



Policy 801

Subject

OVERDOSE RESPONSE AND INVESTIGATION / NARCAN PROTOCOL

Date Published

22 January 2024

Page

1 of 11

By Order of the Police Commissioner

POLICY

It is the policy of the Baltimore Police Department (BPD) to provide the least police-involved response consistent with community safety and its community care-taking function by:

- Rendering aid to victims of suspected non-fatal overdose – including the use of NARCAN - and to provide referral information to community-based services for assistance away from the criminal justice system,
- Investigating incidents of suspected fatal overdose, and
- Working with city agencies and service providers to share data and ultimately develop an improved emergency medical system that can respond to incidents of suspected overdose without the involvement of law enforcement.

CORE PRINCIPLES

Sanctity of Human Life & Rendering Aid. Members shall make every effort to preserve human life in all situations. As directed in this policy, BPD members are expected to render aid to individuals suffering from suspected non-fatal drug overdoses, including by administering NARCAN to individuals suffering from Opioid Drug Overdoses.

Civil Rights. Members who respond to persons with behavioral health disabilities and substance use disorder shall respect their dignity, civil rights, and contribute to their overall health, safety, and welfare. Even in crisis, individuals with behavioral health disabilities and substance use disorder retain their constitutional rights, including their rights to liberty and due process.

Members and communications dispatchers shall be trained to i). Understand that community safety is strengthened by ensuring that persons with disabilities are able to reside in the community; ii). Understand the need to avoid assumptions, stereotyping, and discrimination against persons with disabilities, and the harm that results from such discrimination; iii). Increase awareness of how bias manifests during interactions with individuals who experience behavioral health disabilities and/or substance use disorder; and iv). Provide reasonable accommodations to individuals with behavioral health disabilities or substance use disorder as needed.

Maryland Good Samaritan Law (MD Code, Crim. Proc., § 1-210). A person who, in good faith, seeks, provides, or assists with the provision of medical assistance for a person experiencing a medical emergency after ingesting or using alcohol or drugs shall be immune from criminal prosecution for a violation of 5-601 (possessing a controlled dangerous substance), 5-619 (possessing drug paraphernalia), 5-620 (possessing controlled paraphernalia), 10-114 (underage possession of an alcoholic beverage), 10-116 (obtaining alcohol for a minor), and 10-117 (furnishing alcohol for a minor) of the Criminal Law Article and may not be sanctioned for a violation of a condition of pretrial release,

probation, or parole if the evidence for the criminal prosecution was obtained solely as a result of the person's seeking, providing, or assisting with the provision of medical assistance. Additionally, a person who reasonably believes that they are experiencing a medical emergency after ingesting or using alcohol or drugs shall be immune from criminal arrest, charge, or prosecution for violation of the above statutes and may not be sanctioned for a violation of a condition of pretrial release, probation, or parole if the evidence for the criminal arrest, charge, or prosecution was obtained solely as a result of the person seeking or receiving medical assistance.

Community Planning and Implementation. The BPD is an important component of the Baltimore crisis and substance use disorder response system by effectively responding to and de-escalating incidents that pose an imminent danger to community safety, and diverting individuals to community resources that provide appropriate services. The BPD maintains a collaborative relationship with the behavioral health care system, people with lived experience, and advocacy groups in order to develop, implement, and evaluate a comprehensive crisis response system that allows for the least police-involved response for individuals in crisis consistent with community safety.

DEFINITIONS

NARCAN — A prescription medication that can be used to reverse the effects of an Opioid Drug Overdose. NARCAN works by temporarily reversing the effects of the abused substance, allowing the victim to regain consciousness and resume normal breathing. NARCAN is safe to administer to anyone including children, pregnant women, and the elderly. If NARCAN is administered to an individual whose condition was not caused by an Opioid Drug Overdose, the drug will have no negative effect. NARCAN is not effective on individuals who have used non-opioid drugs including benzodiazepines (e.g., Xanax, Klonopin, Valium, etc.), bath salts, cocaine, alcohol, or methamphetamines.

Opioids — A class of drugs that include, but are not limited to, heroin, morphine, oxycodone, methadone, hydrocodone, fentanyl, Vicodin, and codeine.

Opioid Drug Overdose — Signs of Opioid Drug Overdose include unconsciousness, lethargy, confusion, pinpoint pupils, shallow or no breathing, suppressed cardiac function, weakened pulse rate, and changes in one's skin color (generally to blue or gray, especially in the lips, finger tips, or feet).

Overdose — An adverse or unintended reaction resulting from the use of alcohol or drugs, whether legal or illegal. The signs of Overdose can vary widely depending on the substance used, but may include loss of consciousness, difficulty or shallow breathing, slow or no heartbeat, vomiting, delirium, chest pain, seizures, extreme agitation, or anxiety. This policy refers to "suspected" Overdoses, because members are not expected to be able to diagnose an Overdose, but instead should treat all situations that may be Overdoses consistent with this policy.

Substance Use Disorder — A mental health disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.

DIRECTIVES**Use of NARCAN for Suspected Opioid Drug Overdoses**

1. Members shall ensure that they are equipped with a NARCAN Nasal Spray Kit during each tour of duty and that it is readily accessible by:
 - 1.1. Inspecting the NARCAN Nasal Spray Kit prior to each shift to ensure that the kit contains at least two (2) NARCAN ampules each containing a 4 mg dose.
 - 1.2. Reporting missing or damaged NARCAN Nasal Spray Kits, via an Administrative Report, Form 95, directly to the member's supervisor and/or Shift Commander.
 - 1.3. Following use of a NARCAN ampule, responding on next duty day to the Education & Training Section to replenish their supply.
2. Upon encountering an individual who is unresponsive and appears to have suffered from an Opioid Drug Overdose, members shall:
 - 2.1. Notify the dispatcher that Emergency Medical Services (EMS) and a back-up member are needed, and that the victim is in a potential overdose state.
 - 2.2. If the individual is conscious, speak to them, identify themselves as a police officer, and explain that they are there to help.
3. Members shall administer NARCAN Nasal Spray into one of the person's nostrils, consistent with the member's training if the individual continues to be unresponsive.
 - 3.1. Following the initial deployment of NARCAN, members shall wait three to five minutes to see if the person responds.
 - 3.2. If the person does not respond, members shall repeat the deployment using a new NARCAN Nasal Spray ampule to give another dose in the person's other nostril.
 - 3.3. If the victim is not breathing, members shall provide rescue breaths with a CPR mask.
4. After each deployment of NARCAN Nasal Spray, members shall notify the dispatcher that NARCAN Nasal Spray has been administered and request the dispatcher notify EMS that NARCAN Nasal Spray has been administered.
5. Members shall attempt to obtain information from individuals on the scene, if present, about the incident to ensure that the appropriate aid is rendered (e.g., what did the person ingest, how much, etc.).
6. Upon EMS arrival, members shall notify them why Opioid Drug Overdose was suspected and what actions were taken to correct the overdose.

Policy 801	OVERDOSE RESPONSE AND INVESTIGATION / NARCAN PROTOCOL	Page 4 of 11
-------------------	--	---------------------

7. Members shall contact the Maryland Poison Control Center at 1-800-222-1222 to report the details of the administration of the NARCAN Nasal Spray, within two hours.
8. Members shall discard the used NARCAN Nasal Spray into an appropriate trash receptacle. It is not necessary to treat as medical or biohazard waste.

Suspected Non-Fatal Overdose

Patrol Responsibilities

9. Members shall render/request medical aid for the victim for incidents of suspected non-fatal overdose,
10. If an Opioid Drug Overdose is suspected, members shall administer NARCAN if equipped to do so. If not equipped with NARCAN, the member shall immediately request a NARCAN-equipped member via radio following the request for medical aid.
11. Members shall not take any enforcement action against an individual who sought medical attention for an emergency, or the victim of an overdose, following the ingestion of alcohol or drugs in accordance with Maryland's Good Samaritan Law (MD Code, Crim. Proc., § 1-210), and shall not pursue criminal charges against the overdose victim or others on scene where BPD has discretion to arrest.
12. If additional individuals are still on scene, members may seek information solely for the purpose of understanding the nature of the overdose and rendering the appropriate aid.
13. For purposes of public safety, members shall secure and submit all CDS and paraphernalia in plain view. This may include:
 - 13.1. Any suspected controlled dangerous substances or chemical agents believed to have been ingested by the victim.
 - 13.2. Drug paraphernalia (e.g., hypodermic syringe, gelatin capsules, spoon, aluminum foil, glass pipe, etc.).
 - 13.2.1. Include any monikers or identifying markings/characteristics on paraphernalia (e.g., symbols, stars, words/names, colored capsules, etc.) as this may assist investigators with identifying where and from whom the substance was purchased.
 - 13.3. CCTV footage.
14. Members shall provide a Form 23, Overdose Assistance Form (See Appendix B) to the suspected overdose victim and/or individuals on scene. Members shall complete the fields in the top-left of the form.

NOTE: A Victim Assistance Form (Form 309) is not required if a Form 23 is provided in the instance of a suspected non-fatal overdose.

15. Unless the scene is cleared before the member's arrival (e.g., EMS arrives first), members shall complete/submit a Miscellaneous Incident Report, titled "Non-Fatal Overdose" before the end of the member's tour of duty. The report must contain the following information:
 - 15.1. Victim and witness name, address, date of birth, telephone numbers, and additional pertinent identifying information.
 - 15.2. Detailed description of all items of evidence recovered.
 - 15.3. Identity of all persons on scene and information they provided.
 - 15.4. In cases involving other chemical agents, members shall attempt to identify the substance and its source, and include such information in the Miscellaneous Incident Report.
 - 15.5. Name of hospital or other appropriate drop-off site where the victim was transported (when applicable).
16. In the event of a suspected Opioid Drug Overdose, members shall complete a Form 22, Heroin/Opioid Overdose Report (See Appendix A) and submit to a permanent-rank supervisor.
17. In the event of a NARCAN Deployment, members shall complete a Form 18, Naloxone Deployment Report (See Appendix C) and forward to naloxone@baltimorepolice.org by the end of their tour of duty.

Suspected Fatal Overdose

Patrol Responsibilities

18. Members shall notify a permanent-rank supervisor to respond to the scene for instances of suspected fatal overdose.
19. Members shall notify the Homicide Section.
20. Members shall be guided by the Homicide Section primary investigator for further investigatory actions/reporting.
21. Members shall preserve the scene as suspicious death investigation (See Policy 703, *Death and Serious Assault Investigations*).

Patrol Supervisor Responsibilities: Suspected Non-Fatal and Fatal Overdoses

22. Members shall respond to the scene of the call.
23. In the event of a suspected fatal overdose, members shall ensure the scene has been processed and all evidence submitted to the Evidence Control Unit (ECU).
24. Members shall ensure all reports have been submitted and are complete and accurate.

Policy 801	OVERDOSE RESPONSE AND INVESTIGATION / NARCAN PROTOCOL	Page 6 of 11
-------------------	--	---------------------

25. Members shall scan and email the Heroin/Opioid Overdose Report (see Appendix A), the Crime Incident Report, and any photographs, property receipts, etc. to Overdose@Baltimorepolice.org by the end of the member's tour of duty.

REQUIRED ACTIONS

Crime Scene Unit (CSU)

26. CSU shall respond to and process the scenes of all suspected overdose deaths as requested by the Homicide Section or a Patrol Supervisor if Homicide does not respond.
27. CSU shall ensure photographs are loaded to the VeriPic system within the Crime Scene Sciences/Evidence Section.

Homicide Unit

28. The Homicide Unit shall determine if a response to a suspected overdose death is warranted.
29. If a Homicide response is warranted, the Homicide Unit shall direct all investigatory actions of suspected overdose deaths.

NARCAN Coordinator

30. The NARCAN Coordinator shall ensure an adequate, non-expired supply of NARCAN Nasal Spray is available for BPD use, and maintain a NARCAN log that tracks issuance and deployment.
31. The NARCAN Coordinator shall replace NARCAN Nasal Spray that is damaged, unusable, expired, or deployed.
32. The NARCAN Coordinator shall ensure all personnel have successfully completed NARCAN training prior to treating individuals with NARCAN Nasal Spray.
33. The NARCAN Coordinator shall ensure that any deployment of NARCAN Nasal Spray to an individual will have a corresponding police report documenting such deployment. Form 95, Administrative Report, will not be accepted for deployments of NARCAN.
34. Each month, the NARCAN Coordinator shall forward a NARCAN Deployment Report to the Collaborative Planning and Implementation Committee (CPIC) that includes individual deployment details such as:
 - 34.1. The district of occurrence,
 - 34.2. The address (if known),
 - 34.3. The results of the deployment (save or fatality),

Policy 801	OVERDOSE RESPONSE AND INVESTIGATION / NARCAN PROTOCOL	Page 7 of 11
-------------------	--	---------------------

- 34.4. The date of occurrence,
- 34.5. The number of doses, and
- 34.6. Any associated CC#.

Education and Training (E&T)

- 35. E&T shall train and certify members in the use of NARCAN Nasal Spray.
- 36. E&T shall issue a NARCAN Nasal Spray Kit to members who have completed the training and test.
- 37. E&T shall store NARCAN Nasal Spray at the Academy in a locked cabinet in accordance with the State of Maryland and Health Department's rules and regulations.
- 38. E&T shall maintain all of the training and certification records in accordance with the State of Maryland and Health Department's rules and regulations.

Communications Section – Police Emergency Dispatch

- 39. The Police Emergency Dispatcher shall request that a NARCAN-equipped member identify themselves in order to be assigned and respond to call-types 60, 60A, 58, 62, or 60V.
- 40. The Police Emergency Dispatcher shall message in C-CAD call/unit history "NARCAN Used" when advised by the member.
- 41. The Police Emergency Dispatcher shall assign back-up unit(s) when requested.
- 42. If not already enroute, The Police Emergency Dispatcher shall request EMS as soon as the member advises the use of NARCAN Nasal Spray. Include in the comment field the administering member's unit number and "NARCAN given."

APPENDICES

- A. Form 22, Heroin/Opioid Overdose Report
- B. Form 23, Overdose Assistance Form
- C. Form 18, Naloxone Deployment Reporting Form

ASSOCIATED POLICIES

Policy 703, *Death and Serious Assault Investigations*
Policy 1401, *Control of Property and Evidence*

RECISSION

Rescind Policy 801, *Overdose Response and Investigation Protocol* dated 23 September 2016 and Policy 821, *Use of NARCAN for Opioid Drug Overdoses* dated 1 July 2016.

COMMUNICATION OF POLICY

This policy is effective on the date listed herein. Each employee is responsible for complying with the contents of this policy.

APPENDIX A

Form 22, Heroin/Opioid Overdose Report

Form 22/21

DEA – W/B HIDTA
Heroin/Overdose ReportIncident Information

Date of Incident: _____ Time of Incident: _____

Agency Case Number (CC): _____

Incident Location Type: _____

Address: _____

- City: _____

- Zip: _____

Fatal: (Y/N)

Paraphernalia: (Y/N)

Victim Information

Victim Name: _____ Victim Age: _____

Age as of Date of Incident: _____

Victim Residence Address: _____

- City: _____

- Zip: _____

- County: _____

Victim's Phone Number (if known): _____

Referring Agency: _____

Comments:

APPENDIX B

Form 23, Overdose Assistance Form

Overdose Assistance Form

Form 23/19

Baltimore Police Department
Baltimore, Maryland

Incident Information Form

An Incident Report has been prepared under the complaint number indicated below. Please retain this form and refer to the number when making inquiries and/or to report additional information.

Complaint No.: _____ Date: _____
 Incident Type: _____
 Officer's Name: _____
 Seq. No.: _____ Badge No.: _____ Assignment: _____
 Telephone No.: _____

If you have additional information to report on this incident, please call the following number for report taking services.

District/Unit: _____ Phone: _____

Please take a moment to review the additional information in this document.

Report Copies

The Baltimore Police Department (BPD) via the Central Records Section, Community Correspondence Unit, will process your request to obtain a copy of an Incident Report. Visit the Baltimore Police Official Website at www.baltimorepolice.org. Download the Report Request Form. Provide as much information as requested on the Report Request Form and mail your request to:

Attention Community Correspondence Unit
 Baltimore Police Department
 242 W. 29th Street
 Baltimore, Maryland 21211

The written request must be accompanied by: 1). A self-addressed stamped envelope (the BPD will respond to the request using the self-addressed stamped envelope provided) and 2). A check or money order in the amount of \$10.00 payable to the Director of Finance, Baltimore City. DO NOT SEND CASH. The administrative fee is non-refundable. Further information can be obtained by contacting the Community Correspondence Unit at (410) 396-2222 between the hours of 7:00 a.m. and 3:00 p.m.

Identifying information may be provided to the Baltimore City Health Department in accordance with Executive Order 01.01.2018.30 (Inter-Agency Heroin and Opioid Coordinating Council). Information is to be used in the delivery of services to overdose victims.

Victim Assistance Information

Crisis, Intervention, and Referral Line (CI&R Line)

Hours of Operation: 24/7

Phone Number: 410-433-5175

Services: Crisis intervention and referral services are available for victims, family members, and/or friends of victims.

Health Care on THE SPOT

Hours of Operation:

Sites are open from 9-1pm.

New patients are seen on a first come first serve basis; arrive to the location by 7am to sign up or call 410-241-7240 the day before for availability.

Location(s):

Monday – 6th St & E Patapsco St

Tuesday – S Carey St & W Pratt St

Thursday – E North Ave & Greenmount Ave

Friday – W Belvedere Ave & Reisterstown Rd

Services include:

*STI/HIV testing

*Suboxone

*Wound Care

*PrEP & PEP for HIV prevention

*Hepatitis C testing/treatment

Eastern Sexual Health Clinic and Druid Sexual Health Clinic

Hours of Operation (No appointment needed):

Monday – 8:30am to 5pm (registration closes at 4pm)

Tuesday – 8:30am to 5pm (registration closes at 4pm)

Wednesday – 8:30am to 5pm (registration closes at 4pm)

Thursday – 8:30am to 1pm (registration closes at noon)

Friday – 8:30am to 5pm (registration closes at 4pm)

Location(s):

620 N. Caroline St AND 1515 W North Ave

Services include (most services are free):

*PrEP & PEP for HIV prevention

*STI/HIV testing

*Hepatitis C testing/treatment

*Pregnancy testing

*Pregnancy testing

*Prenatal care referrals

*Substance use & mental health screenings/referrals

*Referrals for primary care, family planning, dental, & vision


Syringe Exchange and Naloxone Program

Monday	9:30a - 11:30a	Monroe St & Ramsay St AND Laurens St & N Fremont Ave
Monday	12:45p - 3:30p	Fulton Ave & Baker St AND 6 th St & Pontiac Ave
Monday	6:00p - 8:00p	E Baltimore St & N Conkling St
Monday	8:30p - 10:00p	E Monument St & N Milton Ave
Tuesday	9:30a - 11:30a	E Biddle St & N Montford Ave AND Pratt St & Carey St
Tuesday	12:45p - 3:30p	Riggs Ave & N Fremont Ave AND Barclay St & E 23 rd St
Wednesday	9:30a - 11:30a	800 W 36 th St AND Chestnut Ave & W 36 th St - St. Luke's Church
Wednesday	6:00p - 8:00p	E Baltimore St & N Conkling St
Wednesday	8:30p - 10:00p	Laurens St & N Fremont Ave
Thursday	9:30a - 11:30a	Pontiac Ave & 9 th St AND Walbrook Ave & Denison St
Thursday	12:45p - 3:30p	S Monroe St & Ramsay St AND Milton Ave & Monument St
Thursday	7:00p - 10:00p	E Baltimore St & N Gay St*
Friday	9:30a - 11:30a	Park Heights Ave & Spaulding Ave AND E Preston St & Greenmount Ave
Friday	12:45p - 3:30p	Fulton Ave & Baker St AND Barclay St & E 23 rd St
Friday	6:00p - 8:00p	E Biddle St & N Montford Ave
Friday	8:30p - 10:00p	S Monroe St & Ramsay St
Saturday	12:00p - 4:00p	Riggs Ave & N Fremont Ave

* On the 2nd, 3rd, and 4th Thursday of each month additional services include: medical insurance/ID assistance; influenza and hepatitis B vaccines; and reproductive health services.

APPENDIX C

Form 18, Naloxone Deployment Reporting Form

		Baltimore Police Naloxone Deployment Reporting Form	
CAD #:		Complaint # (if applicable) :	
Date of Overdose: / /		Time of Overdose: : <input type="checkbox"/> AM <input type="checkbox"/> PM	
Location where overdose occurred:			
Gender of the person who overdosed: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown			
Signs of overdose present (check all that apply)			
<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Breathing Slowly	<input type="checkbox"/> Not Breathing	<input type="checkbox"/> Blue lips
<input type="checkbox"/> Slow pulse	<input type="checkbox"/> No pulse	<input type="checkbox"/> Other (specify):	
Suspected overdose on what drugs (check all that apply)			
<input type="checkbox"/> Heroin	<input type="checkbox"/> Benzos/ Barbituates	<input type="checkbox"/> Cocaine/ Crack	<input type="checkbox"/> Suboxone <input type="checkbox"/> Any other opioid
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Methadone	<input type="checkbox"/> Don't Know	<input type="checkbox"/> Other (specify):
Details of Naloxone Deployment			
Number of doses used:	Did Naloxone work: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
If yes, how long did it take to work: <input type="checkbox"/> <1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> >5 min <input type="checkbox"/> Don't Know			
Patient's response to Naloxone <input type="checkbox"/> Responsive and alert <input type="checkbox"/> Responsive but sedated <input type="checkbox"/> No response to Naloxone			
Post-Naloxone withdrawal symptoms (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Irritable or Angry			
<input type="checkbox"/> Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) <input type="checkbox"/> Physically Combative			
<input type="checkbox"/> Vomiting	<input type="checkbox"/> Other (specify):		Did the person live: <input type="checkbox"/> Yes <input type="checkbox"/> No
What else was done: <input type="checkbox"/> Sternal Rub <input type="checkbox"/> Recovery position <input type="checkbox"/> Rescue breathing <input type="checkbox"/> Chest compressions			
<input type="checkbox"/> Automatic Defibrillator	<input type="checkbox"/> Yelled	<input type="checkbox"/> Shook them	<input type="checkbox"/> Oxygen
<input type="checkbox"/> EMS Naloxone	<input type="checkbox"/> Bystander Naloxone	<input type="checkbox"/> Other (specify):	
Disposition: <input type="checkbox"/> Care transfer to EMS <input type="checkbox"/> Other (specify):			
Notes / Comments			
_____ Officer's Name & Seq.#		_____ Officer's Signature	
_____ Supervisor's Name & Seq.#		_____ Supervisor's Signature	
		_____ Date of Report	
		_____ Date	