

<b>Anchorage Police Department</b> Regulations and Procedures Manual	<b>Operational Procedures</b> <b>3.10.010</b>	
<b>Policy and Procedure Title</b> Intranasal Naloxone	<b>Effective Date</b> January 3, 2023	Page 1 of 7
<b>Replaces Prior Policy:</b> N/A	<b>Approved by:</b> Chief Michael Kerle	

**This Policy is for departmental use only and does not apply in any criminal or civil proceeding. This Policy should not be construed as creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this Policy will only form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.**

### **3.10.010 Intranasal Naloxone**

#### **PURPOSE**

The purpose of this policy is to establish guidelines and regulations governing the utilization of Intranasal (IN) Naloxone administered by the Anchorage Police Department ("Department") to treat presumed opioid overdoses and reduce the number of fatalities resulting from an opioid overdose.

#### **POLICY**

It is the policy of the Department to provide assistance to any person(s) who may be suffering from an opioid overdose. An officer may administer IN Naloxone provided that he/she is properly trained in the use and deployment of IN Naloxone, in accordance with standing medical orders issued by the Medical Director in accordance with Alaska Statute 17.20.085 (a).

A patrol unit shall be dispatched to any call that relates to a potential opiate overdose. The goal of the responding officer(s) shall be to:

- A. Provide treatment commensurate with their training as first responders, including but not limited to rescue breathing;
- B. Provide immediate assistance via the administration of IN Naloxone, when appropriate;
- C. Assist EMS personnel on scene; and
- D. Handle any criminal investigations that may arise.

It shall also be the policy of the Department to train all officers in the proper administration of IN Naloxone. The Department shall maintain a professional affiliation with the Anchorage Fire Department Medical Director who shall provide medical oversight in training, use and administration of IN Naloxone.

The Lead IN Instructor shall oversee the management of the IN Naloxone program.

## PROCEDURES

### I. DEFINITIONS

Medical Control Officer: A member of the Police Department, designated by the Chief of Police, with the appropriate level of training and experience to ensure communication and compliance with the Medical Director.

Naloxone Dosage: IN Naloxone dosing consists of one 8mg single use.

Naloxone Hydrochloride: A prescription medication that can be used to reverse the effects of an opioid overdose by displacing opioids from the receptors in the brain that control the central nervous and respiratory system.

Intranasal (IN) Naloxone: An intranasal form of Naloxone Hydrochloride used for the emergency treatment of a known or suspected opioid overdose.

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. Opioids will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. Opioids can be in a natural form such as morphine and codeine as well as a synthetic form including: heroin, Fentanyl, Buprenorphine, Hydromorphone, Hydrocodone as found in Vicodin®, Oxycodone, Methadone, Oxycodone as found in OxyContin®, Percocet® and Percodan®.

Opioid Antagonist: Naloxone Hydrochloride or any other similarly acting and equally safe drug approved by the Federal Food and Drug Administration for the treatment of drug overdose.

Opioid Overdose Kit ("Kit"): A package containing, at a minimum, the following:

1. One (1) pair of medical exam gloves
2. Two (2) single units of up to 8mg of naloxone, administered as a nasal spray. The entire dose will be administered via one nostril.

Universal Precautions: An approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens.

### II. PROCEDURES

- A. Issuance, Location, Storage, and Maintenance/Replacement of Opioid Overdose Kits

## 1. Issuance and Location of Opioid Overdose Kits

Only officers that are certified in CPR/First Aid and have also been trained in the administration of IN naloxone shall administer the medication. The Anchorage Police Department will deploy an Opioid Overdose Kit, which contains the material discussed above, in the following locations:

- a. All officers assigned to Patrol;
- b. In areas where employees process evidence;
- c. Behind the front counter at HQ;
- d. To work units or personnel expected to have contact with opioids or opioid users

## 2. Storage of Opioid Overdose Kits

In accordance with manufacturer's instructions, IN naloxone must be kept out of direct light and stored at room temperature (between 59 and 86 degrees Fahrenheit).

- a. Kits stored in a vehicle shall be stored in the interior of the vehicle and out of direct sunlight (e.g., in the cardboard box in the Opioid Overdose Kit).
- b. When poor environmental conditions exist and a vehicle is not being used, officers shall take the Kit from the vehicle.
- c. When carried on a person, Kits shall be kept secure and protected from damage.

## 3. Maintenance/Replacement of Opioid Overdose Kits

- a. The Medical Control Officer is responsible for replacing any IN naloxone that is either damaged, unusable, expired, or expended.
- b. Missing or damaged kits will be reported directly to a shift supervisor who will ensure the missing or damaged kit is replaced.
- c. IN naloxone has an expiration date per the manufacturer. As such, all personnel assigned a kit shall be responsible for checking the expiration date of the product. If expired, the kit shall be replaced.
- d. The Department Medical Control Officer shall be responsible for ensuring that there is an adequate stock of IN naloxone available for deployment. Shift

replacements for kits will be available in the Shift Supervisors office.

## B. Administration of IN Naloxone

### 1. Initial Assessment

- a. When an officer arrives on the scene of a medical emergency prior to the arrival of the Anchorage Fire Department (AFD), the officer shall notify Dispatch and ensure that AFD have been dispatched to the location.
- b. The responding officer shall maintain universal precautions and conduct a medical assessment of the victim in accordance with his/her CPR/First Aid training.
- c. If the victim is not breathing and presence of pulse is unknown or absent, officer(s) will begin CPR, notify dispatch of cardiac arrest and apply AED if available.
- d. If pulse is present, but victim is not breathing or not breathing adequately: officer(s) will begin rescue breathing. IN naloxone should be administered by briefly interrupting rescue breathing. Resume rescue breathing until medication effect is noted (awakening, spontaneous respiration)
- e. Individual with a pulse or clear signs of life, decreased mental status and breathing: the responding officer shall determine the victim's responsiveness, identify symptoms of opioid overdose, observations of the scene consistent with opiate use, and when appropriate, administer the medication from the Opioid Overdose Kit in accordance with the training guidelines
- f. If CPR is being administered, airway maintenance shall be the priority over IN naloxone administration.

### 2. Utilization of IN Naloxone

- a. Prior to the administration of IN naloxone, officers on scene shall ensure the victim is in a safe location and remove any object from the victim's immediate reach that could be used as a dangerous instrument. This includes safely removing any needles from the individual or the immediate area.
- b. Prior to administration of IN naloxone, two officers should be on-scene.

- c. Prior to administration, the officer shall review the instructions in the Kit, if necessary.
- d. Naloxone shall not be used on a newborn under one month old. In this case, officers should administer rescue breathing only.
- e. After administering the IN naloxone, the officer shall initiate or continue rescue breathing.
- f. Only one dose may be administered.
- g. In the event the one dose administered was not administered correctly a second correct dose may be administered.

### 3. Post-IN Naloxone Administration

- a. Officers shall continue to monitor the breathing and pulse of the victim. If breathing increases and the victim is no longer displaying symptoms of an overdose, place the victim in the recovery position.
- b. Officers shall be aware that treated victims who are revived from an opioid overdose may regain consciousness and may experience an acute opioid withdrawal. A rapid reversal of an opioid overdose may cause vomiting and aggression.
- c. It is the policy of APD that officers will remain with the revived individual until arrival of EMS. This is to ensure that respiratory depression does not recur. It is understood that in certain cases this may be impractical including the victim refusing further care and there being no criminal reason to detain the person. Naloxone is only effective for approximately 30-80 minutes.

**NOTE:** When an officer deploys IN Naloxone and it results in a resuscitation of an overdose victim, that officer should ensure AFD response. The effects of the medication only last for a limited period of time and the person may experience recurrence of overdose symptoms when the effects of the IN Naloxone wear off.

- d. If at any time the victim's pulse is lost, the officer shall initiate CPR.

- e. Officers shall inform responding AFD personnel about the treatment and condition of the patient, and shall not relinquish care of the victim until relieved by a person with an equal or higher level of training, or if the victim regains consciousness and refuses to remain on the scene and officers have no legal or protective (Title 47) reason to detain the victim

C. Narcotics and Drug Paraphernalia

Officers shall seize any illegal drugs, including drug paraphernalia that is found on the victim, or in the immediate area, and process the evidence in accordance with Departmental policy.

D. Reporting Requirements/Record Keeping

1. Upon deployment of IN Naloxone, the officer shall submit the appropriate report in the appropriate report writing software. These records must be completed for the purposes of tracking IN Naloxone deployment by Department personnel.
2. If additional police involvement is required, or action is taken, a Case Incident Report number shall also be assigned, and the appropriate additional reports completed by the investigating officer.
3. After deployment officers shall gather a replacement kit from the designated locations at Headquarters or the Jewel Lake Training and complete the online report to the Department of Health and Human Services via a posted QR code.

E. Opioid Overdose Kit Coordinator and Department Medical Officer

1. The Department Opioid Overdose Kit Coordinator and the Department Medical Officer will be the same individual, as designated by the Chief of Police.
2. The Opioid Overdose Kit Coordinator shall be responsible for the following:
  - a. Ensuring the IN Naloxone is current and not expired;

- b. Ensuring for the proper and efficient deployment of IN Naloxone for the established primary locations;
- c. Ensuring all personnel that will be using IN Naloxone has received appropriate training; and ORP and the AFD medical director will coordinate deployment reports.

F. Certification and Re-training

- 1. Only officers who have completed CPR/First Aid training with an approved Naloxone training course in the use and proper administration of IN Naloxone shall be authorized to administer the medication.
- 2. Re-training is required in conjunction with CPR/First Aid to maintain Department authorization to carry and administer IN Naloxone.

G. Officer Liability

A person who reasonably believes that another person is experiencing an opioid overdose emergency may administer an opioid overdose drug to such other person. Any person, other than a licensed health care provider, who administers an opioid overdose drug to another person who the person reasonably believes is experiencing an opioid overdose emergency is not liable for civil damages resulting from an act or omission in the emergency administration of the opioid overdose drug. [Reference: Alaska Statute 09.65.340]

**\*\*\*END OF DOCUMENT\*\*\***