



## ACTON POLICE DEPARTMENT

DEPARTMENT MANUAL; P&P: Operations		
POLICY & PROCEDURE # 1.19	DATE OF ISSUE: 03/20/2018	EFFECTIVE DATE: 03/27/2018
SUBJECT: NASAL NALOXONE	ISSUING AUTHORITY: Chief Richard Burrows	
REFERENCE(S): Massachusetts Police Accreditation Commission #None	___NEW    __X__AMENDS    ___RESCINDS	

### I. PURPOSE

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin®, Percocet® and Percodan®, and hydrocodone as found in Vicodin®.

Naloxone, commonly known by the brand-name Narcan®, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

To reduce the number of fatalities which can result from opiate overdoses, the Acton Police Department will train its officers in the proper pre-hospital administration of nasal naloxone. In order to implement a safe and responsible nasal naloxone plan, the Department will establish and maintain a professional affiliation with a Medical Control Physician (MCP) who will provide medical oversight over its use and administration. The Medical Control Physician shall be licensed to practice medicine within the Commonwealth of Massachusetts. At his or her discretion, he or she may make recommendations regarding the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Department.

In order to implement this policy the Acton Police Department relies upon the following statutes:

M.G.L. c. 94C, § 34A which states that “a person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose.” The statute imposes no limitation on who

may possess and administer nasal naloxone and only requires that it is (1) obtained with a prescription and (2) administered in good faith.

M.G.L. c. 94C, § 19 which states that “Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.”

M.G.L. c. 94C, § 7 which states that “any public official or law enforcement officer acting in the regular performance of his official duties” shall not require registration and may lawfully possess and distribute controlled substances.

M.G.L. 258C, § 13 which states that “No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.”

## **II. POLICY**

Naloxone will be deployed in all marked Department vehicles for the treatment of drug overdose victims. A patrol unit shall be dispatched to any call that relates to a drug overdose. The goal of the responding officers shall be to provide immediate assistance via the use of naloxone where appropriate, to provide any treatment commensurate with their training as first responders, to assist other EMS personnel on scene, and to handle any criminal investigations that may arise.

## **III. DEFINITIONS**

**A. Opiate:** An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress the activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, 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, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan®.
- C. Medical Control Physician:** The Medical Control Physician, hereinafter referred to as MCP, shall be a designated Medical Doctor who is licensed to practice medicine in Massachusetts. The Acton Police Department shall maintain an affiliation with the MCP.

## **IV. PROCEDURES**

### **A. Use of Naloxone**

1. When an officer of the Acton Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS and has made a determination that the patient is suffering from an opiate overdose, the officer should administer naloxone to the patient by way of the nasal passages. The following steps should be taken:
  - a) Officers shall use universal precautions;
  - b) Officers should conduct a medical assessment of the patient and take into account statements from witnesses and/or family members regarding drug use;
  - c) If the officer makes a determination that there has been an opiate overdose, the naloxone kit should be utilized.
  - d) If the officer was issued a two-milligram Naloxone, the officer will use the nasal mist adapter to administer a one-milligram intra-nasal dose of naloxone to each nostril for a complete dosage of two milligrams.
  - e) If the officer was issued a four-milligram Naloxone, the officer will administer the four-milligram dose in accordance with department training.
  - f) Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior. The patient should continue to be observed and treated as the situation dictates.
  - g) The treating officer shall inform incoming EMS about the treatment and condition of the patient, and shall not relinquish care

of the patient until relieved by a person with a higher level of training.

### **B. Reporting**

A complete incident report of the event shall be completed by the treating officer, or the primary responding officer, prior to the end of his/her shift.

### **C. Equipment and Maintenance**

It shall be the responsibility of officers to inspect naloxone kits stored in the AED case prior to the start of each shift to ensure that the kits are intact. Naloxone kits shall be returned to the AED storage area at the end of each shift. Damaged equipment shall be reported to a shift supervisor immediately. The Department's Medical Services Officer, or his/her designee, will maintain a written inventory documenting the quantities and expirations of naloxone replacement supplies, and a log documenting the issuance of replacement units.

### **D. Replacement**

Shift supervisors shall replace Naloxone kits that have been used during the course of a shift. Spare Naloxone kits will be kept in the Patrol Sergeant's office.

### **E. Training**

Officers shall receive training approved by a certified instructor prior to being allowed to carry and use naloxone. The Department shall provide refresher training every two years.

## **NASAL NALOXONE HISTORY**

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**History: Policy & Procedure # 1.23: Nasal Naloxone**