

NALOXONE

GREAT BARRINGTON POLICE DEPARTMENT POLICY & PROCEDURE NO. 4.47	EFFECTIVE DATE: 11/15/16
	REVISION DATE: 1/19/18
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: N/A	REVIEW DATE: 2/14/2020

I. GENERAL CONSIDERATIONS AND GUIDELINES

Opiate overdose is a leading cause of accident death in Massachusetts. Fatal and nonfatal overdoses can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin®, Percocet® and Percodan®, and hydrocodone as found in Vicodin®.

Naloxone, commonly known by the brand-name Narcan®, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

The purpose of this policy is to reduce the number of fatalities which occur as a result of opiate overdose by the proper pre-hospital administration of nasal naloxone.

II. POLICY

It is the policy of this department that The Great Barrington Police Department will train and equip its members to prepare for opiate overdose emergencies. The department will keep and maintain a professional affiliation with a Medical Control Physician for medical oversight for the use and emergency administration of naloxone. The Medical Control Physician shall be licensed to practice Medicine within the Commonwealth of Massachusetts. The Medical

Control Physician, at his or her discretion may make recommendations to the policy, oversight and administration of the nasal naloxone program.

III. DEFINITIONS

Opiate: A Opiate is a compound found naturally in the opium plant. The psychoactive compounds found in the opium plant include morphine and codeine.

Opioid: All drugs that have morphine like effects. These Drugs include Heroin, Morphine, Fentanyl, Oxycodone, Hydromorphone, Hydrocodone, Methadone and Percocet.

Naloxone : Naloxone is an opioid antagonist. Naloxone is a drug used to counter the effects of opiate overdose, for example heroin or morphine overdose. Naloxone is specifically used to counteract life-threatening depression of the central nervous system and respiratory system. It has no effect on non-opioid drugs. It is marketed under various trademarks including Narcan and Naloxone. Narcan can be given many different routes. Intranasal is the route that the Great Barrington Police dept. will be administering it. The effects of Narcan last 30- 60 minutes. Many opiates have longer lasting times. Narcan has little to no side effects if opiates are not present. People with opioids in their system may experience sweating, nausea, vomiting flushing, headache, seizures, heart rhythm changes and pulmonary edema. Pt. may become aggressive.

Medical Control Physician – The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical Doctor who is licensed to practiced medicine in Massachusetts. The Great Barrington Police Department has entered into a Memorandum Of Agreement with Fairview Hospital with the MCP. The Chief of Police or his designee shall periodically consult with the MCP to review overall training, equipment, procedures, changes to applicable laws and regulations and/or the review of specific medical cases. At his discretion, the MCP may partake in training members of the Great Barrington Police Department.

Body substance isolation – Body substance isolation, herein after referred to as BSI shall mean, in the context of a First Responder responding to a medical emergency, equipment that is provided to members of the Great Barrington Police Department which is including, but not limited to nitrile protective gloves, eye protection, N95 respirator masks and Tyvek suits.

IV. LEGAL PREMISES FOR IMPLEMENTATION OF THE MEDICATION

The Great Barrington Police Department relies upon the following statutes:

MGL Ch. 94c, s34A which states in part “A person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose.” The statute imposes no limitation on who may possess and administer narcan [naloxone]. The statute further indicates that narcan [naloxone] must be (1) obtained with a prescription and (2) administered in good faith [paraphrased].

MGL Ch 94C, s.7 outlines parameters under which Narcan [naloxone] programs may be administered by public health officials and law enforcement officers. This statute states in part, “the following persons shall not require registration and may lawfully possess and dispense controlled substances; (3) any public official or law enforcement officer acting in the regular performance of his official duties.”

MGL Ch. 258C, s. 13 states, “No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.

V. EQUIPMENT AND MAINTENANCE

It shall be the responsibility of each officer to inspect assigned equipment prior to the start of each shift. An inspection of the nasal naloxone kits will be performed to insure that the naloxone and the atomizers are present and not out dated. Officers shall notify the EMS Coordinator of the police department 100 days prior to the naloxone expiring. The EMS Coordinator will then exchange the naloxone with the hospitals pharmacy.

Damaged equipment shall be reported to the shift supervisor promptly and the department EMS Coordinator notified.

VI. STORAGE

Narcan must be stored in a controlled temperature environment.

The departments K9 officer will be carrying an additional 4mg of nasal Narcan securely on his/her person for the possible overdose of his/her police dog. The

K9 Officer will be the only officer carrying the additional Narcan on his/her person.

VII. RESONSE SUBJECT TO OPIATE OVERDOSE

Prior to the assessment of a patient, body substance isolation shall be employed by responding officers. Members of the Great Barrington Police Department who have been issued EMS equipment for preparedness to responses to medical emergencies shall appropriately assess the patient. Signs of an opiate overdose can include resp. depression (slow and shallow) resp. arrest, pin point pupils, and decreased level of consciousness. The use of Narcan is strictly for the pt.'s experiencing resp. depression and not for people with an altered mental status that has an adequate resp. rate.

All police canines will exhibit the same symptoms as a human if they come in contact with an opiate. No contraindications noted for the administration of nasal Narcan to police canines.

Prior to leaving the scene of a suspected overdose, family members of the involved will be provided with resources for assistance and support.

VIII. ADMINISTRATION OF NAXOLONE DURING OPIATE OVERDOSE EMERGENCIES

Members of the Great Barrington Police Department shall appropriately assist members of the Great Barrington Fire Department or incoming EMS team at the scene of a medical emergency when dispatched to such calls for service as determined by Dispatch and/or the Shift Supervisor.

When responding members of the Great Barrington Police Department have arrived at the scene of a medical emergency prior to the arrival of EMS and have made a determination that the patient is encountering an opiate overdose based upon an initial assessment or witness accounts of the consumption of an opiate by the patient prior to the emergency, responding members of the Great Barrington Police Department may administer Naloxone to the patient by way of the nasal passages. One milligram should be administered to each nostril.

The same procedure will be used for suspected overdose in the police dog.

The following steps should be taken:

- Body substance isolation should be employed
- A medical assessment of the patient, as proscribed by the National Safety Council's First Responder Guidelines should be conducted.
- Secondary responding Officers should take information from witnesses and/or family members.
- If conditions indicate a suspected opiate overdose, the nasal naloxone kit should be deployed.
- A nasal mist adapter should be attached to the Narcan to deliver a one milligram intra-nasal dose of naloxone to each nostril for a complete dosage that shall not exceed 2 milligrams.
- The patient should be observed for improvements.
- Caution should be taken for the rapid reversal of opiate overdose. Conditions of rapid reversal of opiate overdose include projectile vomiting by the patient and violent behavior.
- After administration of the 2 milligrams of the Naloxone, the officer should begin ventilations of the patient by using a bag valve mask or a pocket face mask.
- if there are no changes in the patient's condition after 3 – 5 minutes, the officer shall repeat the administration of a second two (2) milligrams of naloxone.

Signs of improvement of the patient's condition should be noted.

It is imperative that incoming EMS be updated as to the treatment and condition of the patient.

IX. DOSE

2 mg of Narcan. 1 mg administered in each nostril. If no response in 3-5 minutes repeat dose.

X. REPORTING

A completed Narcan run report of the event must be completed by the primary responding officer prior to the end of his or her shift. This includes any reports

involving the police dog. The primary officer shall place a copy of their report in the mail box marked EMS Coordinator, a copy to the ambulance crew, and a copy to Fairview ED. ***A Naloxone Run Form can be found on the shared drive under Department Forms.***

XI. REPLACEMENT

The EMS Coordinator shall replace naloxone units that are used during the course of a response to an opiate overdose. This will be done through Fairview Hospital pharmacy. Narcan cannot be taken off an ambulance to replace what the Police have used.

XII. TRAINING

All members of the Great Barrington Police Department will need to be trained to a level that satisfies the Massachusetts OEMS Dept. of Public Health AR-2-100. The departments K9 Officer has been trained to administer nasal Narcan to his/her police dog.

XIII. POLICY DURATION

This policy shall be subject to changes or amendments that shall be consistent with the most current statutory, legislative or executive requirements. The departments Massachusetts Controlled Substance Registration (MCSR) form must be renewed annually.

ISSUING AUTHORITY:

Chief William R. Walsh Jr.:

