



SYKESVILLE POLICE DEPARTMENT

Nasal Naloxone Policy

General Order 6-7 Effective: 03/23/17

Authorized By: *Michael A. Spaulding* Chief of Police

I. PURPOSE

This policy defines the training requirements and operational procedures relating to the administration of Nasal Naloxone by members of the Sykesville Police Department.

II. POLICY

When possible and practical, appropriately trained members of the Sykesville Police Department will administer Nasal Naloxone to aid persons suffering from apparent opiate overdoses. The Naloxone program is a collaborative effort between law enforcement and public health officials in Carroll County intended to reduce the number of opiate-related deaths occurring in our community.

III. DEFINITIONS

- A. Opiate - An opiate is a medication or drug that is derived from the opium poppy or that mimics the effects of an opiate (a synthetic opiate). Opiate drugs are narcotic analgesics that depress activity of the central nervous system, reduce pain, and induce sleep. Officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (Oxycotin, Percocet and Percodan), and hydrocodone (Vicodin).
- B. Naloxone - Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, Naloxone displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan, Nalone and Narcanti.

IV. TRAINING

- A. All officers engaged in operational duties will receive training relating to the identification of common indicators of opiate overdose and the proper administration of Nasal Naloxone. This training shall be conducted in a manner consistent with guidance provided by the Carroll County Health Department. Only officers that have successfully completed the specified Naloxone training are authorized to carry and administer Nasal Naloxone.
- B. Naloxone recertification training will occur biannually, as scheduled by the Training Coordinator.

V. PROCEDURES

- A. Officers who have successfully completed Naloxone training will be issued a Nasal Naloxone kit. Each Nasal Naloxone kit includes a single dose of Naloxone, the nasal atomizer and a pair of surgical gloves. The Nasal Naloxone kit will be carried by all certified officers during their tour of duty and will be readily available for use as necessary.
- B. Naloxone can be damaged by temperatures extremes (heat or cold). Naloxone kits shall not be stored in a vehicle for extended periods – particularly during periods of extreme heat or cold. Officers are responsible for the proper care and maintenance of their issued Nasal Naloxone kits.
- C. As with all medical situations, officers will utilize universal medical precautions at all times to minimize the risk of exposure to harmful substances and contagious diseases.
- D. Officers dealing with apparent medical emergencies will assess the circumstances based upon their training and information obtained from witnesses and/or family members regarding the possibility of opiate or drug use.
- E. Indicators of opiate use include, but are not limited to:
 - 1. Face is extremely pale and/or clammy to the touch
 - 2. Body is limp
 - 3. Fingernails or lips have a blue or purple appearance (cyanosis)
 - 4. Patient is vomiting or making gurgling noises
 - 5. Breathing is very shallow, slow or has stopped
 - 6. Heart rate (heart beat) is very slow or has stopped (cardiac arrest)
 - 7. Unusual sleepiness or drowsiness
 - 8. Mental confusion, slurred speech, intoxicated behavior
 - 9. Pinpoint pupils
- F. Officers identifying an apparent opiate overdose will request emergency medical services and provide emergency medical care, consistent with their training, to include the administration of Nasal Naloxone as appropriate.
- G. Officers administering Nasal Naloxone shall ensure the nasal atomizer is properly affixed to the Naloxone syringe, then administer 1mg of Naloxone in each nostril.

NOTE - Naloxone must be administered slowly, as the rapid reversal of an opiate overdose may result in projectile vomiting and/or violent behavior by the patient.

- H. Following the administration of Nasal Naloxone, officers will continue to monitor the patient and provide care, consistent with their level of training, until the arrival of emergency medical services. Upon the arrival of EMS personnel, the

officer will provide them with the details relating to his or her observations and treatment provided - including the dosage of Nasal Naloxone administered.

- I. Within two (2) hours of the administration of Nasal Naloxone, the administering officer will contact Maryland Poison Control by calling (800) 222-1222 and provide them with the required information. The date/time of this notification will be documented in the narrative portion of the Incident Report relating to the incident.

VI. REPORTING

Officers administering Nasal Naloxone will complete an Incident Report detailing their actions during the incident including:

- A. The dosage of Naloxone administered,
- B. The effect of the Naloxone on the patient,
- C. A description of any other emergency medical care provided by the officer,
- D. Details relating to the disposition of the patient (i.e., transported to the hospital, refused further treatment, deceased etc.),
- E. The date and time of the notification to the Poison Control Center.

VII. REPLACEMENT

- A. Following the administration of a Nasal Naloxone kit, the administering officer will complete an Overdose Response Program (ORP) Naloxone Use Report (available on PowerDMS in “forms”) providing all requested information. The completed form, and the expended Nasal Naloxone Kit, will be presented to an on-duty supervisor. A copy of the Naloxone Use Report will also be emailed to Dhmf.naloxone@maryland.gov or faxed to 410-402-8601. The supervisor will place the expended kit and form in the Naloxone storage box in the Evidence Storage room. The supervisor will then issue a replacement Nasal Naloxone kit and note the appropriate tracking information on the sign-out form within the Evidence Storage room.
- B. In the event that a Naloxone kit is lost, damaged or otherwise unusable, the assigned officer will complete a written memo to his Supervisor explaining the circumstances. The officer will also complete the top section of the Naloxone Use Report. A copy of the memo, the Naloxone Use Report and the damaged/unusable Nasal Naloxone kit will then be presented to an on-duty supervisor who will provide a replacement Nasal Naloxone kit per the guidance provided in Section A (above).
- C. The Quartermaster will be responsible for obtaining replacement Naloxone kits from the prescribing entity (Access Carroll).

VIII. INSPECTION

Officers are responsible for inspecting their assigned Nasal Naloxone kits on a weekly basis. Lost or damaged Naloxone kits will be documented and replaced utilizing the procedures described in Section VII of this order. The date of each inspection will be noted in the officer's Daily Log in the RMS.