
 <input checked="" type="checkbox"/> General Order <input type="checkbox"/> Division Order <input type="checkbox"/> Bureau Order <input type="checkbox"/> Special Order Order No.: 18-62 <hr/> <input type="checkbox"/> Procedure <input type="checkbox"/> Plan <input type="checkbox"/> Rule	Iowa Department of Public Safety	
	TITLE/SUBJECT: Naloxone Policy	IDENTIFIER: 41-03.02
	TO: DPS Sworn Personnel; PDB Personnel	CC:
	RELATED DIRECTIVES/FORMS: DPS Form 200 ; Iowa Dept. of Public Health Standing Order for Naloxone – November 2016	
	APPLICABLE CALEA STANDARD(S): 41-03.02	
	EFFECTIVE DATE: May 1, 2018	REVISION #: 1
	INSTRUCTIONS: Please review this updated policy in its entirety. Changes have been made throughout the document. Training will be provided to DPS sworn personnel issued Naloxone for official use.	
APPROVED BY:  Randy Olmstead, Executive Director to the Commissioner		DATE: April 17, 2018

I. Purpose

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

II. Policy

It is the policy of the Iowa Department of Public Safety that sworn employees issued Naloxone receive the required training. The possession of Naloxone is designated through the State Medical Director. Additional information can be found in the [Iowa Dept. of Public Health Standing Order for Naloxone – November 2016](#).

III. Definitions

- A. Administration of Opioid Antagonist – The deployment of an opioid antagonist by an authorized person pursuant to Iowa law.
- B. Emergency Medical Service (EMS) – Means 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.
- C. Naloxone Agency Coordinator – Means a person who has been designated to provide guidance and supervision for trained first responders who are equipped with Naloxone, oversee training and services coordination and oversee quality assurance and reporting.
- D. Opioid – Means containing or derived from opium, including: heroin, morphine, and/or compounds with similar physiological properties.
- E. Opioid Antagonist – The opioid antagonist for the purpose of this policy is limited to Naloxone. Naloxone is a drug that nullifies in whole or in part the effects of an opioid.

IV. Training

- A. All sworn DPS personnel issued Naloxone will receive initial training that shall include:
 - 1. An overview of Naloxone Standing Order issued by the State Medical Director that permits an authorized person to use Naloxone to assist another person(s) at risk of experiencing an opioid-involved overdose.
 - 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.
 - 8. Naloxone on pediatric patients.
 - 9. Documentation, storage of, and proper disposal of Naloxone and expired Naloxone.
- B. All sworn personnel issued Naloxone shall receive training at least every two years. Such training shall be incorporated with CPR training.
- C. The Assistant Director of the DNE or their designee will be the Naloxone Agency Coordinator to maintain the administration records.

V. Naloxone Use

- A. Trained personnel shall request an ambulance to respond to the scene where the aided is in a potential overdose situation.
- B. Trained personnel shall use universal precautions for protection from blood borne pathogens and communicable diseases when administering Naloxone.
- C. Trained personnel will determine the need for treatment with Naloxone by evaluating the person. If the person is unresponsive with decreased or absent respirations he or she should administer Naloxone following the established guidelines.
- D. Trained personnel shall use proper technique when administering Naloxone. Individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
- E. Trained personnel shall remain with the person until EMS personnel arrive.

- F. Trained personnel who administer Naloxone shall inform EMS personnel upon their arrival that Naloxone has been administered.
- G. Trained personnel who administer Naloxone will complete and submit a Naloxone Administration Incident report ([DPS Form 200](#)) within 24 hours of administering Naloxone to their immediate supervisor.

VI. Maintenance/Replacement

- A. Naloxone kits shall be carried and/or kept in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
- B. Your immediate supervisor is responsible for the yearly inspection of Naloxone kits in coordination with the Agency Coordinator. This inspection may occur with the Annual Line Inspection.
- C. Your immediate supervisor is responsible for ensuring used, lost, damaged, or expired Naloxone kits be reported and replaced through established agency protocols and procedures.
- D. Expired Naloxone will be properly disposed of according to agency and/or FDA policy.

VII. Documentation

- A. Within 24 hours following Naloxone administration, sworn DPS personnel shall submit a Naloxone Administration Incident Report ([DPS Form 200](#)) to his/her immediate supervisor detailing the following:
 - 1. The nature of the incident;
 - 2. The care the patient received; and
 - 3. The fact that Naloxone was administered.
 - 4. The immediate supervisor shall forward the Naloxone Administration Incident Report ([DPS Form 200](#)) to the Naloxone Agency Coordinator within 72 hours.
- B. A copy of the Naloxone Administration Report will be forwarded to the Naloxone Agency Coordinator. The Agency Coordinator will maintain these reports in a digital format. An annual report summarizing the administering of Naloxone shall be compiled and provided to the Commissioner. This report shall be completed at the conclusion of each calendar year and will be submitted to the Commissioner by March 31st of the subsequent calendar year.
- C. Sworn DPS personnel who administer Naloxone shall generate a case number for the incident regardless if the Naloxone is administered to a citizen or a DPS employee. All sworn DPS personnel shall complete a written report detailing the incident.

- D. The administration of Naloxone shall be reported to the Commissioner by the Naloxone Agency Coordinator.