	ANDOVER POLICE DEPARTMENT GENERAL ORDER		Number: O2104
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			Distribution: All
Title: EMERGENCY OPIOID ANTAGONIST PROGRAM		Section: Operations	
Issued: 08/09/2023	Effective: 08/16/2023	Revised: 05/30/2024	
Rescinds: All Previous		Amends: 08/16/2023	
CALEA References: LE 41.2.8			
KLEAP References:			
State/Federal Statutes: K.S.A. 65-16,127			
Review: Annual		Authority: Chief Buck Buchanan	

I. Purpose


It is the purpose of this General Order to mitigate the threat opioid substances pose to the health and safety of Andover Police Department personnel by establishing safety guidelines and regulations governing the utilization of emergency opioid antagonists by APD personnel for the purpose of reversing the effects of opioid depression.

II. Policy

It is the policy of the Andover Police Department to ensure employees at risk of coming into contact with dangerous opioid substances as a consequence of their primary duties have been appropriately advised on preventing opioid exposures, trained on the appropriate use and administration of emergency opioid antagonists, and have reasonable access to Naloxone.

III. Definitions

- A. Covered Employees** – All members of the Andover Police Department who by nature of their employment may come into contact with persons suffering from opioid depression or have contact with substances that could induce opioid depression.
- B. Emergency Opioid Antagonist Program** – The department program through which Naloxone is obtained and inventoried, covered employees are trained, and related records are maintained.
- C. Emergency Opioid Antagonist Program Coordinator** – A person who has been designated to coordinate program activities; keep and maintain records related to the agency's inventory of Naloxone; report any administration of Naloxone to the Butler County EMS Naloxone Program Coordinator; and record and submit training documentation to the APD Training Coordinator.
- D. Exposure Incident** – Exposure of an opioid as a result of the employee's duties.
- E. Opioid** – Any substance which acts on the opioid receptor to cause opioid toxicity. This includes but is not limited to heroin, morphine, oxycodone, hydrocodone, methadone, fentanyl, and fentanyl analogs.
- F. Personal Protective Equipment** – Special clothing or equipment worn for protection against hazards posed by exposure to dangerous substances.
- G. Naloxone** – Naloxone hydrochloride (Naloxone) is an emergency opioid antagonist medication that reverses the effects of an opioid overdose.

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IV. Regulations

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V. Procedures

A. Preventing Opioid Exposure


1. The first line of defense in protecting oneself from opioid exposure is the use of appropriate personal protective equipment and proper handling procedures in accordance with established safety procedures and protocols.
2. Appropriate personal protective equipment shall be provided to covered employees to reduce the risk of exposure.
3. The department will issue appropriate safety bulletins that will be posted and updated as necessary.

B. Emergency Opioid Antagonist Program

1. The Emergency Opioid Antagonist Program will be administered by the Emergency Antagonist Program Coordinator who will be designated by the Chief of Police or designee. The Emergency Antagonist Program Coordinator shall have the following responsibilities:
 - a. Develop appropriate safety bulletins and update as necessary;
 - b. Successfully complete required training in the administration and storage of opioid antagonist drugs (such as Naloxone or other identified drugs if Naloxone is not available) available over the counter;
 - c. Provide or assist in providing required training to all covered employees;
 - d. Maintain an adequate supply of Naloxone;
 - e. Issue Naloxone to covered employees;
 - f. Maintain records related to the agency's inventory of Naloxone and any administration thereof;
 - g. Receive Naloxone reporting forms and coordinate agency activities with local emergency medical services and medical directors to ensure quality assurance;
 - h. Provide training records to the Department Training Coordinator, and;
 - i. Ensure supervisors have reasonable access to Naloxone.

C. Required Training


1. All covered employees shall participate in initial training regarding the appropriate use and administration of the approved emergency opioid antagonist.

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2. All newly hired covered employees shall receive initial training within the first 90 days of employment.
3. All covered employees shall be trained annually on the administration of emergency opioid antagonists.
4. Pursuant to K.S.A. 65-16,127, the required training shall include, at a minimum, the following:
 - a. Instruction to summon emergency medical services as soon as practicable either before or after administering the emergency opioid antagonist;
 - b. Risk factors of opioid overdose: Possible exposure (primarily inhalation or ingestion) to known or suspected opioid material;
 - c. Strategies to prevent opioid overdose: Use of appropriate personal protective equipment;
 - d. Signs of opioid overdose, and;
 - e. Steps in responding to an overdose.

D. Protocol for Administering Naloxone (LE 41.2.8)

1. Each covered employee who administers Naloxone during the course of their official duties shall perform the following:
 - a. Notify emergency medical services as soon as possible either before or after administering the emergency opioid antagonist.
 - b. Assess the subject:
 - i. If the subject is unresponsive, administer Naloxone according to product instructions and training.
 - ii. Check for pulse and perform CPR as per protocol.
 - iii. If the subject is responsive but unable to answer simple questions ("What is your name?"), or taking less than twelve (12) breaths per minute, then administer Naloxone.
 - iv. If the subject is responsive and able to answer simple questions ("What is your name") do NOT administer Naloxone.
2. Monitor subject:
 - a. If breathing improves within one minute, then place the subject in the recovery position (as learned in first responder and CPR certification classes) and reassess frequently.
 - b. If breathing DOES NOT improve within 3-5 minutes, then administer a second dose of Naloxone according to product instructions.
 - c. All subjects should be watched closely until emergency medical services arrive. If there is a change in the subject's condition, then go back to "Assess the Subject" and repeat the evaluation.
 - d. Immediately provide information related to the administration to any responding emergency medical services personnel, emergency room personnel, or treating physician.
 - e. Information provided should include a full report of the subject's assessment, the use of Naloxone, and the subject's response to the use of Naloxone.

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E. Reporting Administration of Naloxone

1. The Naloxone Administration Incident Report shall be completed by the person who administered the Naloxone and routed to their immediate supervisor, with copies provided to the Program Coordinator and the Bulter County EMS Naloxone Program Coordinator within twenty-four (24) hours.
2. APD Form 78 – Naloxone Reporting Form shall be completed by the covered employee who administered the Naloxone and provided to the Program Coordinator prior to the end of the officer's shift.
3. If the administration of Naloxone is relevant to a criminal investigation or the administration occurs in proximity to an investigative or enforcement action, the activity should also be documented in a report to the investigative file.
4. When Naloxone is administered to a covered employee in response to a medical emergency resulting from an exposure incident, a narrative report documenting the circumstances of the event shall be prepared by the person who administered the Naloxone. This narrative report and a completed APD Form 78 – Naloxone Reporting Form shall be routed through the employee's chain of command to the Program Coordinator and the City of Andover Human Resources Department.
5. Regardless of whether or not Naloxone is administered, any employee who experiences symptoms consistent with opioid exposure shall report the known or suspected exposure incident to their supervisor.
6. In the event of a known or suspected exposure, the supervisor shall immediately notify the Duty Chief.

F. Maintenance and Replacement of Naloxone

1. Naloxone should be carried and kept in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
2. A monthly inspection of the Naloxone will be the responsibility of the covered employee to whom the Naloxone is issued. This should include an inspection of the seal, packaging, and a review of the expiration date.
 - a. Lost, damaged, and expired Naloxone should be reported to the Program Coordinator, who will facilitate replacement.
 - b. Expired and damaged Naloxone will be properly disposed of by the Program Coordinator according to Food and Drug Administration guidelines.