St. Joseph, Missouri Police Department

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SUBJECT: Naloxone (Narcan) Program		
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I. Policy

It is policy of the Department that officers are trained in the use of Naloxone to reverse the effects of an opioid related overdose. This policy provides guidelines on the procedure for the pre-hospital administration of Naloxone by Police Officers. The objective of the policy and use of Naloxone is to reduce the number of fatal opioid overdoses. Missouri Revised Statute Section 190.255 provides the authority for law enforcement officers to administer Naloxone to a person suffering from an apparent narcotic or opioid related overdose.

II. Definitions

- **A. Naloxone Coordinator -** The department employee chosen to maintain and regularly inspect the supply of Naloxone for use by Officers.
- **B. Intranasal mucosal atomizer device -** A device with the ability to deliver Naloxone into the nose of an individual in the form of a fine mist.
- **C. Naloxone (Narcan) -** An anti-narcotic drug used to counteract the effects of narcotic induced impaired breathing, sedation and lowered blood pressure, whether caused by narcotics or methadone.
- **D. Opioid (Narcotic) -** Classification of drugs that act on the central nervous system to relieve pain with potential for physical and psychological dependence.
- **E. Overdose -** The consumption of excessive quantities of drugs that is large enough to be toxic. An overdose may be accidental or deliberate.

III. Procedure

- **A. General Procedures:**
  - **1.** Naloxone atomizers will be carried daily by patrol officers who have been properly trained in its use. Naloxone atomizers will be carried in a department approved carrier.

2. An officer who finds an unconscious and unresponsive individual should initiate first aid care to include standard CPR if appropriate and AED if available. The officer will alert EMS if not already dispatched.
3. As part of the officer's scene assessment, they may find evidence of opioid overdose, either illicit or legally prescribed. This evidence may be based on the call history, paraphernalia on scene, bystander reports or physical examination. If the officer makes a good faith determination of opioid overdose and the patient has signs of inadequate breathing (less than 8 breaths per minute, agonal breathing, cyanosis), the officer should proceed with Naloxone administration in conjunction with CPR unless other symptoms indicate Naloxone should not be administered.
    a. In order to administer the Naloxone the officer shall properly use personal protective equipment including gloves that prevent exposure to liquids. The officer should administer the entire dosage in either nostril of the unresponsive individual using the mucosal atomizer device.
    b. Continue with CPR for 2 to 5 minutes and if no response, administer another dose of Naloxone as before.
    c. Continue to monitor breathing and pulse and if breathing increases and there is no sign of trauma, place the individual in the recovery position.
    d. Continue to monitor the individual and if at any time pulse is lost, initiate CPR and AED use if available.
    e. Officers will continue CPR until breathing and pulse is restored or until relieved by EMS.
    f. Officers will remain on the scene until the arrival of EMS and will provide a verbal report to EMS personnel on the care provided prior to EMS arrival.
4. At the conclusion of the call, officers will complete a report documenting the care provided at the scene and the use of Naloxone as described.
5. In the event of rapid patient resuscitation, the patient may become fully conscious and not desire to seek further medical attention at a hospital. In these cases, officers must ensure that the patient is competent in order to make the decision to refuse further medical treatment:
    a. In cases where the patient is competent and refuses further medical treatment, officers will witness the patient sign the EMS refusal form and document the signing in their report.
    b. In cases where the officer determines that the patient is not competent, the officer will ensure that the patient is taken to the hospital by ambulance and complete 96 hour hold paperwork when appropriate.

B. Accountability and Maintenance of Naloxone Inventory:

1. Naloxone does not tolerate extreme temperatures well and therefore must be stored at near room temperature (between 59-77 degrees Fahrenheit). Officers will avoid storing their Naloxone–atomizer(s) in non-temperature controlled areas such as a vehicle. If an officer suspects their Naloxone atomizer has been exposed to extreme heat or cold for an extended period of time they will

request a replacement as soon as possible. All Naloxone-atomizers issued to officers are to be discarded when expired and replaced with a new unit. The Naloxone Coordinator will be responsible for the disposal and replacement of individual units. Any unissued Naloxone will be stored in the secure, temperature controlled, patrol equipment room. The Patrol Clerk and Naloxone Coordinator will be responsible for the control and supervision of the unissued Naloxone inventory.

2. Prior to a shift, Officers should inspect their Naloxone atomizer for damage and ensure it is not expired. An officer discovering damage or other problems will report the issue to a supervisor or the Naloxone Coordinator and request a replacement.
3. The Naloxone Coordinator will be responsible for maintaining the inventory and replenishing as needed. The inventory will be inspected weekly by the Naloxone Coordinator for damage and anticipated expiration. For replenishment, the Coordinator will submit an order with Adapt Pharma or alternative provider approved by the Chief of Police. The order shall contain the amount needed with a log documenting the reason for replacement (expiration, use or damage).

C. Training:

1. Only those officers who have received training in the use of Naloxone will be authorized to administer the drug.
2. Officers shall, after receiving initial training on the use of Naloxone, receive refresher training in the use of Naloxone annually by way of roll call training, in conjunction with CPR and AED training.
3. The training shall at a minimum cover the following topics related to Naloxone:
    - **a.** Risk factors for opioid overdose;
    - **b.** Signs of overdose;
    - **c.** Naloxone nasal atomizer use; and
    - **d.** Patient care after Naloxone use.

D. Documentation:

1. Officers will complete a report after the use of Naloxone to reverse an overdose. The report will include the following elements:
    - **a.** Nature of the call;
    - **b.** Type of opioid suspected to have been used (illegal controlled substance or prescribed to patient);
    - **c.** Any first aid care administered by the officer prior to Naloxone use including CPR and AED;
    - **d.** Amount of Naloxone administered;
    - **e.** Any first aid care given by the officer after Naloxone administration; and
    - **f.** Transfer of care to EMS to include the paramedic's information.
2. Officers using a Naloxone atomizer for a rescue attempt will notify the Naloxone Coordinator of the use in person or by e-mail prior to the end of their shift. The notification will include the report number associated with the use.

3. Officers shall record the use of Naloxone at the state level using the website www.mohopeproject.org/ERreport.

E. Disposal:

1. Following use of a Naloxone atomizer, for a rescue attempt, the officer will book the atomizer into evidence where it will be retained for 90 days unless needed for future legal proceedings.
2. Atomizers damaged but not used for a rescue attempt shall be destroyed at the station by the Naloxone Coordinator.

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Chris Connally, Chief of Police

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Date