



2-99 ~~NALOXONE~~ NALOXONE ADMINISTRATION POLICY

Related SOP(s), Form(s), Other Resource(s), and Rescinded Special Order(s):

A. Related SOP(s)

~~X-XX Policy Title~~None

B. Form(s)

~~New Mexico Department of Health (NMDOH) PD X Form Title~~Naloxone Administration Form (NM Department of Health)

C. Other Resource(s)

~~N.M. Stat. Ann. NMSA 1978, § New Mexico statute 224-23-1 Authority to Possess, Store, Distribute, Dispense, Prescribe, and Administer Opioid Antagonists; Release From Liability; Rulemaking~~

D. Rescinded Special Order(s)

~~SO X Subject~~None

2-99-1 Purpose

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

2-99-2 Policy

It is the policy of the Albuquerque Police Department (Department) that ~~the sworn personnel officers who will~~ shall be will be administering nasal nNaloxone are properly trained in its the use and deployment of nNaloxone, consistent with eState of the nNasal nNaloxone according to the laws of the State of New Mexico and Department the procedures of the Ddepartment.

N/A 2-99-3 Definitions

A. Administration of Opioid Antagonist

The administration of an opioid antagonist by an authorized person, authorized pursuant to law or regulation.

~~A. Department~~

~~1. The Albuquerque Police Department~~



B. ~~Naloxone~~ Naloxone Administration Program

A training program that prepares Department personnel ~~a person~~ to administer an opioid antagonist as shown by best practices or recommended by the Department for an ~~Opioid Antagonist Administration Program~~.

~~B.C.~~ C. Naloxone Administration Program Director

1. _____

2. ~~Albuquerque Police~~ The Department's designated director who manages the Naloxone program (Opioid Antagonist ~~Naloxone~~ Naloxone Administration Program) for Trained Targeted Responders.

~~C.A.~~ A. Physician Medical Director

~~The physician with board certification in emergency medicine with further fellowship training in emergency medical services 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.~~

~~D.~~ Administration of Opioid Antagonist

1. _____ ~~The administration of an opioid antagonist by a person authorized pursuant to law or regulation.~~

~~Officer~~

~~A commissioned member of the Department.~~

~~E.D.~~ D. Opioid

1. _____

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

~~F.E.~~ E. Opioid Antagonist

1. _____

2. ~~A drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist is limited to ~~n~~ Naloxone or other medications approved by the Department.~~

~~A. Opioid Antagonist Administration Program~~

0. _____

~~A training program that, which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the Department for an Opioid Antagonist Administration Program.~~



F. Physician Medical Director

A. The physician who completed a fellowship in emergency medical services and who is with board certified education in emergency medicine with further fellowship training in emergency medical services 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.

B.G. Trained Targeted Responder

1.

2. Sworn personnel. An officer who has completed an authorized Opioid Antagonist Training Program and who administer opioid antagonists Naloxone.

C.B. Officer

A commissioned member of the Department.

2-99-4 Procedures Rules and Responsibilities

7

A. Sworn personnel shall only administer Naloxone shall only be administered when the scene is it is safe to do by and by a Trained Targeted Responder. The primary role of the officers sworn personnel is to provide a safe environment for themselves, the public, and emergency medical crews services (EMS) personnel. The officer Sworn personnel shall consider Naloxone administration as per the following guidelines:

1. Primarily be responsible for providing a safe environment for themselves, the public, and emergency medical services (EMS) personnel;

Consider administering naloxone Naloxone, as prescribed, if the individual has a pulse but is not breathing;

Ensure a minimum of two (2) sworn personnel are present with the individual before administering naloxone NnNaloxone;

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;

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;

a.



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~~Determine the scene is safe before Only administering NnNnNaloxone when they have determined the scene is safe;~~

~~Not give Nnaloxone if the individual does not have a pulse;~~

~~Consider giving the Nnaloxone, as prescribed, if the individual has a pulse but is not breathing;~~

4. Use medical gloves when administering ~~the naloxone~~ NnN Naloxone;

~~Be aware that the individual may soon wake up and become combative soon after they administer the naloxone Naloxone and be prepared to protect themselves, if necessary once the drug is given;~~

~~Be prepared to protect themselves, if necessary;~~

~~AEnsure a minimum of two (2) officers officerssworn personnel shall be with are present with the individual before administering NnNaloxone;~~

~~Sworn personnel shall be a Trained Targeted Responder who shall be issued medical gloves, cardiopulmonary resuscitation (CPR) mask, and Nnaloxone;~~

~~2. Use medical gloves;~~

~~3. Assure the scene is safe;~~

~~4. Request EMS personnel to and advise that the opioid antagonist was used they administered naloxone Naloxone and the total amount of doses they administered; and~~

~~5. The officer The officer shall be who is a Trained Targeted Responder who shall be issued medical gloves, cardiopulmonary resuscitation (CPR) mMask, and nNaloxone;~~

~~6. The officer shall uUse medical gloves;~~

~~5.~~

~~7. If the individual has no pulse, do NOT give nNaloxone if the individual does not have a pulse;~~

~~8. If the individual has a pulse but is not breathing, Cconsider giving the nNaloxone, as prescribed, if the individual has a pulse but is not breathing;~~

~~8. Once the drug is given, the officer must bBe aware that the individual may soon wake up and be combative once the drug is given;~~

~~8. The officer must bBe prepared to protect themselves, if necessary; and.~~

6. Once on-scene, Rely on EMS pPersonnel shall to evaluate the individual; and.

7. After a AAdministration, fill out the NMDOH Naloxone Administration Form and contact the Physician Medical Director at jhazen@cabq.gov.



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~~9.~~

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

~~The The Physician Medical Director a shall:~~

~~C.~~

~~The Physician Medical Director shall:~~

~~Allows for the administration of opioid antagonists, which. This includes overseeing training, emergency medical services EMS coordination, protocol approval, quality assurance and reporting, and shall;~~

~~This includes; pProvideing for and ensuring the medical control of Ttrained Ttargeted Rresponders;~~

~~Develop, the development, implement, ation and evaluatecion of medical protocols;~~

~~oversight Overseeo of quality assurance activities; and~~

~~1. cCompliance with the New Mexico Board of Pharmacy requirements.~~

~~D.C. The Opioid Antagonist Naloxone Naloxone Administration The Program Director shall:~~

~~1. Maintain the Department's NMDOH Naloxone Naloxone Administration Program registration;~~

~~The Opioid Antagonist Program Director Sshall:~~

~~2. bBe, or work Consult with, the Physician Medical Director to oversee the Opioid Antagonist Naloxone Naloxone Administration Program;~~

~~3. Assist the Physician Medial Director with quality assurance review of all opioid antagonist Naloxone administration;~~

~~4. Ensure the opioid antagonist Naloxone is maintained and stored in accordance with the manufacturer's guidelines;~~

~~5. Report all administration of an opioid antagonist Naloxone to the NMDOH and the Physician Medical Director using the NMDOH-approved reporting format; and~~

~~4.~~

~~Selects and identifies officers sworn personnel as Trained Targeted Responders.;~~

~~3.~~

~~6. Maintains the following documentation:~~



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~~a. Opioid Antagonist Naloxone Administration Training records for all the Trained Targeted Responders while they are active in the program and for at least three (3) years thereafter;~~

~~5.~~

~~b. Maintains Opioid Antagonist Naloxone Administration Program records, including opioid antagonist Naloxone inventory records, Trained Targeted Responder training records, and Opioid Antagonist Naloxone Administration Program usage records; and~~

~~7.~~

~~Ensures all Trained Targeted Responders are trained using an opioid antagonist;~~

~~9.~~

~~Provides evidence of coordination of the Opioid Antagonist Administration Program with local EMS Services personnel and eEmergency dDispatch aAgencies, including 911 dDispatch aAgencies;~~

~~11.~~

~~RegisterMaintains the registration of the Opioid Antagonist Naloxone Administration Program with the New Mexico Department of Health (NMDOH);~~

~~13.~~

~~Reports all administrations of an opioid antagonist to the NMNew Mexico Department of HealthDOH and the Physician Medical Director using the NMDOH approved reporting format;~~

~~15.~~

~~Assists the Physician Medial Director with quality assurance review of all opioid antagonist administration;~~

~~17.~~

~~Ensures the opioid antagonist is maintained and stored in accordance with the manufacturer's's guidelines;~~

~~19.~~

~~Maintains a list of Trained Targeted Responders;~~

~~21.~~

~~Maintains dates of training for Trained Targeted Responders;~~

~~23.~~

~~Maintains cCopies of Physician Medical Director--approved medical protocols;~~

~~25.~~



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~~27. Maintains copies of the Physician Medical Director contract/agreement;~~

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~~29. Maintains copies of registration and EMS Service notification forms;~~

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~~31. Maintains copies of the NMDOH reporting forms, and naloxone Naloxone purchase and maintenance records, opioid antagonist usage reports/data collection forms; and~~

~~==~~

~~33. Maintains quality assurance review documentation; and~~

~~==~~

~~35.c. Maintains copies of opioid antagonist Naloxone purchase and maintenance records.~~

N/A ~~E.D. The Trained Targeted Responders will:~~

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:

~~4.a. Shall complete an initial Opioid Antagonist Naloxone Naloxone Administration Training Program with cardiopulmonary resuscitation (CPR) training;~~

~~3.b. Shall, every two (2) years, complete a refresher opioid antagonist Naloxone administration training course with CPR recertification instruction;~~

~~5.c. Shall comply with Physician Medical Director-approved medical protocols for response to suspected drug opioid-induced overdose; and~~

~~6.d. Shall report all responses to suspected opioid-induced drug overdose to the Opioid Antagonist Naloxone Naloxone Naloxone Administration Program Director and Physician Medical Director and complete a report on the approved New Mexico DOH Naloxone Naloxone Administration Form;~~

7 ~~Ensures that the opioid antagonist drugs and other supplies are used in accordance consistent with the manufacturer's guidelines; and~~

~~7. Inspect the opioid antagonist drug expiration date at least once a month.~~

~~F. After Administration~~



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~~The officer Sworn personnel shall fill out the NMDOH Naloxone Administration sheet Form and contact the Physician Medical Director at jhazen@cabq.gov.~~

~~1. Once the Physician Medical Director has been contacted, the Physician Medical Director will shall collect the form, restock nNaloxone, gloves, and masks, (if available, as based on funding.)~~

~~2. Nothing in this Standard Operating Proceduree (SOP) policy shall be construed to impose civil or criminal liability on any Trained Targeted Responder, pursuant to consistent with N.M. Stat. NMSA Ann. 1978, § 24-23-1. New Mexico statute 24-23-1.~~

REVIEW