



**INLAND COUNTIES
EMERGENCY MEDICAL AGENCY
POLICY AND PROTOCOL MANUAL**

Reference No. 15030
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OPIOID OVERDOSE (Authorized Public Safety Personnel)

I. FIELD ASSESSMENT/TREATMENT INDICATORS

- Suspected narcotic overdose.
- Environment suspicious for illegal or prescription use of narcotics, **and**
- Victim is poorly responsive and respiratory (breathing) rate appears slow or shallow; or victim is unresponsive and not breathing.

II. PUBLIC SAFETY INTERVENTION

Poor Breathing and Decreased Consciousness

- Ensure EMS has been activated using the 9-1-1 system.
- Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield).
- Check for responsiveness using verbal or painful stimuli.
- Open the airway using Basic Life Support technique.
- Perform rescue breathing, if indicated, using a bag valve mask (BVM) or protective face shield.
- Administer Naloxone nasal spray.
 - Naloxone nasal spray 4 mg preloaded single dose device.
 - Administer full dose in one (1) nostril.
 - If partial response in breathing or consciousness, repeat Naloxone nasal spray 4 mg preloaded single dose administration in nostril opposite to the first dose.
- After Naloxone nasal spray administration, observe for improved breathing and consciousness. If breathing or consciousness do not improve, assist breathing if BVM is available per ICEMA Reference #15040 - Respiratory Distress (Authorized Public Safety Personnel), or begin CPR if no pulse and breathing detected.
- If awakened by Naloxone nasal spray, be alert for sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating.
- If CPR is not necessary, place patient on left side to avoid inhaling any possible vomit.
- Report administration of Naloxone nasal spray to EMS field personnel for documentation on the electronic patient care report (ePCR).
- Public safety personnel shall complete report per the public safety agency's policy.

Not Breathing/Unresponsive

- Ensure EMS has been activated using the 9-1-1 system.
- Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield).
- Begin CPR (chest compressions with ventilation if BVM is available per ICEMA Reference #15040 - Respiratory Distress (Authorized Public Safety Personnel)).
- Administer Naloxone nasal spray.
 - Naloxone nasal spray 4 mg preloaded single dose device.
 - Administer full dose in one (1) nostril.
 - If partial response in breathing or consciousness, repeat Naloxone nasal spray 4 mg preloaded single dose administration in nostril opposite to the first dose.
- After Naloxone nasal spray administration, observe for improved breathing and consciousness. If breathing or consciousness do not improve, assist breathing if BVM is available per ICEMA Reference #15040 - Respiratory Distress (Authorized Public Safety Personnel), or begin CPR if no pulse and breathing detected.
- If awakened by Naloxone nasal spray, be observant for possible sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating.
- If CPR is not necessary, place patient on left side to avoid inhaling any possible vomit.
- Report administration of Naloxone nasal spray to EMS field personnel for documentation on the ePCR.
- Public safety personnel shall complete report per the public safety agency's policy.

III. REFERENCE

<u>Number</u>	<u>Name</u>
15040	Respiratory Distress (Authorized Public Safety Personnel)