

# 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>12/12/2019</b>
	POLICY REVIEWED <b>12/12/2019</b>

## 17.17.1 Purpose

The purpose of this policy is to establish guidelines and regulations governing the utilization of Naloxone by trained members with the Georgia Department of Public Safety (DPS). The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses.

## 17.17.2 Policy

It is the policy of DPS that selected members at the Commissioner's discretion shall be trained in the use of Naloxone. For all DPS members, authorization to possess and administer Naloxone is authorized through the Commissioner or the Commissioner's designee. Those members who are selected and trained in the use of naloxone in accordance with this policy, shall be authorized to carry and utilize naloxone as directed by this policy and their training and in accordance with state law. Georgia's 2014 HB 965 provides protection for non-medical individuals from liability when administering Naloxone to reverse an opioid overdose.

## 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 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.
- C. Opioid - containing or derived from opium, including but not limited to heroin and morphine.
- D. 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.
- E. Opioid Antagonist Training Program or "OATP" - a training program, which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the Georgia Department of Public Health. The program must be conducted by an approved instructor designated by a physician who is responsible for oversight of an opioid antagonist administration program, including providing for or ensuring the medical control of trained first

responders; development, implementation and evaluation of medical protocols; oversight of quality assurance activities, and compliance with Georgia Board of Pharmacy requirements.

F. Protocols - predetermined, written medical care plans and includes standing orders.

#### **17.17.4 Selection and Participation in Program**

- A. The Commander of the Criminal Interdiction Unit shall be the Naloxone Agency Coordinator.
- B. The Commissioner or the Commissioner's designee shall select sworn DPS members to participate in the Opioid Antagonist Training Program and be authorized to carry, utilize and administer naloxone in accordance with this policy.
- C. A member that has not been selected for, has not successfully completed the initial OATP training, or has not satisfied the annual OATP training requirements shall not be authorized to carry, utilize or administer naloxone while on-duty.

#### **17.17.5 Training**

- A. Upon their selection for the OATP all participating DPS members will receive initial 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 should, at a minimum, 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. DPS members selected for participation in the OATP shall receive initial training within 180 days of their selection.
- C. All OATP participants shall receive annual training relating to the administration of Naloxone.
- D. The Naloxone Agency Coordinator shall coordinate the training program for members selected for the OATP, ensure that the training program satisfies the requirements for such

program as defined in this policy, and maintain and update training records for all members selected for the OATP as training occurs.

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

- A. Upon successful completion of the initial OATP training described in 17.17.5, A of this policy, a qualified physician, selected by the Commissioner and under agreement with the DPS, shall prescribe Naloxone for the member(s) trained. Alternatively, the Department may, upon a member's successful completion of the initial OATP training described in item 17.17.5, A of this policy, rely upon any standing order of the Commissioner of the Georgia Department of Public Health in effect that authorizes such a member to obtain naloxone from a licensed pharmacy as a prescription for naloxone for the member(s) trained.
  
- B. The Naloxone Agency Coordinator shall be responsible for:
  - 1. Obtaining a sufficient supply of naloxone and related materials and equipment to meet the needs of the Department;
  - 2. Distribution of naloxone and related materials and equipment to the appropriate locations and DPS 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 members;
  - 4. Assuring the supply, integrity and condition of the Department's naloxone, related materials and equipment is sufficient to meet the needs of the Department, including by replacing any and all expired naloxone when necessary, and
  - 5. Maintaining records relating to the location and DPS members to which naloxone is assigned and distributed, the supply, integrity, and condition of the Department's naloxone and related materials, and any other pertinent information relating to the deployment of naloxone within the Department.
  
- C. Members participating in the OATP 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 for temperature and sunlight exposure;
  - 3. Report missing, damaged, 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; and

5. Return and/or obtain a replacement for their distributed or equipped naloxone at the request of the National Agency Coordinator.

### **17.17.7 Use of Naloxone**

- A. Members are authorized to use naloxone as directed by and in accordance with the guidelines provided in OATP.
- B. 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 the OATP and other 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.
- C. A 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.
- D. A 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.
- E. Naloxone may be utilized on Law Enforcement K-9 units to the extent that and only in the manner that such use is authorized by the OATP. In the event that a Department canine is administered naloxone, such canine shall be immediately transported to the closest veterinary care center. Department canines that have been administered naloxone shall be reassessed by the 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, and
  3. The fact that Naloxone was administered and at what dosage.

- B. A copy of the incident report shall be forwarded to the Naloxone Agency Coordinator. The Naloxone Agency Coordinator will maintain a copy of these reports in a digital format.
- C. In accordance with O.C.G.A. §31-11-55.1(b)(3), such reports shall be completed in a reasonable period of time following the use of the naloxone, and, to the extent applicable, shall be made available within a reasonable period of time to the licensed ambulance service which transported the individual to whom naloxone was administered.