

DATE SUBMITTED 01/08/2025  
 SUBMITTED BY Human Resources  
 DATE ACTION REQUIRED 01/15/2025

COUNCIL ACTION (X)  
 PUBLIC HEARING REQUIRED ( )  
 RESOLUTION ( )  
 ORDINANCE 1<sup>ST</sup> READING ( )  
 ORDINANCE 2<sup>ND</sup> READING ( )  
 CITY CLERK'S INITIALS ( )

**IMPERIAL CITY COUNCIL  
 AGENDA ITEM**

SUBJECT: DISCUSSION/ACTION: 1. Approval and adoption of the Naloxone Policy and Procedures.	
DEPARTMENT INVOLVED: Human Resources	
BACKGROUND/SUMMARY: The City of Imperial is requesting the Council's consideration in the adoption of the Naloxone Policy and Procedures which will apply to all city staff.  The purpose of the Naloxone Policy and Procedures is to provide direction on the administration of Naloxone which is an opioid antagonist that has been designed to reserve the respiratory depression caused by an overdose of opioids. The City has developed this policy to support the reduction in the number of fatal opioid overdoses in the community and increase employee safety. This policy will also provide staff with direction on training required prior to administer Naloxone as well as steps to take when determining and administering Naloxone.	
FISCAL IMPACT: NOT TO EXCEED There is no fiscal impact associated with this action.	FINANCE INITIALS <u>UMS</u>
STAFF RECOMMENDATION: Recommendation to approve and adopt the Naloxone Policy and Procedures.	DEPT. INITIALS <u>KWS</u>
MANAGER'S RECOMMENDATION: Approve Staff Recommendation	CITY MANAGER'S INITIALS <u>dHm</u>
MOTION:   SECONDED: APPROVED ( ) REJECTED ( ) AYES: DISAPPROVED ( ) DEFERRED ( ) NAYES: ABSENT: REFERRED TO:	

<p>POLICY NAME:</p> <p>Naloxone Policy and Procedures</p>	<p>AUTHORITY:</p> <p>City of Imperial</p>
<p>APPLICATION:</p> <p>All Employees</p>	<p>DATE APPROVED:</p> <p>PENDING CC Approval City Council Agenda Item – January 15, 2025</p>



**CITY OF IMPERIAL  
NALOXONE POLICY AND  
PROCEDURES**

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## CITY OF IMPERIAL

### NALOXONE POLICY AND PROCEDURES

#### I. POLICY

According to the Centers for Disease Control and Prevention (CDC), "The United States is experiencing an epidemic of drug overdose (poisoning) deaths. Since 2000, the rate of deaths from drug overdoses has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioids." Naloxone hydrochloride ("naloxone") is an opioid antagonist designed to reverse the respiratory depression caused by an overdose of opioids.

In 2017, in an effort to reduce morbidity and mortality associated with opioid overdose, the California Department of Public Health (CDPH) issued a [statewide standing order](#) permitting, through an application process, *community organizations and other entities that are not currently working with a physician to obtain and distribute naloxone to a person at risk of an opioid-related overdose.* According to the CDPH standing order, "naloxone has very few negative effects, no effect if opioids are not in a person's system, and no potential for abuse. Naloxone requires a prescription but is not a controlled substance."

[California Civil Code 1714.22 \(f\)](#) states:

*Notwithstanding any other law, a person who possesses or distributes an opioid antagonist pursuant to a prescription or standing order shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this possession or distribution. Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.*

[Health and Safety Code 1799.113](#) provides qualified immunity and states:

*(a) (1) A person who, in good faith and not for compensation, renders emergency treatment at the scene of an opioid overdose or suspected opioid overdose by administering an opioid antagonist shall not be liable for civil damages resulting from an act or omission related to the rendering of the emergency treatment. (2) A person who, in good faith and not for compensation, furnishes an opioid antagonist to a person for use at the scene of an opioid overdose or suspected opioid overdose shall not be liable for civil damages resulting from an act or omission related to the furnishing of the opioid antagonist.*

*(b) This section does not apply to an act or omission related to the rendering of emergency treatment at the scene of an opioid overdose or suspected opioid overdose by means of an opioid antagonist that constitutes gross negligence or willful or wanton misconduct.*





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The City of Imperial (“Agency”) prioritizes the safety and welfare of our community and personnel.

The Agency will designate a coordinator responsible for administering established procedures to support this policy and will provide supplies and training on the administration and use of naloxone.

The Agency supports the overall objective to reduce the number of fatal opioid overdoses in the community and increase employee safety.

## II. DEFINITIONS

- A. *Opioid Overdose*. An acute, life-threatening medical condition caused by the excessive intake of opioids (e.g., heroin, morphine, fentanyl, tramadol, oxycodone). This serious medical condition causes the victim to suffer from symptoms including but not necessarily limited to an altered level of consciousness, pinpoint pupils, respiratory arrest, and can lead to death.
- B. *Naloxone Hydrochloride*. A medication used for the treatment of a known or suspected Opioid Overdose; a narcotic antagonist which works by affecting opiate receptor sites within the brain. Naloxone is commonly referred to by the brand name Narcan.
- C. *Authorized Employee*. An individual employed by the Agency who has received training on Opioid Overdose prevention and the proper use and administration of naloxone. Authorized Employees are permitted to administer naloxone without additional approval in cases where an Opioid Overdose is suspected.
- D. *Intranasal*. Administered through the nose. The nasal cavity is covered by a thin mucosa, which is extremely vascular and provides a direct route into the bloodstream of the victim. Therefore, when naloxone is administered via spray into the victim’s nose, it can be quickly effective.
- E. *Secure Storage Area*. A climate-controlled location where access to naloxone is restricted and controlled.
- F. *Naloxone Kit*. A kit includes two nasal spray doses of naloxone and may also include a zipper plastic bag, face mask, mouth shield/breathing mask, and medical-grade latex gloves.
- G. *Opioid Antagonist*. Naloxone hydrochloride or any other opioid antagonist that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.

## III. PROCEDURES

- A. Coordinator



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The Human Resources Manager will act as the Agency's coordinator with the following responsibilities:

1. Identifying employees permitted to carry and administer naloxone (public safety, library services, or any other employee who may reasonably come into contact with individuals who are unhoused or experiencing opioid addiction may be permitted to carry naloxone).
2. Maintaining a roster of employees trained in Opioid Overdose prevention and naloxone administration.
3. Maintaining records of naloxone issuance and administration.
4. Establishing a Secure Storage Area and restricting and controlling access.
5. Maintaining Naloxone Kits and obtaining new kits prior to their expiration.
6. Coordinating new and continued training for Authorized Employees.
7. Retaining completed reports on naloxone use.

#### B. Administration

1. Only employees who have completed training in Opioid Overdose prevention and the use and administration of naloxone are permitted to carry and administer it.
2. Authorized Employees should obtain naloxone from the Secure Storage Area at the beginning of each shift and return unused doses at the end of each shift. Upon collection and return, each employee should complete an inventory log (Appendix A), which includes the kit number, date, and time the medication is logged out and returned. Each kit and all related equipment must be returned to the Secure Storage Area at the end of each shift.
3. Upon receipt of a kit, Authorized Employees should conduct an inspection to confirm it is in good condition and unexpired. This should include an inspection of the kit's exterior to ensure it is clean and undamaged. Expired or damaged kits should be immediately returned to the coordinator.
4. Authorized Employees should keep kits in a location easily accessible for use when needed, but out of direct sunlight. Lost kits must be reported immediately to the coordinator.
5. Naloxone should only be administered to adults and children older than one year. The dose is the same for both adults and children. Naloxone should not be administered to infants under one year of age.

#### C. Training

Before being permitted to carry and administer naloxone, Authorized Employees are required to complete Opioid Overdose prevention training.





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Training should include the following:

1. How to prevent an overdose
2. How to recognize an opioid overdose, including how to check responsiveness
3. How to store naloxone
4. How to administer naloxone
5. How to alert emergency medical services
6. How to administer rescue breathing
7. How to place the subject in the recovery position
8. How to provide post-overdose care

This training may be completed virtually or in person.

For Authorized Employees who may be out in the field (e.g., code enforcement or animal control officers), a reminder about verifying scene safety is appropriate. This includes reviewing the surrounding area to confirm the scene is safe to prevent the employee from becoming a victim themselves. This step aligns with the American Heart Association's basic life support training. Local law enforcement is recommended as a source to discuss verifying scene safety.

Required trainings include:

- [CDPH Administering Naloxone Training Video \(You Tube\)](#)
- CPR/AED/First Aid Training with Naloxone Training
- Naloxone Refresher Training (every two years)
- Bloodborne Pathogen Training

The Agency's Bloodborne Pathogens Exposure Control Plan is available on the City of Imperial Employee Intranet, or can be requested directly from a supervisor, manager, department head, or from the Human Resources and Risk Management Department.

### D. Steps

1. Assess the victim for lack of breathing, pulse, and unresponsiveness prior to administering naloxone. If unresponsive, and another person is available, ask them to call 911.
2. If unresponsive, check the victim's airway to ensure it is unobstructed. Ask bystanders if it is known if the victim is an opioid user. Conduct a brief visual survey of the victim and the immediate vicinity for any obvious evidence of drug use or exposure.



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Characteristics that may indicate an Opioid Overdose include, but are not limited to:

- Falling asleep or loss of consciousness
  - Constricted (pinpoint) pupils
  - Unresponsive to verbal or physical stimulus
  - Awake, but unable to speak
  - Pulse (heartbeat) is slow, irregular, or not present
  - Breathing is very slow and shallow, irregular, or has stopped
  - Choking sounds, or a snore-like gurgling noise
  - Vomiting
  - Body is very limp
  - Face is very pale or clammy
  - Fingernails and lips turn blue or purplish black
3. Administer naloxone intranasally in accordance with the mandatory training provided:
    - a. Gently tilt the victim's head back and ensure the nasal cavity is clear
    - b. Hold the nasal spray by placing your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
    - c. Insert the nasal spray nozzle into one (1) nostril until your fingers, on either side of the nozzle, are against the bottom of the victim's nose
    - d. Press the plunger firmly to administer the full dose into the nostril
    - e. Remove the nasal spray from the victim's nostril after administering the dose
  4. If 911 has not been called, call 911 and notify emergency medical services (EMS)/first responders.
  5. While waiting for EMS, initiate rescue breathing as needed until the victim can adequately breathe on their own. If the Authorized Employee is trained in CPR, this technique can also be used.
  6. Once the victim is breathing on their own, place them on their side in the recovery position to avoid aspiration.
  7. Continue constant observation until first responders arrive.

Administration may result in immediate withdrawal symptoms in victims who are opioid dependent. Symptoms of withdrawal may include but are not





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limited to nausea/vomiting, cardiac arrest, nosebleeds, or in rare cases, aggressive behavior.

8. If the victim does not respond after 2 minutes, a second dose may be required. A second dose may also be required if the lifesaving effects wear off before EMS/first responders arrive and should be administered in the alternate nostril. Do not attempt to reuse the nasal spray. Each nasal spray contains a single dose and cannot be reused.

If the victim is unresponsive, do not try to shock them awake by exposing them to extreme temperatures (such as an ice bath). The bodies of individuals experiencing an Opioid Overdose are more susceptible to conditions such as hypothermia as their bodies are much weaker than normal.

9. Prior to administering a second dose, using a new nasal spray, confirm that first responders are en route to the location.
10. Defer to the authority of first responders once they arrive on the scene.

#### E. Disposal

Ensure the used nasal spray device(s) is/are properly disposed of by surrendering it/them to on-scene first responders or by placing it/them into a hazardous materials disposal container.

#### F. Documentation and Reporting

1. Verbally advise first responders of the approximate time naloxone was administered and any change in the victim's condition.
2. Complete a Naloxone Use Report (Appendix B), which should include all pertinent information related to the administration of naloxone, including the location of the incident.
3. Complete additional reports that may be required, such as an Agency's internal incident report, detailing all pertinent information, including observations and actions at the scene.
4. Upon completion, immediately submit all reports to the coordinator. All documentation should be securely filed and retained indefinitely.





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APPENDIX B  
NALOXONE USE REPORT**

**Reporting Employee:** \_\_\_\_\_

**Employee's Supervisor:** \_\_\_\_\_

**Incident Location (address, if known):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Time:** \_\_\_\_\_

**1. How many overdose victims were treated?**

1    2

**2. Were any children 12 years old or younger, who were associated with the overdose victim, present at the scene of the overdose?**

None    1    2    3 or more

**3. Where did the drug overdose occur?**

Residence    Business    Office

Street    Parking Lot    Open Space    Other: \_\_\_\_\_

**4. Perceived gender of the overdose victim:**

Male    Female    Unknown

**5. Perceived age range of the overdose victim:**

17 or less    18-29    30-40    41-60    61 and over    Unknown

**6. Perceived race-ancestry of the overdose victim:**

Caucasian/White    Hispanic/Latino    African American/Black

Asian/Pacific Islander    Native American    Unknown

**7. Overdose symptoms (check all that apply):**

Awake, but unable to speak    Breathing slow, shallow, irregular, stopped

Unresponsive to stimuli    Falling asleep or loss of consciousness

Choking or gurgling sounds    Fingernails and lips blue or purplish black

Constricted (pinpoint) pupils    Limp body    Face pale or clammy

Other: \_\_\_\_\_





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**APPENDIX B  
NALOXONE USE REPORT**

**(CONTINUED)**

**8. What drugs were associated with the overdose?**

- Heroin    Morphine    Fentanyl    Oxycodone    Codeine  
 Methadone    Cocaine/Crack    Meth    Alcohol  
 Unknown    Other: \_\_\_\_\_

**9. How many doses of naloxone were administered to the victim?**

- 1    2

**10. What was the overdose victim's response to the naloxone treatment?**

- Revived    Died    Undetermined

**11. Did you experience any problems using the naloxone kit?**

- No    Yes

If yes, please describe: \_\_\_\_\_



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**APPENDIX C**

**EMPLOYEE ACKNOWLEDGMENT OF  
RECEIPT OF NALOXONE POLICY AND PROCEDURES**

My signature below acknowledges that I have received my copy of the City of Imperial's Naloxone Policy and Procedures ("Policy") and that I have read the Policy and understand my rights and obligations under the same.

I understand that this Policy only represents the City of Imperial's current policies, procedures, rights, and obligations. Regardless of what the Policy states or provides, the City of Imperial retains the right to add, change, or delete provisions of the Policy at any time and in its sole discretion.

By signing below, I agree to abide by all provisions of the Policy. I understand that failure to fully comply with all provisions of the Policy may lead to disciplinary action, up to and including termination.

PRINT FULL NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**(RETAIN IN EMPLOYEE PERSONNEL FILE)**