

# Contra Costa County Police Chiefs' Association Law Enforcement Naloxone Training Program


Contra Costa County Sheriff's Office  
Overdose Response Training For Law Enforcement



## Overdose Response Training

For Law Enforcement

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Contra Costa County Sheriff's Office  
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**Training Requirements**

- Must have completed a Responder Level First Aid / CPR Course as directed within Title 22 of the California Code of Regulations
- Must be current with their continuing education training requirements of Title 22 (8 hours every 2 years).
- Demonstrate nasal atomizer assembly and use
- Complete a written test and maintain that test at your law enforcement agency.

Completion of this program of instruction, along with the above training requirements meets the requirements of the Contra Costa County Emergency Medical Services Authority for the administration of Naloxone by Law Enforcement Officers within Contra Costa County.

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**Why can law enforcement officers do this?**

Authority and Regulation  
California Code of Regulations  
Title 22, Part 101500, Section 101500.1  
Section 101500.1.1  
Section 101500.1.2  
Section 101500.1.3  
Section 101500.1.4  
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Section 101500.1.99  
Section 101500.1.100

**§ 100017. Public Safety First Aid and CPR Course Content.**  
(i) Assisted naloxone administration and accessing EMS.

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# Contra Costa County Police Chiefs' Association Law Enforcement Naloxone Training Program



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**Why can law enforcement officers do this?**

California Code of Regulations  
Division of Public Health Services  
Chapter 17. Title 42 and Title 42.5 (Public Health Training) Title 42.5

**Article 1. Definitions**

1. **170001. Administration of naloxone for suspected narcotic overdose.**

1. **170002. Management of contaminated items and sharps.**

1. **170003. Mechanisms of drug action.**

1. **170004. Calculating drug dosages.**

1. **170005. Medical asepsis.**

1. **170006. Disposal of contaminated items and sharps.**

1. **170007. Assessment of when to administer naloxone.**

1. **170008. Managing a patient before and after administering naloxone.**

1. **170009. Using universal precautions and body substance isolation procedures during medication administration.**

1. **170010. Demonstrating aseptic technique during medication administration.**

1. **170011. Demonstrate preparation and administration of parenteral medications by a route other than intravenous.**

1. **170012. Proper disposal of contaminated items and sharps.**

**§ 100019. Optional Skills.**

(a) In addition to the activities authorized by Section 100018 of this Chapter, public safety personnel may perform any or all of the following optional skills specified in this section when the public safety first aid provider has been trained and tested to demonstrate competence following initial instruction, and when authorized by the Medical Director of the local EMS agency (LEMSA).

(b) A LEMSA shall establish policies and procedures that require public safety first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by the EMS quality improvement program (EMSQIP).

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**Why can law enforcement officers do this?**

**§ 100019. Optional Skills (Cont.)**

(f) Administration of naloxone for suspected narcotic overdose.

(1) Training in the administration of naloxone shall result in the public safety first aid provider being competent in the administration of naloxone and managing a patient of a suspected narcotic overdose. The training shall include the following topics and skills:

(A) Common causative agents;

(B) Assessment findings;

(C) Management to include but not be limited to:

(D) Need for appropriate personal protective equipment and scene safety awareness;

(E) Profile of Naloxone to include, but not be limited to:

1. Indications;
2. Contraindications;
3. Side/adverse effects;
4. Routes of administration;
5. Dosages.

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**Why can law enforcement officers do this?**

**§ 100019. Optional Skills (Cont.)**

(F) Mechanisms of drug action;

(G) Calculating drug dosages;

(H) Medical asepsis;

(I) Disposal of contaminated items and sharps.

(2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of naloxone which shall include:

(A) Assessment of when to administer naloxone;

(B) Managing a patient before and after administering naloxone;

(C) Using universal precautions and body substance isolation procedures during medication administration;

(D) Demonstrating aseptic technique during medication administration;

(E) Demonstrate preparation and administration of parenteral medications by a route other than intravenous;

(F) Proper disposal of contaminated items and sharps.

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# Contra Costa County Police Chiefs' Association Law Enforcement Naloxone Training Program

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**Overdose Response Learning Objectives**

- Recognize the common causative agents of Opioid Overdoses
- Performing a victim assessment
- Recognize the need for Universal Precautions and Personal Protective Equipment (PPE)
- Provide Naloxone
  - (1) Indications
  - (2) Contraindications
  - (3) Side/Adverse effects
  - (4) Routes of Administration
  - (5) Dosage
- Identify the mechanism of drug action for naloxone
- Calculating drug dosages;
- Medical asepsis;
- Disposal of contaminated items and sharps.

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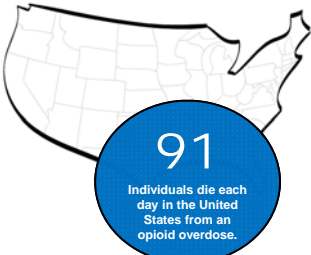
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**Why is this important?**

As heroin use has increased, so have heroin-related overdose deaths:

- Heroin-related overdose deaths have more than quadrupled since 2010.
- From 2014 to 2015, heroin overdose death rates increased by 20.6%, with nearly 13,000 people dying in 2015.
- In 2015, males aged 25-44 had the highest heroin death rate at 13.2 per 100,000, which was an increase of 22.2% from 2014.



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Individuals die each day in the United States from an opioid overdose.

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**Why is this important?**

- There are an estimated 15 million people who suffer from opioid dependence (i.e. an addiction to opioids). The majority of people dependent on opioids use illicitly cultivated and manufactured heroin, but an increasing proportion use prescription opioids.
- There are effective treatments for opioid dependence yet only 10% of people who need such treatment are receiving it.
- Due to their pharmacological effects, opioids in high doses can cause respiratory depression and death.



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**Why is this important?**

FOR IMMEDIATE RELEASE  
Contact: DEA Public Affairs  
(202) 307-7917

**DEA Warning to Police and Public:  
Fentanyl Exposure Kills**

Multi Call Video Advises Law Enforcement to Exercise Extreme Caution

DEA has released a Real Call video to all law enforcement nationwide about the dangers of improperly handling fentanyl and its deadly consequences. Acting Deputy Administrator Jack Riley and two local police detectives from New Jersey appear on the video to urge any law enforcement personnel who come in contact with fentanyl or fentanyl compounds to take the drugs directly to a lab.

"Fentanyl can kill you," Riley said. "Fentanyl is being sold as heroin in virtually every corner of our country. It is produced clandestinely in Mexico, and (also) comes directly from China. It is 40 to 50 times stronger than street-level heroin. A very small amount ingested, or absorbed through your skin, can kill you."



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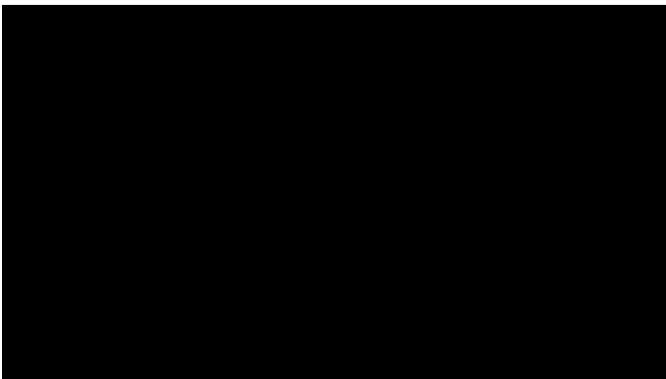
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CONTRA COSTA HEALTH SERVICES

**Most Commonly Used Opioids**

- Heroin
- Codeine
- Demerol
- OxyContin
- Percocet
- Percodan
- Opium
- Hydrocodone
- Oxycodone
- Levorphanol
- Tylenol 3
- Morphine
- Vicodin
- Tylox
- Codeine
- Demerol
- Darvocet
- Fentanyl
- Dilaudid
- Methadone



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**What are opioids / opiates?**

- Opioids are sedative narcotics
- They are used in medicine primarily to relieve pain.
- Opioids repress the urge to breathe – when someone is having an opioid overdose, they stop breathing and could die.

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**What puts people at risk for overdose?**

- Mixing drugs – benzos, alcohol and cocaine especially
- Change in tolerance
- Physical health
- Previous experience of non-fatal overdose
- Variation in strength and content of "street" drugs



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**What puts people at risk for overdose?**

**Mixing Opioids with Benzodiazepines**

- Combining opioids with benzodiazepines or alcohol leads to a worse outcome.
- Benzos are psychoactive drugs that have sedative, hypnotic, anxiolytic, anticonvulsant, muscle relaxant, and amnesic actions.
- The most commonly used benzos are Klonopin, Valium, Ativan, Librium, and Xanax




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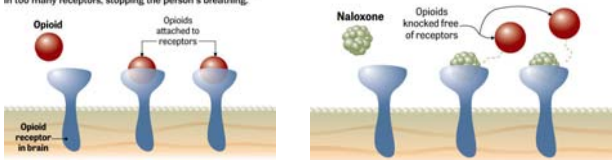


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**How does an overdose occur?**

**OPIOID OVERDOSE**

The brain has many receptors for opioids. An overdose occurs when too much of an opioid (heroin, OxyContin, Percocet) fits in too many receptors, stopping the person's breathing.

Naloxone has a stronger affinity to the opioid receptors than opioid drugs, so it knocks the opioids off the receptors for a short time. This allows the person to breathe again and reverses the overdose.




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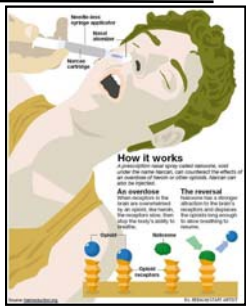
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**What is Naloxone?**

- Naloxone knocks the opioid off the opiate receptor – it does nothing other than blocking opiate receptors.
- Temporarily takes away the "High" giving the person the chance to breathe.
- Naloxone works in 1 to 3 minutes and lasts 30 to 90 minutes.




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**Intranasal Naloxone Administration**

**Delivery route has advantages:**

- It's easy and convenient
- The nose is a very easy access point for medication delivery (even easier than the arm, especially in winter).
- No shots are needed
- It is painless
- It eliminates any risk of a needle stick to officers.

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**What is Naloxone?**

- Naloxone can neither be abused nor cause overdose, only contraindication is known sensitivity, which is very rare.
- Too much naloxone can cause withdrawal symptoms such as:
  - ✓ Nausea/Vomiting
  - ✓ Diarrhea
  - ✓ Chills
  - ✓ Muscle Discomfort
  - ✓ Disorientation
  - ✓ Combativeness

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**How does Naloxone effect an Overdose?**

Restores  
Breathing



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**Scene Safety – Potential Hazards**

Use Universal Precautions  
Use appropriate personal protective equipment (PPE)

- Oncoming Traffic
- Unstable Surfaces
- Leaking Gasoline
- Potential for Violence
- Fire or Smoke
- People
- Hazardous Materials
- Other Dangers at Crash or Rescue Scene
- Downed Electrical Lines
- Crime Scenes
- Needles

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**What are the Signs and Symptoms of an OD?**

- Blue skin tinge
- Body very limp
- Face very pale
- Pulse is slow or not there at all
- Throwing up
- Passing out
- Choking sounds or gurgling/snoring noise
- Breathing is very slow, irregular, or has stopped



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**Really High or Overdose?**

Really High	Overdose
Pupils pinned	Pupils pinned
Nodding, but arousable	Not arousable
Responds to sternum rub	No response to sternum rub
Speech is slurred	Breathing slow or stopped
Sleepy, intoxicated, but breathing 8 or more times per minute	Less than 8 times per minute
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <small>Treatment</small>  <b>Stimulate and Observe</b> </div>	May hear choking sounds or a gurgling/snoring noise Blue lips, blue fingertips

Treatment  
**Rescue  
Breathe +  
Give  
Naloxone**

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**Environmental Clues**

1. Recognize Overdose Symptoms
2. Recognize Drug Paraphernalia
3. Recognize the Drug



**Recognize the need for Naloxone**

*Look for symptoms, but if uncertain - land on the side of Naloxone*

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**Responding to an Overdose**

- Check for Responsiveness
- Activate the EMS System
- If no heartbeat, begin CPR
- If heartbeat but no breathing, begin rescue breathing.
- Administer Naloxone
- Continue CPR/Rescue Breathing
- If breathing restored, recovery position
- Have EMS Transport to Medical Facility



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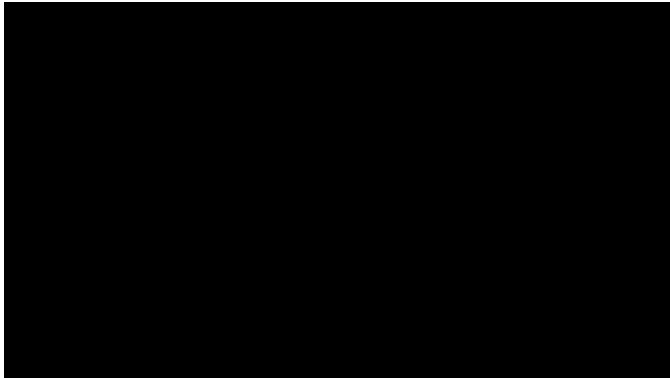
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**Rescue Kit Components**

**How to Give Nasal Spray Naloxone**

1. Remove cap from nozzle.
2. Pull all air out.
3. Dip other nostril.
4. Gently insert nozzle into nostril and spray.
5. Hold the person's head tilted back and spray into the nostril.
6. Repeat if necessary.

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**The Recovery Position**

**Recovery Position**

Hand should support head.

Knee prevents body from rolling on to stomach.

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**Naloxone Storage and Deployment**

- Department Dependent – Agency Approval
- Naloxone should be kept out of direct sunlight and at room temperature (between 68 and 77 degrees)
- Shelf-life is two years.
- Proper disposal of used atomizers
- Getting a replacement
- LEMSA Reporting



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**Questions and Answers**

- Will Naloxone work on an alcohol OD?
- What if it is a crack/cocaine or methamphetamine overdose?
- Are ambulances and hospitals using Nasal Naloxone?
- Am I protected against a lawsuit for giving a person who is overdosing Naloxone?
- What is the risk period for an OD to reoccur after giving Naloxone?
- If a person is not overdosing and I give them Naloxone, will it harm them?

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For Law Enforcement

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