

	<p align="center">BRIDGEPORT POLICE DEPARTMENT</p> <p align="center">POLICY AND PROCEDURE GENERAL ORDER</p>	Distribution	General Order Number
		ALL PERSONNEL	5.25
		Original Issue Date	Reissue/Effective Date
		6/20/2017	6/21/2017
Order Title: NASAL NALOXONE - ADMINISTRATION		Accreditation Standard:	Section
		POSTC: N/A	1
		Section Title PATROL FUNCTIONS	
Rescinds:		Armando J. Perez, Chief of Police	

This General Order is for departmental use only and does not apply in any criminal or civil proceeding. This General Order 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 General Order 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

I. PURPOSE

The purpose of the General Order is to establish guidelines and regulations governing utilization of nasal naloxone (Narcan®) administered by the Bridgeport Police Department. The purpose of this policy is to reduce the number of fatalities that occur as a result of opiate overdose emergencies by the proper pre-hospital administration of nasal naloxone (Narcan®). The Department’s objective is to treat opioid overdoses, and reduce the number of fatal opioid overdoses.

II. POLICY

It is the policy of the Bridgeport Police Department that all officers are required to be trained in the use of the nasal naloxone or Department-authorized alternative training program, in accordance with Department policy. Nasal naloxone will be deployed in all marked Department vehicles for the treatment of opiate overdose victims. A patrol unit shall be dispatched to any call that relates to a potential opiate overdose. The goal of the responding officers shall be to provide immediate assistance via the use of nasal naloxone, where appropriate, and to provide any treatment commensurate with their training as first responders, to assist other EMS personal on scene, and to handle any criminal investigations that may arise.

To reduce the number of fatalities that may result from opiate overdoses, the 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 (hereinafter “MCP”), who will provide medical oversight over its use and administration. The MCP shall be licensed to practice medicine within the State of Connecticut. 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.

III. LEGAL BASIS FOR IMPLEMENTATION

The Department relies upon C.G.S. § 17a-714a, as amended by Public Act No. 16-43, as support for the implementation of the nasal naloxone program. Specifically, any person, who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this P.A. 16-43, Section 1, subsection (d), shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

IV. PROCEDURE

A. Deployment

The Bridgeport Police Department will deploy the nasal naloxone kit in the following primary locations:

- Booking area
- One kit in each patrol vehicle
- At the discretion of the Chief

B. Nasal Naloxone Use

1. Upon arrival on scene, officers must first perform a patient assessment as prescribed by Department Policies and Procedures and the National Safety Council's First Responder Guidelines, and shall consider any statements from witnesses and/or family members regarding the patient's drug use.
2. Officers shall use universal precautions, including body substance isolation, during the assessment process and administration of nasal naloxone.
3. To be considered for naloxone administration, the victim should be unresponsive and have reduced respirations possibly attributable to an opioid overdose.
 - a. Officers can ensure unresponsiveness and reduced respirations by calling out to the victim and performing a noxious stimulus.
4. Officers shall update the dispatcher that the victim is in a potential overdose state.
5. Dispatch will then update the Fire Department and the Emergency Medical Service.
6. Officers will start rescue breathing, with a bag value mask if one is available, and administer supplementary oxygen, if available.

7. Officers shall examine the victim for possible contraindications for intranasal administration of naloxone (e.g., facial trauma, nasal obstruction, bloody nose.)
8. Officers shall administer the naloxone per Department training. The officers shall use the nasal mist adapter that is pre-attached to the naloxone kit to administer a one (1) milligram intra-nasal dose of naloxone to each nostril for a complete dosage of two (2) milligrams. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
9. Officers shall return to rescue breathing until spontaneous respirations are restored.
10. If spontaneous respirations do not return after 3-5 minutes, officers should give second dose of naloxone per training procedures (subject to availability).
11. When respirations are restored, officers shall move the victim into the recovery position, on their side, to prevent aspiration in the event of vomiting.
12. Officers shall note the time of naloxone administration(s) to report to EMS personnel.
13. Officers shall continue to monitor the victim until the ambulance arrives and the victim is transferred to emergency medical personnel for further evaluation and treatment.
14. Officers shall observe universal precautions when handling the victim and disposing of the medication/atomizer.
15. The treating officer shall inform EMS immediately upon arrival of the treatment rendered and condition of the patient. The treating officer shall not relinquish care of the victim until relieved by a person with a higher level of training.

C. Maintenance/Replacement

1. An inspection of the nasal naloxone kit shall be the responsibility of the personnel assigned the equipment and will be conducted each shift.
2. Missing or damaged nasal naloxone kit(s) will be reported in CAD and directly to the Sergeant, then forwarded to the department naloxone coordinator.
3. Any condition that necessitates the nasal naloxone kit to be taken off line or be submitted for replacement shall be directed to the Sergeant, and then forwarded to the nasal naloxone coordinator.
4. Shift supervisors shall immediately replace nasal naloxone kits that have been used during the course of a shift.

D. Documentation/Nasal Naloxone Report

1. Upon completing the medical assist, the officer shall submit a report, substantially in the same form as the one attached hereto, detailing:
 - a. the nature of the incident,
 - b. the care the patient received, and
 - c. the fact that the nasal naloxone was deployed.
2. The report will be forwarded to the naloxone coordinator for review/approval then forward to the Records Division.
3. These records must be completed for statistical value and tracking of the nasal naloxone.
4. The document shall be retrievable via hardcopy and or electronically in the report room.

E. Training

Officers shall receive a standard training course administered by the Department, in conjunction with an appropriate training facility/provider, prior to being allowed to carry and use nasal naloxone. The Department shall provide subsequent training every two (2) years.

Sample Report of Deployment of Nasal Naloxone

Date:	Reporting Officer:
Related Incident No.	
Date of overdose: _____ Time of overdose: _____	
Where overdose occurred: _____	
Gender of the person who overdosed? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	
Signs of overdose present: (check all that apply) <input type="checkbox"/> Unresponsive <input type="checkbox"/> Slowed breathing <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) _____	
Overdosed 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"/> Other (specify) _____	
Was nasal naloxone administered during the overdose? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes: How many doses: _____ Did it work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, how long did it take to work? <input type="checkbox"/> less than 1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> >5 min <input type="checkbox"/> Unknown	
Response to nasal naloxone: (check one) <input type="checkbox"/> Responsive and alert <input type="checkbox"/> Responsive but sedated <input type="checkbox"/> No response	
Post-naloxone withdrawal symptoms: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Dope Sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) <input type="checkbox"/> Irritable or Angry <input type="checkbox"/> Physically Combative <input type="checkbox"/> Other (specify) _____	
Did the person live? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What else was done? (check all that apply) <input type="checkbox"/> Sternal rub / Lip rub <input type="checkbox"/> Recovery position <input type="checkbox"/> Rescue breathing <input type="checkbox"/> Chest compressions <input type="checkbox"/> AED <input type="checkbox"/> Yelled <input type="checkbox"/> Shook them <input type="checkbox"/> Oxygen <input type="checkbox"/> EMS naloxone <input type="checkbox"/> Other (specify): _____	
Disposition: (check one) <input type="checkbox"/> Care transferred to EMS <input type="checkbox"/> Refused transport <input type="checkbox"/> Other (specify): _____	
Notes / Comments: _____ _____ _____	