

# Georgia Department of Public Safety Policy Manual

SUBJECT <b>USE OF NALOXONE</b>	POLICY NUMBER <b>17.17</b>
DISTRIBUTION <b>ALL EMPLOYEES</b>	DATE <b>10/21/2022</b>
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## 17.17.1 Purpose

The policy objective is for sworn members of the Georgia Department of Public Safety (DPS), who are often first responders to an opioid-involved overdose, to recognize related symptoms and utilize naloxone for a reduction of injuries and fatalities.

## 17.17.2 Policy

This policy sets forth protocols governing use of Naloxone by DPS sworn members, including required training, reporting requirements, and documentation pertaining thereto-in accordance with state law, which provides civil and criminal immunity for a good faith belief and recognition of a person experiencing an opioid related overdose, and reasonable care in administering such opioid antagonist.

## 17.17.3 Definitions

For the purposes of this policy, the term:

- A. Emergency Medical Service or EMS - the services rendered by licensed Emergency Medical Technicians (EMT) or certified Emergency Medical Services first responders in response to a person's need for immediate medical care to prevent loss of life or aggravation of a physical illness or need.
- B. Naloxone – a prescription opioid antagonist medication that is used to reverse the effects of opioids, especially in the emergency treatment of an opioid overdose.
- C. Naloxone Agency Coordinator - a Department member designated to provide guidance and supervision for trained first responders who are equipped with Naloxone, oversee training and services coordination, quality assurance and reporting.
- D. Opioid - containing or derived from opium, including but not limited to heroin and morphine.
- E. Opioid Antagonist - a drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist for the purpose of this policy is limited to naloxone nasal spray.
- F. State Opioid Adapted Response (SOAR) - a training program designed to give a public safety responder tools-to recognize symptoms of an opioid overdose, information on best practices to protect themselves and the victim from further exposure, and how to properly administer naloxone.

- G. Protocols - predetermined, written medical care plans, inclusive of standing orders.

#### **17.17.4 Participation in Program**

- A. The Director of Training, or other designee of the Commissioner shall be the Naloxone Agency Coordinator.
- B. The goal is for all DPS sworn members to be proficient in recognition of an opioid-involved overdose and use of naloxone through SOAR training. A DPS sworn member who has not successfully completed the SOAR training requirements shall not be authorized to carry, utilize or administer naloxone during his or her On-Duty Status.

#### **17.17.5 Training**

- A. DPS uniformed members will receive training that complies with the rules and regulations of the Georgia Department of Public Health pertaining to opioid antagonist training for first responders. Such training is expected to be provided by the Georgia Public Safety Training Center (GPSTC) and include instructions relating to:
  - 1. An overview of O.C.G.A. §31-11-55.1 and any related Georgia law that permits a person in a position to assist a person at risk of experiencing an opioid-involved overdose to use Naloxone;
  - 2. Patient assessment, including signs and symptoms of opiate-related overdose;
  - 3. Universal precautions;
  - 4. Rescue breathing;
  - 5. Seeking medical assistance;
  - 6. Administration of Naloxone;
  - 7. The potential side effects of Naloxone; and
  - 8. Special considerations relating to the administration of Naloxone with respect to pediatric patients.
- B. Retraining – The Naloxone Agency Coordinator shall facilitate any retraining or refresher training as may be recommended by the SOAR Program, the Georgia Department of Health, the discretion of the Commissioner, or as recommended for need of a sworn member by a Post or Unit Commander or their chain of command.
- C. The Naloxone Agency Coordinator shall facilitate internal training program to ensure satisfaction of the requirements as defined in this policy, and to maintain and update training records for all sworn members completing SOAR training.

#### **17.17.6 Naloxone Deployment and Supply**

- A. A qualified physician, selected by the Commissioner and under agreement with the DPS, shall prescribe Naloxone for the DPS sworn members who successfully complete the SOAR training as described in this policy. Alternatively, may rely upon any standing order of the Commissioner of the Georgia Department of Public Health that authorizes procurement of naloxone from a licensed pharmacy for such trained, sworn DPS member.

- B. The Naloxone Agency Coordinator shall be responsible for:
1. Obtaining a sufficient supply of naloxone and related materials and equipment to meet DPS needs;
  2. Distributing naloxone and related materials and equipment to the appropriate locations and DPS sworn members;
  3. In accordance with O.C.G.A. §31-11-55.1(b)(2), notifying the appropriate emergency medical services system of the possession and maintenance of opioid antagonists by DPS sworn members;
  4. Assuring that the supply, integrity, and condition of naloxone, related materials and equipment maintained by DPS, is sufficient to meet DPS needs, including replacing expired naloxone as necessary, and
  5. Maintaining records relating to the location of naloxone and DPS sworn members to whom naloxone is assigned and distributed, the supply, integrity, and condition of the naloxone and related materials maintained by the DPS, and any other pertinent information relating to the DPS deployment of naloxone.
- C. Members who have successfully completed SOAR training and who have been distributed or equipped with naloxone shall:
1. Inspect the supply, integrity and condition of their assigned or equipped naloxone at least monthly and as otherwise needed;
  2. Carry or keep their assigned or equipped naloxone in a manner consistent with proper storage guidelines, particularly regarding temperature and sunlight exposure;
  3. Report missing, damaged, or expired naloxone kits through the chain of command to the Naloxone Agency Coordinator;
  4. Report each use of a naloxone kit through the chain of command to the Naloxone Agency Coordinator;
  5. Properly dispose of any used naloxone device; and
  6. Return and/or obtain a replacement for their distributed or equipped naloxone at the request of SOAR.

#### **17.17.7 Use of Naloxone**

- A. Only DPS sworn members who have successfully completed the SOAR training shall be authorized to carry, utilize, or administer naloxone during his or her On-Duty Status.
- B. Such members are authorized to use naloxone as directed by and in accordance with the guidelines provided in SOAR training.
- C. Such members are authorized to administer and perform other emergency medical treatments and procedures, including, but not limited to, CPR and rescue breathing, as directed by and in accordance with the guidelines provided in SOAR and other related, authorized training the member has received, and to the extent that the member is properly certified to administer the treatments or perform the procedures in question.

- D. Such member who intends to or who has used naloxone on an individual shall activate response of EMS as soon as possible to the extent that an EMS response has not already been activated and should, to the extent possible, make the scene safe for other responders.
- E. Such member who has used naloxone upon an individual or provided naloxone for use upon an individual shall:
  - 1. Upon the arrival of EMS/ambulance personnel to attend to the individual, give EMS/ambulance personnel a full report of the member's assessment of the individual, the use of naloxone, and, to the extent possible, make the scene safe for other responders.
  - 2. In accordance with O.C.G.A. §31-11-55.1(b)(3), make available within a reasonable period of time a printed or electronically stored report regarding the use of naloxone to the licensed ambulance service which transports the individual.
- F. Naloxone may be utilized on Law Enforcement K-9s (canine(s)) to the extent that and only in the manner that such use is authorized by SOAR. In the event that a DPS canine is administered naloxone, such canine shall be immediately transported to the closest veterinary care center. DPS canines that have been administered naloxone shall be reassessed by the DPS Canine Training Coordinator upon release from veterinary care, prior to returning to full duty.

#### **17.17.8 Documentation**

- A. A member who has used naloxone or provided naloxone for use shall submit an Incident Report to his or her supervisor detailing at a minimum the following:
  - 1. The nature of the incident;
  - 2. The care the patient received, including whether CPR or a defibrillator was used on the patient; and
  - 3. The fact that naloxone was administered and at what dosage.
- B. In accordance with O.C.G.A. §31-11-55.1(b)(3), such reports shall be completed within a reasonable period of time following the use of the naloxone, and shall be made available within a reasonable period of time to the licensed ambulance service which transported the individual to whom naloxone was administered.