

**STANDARD OPERATING PROCEDURES
ADMINISTRATION OF NALOXONE BY NON-HEALTH CARE PROVIDERS**

1. **Purpose/Scope:** This document establishes U.S. Immigration and Customs Enforcement's (ICE) standard operating procedures (SOP) for the administration of naloxone, a lifesaving prescription medication that can stop the effects of an opioid overdose. This SOP serves as procedural and implementing guidance to ICE Directive 10091.1, *Administration of Naloxone by Non-Health Care Providers*, dated March 4, 2019.
2. **Definitions.** The following definitions apply for the purposes of this SOP.
 - 2.1. **Automated External Defibrillator (AED).** A portable electronic device that automatically diagnoses life-threatening cardiac arrhythmias and treats through the application of electrical therapy, if necessary.
 - 2.2. **Cyanosis.** Characteristic marked by a bluish discoloration of the skin and mucous membranes (inside the lips, mouth, nose) caused by a lack of oxygen in the blood.
 - 2.3. **Opioid Overdose Symptoms.** The most common signs of opioid overdose include:
 - 1) Extreme sleepiness, inability to awaken verbally or upon sternal rub;
 - 2) Breathing problems that can range from slow to shallow breathing in an individual who cannot be awakened;
 - 3) Fingernails or lips turning blue/purple (cyanosis);
 - 4) Extremely small "pinpoint" pupils; and/or
 - 5) Slow heartbeat (less than 60 beats per minute).
 - 2.4. **Recovery Position.** A side-lying position used to help maintain a clear airway in a person with a decreased level of consciousness and without injury.
 - 2.5. **Respiratory Depression.** Decreased rate or depth of breaths.
3. **Procedures/Requirements.**
 - 3.1. **Naloxone Deployment.** When deploying naloxone, ICE non-health care providers shall, where possible, do the following:
 - 1) Wear personal protective equipment.

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2) Remove the individual from the source of exposure and prevent others from contact.

3) Contact emergency services:

- a) In cases when an opioid overdose is identified, activate the emergency medical services (EMS) via 911 or other established channel. Provide information including the victim's location and condition; and
- b) Upon EMS arrival, convey the circumstances leading to the discovery of the suspected opioid overdose, any facts known to the ICE non-health care provider(s), and any pertinent information about the specific actions taken by the ICE non-health care provider(s) related to the administration of naloxone.

4) Monitor the victim:

- a) Observe and monitor the victim's responsiveness, status of breathing, and pulse, in accordance with the most recent training and guidelines provided.
 - i. If breathing is adequate, to the degree determinable (breathing more than eight (8) breaths per minute, normal skin color) and there are no signs of trauma, place the individual in the recovery position, preferably on his or her left side.
- b) If pulse is present and the victim is unconscious, attempt to determine the quality of breathing.
 - i. If breathing is decreased or there are obvious signs of low oxygen (not breathing adequately, blue/gray color of skin, etc.) and an overdose is suspected (based on history, evidence on scene, bystander reports, physical examination), proceed with naloxone administration.

5) Administer naloxone:

- a) Retrieve and assemble the naloxone response kit.
- b) Administer the dosage as recommended by the Department of Homeland Security Countering Weapons of Mass Destruction Office (CWMD), based on the type of device provided, and in accordance with the training provided by the ICE tactical medics or licensed/certified health care provider.
- c) Monitor breathing and provide supplemental support, if necessary, utilizing a pocket mask, bag-valve mask, and oxygen, if available. If there is no response from the victim after three (3) minutes and a second dose of naloxone is available, repeat the administration.

- 6) Continue monitoring the victim.
 - a) Continue to monitor breathing and pulse for level of consciousness and responsiveness.
 - b) If breathing increases and there is no obvious evidence of trauma, place the individual in the recovery position, preferably on his or her left side.
 - c) If at any time pulse is lost, initiate cardiopulmonary resuscitation (CPR) and utilize an AED, if available, per guidelines established by the American Safety and Health Institute.
- 7) Transport/Escort to medical facility.
 - a) ICE non-health care providers administering naloxone to a victim not in ICE custody should ensure, to the degree practicable, that the overdose victim is stabilized (adequate breathing, pulse present) and transported to a medical facility by EMS.
 - b) If the victim is an ICE employee and EMS is unavailable, ICE non-health care providers may transport the employee in a government vehicle to a medical facility if this can be accomplished in a reasonable and safe manner.
 - c) If the victim is in ICE custody, ICE non-health care providers should accompany the ambulance to the local medical facility for the safety and security of the victim and medical providers.
 - d) ICE non-health care providers must document the discharging physician's name and facility as part of their reporting requirements.

3.2. Maintenance of naloxone response kits.

- 1) Naloxone Field Coordinators will inspect naloxone response kits and equipment on a monthly basis and prior to deployment to the field for any enforcement action.
- 2) Naloxone will be stored in accordance with manufacturer's instructions and in approved/provided storage containers to avoid extreme cold, heat, and direct sunlight.
- 3) Naloxone response kits found with lapsed expiration dates will be immediately taken out of inventory and replacement kits will be requested from the ICE Naloxone Program Coordinator.
- 4) Missing or damaged naloxone kits will be reported directly to the Naloxone Field Coordinator who will then notify the ICE Naloxone Program Coordinator.

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- 5) Proper disposal of expired naloxone kits shall involve delivery to the nearest registered collection site for the Drug Enforcement Agency Diversion Program to ensure safe and secure disposal of the expired naloxone kits.