

Naloxone Administration for Law Enforcement

All participating law enforcement officers will receive initial training that will include, at minimum, an overview of 2015 House Bill 208 that permits law enforcement use of Naloxone, patient assessment (e.g., signs/symptoms of overdose), universal precautions, rescue breathing, seeking medical attention, and the use of intra-nasal naloxone.

Signs of possible overdose of opiates:

- Unresponsiveness to verbal or physical stimulation, such as pinching their ear lobe or rubbing our 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 their own.
- Administer naloxone.
- Resume rescue breathing if the person is not breathing on their own yet.
- Conduct follow-up and administer a second dose of naloxone if no response after three minutes.

Administer naloxone intranasal

- 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.
- 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 three minutes.

When this occurs:

- Naloxone should take effect within 30-45 seconds but may take longer.
- Wait three minutes (should continue rescue breathing during this time).
- At three 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.

When this occurs:

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

Storage of naloxone

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.