

Inver Grove Heights Police Policy Manual		Subject: Naloxone Administration Program		
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I. PURPOSE:

The purpose of this policy is to establish broad guidelines and regulations governing the utilization of Naloxone (Narcan) by trained personnel within the Inver Grove Heights Police Department. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when law enforcement is the first to arrive at the scene of a suspected opioid-involved overdoses and accidental exposure.

Naloxone is a valuable tool that can assist the Department in preventing overdose deaths. Naloxone helps mitigate the effects of opioid exposure and allows time for more advanced medical treatment by trained Emergency Medical Services (EMS) personnel.

II. POLICY:

Nasal Naloxone (Narcan) is a single dose cartridge that is intended to reduce deaths associated with opioid overdose. Law enforcement staff may possess and administer Naloxone to an individual undergoing or believed to be undergoing an opioid-related drug overdose accidental exposure, so long as they have completed training in accordance with a protocol specified by the Department’s Medical Director (MN Statute 151.37; MN Statute 604A.04).

III. DEFINITIONS:

Opioid: A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress the activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone, and hydrocodone.

Naloxone: An opioid antidote such as naloxone hydrochloride or any other similarly acting and equally safe drug approved by the US Food and Drug Administration for the treatment of drug overdose. Naloxone is a medication which acts as an opioid antagonist and counters the effects of opioid overdoses. It is marketed under the trade name Narcan.

IV. TRAINING:

- A. The Department will maintain an up-to-date training curriculum, which has been approved by the Department's Medical Director and will ensure that all personnel participating in the Naloxone program are properly trained in its deployment. Only personnel who are trained in recognition of signs of opiate overdose and the use of Naloxone may administer the opioid overdose medication.
- B. The Department Training Coordinator, or designee, is the department coordinator for the Naloxone program. Responsibilities of the Naloxone program coordinator shall include:
 1. Coordinating and implementing the initial training for personnel participating in the Naloxone program and maintain training records.
 2. Implementing the proper inventory controls and safeguards for Naloxone issued.
 3. Ensuring that any use of Naloxone on a subject is documented in writing and compiling administrative records regarding the departmental use of Naloxone.
 4. Maintaining an adequate supply of Naloxone and replacing any product that is damaged, unusable, expired or deployed.

V. NALOXONE DEPLOYMENT:

- A. If Department personnel encounter an individual who appears in a potential overdose state, they shall:
 1. Request EMS response (if not already in progress) to respond.
 2. Use universal precautions and protections from blood borne pathogens and communicable diseases.
 3. Perform an assessment to determine the level of unresponsiveness and other indicators of opioid overdose, the assessment should include but may not be limited to;
 - a) Checking if the individual is not breathing.
 - b) Checking if the individual has no pulse.

If the individual is not breathing and/or has no pulse begin CPR and wait for EMS to deliver Naloxone.

 - c) If the individual is unresponsive but is breathing and has a pulse.
 - (1) Perform a situational assessment to determine that it is more likely than not, that the individual is experiencing an opiate overdose.
 - (2) Administer 2 mg Naloxone into one nostril following the established training guidelines.
 - (3) Update responding EMS service of;
 - The amount of Naloxone given.
 - Any change in condition.

4. Use proper tactics when administering Naloxone; individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
5. Remain with the individual and provide basic life support care.
6. Complete a Naloxone administration form and submit it with an incident report.

VI. MANDATORY REPORTING REQUIREMENTS:

- A. Department personnel are required to generate a report to document the nature of the incident, the care the individual received and the fact that Naloxone was deployed.
- B. Department personnel will also complete a Naloxone Administration form for documentation purposes to include a description of the individual's condition, behavior, the fact that Naloxone was deployed, medical response, hospital transport and outcome of the response.

VII. MAINTENANCE AND REPLACEMENT OF NALOXONE:

- A. Exposure to freezing temperatures, extreme heat or direct sunlight may deteriorate the medication and significantly reduce its effectiveness. Department personnel qualified to administer Naloxone should handle, store and administer the medication consistent with their training and the manufacturer's instructions.
- B. Department personnel should check the doses of Naloxone at the beginning of their shift to ensure that it is serviceable and not expired.
- C. Used, lost, damaged or expired doses of Naloxone will be replaced after a maintenance slip request form has been completed and submitted to the on-duty supervisor.
- D. Expired Naloxone will be properly documented and disposed of by the Department Training Coordinator, or designee.