**SAMPLE POLICE DEPARTMENT**

**Naloxone (NARCAN®) Usage**

NOTE: The following guidelines address both safety and policy and are for internal use only. This document does not nor is intended to enlarge an employee’s civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense with respect to third-party claims. Violations of these guidelines if proven, can only form the basis of a complaint by this department and then only in a non-judicial administrative setting.

1. **PURPOSE**

To establish guidelines, instructions, and procedures governing the use of naloxone to treat and reduce the injury and fatality from opioid overdoses.

1. **POLICY**
2. The SAMPLE Police Department may administer naloxone for apparent opioid overdoses, while striving to ensure the safety of responding officers, emergency response personnel, the person experiencing an overdose, and bystanders. This department will train and equip its members to provide assistance to any persons(s) who may be suffering from an opioid overdose.
3. Officers trained in accordance with this policy and the provisions of Alabama law shall make every reasonable effort to use naloxone to revive victims of an apparent opioid overdose.

**Alabama Code §20-2-280** states in part:

*(d) An individual (including law enforcement) who receives an opioid antagonist prescribed pursuant to subsection (b) may administer an opioid antagonist to another individual if he or she has a good faith belief that the other individual is experiencing an opiate-related overdose and exercises reasonable care in administering the opioid antagonist. Evidence of exercising reasonable care in administering the opioid antagonist shall include the receipt of basic instruction and information on how to administer the opioid antagonist.*

*(e) …the following individuals are immune from any civil or criminal liability for actions authorized under this article:(2) An individual who administers an opioid antagonist pursuant to subsection (d).*

1. **DEFINITIONS**
	1. Naloxone: An opioid receptor antagonist and antidote for opioid overdose which is produced in intramuscular, intranasal, or intravenous forms. For purposes of this policy, Naloxone refers to the NARCAN® Nasal Spray application for known or suspected opioid overdoses in adults and children. This drug restores an overdose victim’s ability to breath, frequently allowing them to survive a potentially fatal overdose.
	2. Opioid: An opioid is a psychoactive chemical pain medication such as fentanyl, morphine, heroin, buprenorphine, codeine, hydrocodone, methadone, and oxycodone.
	3. Personal Protective Equipment (PPE): Protective clothing, helmets, gloves, face shields, goggles, facemasks and/or respirators, or other equipment designed to protect the user from injury or the spread of infection or illness.
	4. Universal Precautions: An approach to infection control whereby all human blood and other bodily fluids are treated as if they were known to be infectious for HIV, HBV, and other blood-borne pathogens. PPE use is a highly recommended best practice.
2. **PROCEDURE**
3. Training and Issuance
	* + 1. Officers shall receive appropriate training, based upon manufacturer’s recommendations, on responding to persons suffering from an apparent opioid overdose and the use of NARCAN® Nasal Spray prior to being issued and/or being authorized to administer naloxone.
			2. Initial training will include law enforcement use of naloxone, patient assessment (e.g., signs/symptoms of overdose), universal precautions, rescue breathing, seeking medical attention, and the use of NARCAN® Nasal Spray.
			3. Officers shall also receive training to recognize symptoms of self-exposure and steps for self-treatment.
			4. Officers trained in the use of naloxone will receive training refreshers during bi-annual First Aid and CPR re-certification.
			5. Upon completion of training, naloxone should be issued to designated personnel. Each kit will include:
		1. Instructions for administering NARCAN® Nasal Spray.
		2. Two (2) single-use dose delivery devices.
4. Signs or Symptoms of Opioid Overdose
5. If a person shows any of the following symptoms, especially lack of response to stimulus or no breathing/pulse, the person may be experiencing an opioid overdose emergency:
	1. Unresponsiveness to verbal or physical stimulation, such as pinching their ear lobe or rubbing their knuckles up and down the person’s sternum. Whether or not a person responds to this stimulation effectively draws the line between being high versus overdosed.
	2. Slow, shallow, or absent breathing.
	3. Pinpoint pupils.
	4. Skin pale, blue, or gray (especially lips and fingernails).
	5. Snoring, gurgling, vomiting, or choking sounds.
6. Responding to a Suspected Opioid Overdose Emergency
7. With general officer safety considerations being paramount, whenever an officer encounters a person who appears to be the victim of a drug overdose, the officer should:
	* 1. Maintain universal precautions throughout the event. (Minimum level of universal precautions is medical gloves).
			+ 1. Contact and advise the dispatcher of a possible overdose and request Emergency Medical Services (EMS) response and keep them apprised of the condition of the overdose victim.
				2. Perform an assessment of the victim by checking for unresponsive and decreased vital signs including:
8. Calling out to the victim.
9. Performing a sternum rub.
10. Checking the airway.
11. Performing rescue breathing where applicable, using a protective airway mask or other breathing barrier.
12. First aid.
	* + - 1. Check for Medic Alert tags or the like around the wrist or neck of the victim which may indicate a pre-existing medical condition.
				2. Ask witnesses, family, or friends of the victim, if present, what type of drug the victim ingested.
				3. Observe the surroundings for any evidence of drugs that may indicate what the victim ingested such as prescription drug bottles, heroin packages, needles and syringes.
				4. Prior to the administration of naloxone, officers should remove any sharp or heavy objects from the victim’s reach, as the sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, and difficulty breathing.
				5. Administer naloxone.
				6. Restart rescue breathing if the victim is not breathing on their own.
				7. Conduct follow-up and administer a second dose of naloxone if needed.
				8. Seize and secure all illegal and/or non-prescribed narcotics found on the victim or around the area of the overdose and inform medical personnel of the drugs recovered.
				9. Once used, the intranasal naloxone device shall be disposed of as bio-hazardous material.
				10. No officer shall discriminate in the administration of naloxone.
13. Administration of Naloxone *(these steps may vary depending on manufacturer)*
14. To administer NARCAN Nasal Spray:
	1. Lay the person on their back.
	2. Hold the NARCAN Nasal Spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle.
	3. Tilt the victim’s head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostriluntil your fingers on either side of the nozzle are against the bottom of the person’s nose.
	4. Press the red plunger firmly to give the dose of NARCAN Nasal Spray.
	5. Remove the NARCAN Nasal Spray from the nostril after giving the dose.
	6. After NARCAN Nasal Spray has been used:
		1. Move the person on their side (recovery position).
		2. Watch the person closely.
		3. Continue rescue breathing until person recovers or until EMS arrives.
15. There may be situations in which officers may need to administer a second dose of naloxone. In these instances, officers should repeat the steps outlined above, in the opposite nostril.
	1. Situation 1: Individual has not responded to the initial dose within three minutes. When this occurs:
16. Naloxone should take effect within 30-45 seconds but may take longer.
17. Wait three minutes (should continue rescue breathing during this time).
18. At three minutes, administer a second dose of NARCAN Nasal Spray if the patient is still showing signs of opiate overdose.
	1. Situation 2: Individual has relapsed into an overdose again after having previously recovered with the initial dose. NOTE: Naloxone has a noticeably short half-life (30-45 minutes). In some cases, there is so much opioid in the patient’s system that the person can relapse back into overdose after the naloxone has worn off. When this occurs:
19. Recheck person for responsiveness.
20. If unresponsive, administer a second dose of NARCAN Nasal Spray.
21. Continue rescue breathing until the victim recovers or until EMS arrives.
22. Maintenance/Replacement
	* + 1. An inspection of the naloxone kit shall be the responsibility of the personnel assigned the equipment and should be done each shift.
			2. Missing, damaged, or expired naloxone kits will be reported to supervisors for replacement.
			3. Naloxone is tolerant of both cold and heat. Optimally, it should be stored at room temperature, but this may not be possible in a patrol vehicle. Care should be taken to avoid storage in direct sunlight in a patrol vehicle.
23. Documentation / Reporting
24. Upon completing the medical assist, the officer will prepare an incident report to include a description of the individual’s condition, symptoms, and behaviors; the fact that naloxone was deployed; EMS response; the hospital to which the victim was transported; any narcotics seized; and the outcome of the agency and EMS response.

a. The on-duty supervisor will review and approve the report.

*Resources:*

***Alabama Law Enforcement Naloxone Training (Online)***

[*https://www.alabamapublichealth.gov/alphtn/featured/alabama-law-enforcement-naloxone-training.html*](https://www.alabamapublichealth.gov/alphtn/featured/alabama-law-enforcement-naloxone-training.html)

**Narcan Law Enforcement Roll Call Video**

[*https://www.narcan.com/narcan-for-emergency-response-teams/*](https://www.narcan.com/narcan-for-emergency-response-teams/)

APPROVED: CHIEF OF POLICE DATE

I HAVE READ AND UNDERSTAND THIS ORDER

SIGNATURE OF OFFICER DATE

***DISCLAIMER***

***NOTE****: These documents are being provided to you from the AMIC/MWCF Loss Control Division and are not intended to be legal advice. They do not identify all the issues surrounding a particular topic. Laws and “Best Practices” change and policies must be continually reviewed and updated as needed. Public agencies are encouraged to review their procedures with an expert or an attorney who is knowledgeable about the topic. Reliance on this information is at the sole risk of the user.*