasal cavity is covered by a thin mucosa, which is extremely vascular and provides a direct route into the bloodstream of the victim. Therefore, when Naloxone is administered via spray into the victim's nose, it can be quickly effective.
- E. Secure Storage Area. A climate-controlled location where access to Naloxone is restricted and controlled.
- F. Naloxone Kit. A Naloxone Kit includes two nasal spray doses of Naloxone and may also include a zipper plastic bag, face mask, mouth shield/breathing mask, and medical-grade latex gloves.
- G. Opioid Antagonist. Naloxone hydrochloride or any other opioid antagonist that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

III. PROCEDURES

A. Coordinator.

The City Manager or his designee will act as the City's coordinator with the following responsibilities:

1. Completing training in Opioid Overdose prevention and the use and administration of Naloxone as approved by CDPH and in satisfaction of the prerequisite for submission of the Naloxone Standing Order Application required by CDPH.
2. Completing and submitting the Naloxone Standing Order Application as required by CDPH on behalf of the City.
3. Ensuring that the Standing Order issued to the City is current as the Standing Order automatically expires every two (2) from the date it is signed.
4. Identifying employees permitted to carry and administer Naloxone.
2. Maintaining a roster of employees trained in Opioid Overdose prevention and Naloxone administration. Training shall include techniques for recognizing symptoms of an opioid overdose, standards and procedures for the storage, restocking and emergency use of Naloxone, basic emergency follow-up procedures, and recommendations on the necessity of instruction and certification in cardiopulmonary resuscitation.

3. Maintaining records of Naloxone issuance and administration.
4. Establishing a Secure Storage Area and restricting and controlling access.
5. Maintaining Naloxone Kits and obtaining new kits prior to their expiration.
6. Coordinating new and continued training for Authorized Employees.
7. Retaining completed reports on Naloxone use.

B. Administration.

1. Only employees who have completed training in Opioid Overdose prevention and the use and administration of Naloxone are permitted to carry and administer it.
2. Authorized Employees should obtain Naloxone from the Secure Storage Area. Upon collection and return, each employee should complete an inventory log (Appendix A), which includes the kit number, date, and time the medication is logged out and returned.
3. Upon receipt of a kit, Authorized Employees should conduct an inspection to confirm it is in good condition and unexpired. This should include an inspection of the kit's exterior to ensure it is clean and undamaged. Expired or damaged kits should be immediately returned to the coordinator.
4. Authorized Employees should keep kits in a location easily accessible for use when needed, but out of direct sunlight. Lost kits must be reported immediately to the coordinator.
5. Naloxone should only be administered to adults and children older than one year. The dose is the same for both adults and children. Naloxone should not be administered to infants under one year of age.
6. At least two unexpired doses of Naloxone hydrochloride or another FDA-approved opioid antagonist should be maintained on the premises at all times. There should always be at least one staff member present who knows the specific location of the Naloxone and has been trained in its administration. Proof of this training must be documented in the staff member's personnel file.

C. Training.

Before being permitted to carry and administer Naloxone, Authorized Employees are required to complete Opioid Overdose prevention training.

Training should include the following:

1. How to prevent an overdose.
2. How to recognize an opioid overdose, including how to check responsiveness.
3. How to store Naloxone, including standards and procedures for restocking Naloxone.
4. How to administer Naloxone.
5. How to alert emergency medical services.
6. How to administer rescue breathing and the necessity of instruction and certification on cardiopulmonary resuscitation.
7. How to place the subject in the recovery position.
8. How to provide post-overdose care and basic emergency follow-up procedures.

This training may be completed virtually or in person.

For Authorized Employees who may be out in the field (e.g., code enforcement or animal control officers), a reminder about verifying scene safety is appropriate. This

includes reviewing the surrounding area to confirm the scene is safe to prevent the employee from becoming a victim themselves. This step aligns with the American Heart Association's basic life support training. Local law enforcement is recommended as a source to discuss verifying scene safety.

Training shall include training videos or programs approved by the City that trains Authorized Employees on bloodborne pathogens and CPR/First-Aid training.

Authorized Employees shall undergo continued education at least once every two years.

CDPH Administering Naloxone Training Video (You Tube)

D. Steps.

1. Assess the victim for lack of breathing, pulse, and unresponsiveness prior to administering Naloxone. If unresponsive, check the victim's airway to ensure it is unobstructed. Ask bystanders if it is known if the victim is an opioid user. Conduct a brief visual survey of the victim and the immediate vicinity for any obvious evidence of drug use or exposure.

Characteristics that may indicate an Opioid Overdose include, but are not limited to:

- Falling asleep or loss of consciousness
 - Constricted (pinpoint) pupils
 - Unresponsive to verbal or physical stimulus
 - Awake, but unable to speak
 - Pulse (heartbeat) is slow, irregular, or not present
 - Breathing is very slow and shallow, irregular, or has stopped
 - Choking sounds, or a snore-like gurgling noise
 - Vomiting
 - Body is very limp
 - Face is very pale or clammy
 - Fingernails and lips turn blue or purplish black
2. If another person is available, direct that person to call 911
 3. Administer Naloxone intranasally in accordance with the mandatory training provided:
 - a. Gently tilt the victim's head back and ensure the nasal cavity is clear
 - b. Hold the nasal spray by placing your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
 - c. Insert the nasal spray nozzle into one (1) nostril until your fingers, on either side of the nozzle, are against the bottom of the victim's nose
 - d. Press the plunger firmly to administer the full dose into the nostril
 - e. Remove the nasal spray from the victim's nostril after administering the dose
 4. If 911 has not been called, call 911 and notify emergency medical services (EMS)/first responders
 5. While waiting for EMS, initiate rescue breathing as needed until the victim can adequately breathe on their own. If the Authorized Employee is trained in CPR, this technique can also be used.

6. Once the victim is breathing on their own, place them on their side in the recovery position to avoid aspiration.
7. Continue constant observation until first responders arrive
Administration may result in immediate withdrawal symptoms in victims who are opioid dependent. Symptoms of withdrawal may include but are not limited to nausea/vomiting, cardiac arrest, nosebleeds, or in rare cases, aggressive behavior.
8. If the victim does not respond after 2 minutes, a second dose may be required. A second dose may also be required if the lifesaving effects wear off before EMS/first responders arrive and should be administered in the alternate nostril. Do not attempt to reuse the nasal spray. Each nasal spray contains a single dose and cannot be reused.
If the victim is unresponsive, do not try to shock them awake by exposing them to extreme temperatures (such as an ice bath). The bodies of individuals experiencing an Opioid Overdose are more susceptible to conditions such as hypothermia as their bodies are much weaker than normal.
9. Prior to administering a second dose, using a new nasal spray, confirm that first responders are en route to the location.
10. Defer to the authority of first responders once they arrive on the scene.

E. Disposal.

Ensure the used nasal spray device(s) is/are properly disposed of by surrendering it/them to on-scene first responders or by placing it/them into a hazardous materials disposal container. Hazardous materials shall be maintained in a manner to restrict access by unauthorized personnel. Any suspected or confirmed tampering of, unauthorized access to, or loss of this waste shall be reported to the appropriate authority.

F. Documentation and Reporting.

1. Verbally advise first responders of the approximate time Naloxone was administered and any change in the victim's condition.
2. Complete a Naloxone Use Report (Appendix B), which should include all pertinent information related to the administration of Naloxone, including the location of the incident.
3. Complete additional reports that may be required, such as an City's internal incident report, detailing all pertinent information, including observations and actions at the scene.
4. Upon completion, immediately submit all reports to the coordinator. All documentation should be securely filed and retained indefinitely

Appendix A
Naloxone Inventory Log

Date	Employee Name	Kit #	Expiration Date	Log In/Out	Signature

Appendix B
Naloxone Use Report

Reporting Employee: _____

Employee's Supervisor: _____

Incident Location (address, if known): _____

Date: _____ Time: _____

1. How many overdose victims were treated? ☐ 1 ☐ 2
2. Were any children 12 years old or younger, who were associated with the overdose victim, present at the scene of the overdose?
☐ none ☐ 1 ☐ 2 ☐ 3 or more
3. Where did the drug overdose occur? ☐ Residence ☐ Business ☐ Office
☐ Street ☐ Parking Lot ☐ Open Space ☐ Other:
4. Perceived gender of the overdose victim: ☐ Male ☐ Female ☐ Unknown
5. Perceived age range of the overdose victim:
☐ 17 or less ☐ 18-29 ☐ 30-40 ☐ 41-60 ☐ 61 and over ☐ Unknown
6. Perceived race-ancestry of the overdose victim: ☐ Caucasian/White
☐ Hispanic/Latino ☐ African American/Black ☐ Asian/Pacific Islander
☐ Native American ☐ Unknown
7. Overdose symptoms (check all that apply): ☐ Awake, but unable to speak
☐ Breathing slow, shallow, irregular, stopped ☐ Unresponsive to stimuli
☐ Falling asleep or loss of consciousness ☐ Choking or gurgling sounds
☐ Fingernails and lips blue or purplish black ☐ Constricted (pinpoint) pupils
☐ Limp body ☐ Face pale or clammy ☐ Other:
8. What drugs were associated with the overdose? ☐ Heroin ☐ Morphine
☐ Fentanyl ☐ Oxycodone ☐ Codeine ☐ Methadone ☐ Cocaine/Crack
☐ Meth ☐ Alcohol ☐ Unknown ☐ Other:
9. How many doses of naloxone were administered to the victim? ☐ 1 ☐ 2
10. What was the overdose victim's response to the naloxone treatment?
☐ Revived ☐ Died ☐ Undetermined
11. Did you experience any problems using the naloxone kit? ☐ No ☐ Yes
If yes, please describe: