



UNITED STATES MARINE CORPS
MARINE AIR GROUND TASK FORCE TRAINING COMMAND
MARINE CORPS AIR GROUND COMBAT CENTER
BOX 788100
TWENTYNINE PALMS, CALIFORNIA 92278-8100

CCO 6700.2
MA 11B
MAY 06 2024

COMBAT CENTER ORDER 6700.2

From: Commanding General
To: Distribution List

Subj: NALOXONE PUBLIC ACCESS PROGRAM

Ref: (a) CDPHP
(b) ICEMA Opioid Overdose Policy 15030

Encl: (1) Naloxone Expiration Date Log
(2) ICEMA Ref No 15030

1. Situation. Opioid overdose is a common cause of death in the United States. Calling "9-1-1" for advanced life support services and bystander (i.e., layperson) administration of Naloxone when suspected opioid overdose will greatly increase the chance of survival.

2. Mission. To establish policy and implement a Naloxone Public Access (NPA) program aboard Marine Air Ground Task Force Training Command (MAGTFTC), Marine Corps Air Ground Combat Center (MCAGCC). In order to provide the opportunity for commands and directorates to have Naloxone available, if needed, in a timely fashion.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. To ensure that, in the event there is a need, Naloxone is available for administration by responsible command representatives. This will allow us to potentially save lives in the event of an apparent overdose. The end state is that Naloxone is available to commands and placed in the hands of responsible personnel in a place where it may be accessed quickly when needed.

(2) Concept of Operations. To provide standardized equipment, program oversight and training to organizations aboard the Combat Center who desire to purchase and participate in the Naloxone program. This is an optional program. It is a command or directorate decision to participate. However, in order to participate all requirements within this Order must be adhered to.

b. Subordinate Element Missions

(1) Assistant Chief of Staff, G-4, Installation Support Directorate, Mission Assurance Division, Combat Center Fire Department (CCFD)

(a) Responsible for the NPA program aboard the Combat Center.

(b) Assign an Installation NPA Coordinator to perform the following:

1. Develop the NPA program.
2. Serve as the installation's point of contact for all matters involving the NPA program.
3. Serve as the installation's point of coordination in planning, scheduling, and administration of NPA training.
4. Provide the Robert E. Bush Naval Hospital Twentynine Palms (NHTP), Emergency Services Medical Director with all pertinent information and data whenever Naloxone is administered.
5. Establish and maintain a Continuous Quality Improvement Program in accordance with the references.
6. Implement changes to reflect current standards and to correct problematic issues within the NPA program.
7. Maintain an inventory listing and location of all Naloxone that are aboard the Combat Center.
8. Provide the Public Safety Answering Point, "E911 Center," with a list of current NPA sites and their specific locations.
9. Enclosures (1) and (2), when applicable, are to be retained for a minimum of two years in accordance with reference (b).
10. Work with tenant units who consider to purchase and when they consider their placement of Naloxone to ensure compatibility with fire and emergency services equipment.

(2) Commanding Officer, NHTP. Request the Emergency Medical Service Director to provide review and report findings of lessons learned when Naloxone is administered as part of the NPA program.

(3) MAGTFTC Subordinate Element Commanders, MCAGCC Tenant Unit Commanders, and Assistant Chiefs of Staff. Those participating in the NPA program shall be responsible for the initial purchase and maintenance costs of their respective Naloxone dosages.

(a) It is requested that participating units and/or directorates designate a Unit NPA Coordinator and work with CCFD's Installation NPA Program Coordinator with implementation, training, inspection, and any other concerns with their NPA program.

(b) Prior to purchase, ensure that the medication (Naloxone) is approved for use in the NPA program by the NPA Coordinator. The following information must be provided as a minimum requirement: Manufacturer, concentration/dose, lot number, and expiration date of Naloxone.

(c) Maintain and provide required ancillary support equipment and consumable items for their NPA program. Examples of such equipment are medication itself, storage cabinet, and possible refrigeration if needed.

(d) Naloxone may be placed in existing Automated External Defibrillator cabinets that will produce an audible alarm when opened.

(e) Be responsible for replacement costs of Naloxone if it is determined that the existing on-site Naloxone requires replacement.

(f) Provide the NPA Coordinator with a list of intended locations with a site map showing the physical location of each Naloxone under their cognizance.

(g) Provide the NPA Coordinator with a list of Tenant NPA Coordinators.

(h) Assign an NPA Person in Charge (PIC) to perform the following:

1. Ensure the Naloxone is current and not expired.
2. Responsible for the training of personnel for proper and efficient deployment and use.
3. Ensure proper documentation for NPA inspections occur.
4. Replacement of any Naloxone that is damaged, unusable, expired or deployed.
5. Report any deficiency to the NPA Coordinator.
6. Keep record and report all documented use, restocking, damaged, and unusable or expired Naloxone.
7. Maintain communications with the Unit NPA Coordinator and CCFD's Installation NPA Coordinator regarding their site program.
8. Ensure Naloxone is centrally located and easily accessible.
9. Ensure all personnel are trained to the same standard utilizing enclosure (2) and the Naloxone Nasal Spray training video located at <https://www.youtube.com/watch?v=KEOq6fUWNtA>.
10. Coordinate and implement mock drills to evaluate personnel preparedness for opioid overdose within their facility.
11. NPA program personnel will report all cases of Naloxone administration to arriving emergency medical services crews.

(i) Assign an alternate PIC to fulfill the responsibilities of the primary PIC when required.

c. Coordinating Instructions

(1) Commands and directorates will nominate potential NPA locations which will then be reviewed and approved by the Installation NPA Coordinator and Medical Director. The following general criteria is required for assessment.

- (a) Need at the location.
- (b) Number of available trained personnel.
- (c) Location in relation to other NPA sites.

(2) When questions or concerns arise, contact the Installation NPA Coordinator at (760) 830-5659.

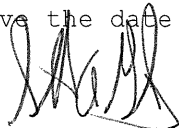
(3) Enclosures (1) and (2) may be found at <https://www.29palms.marines.mil/Staff-Offices/Installation-Support-Directorate/Fire-Dept/>

4. Administration and Logistics. Directives issued by this Headquarters are published and distributed electronically. Electronic versions of Combat Center orders may be found at <https://www.29palms.marines.mil/Staff-Offices/Resource-Management-Directorate/Adjutant/#combat-center-orders>.

5. Command and Signal


a. Command. This Order is applicable to all active duty, reserve, and civilian personnel aboard the Combat Center.

b. Signal. This Order is effective the date signed.



S. A. GEHRIS
Chief of Staff

DISTRIBUTION: A

	INLAND COUNTIES EMERGENCY MEDICAL AGENCY POLICY AND PROTOCOL MANUAL	Reference No. 15030 Effective Date: 04/01/23 Supersedes: 04/01/22 Page 1 of 2
OPIOID OVERDOSE (Authorized Public Safety Personnel)		
<p>I. FIELD ASSESSMENT/TREATMENT INDICATORS</p> <ul style="list-style-type: none"> • Suspected narcotic overdose. • Environment suspicious for illegal or prescription use of narcotics, and • Victim is poorly responsive and respiratory (breathing) rate appears slow or shallow; or victim is unresponsive and not breathing. <p>II. PUBLIC SAFETY INTERVENTION</p> <p><u>Poor Breathing and Decreased Consciousness</u></p> <ul style="list-style-type: none"> • Ensure EMS has been activated using the 9-1-1 system. • Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield). • Check for responsiveness using verbal or painful stimuli. • Open the airway using Basic Life Support technique. • Perform rescue breathing, if indicated, using a bag valve mask (BVM) or protective face shield. • Administer Naloxone nasal spray. <ul style="list-style-type: none"> ➤ Naloxone nasal spray 4 mg preloaded single dose device. <ul style="list-style-type: none"> • Administer full dose in one (1) nostril. • If partial response in breathing or consciousness, repeat Naloxone nasal spray 4 mg preloaded single dose administration in nostril opposite to the first dose. • After Naloxone nasal spray administration, observe for improved breathing and consciousness. If breathing or consciousness do not improve, assist breathing if BVM is available per ICEMA Reference #15040 - Respiratory Distress (Authorized Public Safety Personnel), or begin CPR if no pulse and breathing detected. • If awakened by Naloxone nasal spray, be alert for sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating. • If CPR is not necessary, place patient on left side to avoid inhaling any possible vomit. • Report administration of Naloxone nasal spray to EMS field personnel for documentation on the electronic patient care report (ePCR). • Public safety personnel shall complete report per the public safety agency's policy. 		

<p>OPIOID OVERDOSE (Authorized Public Safety Personnel)</p>	<p>Reference No. 15030 Effective Date: 04/01/23 Supersedes: 04/01/22 Page 2 of 2</p>				
<p><u>Not Breathing/Unresponsive</u></p> <ul style="list-style-type: none"> • Ensure EMS has been activated using the 9-1-1 system. • Maintain standard blood and body fluid precautions. Use appropriate personal protective equipment (gloves, face shield). • Begin CPR (chest compressions with ventilation if BVM is available per ICEMA Reference #15040 - Respiratory Distress (Authorized Public Safety Personnel)). • Administer Naloxone nasal spray. <ul style="list-style-type: none"> ➢ Naloxone nasal spray 4 mg preloaded single dose device. <ul style="list-style-type: none"> ▪ Administer full dose in one (1) nostril. ▪ If partial response in breathing or consciousness, repeat Naloxone nasal spray 4 mg preloaded single dose administration in nostril opposite to the first dose. • After Naloxone nasal spray administration, observe for improved breathing and consciousness. If breathing or consciousness do not improve, assist breathing if BVM is available per ICEMA Reference #15040 - Respiratory Distress (Authorized Public Safety Personnel), or begin CPR if no pulse and breathing detected. • If awakened by Naloxone nasal spray, be observant for possible sudden, agitated behavior or symptoms of opioid withdrawal, such as vomiting, abdominal cramps, or sweating. • If CPR is not necessary, place patient on left side to avoid inhaling any possible vomit. • Report administration of Naloxone nasal spray to EMS field personnel for documentation on the ePCR. • Public safety personnel shall complete report per the public safety agency's policy. <p>III. REFERENCE</p> <table border="0"> <thead> <tr> <th style="text-align: left;"><u>Number</u></th> <th style="text-align: left;"><u>Name</u></th> </tr> </thead> <tbody> <tr> <td>15040</td> <td>Respiratory Distress (Authorized Public Safety Personnel)</td> </tr> </tbody> </table>		<u>Number</u>	<u>Name</u>	15040	Respiratory Distress (Authorized Public Safety Personnel)
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