



**DEPARTMENT OF PUBLIC SAFETY  
POLICIES & PROCEDURES**



<b>POLICY NUMBER</b>	
OPR: 46	
<b>EFFECTIVE DATE:</b> 06/10/2015	<b>ORIGINAL ISSUED ON:</b> 11/04/2004
<b>REVISION NO:</b> 1	

**SUBJECT: NARCAN**

**1.0 PURPOSE**

The purpose of this policy is to establish guidelines and procedures governing the administration of narcan (naloxone) to reverse the effects of opioids. The objective is to reduce the severity of injuries and fatalities due to opioid-involved overdoses when an officer arrives at the scene of a suspected overdose prior to the arrival of emergency medical services.

**2.0 POLICY**

It is the policy of the New Mexico Department of Public Safety (DPS) for officers to assist any person(s) who may be suffering from an apparent opioid overdose, prior to the arrival of emergency medical responders.

**3.0 APPLICABILITY**

This policy applies to all commissioned members of the New Mexico Department of Public Safety.

**4.0 REFERENCES**

- A. Sections 24-23-1 and 24-23-2, NMSA, 1978
- B. 7.32.7 NMAC, "Authorization to Administer Opioid Antagonists"

**5.0 DEFINITIONS**

- A. Administration of Opioid Antagonist** – The administration of an opioid antagonist by a person authorized pursuant to law or regulation.
- B. CPR** – Cardiopulmonary resuscitation is an emergency procedure performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest. CPR involves chest compressions to create artificial circulation by manually pumping blood through the heart and thus the body. The rescuer may also provide breaths by either exhaling into the subject's mouth or nose or using a device that pushes air into the subject's lungs.
- C. Department** – The New Mexico Department of Public Safety.
- D. Naloxone** - A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.

- E. Narcan Program Director** – The New Mexico Department of Public Safety employee who manages the Opioid Antagonist Administration (Narcan) Program.
- F. Opioid** – A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress the activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opioids and opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet®), and hydrocodone (Vicodin®).
- G. Opioid Antagonist** – A drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist is limited to naloxone or other medications approved by the New Mexico Department of Health.
- H. Opioid Antagonist Administration Program** – An organized program to administer an opioid antagonist in accordance with this policy.
- I. Opioid Antagonist Training Program** – A training program which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the New Mexico Department of Health for an opioid antagonist administration program.
- J. Physician Medical Director** – A physician who is responsible for medical oversight of an opioid antagonist administration program, including providing for or ensuring the medical control of trained targeted responders; developing, implementing, and evaluating medical protocols; overseeing quality assurance activities, and ensuring compliance with the New Mexico board of pharmacy requirements.
- K. Trained Targeted Responder** – A person who has completed an authorized opioid antagonist training program and who administers opioid antagonists.

## **6.0 PROCEDURE**

### **A. Issuance**

Naloxone will be provided by the Physician Medical Director to officers upon completion of the training, in a clearly marked kit for intranasal administration. Each intranasal naloxone kit shall include:

1. Two (2) prefilled luer-lock syringes, without needles, each containing 2mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates;
2. Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes;
3. Protective gloves; and
4. Instructions on overdose response and naloxone administration.

### **B. Overdose Response and Use of Naloxone Kit for First Responders**

**Naloxone shall only be administered when it is safe to do so and then only if the officer has been approved by the physician medical director as a “trained targeted responder.”** The primary role of the officer is to provide a safe environment

for him/herself, the public, and emergency medical crews. In the event that an officer arrives on the scene of an unconscious subject whose condition may be caused by an opiate overdose, the officer should operate under standard operating procedures to ensure officer safety and that the scene is safe BEFORE considering the administration of naloxone. Once the scene is safe, the officer shall call for Emergency Medical Services (EMS), if possible. If EMS has not arrived and their arrival is not expected within one to two (1 – 2) minutes, the officer should consider administering naloxone according to their training. Reference can be made to the *Use of Naloxone for Overdose Response* instructions and flow chart (*Attachment A*).

**C. The Narcan Program Director shall:**

1. Be appointed by the Chief of the New Mexico State Police;
2. Identify a physician medical director to oversee the opioid antagonist administration program;
3. Select and identify officers as trained targeted responders;
4. Maintain opioid antagonist administration training records for all trained targeted responders while they are active in the program, and for at least three (3) years thereafter;
5. Maintain opioid antagonist administration program records, including opioid antagonist inventory records, trained targeted responder training records, and opioid antagonist administration program usage records;
6. Ensure that all trained targeted responders are trained using an opioid antagonist training program, which shall be recommended by the Department of Health;
7. Provide evidence of coordination of the opioid antagonist administration program with local EMS services and emergency dispatch agencies, including 911 dispatch agencies;
8. Register the opioid antagonist administration program with the New Mexico Department of Health using the format outlined in *NMAC 7.32.7.12 Appendix A*;
9. Report all administrations of an opioid antagonist to the New Mexico Department of Health and the physician medical director using the reporting format outlined in the *NARCAN Use Report (Attachment B)*;
10. Assist the physician medical director with quality assurance review of all opioid antagonist administrations;
11. Ensure that the opioid antagonist is maintained and stored in accordance with the manufacturer's guidelines;
12. Notify the local EMS of the activation and existence of the opioid antagonist administration program. The notification shall include:
  - a. The name of the opioid antagonist administration's program director;
  - b. The name of the physician medical director;

- c. The location of the program;
  - d. The telephone number to reach the program director; and
  - e. A copy of the medical director approved protocols.
13. Notify the local EMS in the event that the opioid antagonist administration program stops or cancels its operations;
  14. Maintain a list of trained targeted responders;
  15. Maintain dates of training for trained targeted responders;
  16. Maintain copies of physician medical director approved medical protocols;
  17. Maintain copies of the physician medical director contract/agreement;
  18. Maintain copies of registration and EMS service notification forms;
  19. Maintain copies of opioid antagonist administration usage reports/data collection forms;
  20. Maintain quality assurance review documentation; and
  21. Maintain copies of opioid antagonist purchase and maintenance records.

**D. Trained Targeted Responders shall:**

1. Complete an initial opioid antagonist administration training program, which shall be recommended by the Department of Health;
2. At least every two (2) years, complete a refresher opioid antagonist administration training course from a Department of Health recommended training program;
3. Activate the EMS during any response to a victim of suspected drug overdose, and advise that an opioid antagonist is being used;
4. Comply with physician medical director protocols for response to victims of suspected drug overdose;
5. Report all responses to victims of suspected drug overdose to the department's narcan program director and physician medical director. After naloxone has been administered, the trained targeted responder shall complete the *NARCAN Use Report (Attachment B)* and forward it through their chain of command to the narcan program director and physician medical director. A copy of the report shall be submitted to the Department of Health by the 10<sup>th</sup> day of the month following the month in which the opioid antagonist was administered; and
6. Ensure that the opioid antagonist drugs and other supplies are maintained and used in accordance with the manufacturer's guidelines, and inspect the opioid antagonists' drug expiration date at least monthly.

**E. Storage and Replacement**

1. Inspection of the intranasal naloxone kit shall be the responsibility of the officer and shall be conducted each month.

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- a. Check the expiration date found on either the box or the vial;
  - b. Observe luer lock needleless syringe for any cloudiness in liquid or other indication of damage to the medication; and
  - c. Check condition of MAD device (considered sterile for approximately four to five [4-5] years).
2. Naloxone will be stored in accordance with the manufacturer's instructions and in department-issued storage containers to avoid extreme cold, heat, and direct sunlight.
  3. Missing, damaged, or expired naloxone kit(s) will be reported directly to the officer's direct supervisor. The supervisor will then report the issue to the program coordinator and request a replacement naloxone kit.
  4. Supervisors shall inspect the naloxone kits on a bi-annual basis and denote the equipment's condition in the vehicle inspection report.
  5. If one (1) dose in a kit is administered during the normal course of duty a replacement kit will be requested. A complete kit will be considered a kit with two (2) full doses, including two (2) MAD devices, and protective gloves.
  6. Trained targeted responders are required to maintain the intranasal naloxone kit within their assigned unit at all times while on duty.

### F. INDIVIDUAL AUTHORIZATION TO ADMINISTER OPIOID ANTAGONIST

**A person, other than a licensed health care professional permitted by law to administer an opioid antagonist, is authorized to administer an opioid antagonist to another person if he, in good faith, believes the other person is experiencing an opioid drug overdose and he acts with reasonable care in administering the drug to the other person. It is strongly recommended that any person administering an opioid antagonist to another person immediately call for emergency medical services.**

#### 6.0 Attachments

- A. Use of Naloxone for Overdose Response Instructions and Flow Chart
- B. Narcan Use Report

#### 7.0 APPROVAL

**APPROVED BY:**           s/Gregory J. Fouratt           **DATE:**           June 10, 2015            
DPS Cabinet Secretary