

## DECLARATION OF EMERGENCY

### Department of Public Safety and Corrections Office of State Police

First Responders—Best Practices for Administration of  
Naloxone or Another Opioid Antagonist  
(LAC 55:XXV.Chapter 1)

The Department of Public Safety and Corrections, Public Safety Services, Office of State Police, has exercised the emergency provision in accordance with R.S. 49:953(B)(1) et seq., of the Administrative Procedure Act, to promulgate a new rule as authorized by R.S. 40:978.1, setting forth a set of best practices for use by a fire department or law enforcement agency, for training necessary to safely and properly administer opioid antagonists to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose, the standards and procedures for the storage and administration of opioid antagonists, and emergency follow-up procedures.

The abuse and addiction to opioids is a global epidemic that is estimated to affect between 26.4 and 36 million people worldwide. Of those addicted in the United States, 2.1 million people are addicted to prescription drugs, and some 517,000 people are addicted to heroin according to estimates from the federal Centers for Disease Control and Prevention (CDC). Opioid-related drug use deaths in the United States and Louisiana have been increasing, and opioid overdose is one of the leading causes of accidental deaths in Louisiana. Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone, and hydrocodone.

Opioid antagonists are prescription drugs that displace the opioid from receptors in the brain and can rapidly reverse the life threatening symptoms of an opioid overdose. One common opioid antagonist is naloxone. Opioid antagonists can be administered through intranasal spray and by injection into the muscle, under the skin, or intravenous. Although these opioid antagonists are scheduled drugs, they have no euphoric properties and minimal side effects. If administered to a person who is not suffering an opioid overdose, it rarely produces any clinical effects.

R.S. 40:978.1 authorizes first responders to receive a prescription for naloxone or another opioid antagonist, maintain the naloxone or other opioid antagonist in his possession, and administer the naloxone or other opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose

R.S. 14:403.11 authorizes first responders to administer, without prescription, opioid antagonists, when encountering an individual exhibiting signs of an opioid overdose.

Both laws require first responders to complete training, at a minimum, on how to recognize symptoms of an opioid-related overdose; standards and procedures for the storage and administration opioid antagonists; and emergency follow-up procedures.

The Deputy Secretary of the Department of Public Safety and Corrections, Public Safety Services, has determined this emergency rule is necessary to prevent imminent peril to the public health, safety and welfare. Pursuant to R.S. 49:952(B)(2), this emergency rule becomes effective on October 9, 2018 and shall remain in effect for the maximum

time period allowed under the Administrative Procedure Act or until adoption of the final Rule, whichever occurs first.

### Title 55

### PUBLIC SAFETY

#### Part XXV. First Responder Best Practices for Administration of Opioid Antagonists

#### Chapter 1. Administration of Opioid Antagonists §101. Purpose and applicability

A. Opioid-related overdose is one of the leading causes of accidental deaths in Louisiana. Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin®, Percocet®, Percodan®, and hydrocodone as found in Vicodin®. Opioid antagonists, such as naloxone, displace the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opioid-related overdose, it rarely produces any clinical effects. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray. R.S. 40:978.1 and R.S. 14:403.11 provide for first responders to receive and administer opioid antagonists, provide for immunity from liability, and require the promulgation of a set of best practices by the Deputy Secretary of Public Safety Services of the Department of Public Safety and Corrections for use by a fire department or law enforcement agency in the administration and enforcement of those statutes. In accordance with those statutes, these guidelines establish a set of best practices for fire departments or law enforcement agencies relating to training to safely administer opioid antagonists, standards and procedures for storage of opioid antagonists, and emergency follow-up procedures.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:978.1(F) and R.S. 14:403.11.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 44:

#### §103. Definitions

A. As used in this Part, the following words shall mean:

*First Responder*—any of the following:

a. a peace officer as defined in R.S. 40:2402

b. a firefighter regularly employed by a fire department of any municipality, parish, or fire protection district of the state of Louisiana, or any volunteer fireman of the state of Louisiana.

*Opioids*—includes heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone, oxycodone. Opioids do not include cocaine, benzodiazepines such as Xanax®, amphetamines, or alcohol.

*Opioid Antagonists* – agents such as naloxone that have high affinity to bind to opiate receptors but do not activate these receptors. This effectively blocks the receptor, preventing the body from responding to opioids and endorphins. These drugs block the effects of externally administered opioids.

*Opioid-Related Drug Overdose*—a condition including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:978.1(F) and R.S. 14:403.11.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 44:

### **§105. Training Requirements**

A. First responders who will possess and administer naloxone or other opioid antagonists shall be trained on, at a minimum, the following:

1. standards and procedures for storage and administration of naloxone or other opioid antagonists in accordance with the guidelines of the manufacturer of the product or device. Because opioid antagonists can be administered through a nasal atomizer or through injection, the standards and procedures established by the manufacturer of the specific product or device to be used by the first responder shall be covered in the training;

2. patient assessment in order to recognize the signs/symptoms of an opioid-related overdose, which often includes:

a. face is extremely pale and/or clammy to the touch;

b. body is limp;

c. fingernails or lips have a blue or purple cast;

d. the patient is vomiting or making gurgling sounds;

e. the patient cannot be awakened or is unable to speak;

f. breathing is very slow or stopped;

g. heartbeat is very slow or stopped.;

3. contraindications of an opioid-related overdose;

4. emergency follow-up procedures, which may include:

a. calling 911 if not done prior to the first responder's arrival on scene or the administration of naloxone or other opioid antagonist.

b. administering a second dose of naloxone or other opioid antagonist if the patient does not respond.

c. performing rescue breathing or CPR if certified or instructions are provided by a 911 operator or dispatcher.

d. recognizing typical responses to treatment with naloxone or other opioid antagonists;

5. documenting the administration of naloxone or other opioid antagonists and retaining such documentation in accordance with law and agency policy;

6. safely disposing of used administration devices and replacement of administration devices.

B. It is recommended that training for first responders also include laws relating to possession and administration of naloxone or other opioid antagonists by third parties, and immunity for reporting of drug overdoses.

C. Training resources are available through the Substance Abuse and Mental Health Services Administration (SAMHSA), which has developed an opioid overdose toolkit available online through its website: [www.samhsa.gov](http://www.samhsa.gov). Furthermore, the Bureau of Justice Assistance (BJA) has developed a law enforcement naloxone toolkit which is available online through its website: [www.bja.gov](http://www.bja.gov). Furthermore, as provided by R.S. 40:978.1, a law enforcement agency or fire department may enter into a written agreement to affiliate with an ambulance service provider or a physician for the purposes of obtaining a supply of naloxone or other opioid antagonist or and/or to obtain training necessary to safely and properly administer

naloxone or other opioid antagonists to individuals who are believed to be undergoing an opioid-related drug overdose.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:978.1(F) and R.S. 14:403.11.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 44:

### **§107. Documentation and Tracking**

A. In order to help determine the effectiveness of reducing opioid overdoses, records shall be kept of each instance in which a first responder administers naloxone or other opioid antagonist to an individual who is undergoing or believed to be undergoing an opioid-related drug overdose.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:978.1(F).

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 44:

### **§109. Immunity**

A. R.S. 40:978.1(E) provides that a first responder who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers naloxone or another opioid antagonist to that person, shall be immune from civil liability, criminal prosecution, or disciplinary or other adverse action under any professional licensing statute for any outcomes resulting from the administration of the naloxone or another opioid antagonist to that person, unless personal injury results from the gross negligence or willful or wanton misconduct of the first responder administering the drug.

B. R.S. 14:403.11(C)(2) provides that any first responder administering an opiate antagonist in a manner consistent with addressing opiate overdose shall not be liable for any civil damages as a result of any act or omission in rendering such care of services as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in said emergency, unless the damage or injury was caused by willful or wanton misconduct or gross negligence.

AUTHORITY NOTE: Promulgated in accordance with R.S. 40:978.1(F) and R.S. 14:403.11.

HISTORICAL NOTE: Promulgated by the Department of Public Safety and Corrections, Office of State Police, LR 44:

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