

U.S. Customs and Border Protection
Office of Field Operations
Nasal Naloxone Standard Operating Procedures
February 2, 2017

I. Purpose:

To establish procedures governing the storage, control, accountability, disposal and administration of intranasal naloxone, a prescription drug, to humans by **non-healthcare providers**. It is OFO policy that officers where naloxone is deployed must be trained and qualified in its administration by a naloxone instructor that is approved by the CBP Medical Director.

Administration of naloxone by OFO Emergency Medical Services (EMS) providers such as Emergency Medical Technicians (EMTs) and Paramedics falls under the Department of Homeland Security (DHS) Advanced Life Support (ALS) and Basic Life Support (BLS) EMS Protocols, promulgated and approved by the DHS Office of Health Affairs (OHA).

II. Procedures:

A. Naloxone Deployment

Based on operational risk management, naloxone will be deployed to ports of entry where a high risk of an opioid exposure exists. Naloxone is a prescription drug and must be properly secured to ensure it is only available and accessible for use by qualified personnel. **See Annex A.**

B. Administering Naloxone

Administering naloxone quickly can counter the overdose effects of opioids, usually within three minutes. Naloxone administration enables DHS personnel to deliver early potentially lifesaving care to individuals in the first critical moments of an opioid overdose. Naloxone is not intended to replace the care provided by local EMS, but can provide a lifesaving bridge for patients experiencing respiratory depression from an opioid overdose until EMS arrives. When a healthcare provider (e.g. EMT or Paramedic) is not immediately available, naloxone will be administered by a qualified non-healthcare provider per DHS Opioid Overdose Protocols (**Annex B**).

C. Naloxone Program Coordinator Responsibilities

Naloxone Program Coordinators will be designated at OFO Headquarters, at each CBP port of entry (POE) where naloxone is deployed, in coordination with Field Office Emergency Medical Services Coordinators (FOEMSC) at the POE's parent Field Office.

- Operations Incident Management Division (IMD) will:
 - Develop, implement and maintain OFO's Naloxone Program for non-health care providers.

- Serve as point of contact for field offices, to include the coordination and guidance for the acquisition, inventory, and storage of the naloxone as well as the local program itself.
 - Establish naloxone inventory to include quantity, lot numbers, expiration dates, locations. **(See Annex C)**
 - Procure replacement naloxone that is reported damaged, unusable, expired, or administered.
 - Coordinate naloxone training for officers where naloxone is deployed using instructors authorized and approved by the CBP Medical Director.
 - Coordinate initial/recurring Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) training for officers where naloxone is deployed.
 - Ensure the OHA Watch Desk is notified of all naloxone uses.
- Field Office Emergency Medical Services Coordinators (FOEMSCs) will:
 - Ensure that each POE where naloxone is deployed designates a port Naloxone Coordinator.
 - Ensure that POEs where naloxone is deployed conducts quarterly inventories in CBPnet Collaboration and report inventory results per Section G and Annex C, Inventory Management.
 - Enter and maintain inventory of any reserve naloxone maintained at the Field Office and report inventory results per Section G and Annex C, Inventory Management. Ensure quarterly verifications are conducted.
 - Monitor naloxone inventory reporting for shortages and remaining shelf-life.
- POE Naloxone Coordinators will:
 - Proper and efficient placement of Nasal naloxone within the facility.
 - Ensure all personnel that will be using nasal naloxone receive appropriate training by POE or Field Office Naloxone Instructors.
 - Enter and maintain inventory of POE naloxone and report inventory results per Section G. Inventory Management. Ensure quarterly verifications are conducted.
 - Ensure the nasal naloxone is current and not expired.
 - Report to the FOEMSCs any nasal naloxone that is either administered, unaccounted for, damaged/destroyed, unusable, or expired, and request replacement.
 - Coordinate with FOEMSCs to schedule required training from naloxone trainers. This will ensure appropriate tracking of required initial and refresher training.
 - Ensure that any administration of nasal naloxone to an individual is followed by a report documenting the administration. See Section E. for reporting requirements.

D. Documentation / Reporting:

Once the patient has been stabilized and transported to a medical facility by EMS, the following personnel are responsible for:

CBP Officers

- Generate a TECS IOIL (incident M) which includes details regarding the overdose victim (biographical information), nature of the incident, amount of naloxone administered and patient care received.
- OFO-EMS personnel will assist the individual who administered the naloxone in generating an Electronic Patient Care Report (EPCR), if available at the CBP location.
- Field Office or POE will develop bullets and submit to the OFO-INCIDENT-MANAGEMENT@cbp.dhs.gov and OFO-FIELDLIAISON@cbp.dhs.gov email boxes within 2 hours of the incident.
- Immediately report to supervisory chain-of-command to document/decrement use in inventory system, request replacement kits or report lost, damaged and disposed of naloxone.

POE Naloxone Coordinator

- Monitor naloxone CBPnet Collaboration inventory system for assigned kits. This system will be utilized for tracking and accountability of the naloxone countermeasure kits. (See annex TBD)
- Notify the FOEMSC of all naloxone administration and completion of all required reports.
- Immediately contact the FOEMSC to request replacement kits or report lost or damaged naloxone kits.

FOEMSC

- Utilize OFO-INCIDENT-MANAGEMENT@cbp.dhs.gov, and if necessary, by phone (202-344-1769) in requesting replacement kits and reporting lost, damaged or disposed of naloxone kits.
- At the beginning of each month forward to OFO/IMD all required accountability reports of the naloxone countermeasure kits.
- As additional personnel receive naloxone countermeasure, CPR and AED training, and annual naloxone refresher training, provide a cumulative roster list for their respective locations to OFO Headquarters, Operations, Incident Management Division, and ensure TRAEN records are updated as follows:
 - TRAEN Code G0723007-31 Non-EMS Naloxone Administration Training
 - TRAEN Code G0520001-27 First Responder Course - CPR/AED

E. Maintenance / Replacement

- On-duty designated personnel are required to conduct an inspection of the nasal naloxone kits and equipment at their assigned facility on a daily basis at the beginning of the shift.
- The port naloxone coordinator and FOEMSCs will be responsible for ensuring CBP facilities have adequate supplies of naloxone kits.

- Naloxone kit(s) with lapsed expiration dates will be immediately taken out of service, properly disposed of per Section H. and a replacement kit requested.
- If the naloxone kit must be taken out of service it must be labeled “OUT OF SERVICE” a replacement is required, the SCBPO, port Naloxone Coordinator and FOEMSC will be notified.
- Missing, damaged or expired nasal naloxone kit(s) or equipment will be reported directly to the SCBPO on duty who shall then notify the port naloxone coordinator and FOEMSC via electronic mail. All details relating the damaged kit or equipment will be provided.

F. Disposal of Damaged or Expired Naloxone Kit

- Take naloxone kit to pharmacy or medical facility
- Dispose of in accordance with medical personnel directions and witness
- Complete disposal form with signature and have medical personnel sign as witness to disposal
- Update inventory spreadsheet to indicate the date that the kit was disposed of or used for demonstration purposes in training (expired supply only).

G. Inventory Management

OFO issued naloxone will be inventoried and reported to Operations IMD quarterly within +/-5 days of 1 January, 1 April, 1 July and 1 October. Reporting will be done via CBPnet Collaboration using the Medical Countermeasures (MCM) Inventory site. **See Annex C.**

Requests for access to the inventory site will be submitted to the Field Office Naloxone Coordinator for further submission to OFO-INCIDENT-MANAGEMENT@cbp.dhs.gov. Access will be limited to POE Naloxone Coordinators, FOEMSCs, as well has MCM Coordinators.

Annex A – Naloxone Deployment

Operations, Incident Management Division will manage the deployment of OFO procured naloxone to Field Offices based on an operational risk management review that identifies ports of entry where a high risk of an opioid exposure exists for frontline OFO personnel.

Naloxone is a prescription drug and must be properly secured to ensure it is only accessible and available for administration by qualified personnel. Qualified personnel are defined as those who have received training by naloxone program instructors that are licensed/certified health care practitioners approved by the CBP Medical Director.

OFO locations issued nasal naloxone will position naloxone kits in one or more of the following locations:

- Port Director/Chief Supervisory Office
- Detention/Holding Cell area
- Passport control hard secondary
- Pedestrian inspection area
- Vehicle secondary inspection area
- (add appropriate areas in ECCF)

Naloxone kits will be kept and labeled in such a way that makes them quickly and easily identifiable when needed. For example, it may be kept in luminously colored bag, box, or case and labeled as “NALOXONE”, “OPIOID OVERDOSE KIT”, etc.

Nasal naloxone may be damaged by light and extreme temperatures. For other than short periods of time, ensure naloxone is stored in an environment between 59° – 77° Fahrenheit. Do not freeze.

Annex B – Administering Naloxone

When a healthcare provider is not immediately available, naloxone will be administered by a qualified non-healthcare provider per DHS Opioid Overdose Protocols (attached), if applicable symptoms are present, and after:

- Immediately removing the person from the source of exposure, and preventing others from contact.
- Assessing victim for responsiveness, pulse, and status of breathing.
- Activating the local 911/EMS system.
- Donning Personal Protective Equipment as appropriate.
- Ensuring the person's airway is open.

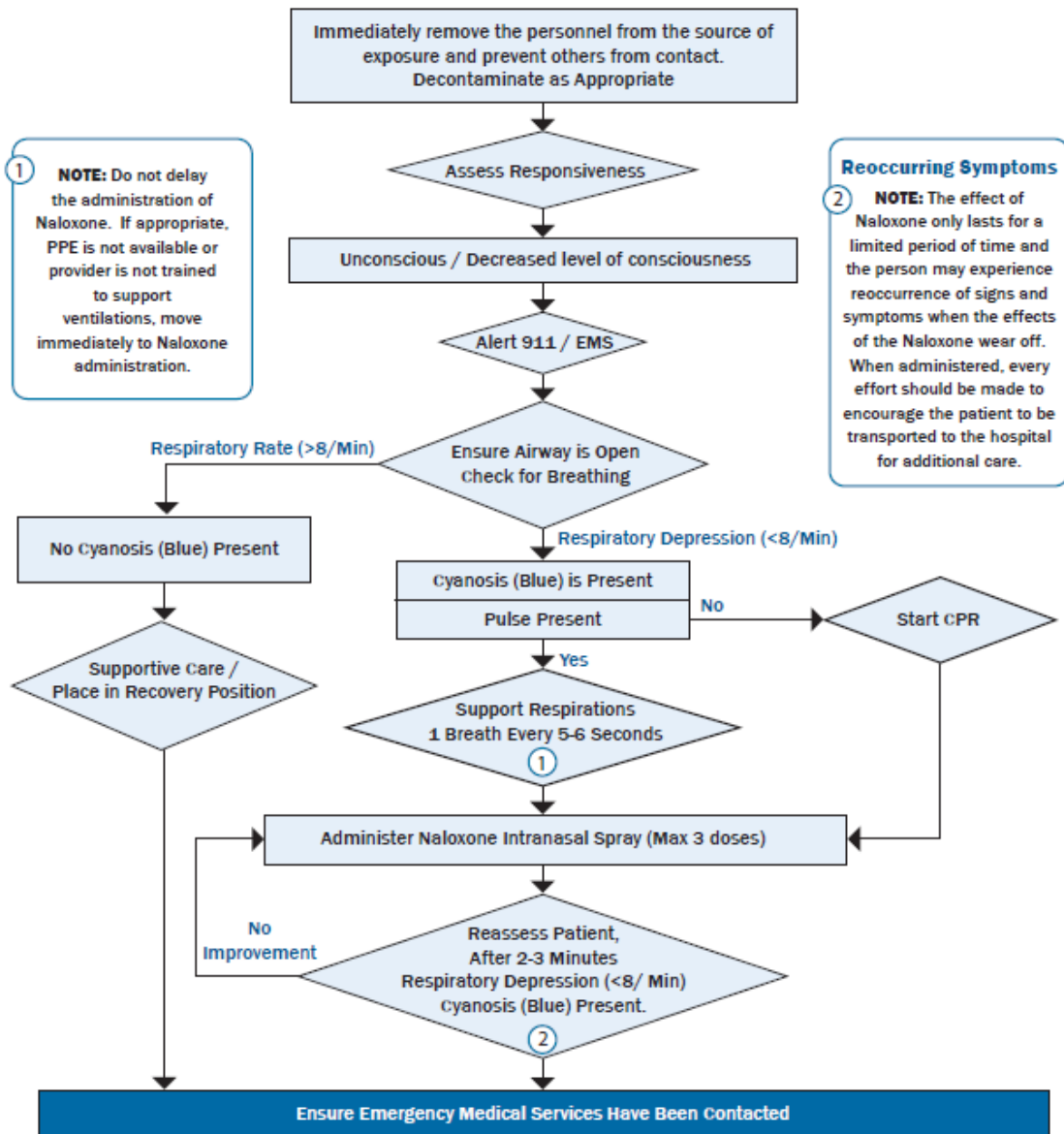
Following administration of naloxone, seek medical attention immediately. The effects of naloxone only last for a limited period of time and the person may experience recurrence of the opioid overdose symptoms when the effects of the naloxone wear off. When administered, every effort should be made to encourage the patient to be transported to the hospital for additional care.

If the patient is in CBP custody, OFO personnel should accompany the ambulance to the local medical facility personnel for safety and security. OFO personnel will document the releasing physician's name and facility on the incident or patient care report.

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DHS Opioid Overdose Protocols for Non-Healthcare Providers

Suspected — Opiate Overdose Non-Healthcare Providers

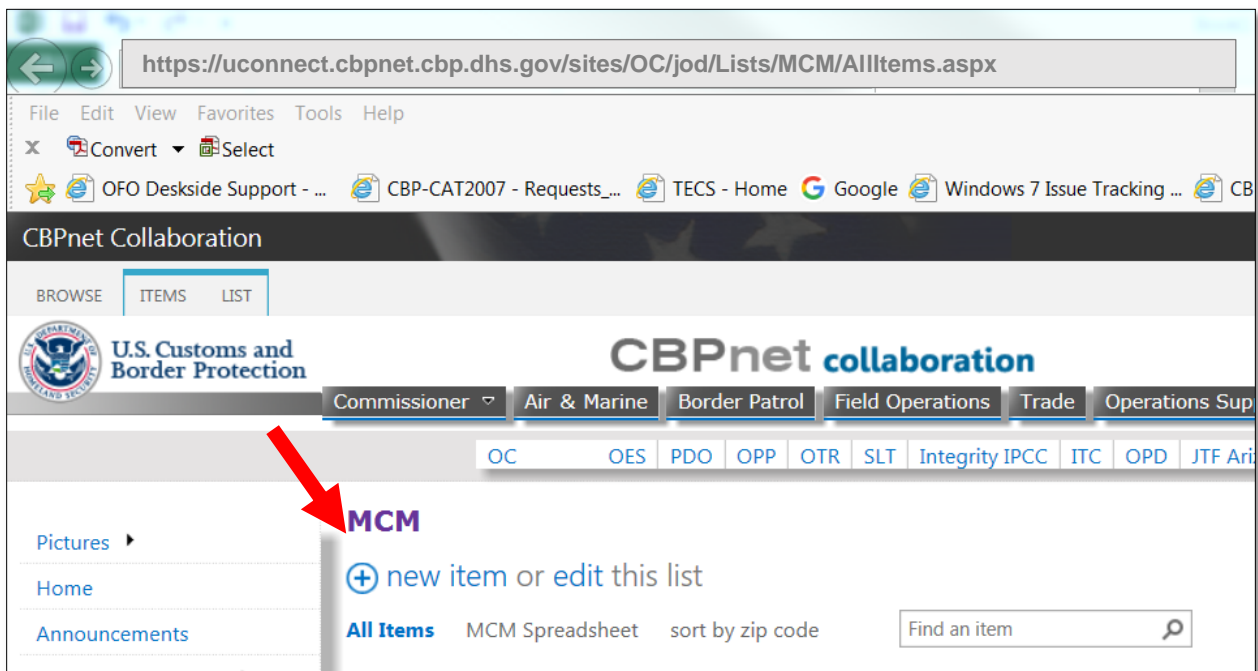


Annex C – Naloxone Inventory Management

Field Naloxone Coordinators maintain OFO issued naloxone inventory to include quantity, lot numbers, expiration dates, locations, and the most recent accountability/inspection using the Medical Countermeasures (MCM) Inventory sharepoint site. Any administration or disposal of naloxone must be accounted for in the inventory. Inventories will be conducted and reported quarterly within +/-5 days of 1 January, 1 April, 1 July and 1 October. The site address is <https://uconnect.cbpnet.cbp.dhs.gov/sites/OC/jod/Lists/MCM/AllItems.aspx>. Note: The inventory and reporting of naloxone and MCM may not be the same person.

Steps for Reporting Inventory

Step 1



The screenshot shows a web browser window displaying a SharePoint site. The address bar shows the URL: <https://uconnect.cbpnet.cbp.dhs.gov/sites/OC/jod/Lists/MCM/AllItems.aspx>. The page header includes "CBPnet Collaboration" and "U.S. Customs and Border Protection". The main navigation bar has tabs for "Commissioner", "Air & Marine", "Border Patrol", "Field Operations", "Trade", and "Operations Sup". Below this, there are sub-navigation tabs for "OC", "OES", "PDO", "OPP", "OTR", "SLT", "Integrity IPCC", "ITC", "OPD", and "JTF Ari". A red arrow points to the "MCM" link in the left sidebar. The main content area shows a list view with a "new item or edit this list" button, "All Items" link, "MCM Spreadsheet" link, and "sort by zip code" option. There is also a search box labeled "Find an item".

(continued)


Step 2

MCM

Zip Code * → (Zip code of POE, Area Port or Field Office issued the naloxone)
Please enter Facility's Zip Code

Component Name: * → (Enter name of POE, Area Port or Field Office issued the naloxone)
Area Port, Field Office, etc.

Storage Site Address * → (Enter full address of POE, Area Port or Field Office issued the naloxone)
Please provide physical address of Component

Report Date * → 

Primary POC * → (Person who is making entry of this inventory entry)

Primary POC Email * → (Person who is making entry of this inventory entry)
Typically the person responsible for Component MCM allocation

Primary POC Phone * → (Person who is making entry of this inventory entry)

2mg NALOXONE: Quantity/Lot/Expiration → (Recorded from Physical Inventory)

2mg NALOXONE: Stored securely between 59 and 77 degrees? (Y/N)/Location → (Recorded from Physical Inventory)

2mg NALOXONE: Quantity administered/disposed/damaged → (Recorded from Physical Inventory)

→

Example of Inventory Entries

- 2mg Naloxone Quantity/Lot/Expiration: 16/RL057K4/10-30-2018; 8/RQ075K4/10-30-2018
- 2mg Naloxone Stored securely between 59 and 77 degrees? (Y/N)/Location: Yes/BOTA Operations Center; Yes/PDN POE Chief's Office
- 2mg Naloxone Quantity administered/disposed/damage: 0/0/0

NOTE: 4mg Naloxone fields have been added to this inventory system.