

Naloxone Administration Program

342.1 POLICY

Upon completion of the Naloxone training and certification, members will be able to administer Naloxone in cases of known or suspected opioid drug-related overdose, prior to arrival of EMS personnel. This policy supports the Department's commitment to providing a potentially life-saving tool for officers responding to suspected opioid drug-related overdose cases.

The Talbot County Health Officer will provide medical oversight over the use, training, and administration of Naloxone.

342.2 PURPOSE

The purpose of this policy is to outline procedures for the administration of Naloxone by Department members in known or suspected opioid drug-related overdose cases, prior to EMS arrival.

342.3 BACKGROUND

Overdoses of heroin and prescription medications containing opiates (e.g., OxyContin, Percocet, Vicodin, etc.) can cause a serious disruption to or stoppage of breathing, which quickly leads to severe medical emergencies or even death. In recent years, Talbot County and surrounding jurisdictions have seen an increase in opioid drug-related overdoses and deaths. The drug Naloxone is carried by Talbot County Emergency Medical Services (EMS) personnel, and is used to safely and effectively reverse the effects of an opioid drug-related overdose. Naloxone use has minimal side effects and has been shown to be harmless if administered to someone who is suffering from a non-opioid drug related emergency.

Since 2013, the State Department of Health and Mental Hygiene's (DHMH) Overdose Response Program has provided training and certification to law enforcement officers and members of the public who have primary contact with persons likely to suffer an opioid drug-related overdose. As first responders, Easton Police Department officers may encounter overdose victims prior to EMS arrival at a scene. By providing officers with certification and training in the administration of the nasal form of Naloxone, these officers will have the ability to assess a victim for signs of an opioid drug-related overdose, and administer the potentially life-saving drug, prior to EMS arrival. The program will be conducted at the medical direction of the Talbot County Health Department, in adherence with DHMH guidelines. Members administering Naloxone are protected from civil liability under the Maryland Good Samaritan Act.

342.4 DEFINITIONS

Naloxone – Also referred to as Narcan®, is a prescription medication that can be used to reverse the effects of an opioid drug overdose.

Opioids – A class of drugs that include, but are not limited to, heroin, morphine, oxycodone, methadone, hydrocodone, and codeine.

Easton Police Department

Policy Manual

Naloxone Administration Program

342.5 NALOXONE KITS

One Naloxone kit will be assigned to pre-determined department vehicles for use by trained and certified members.

Each Naloxone kit is comprised of:

- (a) A storage case identifying the assigned vehicle number.
- (b) Two doses of Naloxone in nasal spray devices.
- (c) Disposable gloves.
- (d) CPR mask.

Officers will only utilize Department issued Naloxone contained in the prepared Naloxone Kit.

342.6 MEMBERS

Who are trained, certified, and operating a department vehicle with an assigned Naloxone kit will:

- (a) Obtain their assigned Naloxone Kit from the Patrol Supervisor at the beginning of their tour of duty and place it in their assigned vehicle.
- (b) Return the kit to the Patrol Supervisor at the end of their tour-of-duty.

NOTE: Naloxone is a temperature sensitive drug and prolonged exposure to heat and/or cold (e.g., by being left in a vehicle for an extended period of time, etc.) will reduce its effectiveness.

Shall inspect the Naloxone kit assigned to their vehicle, prior to their tour-of-duty, for damage, expiration, and/or missing contents.

Notify the Patrol Supervisor when a Naloxone kit is used, expired, damaged, etc.

Complete an Incident Report and notify their supervisor, for all lost or stolen Naloxone kits.

342.7 ADMINISTRATION OF NALOXONE

Ensure an EMS response has been initiate.

Request a second unit respond to the scene (if not already present.)

Officers should utilize universal precautions to protect themselves against communicable diseases.

Conduct a basic medical assessment upon encountering a subject who may be experiencing an opioid drug-related overdose, in accordance with Department training. Signs of opioid overdose include:

- (a) Unconsciousness, lethargy, confusion, pinpoint pupils.
- (b) Shallow or no breathing.
- (c) Suppressed cardiac function and weakened pulse rate.
- (d) Changes in one's skin color, generally to blue or gray, especially in the lips, finger tips, or feet.

Easton Police Department

Policy Manual

Naloxone Administration Program

Attempt to obtain statements from witnesses regarding the possibility of opioid drug use, when practical.

Officers who are trained, certified, and have access to a Naloxone kit, will administer Naloxone when an opioid-related drug overdose is suspected. Officers should be aware that reversal of an opiate overdose may cause projectile vomiting and/or violent behavior.

Perform other lifesaving interventions as necessary (CPR, rescue breathing, etc.)

Notify the responding EMS unit that Naloxone has been administered and advise them of any other actions taken prior to their arrival.

NOTE: The EMS will determine if the subject will be transported to a hospital, or if a refusal signature will be obtained.

Notify their supervisor upon administering a Naloxone dose.

Follow EMS to the hospital, if subject is transported.

Contact on-scene EMS personnel for replacement of Naloxone used during the incident.

Notify the Narcotics Unit for all suspected opiate overdoses, and secure the scene for preservation of potential evidence. Initiate crime scene management and investigative procedures.

342.8 REPORTING

Officers shall contact the Maryland Poison Center 1-800-222-1222, within two hours of a Naloxone use, to provide relevant information.

Officers shall document Naloxone use in an Incident Report, which shall include the following:

- (a) The appropriate offense code(s) (e.g., "Overdose", "Sudden Death," etc.)
- (b) The name of the administering officer.
- (c) Efforts to revive the overdosed individual (e.g., rescue breathing, chest compressions, administered Naloxone, other.)
- (d) Amount of Naloxone administered.
- (e) Change in individual after the administration of the Naloxone (e.g., regained consciousness or failed to regain consciousness>0
- (f) If the individual regained consciousness, what was the individual's behavioral reaction (e.g., aggressive, yelling, calm, confused or seems normal.)
- (g) Whether the subject was transported to the hospital or signed a refusal.
- (h) EMS report number.
- (i) The date and time the Maryland Poison Center was notified.

Forward a copy of the Incident Report to the Department's Naloxone Coordinator.

Easton Police Department

Policy Manual

Naloxone Administration Program

342.9 SUPERVISORS

Remove the Naloxone Kits from the designated storage area within the department and disseminate the kits to their personnel at the beginning of their tour of duty.

Collect the Naloxone Kits from their personnel at the end of their tour of duty and return the kits to the designated storage area at the end of their tour-of-duty.

Complete the Naloxone Kit dissemination log at the beginning and end of their tour of duty

Conduct an inventory of the Naloxone Kits at the beginning and end of their shift to ensure all kits are accounted for.

Respond to calls where Naloxone is being administered, when possible.

Contact the Narcotics Unit Supervisor on all suspected opiate overdoses.

Ensure the Maryland Poison Center is notified within two hours of a Naloxone use.

Review Incident Reports regarding Naloxone use for accuracy, completeness, and required report information.

Notify the Naloxone Coordinator when Naloxone is administered, expired, damaged, etc.

342.10 NALOXONE COORDINATOR

The Chief of Police shall appoint a Department Naloxone Coordinator

The Coordinator shall oversee the Department's assigned Naloxone kits, and ensures each identified vehicle has been issued a kit.

The Coordinator shall maintain a record of the Department's issued Naloxone kits, including:

- (a) The vehicle number to which the kit is assigned.
- (b) The date the Naloxone was issued.
- (c) Reason the Naloxone was issued (i.e., initial distribution, or refill), and reason for.
- (d) Refill (e.g., previous dose was lost, damaged, used, expired, etc.)
- (e) The Naloxone dose manufacturer lot number and expiration date.
- (f) The date of Naloxone use, where applicable.
- (g) The name, identification number, and title of the member administering the Naloxone, where applicable.

NOTE: Records will be retained for a period of five years.

The coordinator shall maintain the Department's designated Naloxone kit storage area.

The coordinator shall conduct monthly Naloxone kit inspections.

Easton Police Department

Policy Manual

Naloxone Administration Program

342.11 SUPPORT SERVICES COMMANDER

Establishes and implements procedures for the tracking of each shift/unit's deployment of Naloxone kits to the assigned vehicles.

Identifies designated Naloxone kit storage areas.

Coordinates with the Talbot County Health Department for initial Naloxone Administration Program training and certification for all members of the rank of Sergeant and below.

Coordinates with the Talbot County Health Department for re-certification and training updates for all members of the rank of Sergeant and below, on a bi-annual basis, as part of the in-service training program.

Maintains records on Naloxone Administration Program training and certification, as required by the DHMH, and provides records to the Naloxone Coordinator, as needed.

342.12 TRAINING

The Talbot County Health Department will provide initial Naloxone Administration Program training and certification for all members of the rank of Sergeant and below.

The Talbot County Health Department will provide re-certification and training updates for all members of the rank of Sergeant and below, on a bi-annual basis, as part of the in-service training program.