



2-99 NALOXONE POLICY

Related SOP(s), Form(s), Other Resource(s), and Rescinded Special Order(s):

A. Related SOP(s)

None

B. Form(s)

New Mexico Department of Health (NMDOH) Naloxone Administration Form

C. Other Resource(s)

NMSA 1978, § 24-23-1 Authority to Possess, Store, Distribute, Dispense, Prescribe and Administer Opioid Antagonists; Release from Liability; Rulemaking

D. Rescinded Special Order(s)

None

2-99-1 Purpose

The purpose of this policy is to establish and create requirements and procedures for the administration of nasal naloxone to reverse the effects of opioid-induced overdose.

2-99-2 Policy

It is the policy of the Albuquerque Police Department (Department) that sworn personnel who will be administering nasal naloxone are properly trained in its use of naloxone, consistent with State laws and Department procedures.

N/A

2-99-3 Definitions

A. Administration of Opioid Antagonist

The administration of an opioid antagonist by an authorized person.

B. Naloxone Administration Program

A training program that prepares Department personnel to administer an opioid antagonist as shown by best practices or recommended by the Department for an opioid antagonist administration program.

C. Naloxone Administration Program Director



The Department's designated director who manages the Naloxone Administration Program for Trained Targeted Responders.

D. Opioid

Containing or derived from opium, including but not limited to morphine and heroin.

E. 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 Department.

F. Physician Medical Director

A physician who completed a fellowship in emergency medical services and who is board certified in emergency medicine who, by law, oversees the training and practice of the Trained Targeted Responders via written treatment protocols, case reviews, direct observation, and other training as applicable.

G. Trained Targeted Responder

Sworn personnel who have completed an authorized opioid antagonist training program and who administer naloxone.

7 2-99-4 Procedures

A. Sworn personnel shall:

1. Primarily be responsible for providing a safe environment for themselves, the public, and emergency medical services (EMS) personnel;
2. Consider administering naloxone, as prescribed, if the individual has a pulse but is not breathing;
3. When feasible, have a minimum of two (2) sworn personnel present with the individual to ensure the scene is safe before administering naloxone;
 - a. Sworn personnel should be aware that the individual may wake up and become combative soon after they administer naloxone and be prepared to protect themselves, if necessary;
4. Use medical gloves when administering naloxone;
5. Request EMS personnel to advise they administered naloxone and the total amount of doses they administered;
6. Once on-scene, rely on EMS personnel to evaluate the individual; and



7. After administration, fill out the NMDOH Naloxone Administration Form and contact the Physician Medical Director.

B. Sworn personnel shall not administer naloxone if the individual does not have a pulse.

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C. The Naloxone Administration Program Director shall:

1. Maintain the Department's NMDOH Naloxone Administration Program registration;
2. Consult with the Physician Medical Director to oversee the Naloxone Administration Program;
3. Assist the Physician Medical Director with quality assurance review of all naloxone administration;
4. Ensure the naloxone is maintained and stored in accordance with the manufacturer's guidelines;
5. Report all administration of naloxone to the NMDOH and the Physician Medical Director using the NMDOH-approved reporting format; and
6. Maintain the following documentation:
 - a. Naloxone administration training records for all Trained Targeted Responders while they are active in the program and for at least three (3) years thereafter;
 - b. Naloxone Administration Program records, including naloxone inventory records, Trained Targeted Responder training records, and Naloxone Administration Program usage records; and
 - c. Copies of Physician Medical Director-approved medical protocols, NMDOH reporting forms, and Naloxone purchase and maintenance records.

N/A

D. Trained Targeted Responders

1. Nothing in this Standard Operating Procedure (SOP) shall be construed to impose civil or criminal liability on any Trained Targeted Responder, consistent with NMSA 1978, § 24-23-1.
2. Trained Targeted Responders will:
 - a. Complete an initial naloxone administration training program with cardiopulmonary resuscitation (CPR) training;
 - b. Every two (2) years, complete a refresher naloxone administration training course with CPR instruction;
 - c. Comply with Physician Medical Director-approved medical protocols for response to suspected opioid-induced overdose; and



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- d. Report all responses to suspected opioid-induced overdose to the Naloxone Administration Program Director and Physician Medical Director and complete a report on the approved NMDOH Naloxone Administration Form.

REDLINED



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