

ADMINISTRATION OF NASAL NALOXONE

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Administration of Nasal Naloxone

STOW POLICE DEPARTMENT POLICY & PROCEDURE NO. 1.23	ISSUE DATE: 1/26/2017
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I. BACKGROUND

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 OxyCotin, 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 1960s, but was recently developed as a nasal spray.

To reduce the number of fatalities which can result from opiate overdoses, the Stow 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 Stow Police Department relies upon the following statutes:

MGL Ch. 94c, s34A which states in part “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 Narcan [naloxone]. The statute further indicates that Narcan [naloxone] must be (1) obtained with a prescription and (2) administered in good faith [paraphrased].

MGL Ch. 94C, s.7 outlines parameters under which Narcan [naloxone] programs may be administered by public health officials and law enforcement officers. This statute states in part, “the following persons shall not require registration and may lawfully possess and dispense controlled substances; (3) any public official or law enforcement officer acting in the regular performance of his official duties.”

MGL Ch. 258C, s. 13 states, “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. DEFINITIONS

Opiate: An opiate is any controlled substance containing or compounded to be a derivative of morphine, morphine sulfate. The term opiate describes any of the narcotic opioid alkaloids found as natural products in the opium poppy plant, *Papaver somniferum*. Commonly encountered opiates in police service include heroin, morphine, oxycontin, percocet, percodan.

Opiates belong to the large biosynthetic group of benzyloisoquinoline alkaloids, and are so named because they are naturally occurring alkaloids found in the opium poppy. The major psychoactive opiates are morphine, codeine, and thebaine. Papaverine, noscapine, and approximately 24 other alkaloids are also present in opium but have little to no effect on the human central nervous system, and as such are not considered to be opiates. Semi-synthetic opioids such as hydrocodone, hydromorphone, oxycodone, and

oxymorphone, while derived from opiates, are not opiates themselves.

While the full synthesis of opiates from naphthoquinone (Gates synthesis) or from other simple organic starting materials is possible, they are tedious and uneconomical processes. Therefore, most of the opiate-type analgesics in use today are either directly extracted from *Papaver somniferum* or synthesized from the natural opiates, mainly from thebaine.

Naloxone: Naloxone is an opioid antagonist drug developed by Sankyo in the 1960s. Naloxone is a drug used to counter the effects of opiate overdose, for example heroin or morphine overdose. Naloxone is specifically used to counteract life-threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including Narcan, Nalone, and Narcanti, and has sometimes been mistakenly called "naltrexate". It is not to be confused with naltrexone, an opioid receptor antagonist with qualitatively different effects, used for dependence treatment rather than emergency overdose treatment.

Medical Control Physician: The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical Doctor who is licensed to practice medicine in Massachusetts. The Stow Police Department has entered into a Memorandum of Agreement with Emerson Hospital. The Chief of Police or his designee shall periodically consult with the MCP to review overall training, equipment, procedures, changes to applicable laws and regulations and/or the review of specific medical cases. At his discretion, the MCP may partake in training members of the Stow Police Department.

Body Substance Isolation: Body substance isolation, herein after referred to as BSI shall mean, in the context of a First Responder responding to a medical emergency, equipment that is provided to members of the Stow Police Department which is including, but not limited to nitrile protective gloves, eye protection, N95 respirator masks and tyvek suits.

III. POLICY

It is the policy of this Department that:

- A. Naloxone will be deployed in all marked Department vehicles used on patrol for the treatment of drug overdose victims.
- B. A patrol unit shall be dispatched to any call that relates to a drug overdose.
- C. 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.

IV. PROCEDURE

A. Administration of Naloxone during Opiate Overdose Emergencies

When an officer of the Stow 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 responding officer should administer naloxone according to the following dose: Naloxone 2mg-4mg via Nasal Atomizer.

The following steps should be taken:

1. Officers shall use universal precautions
2. Officer should conduct a medical assessment of the patient as prescribed by Department Policies and Procedures, to include taking into account statements from witnesses and/or family members regarding drug use.
3. If the officer makes a determination that there has been an opiate overdose, the naloxone kit should be utilized.
4. The officer shall use the nasal mist adapter (nasal atomizer) that is pre-attached to the naloxone to administer 2mg-4mg. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
5. The patient should continue to be observed and treated as the situation dictates.
6. 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 offense report in the event shall be completed by the treating officer, or the primary responding officer.

A written inventory documenting the quantities and expirations of naloxone supplies shall be kept. The log book will also document the issuance of replacement units.

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 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 immediately replace naloxone kits that have been used during the course of a shift.

E. Training

Officers shall receive the standard naloxone training course prior to being allowed to carry and use naloxone. Officers will attend refresher training each year as well as attend one practical training session per year with the Stow Fire Department outlining the use of naloxone and related respiratory concerns.