

Section XII Health & Safety

Department Policy #12.08

Naloxone (Training & Use)

I. Purpose: The purpose of this policy is to provide guidance regarding the administration of Naloxone, an overdose intervention drug. Accidental drug overdose has been declared an epidemic by the Centers for Disease Control and Prevention, and this trend has been documented in our community. Deaths from this epidemic can be mitigated by the use of Naloxone. Indiana Code 16-31-12 permits law enforcement officer to possess and administer an overdose prevention drug to an individual suffering from an overdose.

II. Policy: It is the policy of the West Lafayette Police Department that all officers are required to be trained in the administration of nasal Naloxone by an approved trainer, and equipped with Naloxone kits for use in overdose intervention situations.

A. Definitions:

1. Overdose Intervention Drug – a prescription medication used to reverse opioid overdose.
2. Naloxone (Narcan) – the generic drug name of the overdose intervention drug referred to in this policy.
3. Medical Director – a medical physician who oversees and directs the training for the West Lafayette Police Department overdose intervention program, and issues standing orders for Naloxone.
4. Opioid – For the purposes of this policy the term opioid includes opioid and opiate drugs. The term includes opium-like natural, synthetic, and semi-synthetic narcotic drugs that act on the body's opioid receptors and cause effects including analgesia and respiratory system depression. Opioids include, but are not limited to, heroin, morphine, hydrocodone, oxycodone, hydromorphone, etc.

B. Training: Every West Lafayette Police Officer will receive annual training approved by an approved trainer to include:

1. A statement of the problem;
2. Opioid drug understanding;
3. Opioid drug overdose signs;
4. Nasal Naloxone - pharmacology, administration, and expectations;
5. Storage temperature range; and
6. Shelf life.

C. Naloxone Administration:

1. The overdose intervention drug to be used by West Lafayette Police Department in accordance with this policy is Naloxone.

2. If a person has respiratory depression or is unresponsive officers may nasally administer Naloxone into the person's nostrils by use of a nasal atomizer.
3. Officers who administer Naloxone shall:
 - a. Ensure EMS and Fire are called to the scene; and
 - b. Administer the Naloxone as instructed in the required training.
 - c. Patient given Naloxone cannot sign a refusal of treatment. They must be transferred to the hospital.

D. Reporting:

1. Officers shall notify a supervisor any time Naloxone is administered and shall complete a report.

E. Issuance and Storage:

1. Upon completion of required training, each officer in the Uniform Division will be issued 1 one kit containing a single dose of Naloxone.
 - a. This kit is considered equipment for purposes of Use and Care of Equipment requirements as outlined in the Department Rules and Regulations.
 - b. Officers shall store Naloxone at the recommended storage temperature range.
 - c. Kits are not to be stored in the vehicle, but may be carried on the officer or in a duty bag.
2. Kits must be maintained in a state of Operational Readiness as outlined in the Department Rules and Regulations.
 - a. The Special Services Commander shall be responsible for replacing unused dosages if the dosages are beyond the recommended shelf life.
3. Spare Naloxone kits will be stored in a secured area at the West Lafayette Police Department, and at the West Lafayette Fire Departments.
4. After administering Naloxone, officers shall replace the used ampule through the West Lafayette medical storage area, or from the WLFD unit on scene.

F. Attachment from Medical Director

Issue Date
00/00/0000

Revision Number: Date
_____: / /

By Order of the Chief:

West Lafayette Police Department

Intranasal Naloxone (Narcan) for Basic Life Support

Protocol

I. Purpose: the purpose of this protocol is to provide guidance regarding the administration of Naloxone, an overdose intervention drug. Accidental drug overdose has been declared an epidemic by the Centers for Disease Control and Prevention, and this trend has been documented in our community. Deaths from this epidemic can be mitigated by the use of Naloxone. Indiana Code 16-31-12 permits Law Enforcement, fire departments, EMT's, and paramedic's to possess and administer an overdose prevention drug to an individual suffering from an overdose.

II. Policy: It is the policy of the West Lafayette Police Department that Police Officers are to be trained in the administration and use of nasal Naloxone by a medical physician, and all uniformed officers be issued Naloxone kits for use in an overdose intervention situation.

Note:

- **Naloxone is only used for opiate overdose**
- **Naloxone is NOT effective against respiratory depression due to non-opiate drugs**
- Naloxone is an opioid/opiate (narcotic) antagonist that can reverse Central Nervous System and respiratory depression secondary to an overdose of opioids/opiates.

Indications for the use of Naloxone:

- Respiratory arrest or hypoventilation with evidence of opioid/opiate use
 1. Bystander report
 2. Drug paraphernalia
 3. Opioid prescription bottles
 4. Track marks
- Recognition of the opioid/opiate toxidrome:
Signs and symptoms:
 1. Unresponsive or minimally responsive with a pulse
 2. Respiratory arrest
 3. Depressed respiratory rate (< 6 per minute)
 4. Agonal respirations
 5. Cyanosis
 6. Miosis (constricted pupils)
 7. Decreased mental status or confusion
 8. Slurred speech and/or difficulty ambulating
 9. Nausea/vomiting

On Scene:

- You may know you are responding to a suspected overdose, or you may be told upon arrival
- Scene safety is a top priority
- Do you have police present or responding?
- Remain non-judgemental and non-confrontational
- Ask bystander(s) what and when the patient injected, ingested, inhaled, or transdermal patch.
- Was more than one substance used?

Contraindications:

- Known hypersensitivity (rare)
- Recent seizure (by report or signs)
- Head/facial trauma
- Nasal trauma (obstruction and/or nosebleed)
- Cardiopulmonary arrest

Medical director

Intranasal Naloxone (Narcan) for Basic Life Support EMS Continued

Adverse reactions:

- Use caution when administering naloxone to narcotic dependent patients.
- Rapid opiate withdrawal may cause nausea and vomiting and extreme combativeness.
- Keep the airway clear and be prepared to suction.

Note:

A patient given naloxone cannot sign a refusal of treatment. They must be transferred to the hospital.

- Documentation: patient presentation, signs and symptoms before and after treatment, vital signs before and after treatment, clinical response, record time drug was administered, amount, route.
- Utilize an intranasal naloxone kit that contains:
 1. A naloxone hydrochloride pre-filled Luer-lock (needless) syringe containing 2mg/2mL
 2. A mucosal atomization device
 3. One container for security/storage

Adult nasal atomizer use:

1. Ensure scene safety.
2. Maintain appropriate Body Substance Isolation.
3. Assess level of consciousness and vital signs.
4. Activate ALS if not already responding.
5. Initiate transfer as soon as possible.

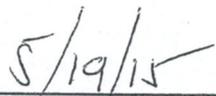
6. Maintain open airway and assist ventilations (use a BMV and oral airway if unresponsive with a pulse).
7. Suction as needed.
8. Assess the patient to ensure their nasal cavity is free of blood or mucous.
9. Control the patient's head with one hand.
10. Gently, but firmly, place the atomizer 1.5 cm within one nostril with other hand, carefully occluding the opposite nostril.
11. Briskly compress the syringe to administer 1 mL of atomized spray. (have towel handy to catch any secretions)
12. Remove and repeat in other nostril, so all 2 mL of solution are administered (will be total of 2 mg).
13. Continue ventilating the patient as needed
14. Consider contacting poison control if poly-substance abuse is suspected 800-222-1222

Pediatrics

- An opioid overdose is suspected in a pediatric patient (<15 years old)
 1. Infants: 0.5mg per nostril (total 1mg)
 2. Child: 1mg per nostril (total of 2mg)



Michael Kupon MD
WLPD Medical Director



Effective Date