



Policy Source: Gwinnett Tech	Owner: Chief of Police	Effective: 2017
Division: Technology & Operations	Reviewed: 2/2018, 4/2019, 12/2020, 4/2024 Revised:	

7.3.21 GT Naloxone Policy

I. OBJECTIVE:

Gwinnett Technical College Campus Police recognize the continuing rise in prescription abuse and subsequent rise in heroin use has resulted in an increase in opioid overdoses. Officers are typically the first responders to this type of medical call as they secure the scene for emergency responders. With this program, all sworn patrol personnel will carry a nasal naloxone rescue kit. Naloxone is an opioid receptor blocker which when administered quickly will result in temporarily reversing the overdose. It has been widely used by medical emergency responders across the nation with great success and is starting to be deployed by law enforcement personnel who arrive to the scene first. The immediate effect of reversing the effects of the opioid will allow time for more advanced medical treatment. The objective is to treat and reduce the injury and fatality from opiate overdoses. This initiative involves the deployment of naloxone rescue kits to all uniform patrol officers within the agency.

II. POLICY:

It is the policy of the Gwinnett Technical College Campus Police that officers may administer naloxone in accordance with the mandated guidelines set forth by Georgia law. All officers are required to be initially trained in the use of naloxone by an instructor as required by the Georgia Department of Public Health rules and guidelines. The Chief of Police shall appoint a member of the police department to the position of Naloxone Program Coordinator. This person shall be responsible for ordering, assigning, replacement, maintenance, and record retention for the program.

III. DEFINITIONS:

Administration of Opioid Antagonist: the administration of an opioid antagonist by an authorized person pursuant to Georgia law.

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

Medical/Physician Director: means 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.

Naloxone Coordinator: means a person who has been designated by the Chief of Police to provide guidance and supervision for trained first responders who are equipped with naloxone, oversee training and services coordination, quality assurance and reporting.

Opioid: means containing or derived from opium, including but not limited to heroin and morphine.

Opioid Antagonist: means 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.

Opioid Antagonist Training Program: means a training program conducted by an approved instructor by the Georgia Department of Public Health which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the Georgia Department of Public Health.

Protocols: means predetermined, written medical care plans and includes standing orders.

IV. PROCEDURE:

A. NALOXONE USE

1. Gwinnett Technical College Campus Police will assign naloxone kits to every patrol unit and in each AED emergency box on all campuses.
2. When administering the naloxone kit, officers will:
 - a) maintain universal precautions;
 - b) perform victim assessment;
 - c) determine unresponsiveness, absence of breathing and/or no/faint pulse;
 - d) update dispatch that the victim is in potential overdose state. Dispatch will then update the Fire Department and EMS, if not already done, to arrange transport to hospital emergency department.

B. MAINTENANCE AND REPLACEMENT

1. An inspection of the naloxone kit shall be the responsibility of the personnel in which the kit is assigned and will be done each shift.
2. Naloxone kits must not be left in the patrol vehicles when not in use, especially in the summer months.
3. Missing or damaged naloxone kits will be reported to the department naloxone coordinator and documented with an incident report. The damaged kits will be forwarded to the naloxone coordinator.
4. Where any condition necessitates, the naloxone kit shall be taken off line and be submitted for replacement to the department naloxone coordinator.
5. Upon administering naloxone, a new kit shall be ordered and replaced for that officer.



C. DOCUMENTATION

Officers will submit a report detailing the nature of the incident, the care the victim received and the fact that the naloxone was administered. The report will be forwarded to the department naloxone coordinator who will then forward the data to the TCSG Director of Campus Safety. These records must be completed for statistical value of the naloxone program. The document shall be retrievable via hardcopy and electronically and shall be made available to members of Fire and EMS.

V. TRAINING

- A. All officers will receive initial training that will include, at minimum, an overview of 2014 HB 965 that permits law enforcement use of naloxone, victim assessment (e.g., signs/symptoms of overdose), universal precautions, rescue breathing, seeking medical attention, and the use of intra-nasal naloxone as detailed in the standing order. Upon completion of training, officers will have their training recorded with the Gwinnett Technical College Campus Police training unit, Naloxone Program Coordinator, and the medical director.
- B. Officers will receive training refreshers during their yearly continuing education by the Gwinnett Technical College Campus Police training unit and/or a member of an Emergency Management staff as approved by the Georgia Department of Public Health.

VI. PROTOCOL

- A. Activate response of EMS and make the scene safe.
- B. Assess the victim:
 - 1. Conscious or easily roused – if yes, do not give naloxone
 - 2. Not conscious, abnormal breathing with pulse – if yes, give 1ml naloxone in one nostril
 - 3. Not conscious, abnormal breathing with NO pulse – if yes, start CPR, notify dispatch that CPR is in progress and administer 1 ml naloxone in one nostril
- C. Monitor victim:
 - 1. Breathing improves with in one minute – if yes, place in recovery position (as learned in first responder and CPR certification classes) and reassess frequently
 - 2. Breathing does not improve with in one minute – if yes, administer 1 ml naloxone in other nostril
- D. Upon arrival of EMS/Ambulance: give responding emergency services personnel a full report of victim assessment, use of naloxone, and victim's response to use of naloxone.