



Kingman Police Department Policy and Procedures

Section A

Naloxone Policy and Procedures

No. 54

Effective: August 8, 2016

I. Purpose:

The purpose of this policy is to provide approved members with guidelines to utilize Naloxone (Narcan) in order to reduce fatal opiate/opioid overdose.

II. Policy:

It is the policy of the Kingman Police Department for trained officers to administer Naloxone (Narcan), in accordance with state law and the administrative medical director's guidelines and oversight, to persons suffering from opiate/opioid overdose at the earliest possible time to minimize chances of death.

III. Definitions:

1. EMS: Emergency Medical Services that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.
2. Naloxone (Narcan): an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal and intravenous forms. Narcan is the brand name for Naloxone.
3. Opiates: Naturally derived from the poppy plant, such as heroin and opium.
4. Opioids: Synthetic opiate drugs such as fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone and oxycodone.
5. Opioid Overdose: an acute condition including but not limited to extreme physical illness, decreased level of consciousness, respiratory depression coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.
6. IN: Refers to the intranasal (IN) administration of Naloxone.
7. IM: Refers to the intramuscular (IM) administration of Naloxone.

IV. Procedures:

1. General

- A. The Chief of Police shall appoint a Naloxone Coordinator to administer the law enforcement program. The Naloxone Coordinator's responsibilities will include:
1. Ensuring that the Naloxone kits are current and not past expiration date.
 2. Ensure proper and efficient deployment of Naloxone for field use.
 3. Ensure that authorized officers are adequately trained in use and storage.
 4. Ensure that any use of Naloxone on a subject is documented in a Case Report.
 5. Replace Naloxone kits that are damaged, unusable, expired or used.
 6. Ensure proper reporting of Naloxone to the administrative medical director's office within 24 hours of deployment via the approved reporting process in cooperation with the EMS Coordinator of the Kingman Fire Department.
- B. Only officers trained in the use of Naloxone are authorized to administer Naloxone in the field.
- C. Each Naloxone kit shall include:
- Instructions for administration of Naloxone;
 - One (1) single-use Luer-Lock syringe system;
 - One (1) Mucosal Atomization Device (MAD), and;
 - One (1) CPR face mask/barrier device for mouth-to-mouth resuscitation.
 - Latex gloves.
- D. Naloxone kits will be stored as directed by the Naloxone Coordinator and assigned to the day shift and night shift of each beat area (1-6). Kits will be checked out at the beginning of shift and returned at the end of the assigned officer's shift tour. All kits must be returned before the officer goes on days off.

2. Indications and Use

- A. Authorized officers shall utilize Naloxone on subjects believed to be suffering from an opioid overdose. Information that a subject is suffering from an opioid overdose includes, but is not limited to:
1. Pinpoint pupils, even in a darkened environment;
 2. Depressed or slow respirations;
 3. Difficulty breathing (labored breathing, shallow breaths);
 4. Blue skin, lips or fingernails;
 5. Decreased pulse rate;

6. Low blood pressure;
7. Loss of alertness (drowsiness);
8. Unresponsiveness;
9. Evidence of ingestions, inhalation, and injection (needles, spoons, tourniquets, needle tracks, bloody nose, etc.)
10. Blood-shot eyes; and,
11. Past history of opioid use/abuse.

B. Officers shall follow protocols outlined in their Naloxone training.

C. When using Naloxone kits, officers will maintain universal precautions against pathogens, perform patient assessment, and determine unresponsiveness, absence of breathing and/or pulse.

D. Officer(s) should up-date communications that the patient is in a potential overdose state and Naloxone administration is intended.

E. Communications will promptly notify responding EMS and Paramedics.

F. Officer(s) shall ensure accurate communication to EMS/Paramedics for proper patient record documentation before transport to hospital emergency department.

G. Supervisor notification should be made as soon as practicable, in addition to formal documentation in a written case report and completion of the KPD Naloxone Usage Report (Appendix 1).

3. Maintenance / Replacement:

A. Officers authorized to use Naloxone kits are responsible for inspecting the kit prior to each shift.

B. Missing or damaged Naloxone kits will be reported directly to the duty supervisor as well as written notification made to the Naloxone Coordinator.

C. The Naloxone Coordinator shall be promptly notified if a Naloxone kit is taken off-line or needs replacement/maintenance and shall replace the kit as soon as practicable.

4. Documentation Requirements

A. Upon completion of a medical assist with Naloxone administration, the officer shall submit a written report detailing the incident, the care the patient received, and that Naloxone was administered (IN or IM) and whether the Naloxone use was successful.

B. Additionally the officer shall complete the KPD Naloxone Usage Report (Appendix 1) and forward the completed copy via the chain of command to the Naloxone Coordinator (similar to the Use of Force form process).

C. The Naloxone Coordinator will ensure that a copy of the KPD Naloxone Usage Report is forwarded to the Administrative Medical Director. These records must be completed for program integrity, statistical value and tracking of the Nasal Narcan deployment.

Robert J. DeVries
Chief of Police

Carl Cooper
City Attorney Review

John Dougherty
City Manager

ORIGINAL



KINGMAN POLICE DEPARTMENT NALOXONE USAGE REPORT

Police Department: _____ Case #: _____

Date of Overdose: ____ / ____ / ____ Time of Overdose: _____ AM PM

Location where overdose occurred: _____

Gender of the person who overdosed: _____ Male Female Unknown Age: _____

Race/Ethnicity White Black Hispanic Asian/Indian American Indian Pacific Islander

Signs of overdose present (check all that apply)

Unresponsive Breathing Slowly Not Breathing Blue lips
 Slow pulse No pulse Other (specify): _____

Suspected overdose on what drugs (check all that apply)

Heroin Benzos/Barbiturates Cocaine/Crack Suboxone Any other opioid
 Alcohol Methadone Don't Know Other (specify): _____

Details of Naloxone Deployment

Number of doses used: _____ Did Naloxone work: Yes No Not Sure

If yes, how long did it take to work: >1 min 1-3 min 3-5 min <5 min Don't Know

Patient's response to Naloxone: Responsive and alert Responsive but sedated No response to Naloxone

Post-Naloxone withdrawal symptoms (check all that apply): None Irritable or Angry

Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) Physically Combative

Vomiting Other (specify): _____ Did the person live: Yes No

What else was done: Sternal Rub Recovery position Rescue breathing Chest compressions

Automatic Defibrillator Yelled Shook them Oxygen

EMS Naloxone Bystander Naloxone Other (specify): _____

Disposition: Care transfer to EMS Other (specify) _____

Naloxone Information: _____ Lot #: _____ Expiration date: ____ / ____ / ____

Notes/comments: _____

Officer's Name (printed) _____ Signature _____ Date of Report _____

Supervisor _____ Lieutenant _____ Naloxone Coordinator _____

Chief of Police: _____