

**U.S. IMMIGRATION AND CUSTOMS ENFORCEMENT**

**ICE Directive 10091.1: Administration of Naloxone by Non-Health Care Providers**

**Issue Date:** March 4, 2019

**Superseded:** None

**Federal Enterprise Architecture Number:** 306-112-002b

1. **Purpose/Background.** The purpose of this Directive is to establish U.S. Immigration and Customs Enforcement (ICE) guidelines governing the administration of naloxone, a life-saving prescription medication that can counter the effects of an opioid overdose, by non-health care providers.<sup>1</sup> This Directive also establishes ICE’s guidelines for training of personnel authorized to administer naloxone and reporting requirements on the deployment and usage of naloxone.
2. **Policy.** Naloxone may only be administered by ICE personnel who successfully complete required training on the use and deployment of naloxone and have cardiopulmonary resuscitation (CPR)/Automated External Defibrillator (AED) certification in accordance with standardized procedures, Department of Homeland Security (DHS) and ICE policy. Participation in naloxone training is voluntary for ICE employees authorized by their respective Special Agent in Charge (SAC) or Field Office Director (FOD), based on mission requirements.

Authorized personnel may administer naloxone to any individual(s) they believe is suffering from an opioid overdose if it is safe and reasonable to do so based on the totality of circumstances. After naloxone is administered, authorized personnel should be prepared to take reasonable action(s) to assist the individual(s) until emergency medical personnel arrive and make every reasonable effort to encourage the individual(s) to be transported to a hospital for additional care.

Naloxone will be properly secured to ensure that it is only accessible and available for use by authorized personnel. Naloxone will be stored in accordance with the manufacturer’s temperature guidelines to ensure product integrity. ICE will adhere to DHS’ naloxone inspection, procurement, and inventory requirements.

3. **Definition.** The following definition applies for the purposes of this Directive only:
  - 3.1. **Naloxone.** A prescription medication used to treat an opioid overdose in an emergency situation.

---

<sup>1</sup> Licensed/certified health care practitioners are not subject to this Directive.

**4. Responsibilities.**

**4.1. The Executive Associate Directors of Homeland Security Investigations (HSI) and Enforcement and Removal Operations (ERO) and the Associate Director of the Office of Professional Responsibility (OPR) are responsible for ensuring compliance with the provisions of this Directive within their respective program offices.**

**4.2. The HSI Special Activities Unit is responsible for:**

- 1) Serving as the ICE Naloxone Program Coordinator;
- 2) Developing, implementing and maintaining ICE's Naloxone Program;
- 3) Identifying areas of responsibility (AORs) with high risks of opioid exposure to ensure priority deployment of naloxone kits;
- 4) Serving as the ICE Headquarters (HQ) point of contact for Naloxone Field Coordinators, including coordination and guidance for acquisition, inventory, and storage of naloxone at HQ and in field offices;
- 5) Developing ICE naloxone training under the supervision of the Medical Director;<sup>2</sup>
- 6) Identifying licensed/certified health care practitioners to serve as Naloxone Program Instructors to provide naloxone training to ICE non-health care providers; and
- 7) Replacing naloxone that is damaged, unusable, expired, or administered.

**4.3. HSI and OPR SACs and ERO FODs are each responsible for:**

- 1) Designating a Naloxone Field Coordinator for their AORs, as applicable;
- 2) Authorizing personnel to receive naloxone training for their AORs, as applicable;
- 3) Establishing and maintaining ICE's naloxone inventory;
- 4) Reporting the deployment of naloxone by an ICE non-health care provider in their AORs to the Joint Intelligence Operations Center (JIOC); and
- 5) Ensuring implementation of the provisions of this Directive within their AORs.

**4.4. Naloxone Field Coordinators are responsible for:**

- 1) Maintaining the naloxone inventory within their AORs;

---

<sup>2</sup> As of the date of this Directive, ICE relies upon DHS Countering Weapons of Mass Destruction to provide this function per DHS Policy Directive 247-01, dated April 26, 2017.

- 2) Disposing of, and replacing, damaged, expired, unusable, or administered naloxone; and
- 3) Ensuring that all authorized personnel complete required training.

**4.5. The Medical Director is responsible for:**

- 1) Providing medical advice and expertise in all aspects of ICE's Naloxone Program;
- 2) Ensuring that the implementation, organization, and administration of ICE's Naloxone Program are compliant with DHS Countering Weapons of Mass Destruction Office (CWMD) guidance;
- 3) Reviewing and approving ICE's training regarding the administration of naloxone by ICE non-health care providers;
- 4) Certifying designated ICE licensed/certified health care providers as Naloxone Program Instructors;
- 5) Conducting post-incident assessment of the field use of naloxone to determine any needed quality improvement changes to policy and procedures;
- 6) Directing process improvement, requiring remedial education, and/or limiting an ICE employee's authority to administer naloxone; and
- 7) Serving as the ICE prescribing physician.

**4.6. ICE non-health care providers authorized to administer naloxone are responsible for:**

- 1) Complying with the provisions of this Directive; and
- 2) Completing all required training.


**5. Procedures/Requirements.** See attached Standard Operating Procedures for additional information.

**5.1. Documentation/Reporting.**

- 1) Authorized personnel must notify their chain of command of the deployment of naloxone and complete a Significant Incident Report (SIR) related to the incident.
- 2) The SAC or FOD must report the deployment of naloxone to the JIOC and the respective Naloxone Field Coordinator. The JIOC shall notify the DHS CWMD.

FOR OFFICIAL USE ONLY

6. **Recordkeeping.** The SACs and FODs will maintain records of all deployment and usage of naloxone by non-health care providers in their AORs. SIRs will be destroyed 75 years after cutoff.
7. **Authorities/References.**
  - 7.1. Department of Justice Office of the Attorney General Memorandum, *Responding to Opiate Overdoses/Use of Naloxone*, dated July 2014.
  - 7.2. DHS Policy Directive 247-01, *Department Policy Regarding the Administration of Naloxone by Non-Healthcare Providers*, dated April 26, 2017, or as updated.
  - 7.3. DHS OHA, *Department of Homeland Security Standards Operating Procedure: Administration of Naloxone by Non-Health Care Providers*, dated October 2016, or as updated.
8. **Attachment.**
  - 8.1. ICE Standard Operating Procedure: *Administration of Naloxone by Non-Health Care Providers*.
9. **No Private Right.** This document provides only internal ICE policy guidance, which may be modified, rescinded, or superseded at any time without notice. It is not intended to, does not, and may not be relied upon to create any right or benefit, substantive or procedural, enforceable at law by any party in any administrative, civil, or criminal matter. Likewise, no limitations are placed by this guidance on the otherwise lawful enforcement or litigative prerogatives of ICE.



---

**Ronald D. Vitiello**  
**Deputy Director and Senior Official**  
**Performing the Duties of the Director**  
**U.S. Immigration and Customs Enforcement**