



CONCORD POLICE DEPARTMENT STANDARD OPERATING PROCEDURE

NALOXONE PROGRAM

GENERAL ORDER: 06.06

CREATED: September 6, 2017

ISSUE DATE: April 2, 2020

ACTION: Amends original general order

EFFECTIVE DATE: April 2, 2020

06.06.00 **PURPOSE**

The purpose of this general order is to guide officers of the Concord Police Department in the administering of Naloxone.

06.06.01 **POLICY**

This policy will establish guidelines and procedures governing the utilization of Naloxone administered by officers of the Concord Police Department. The objective of administering Naloxone is to treat or minimize the symptoms of subject's experiencing an opioid overdose.

06.06.02 **DEFINITIONS**

A. NALOXONE

A medication that acts as an opioid antagonist and counters the effects of opioid overdoses. Narcan is the trade name for Naloxone.

B. NALOXONE KIT

A kit used to administer Naloxone that will contain two milliliters of the Naloxone drug and a nasal atomization device.

C. OPIATES/OPIOIDS

Opiates and opioids (from now on referred to as "opioids") are drugs that are derived from opium or its derivatives or other classes of drugs that mimic opium derivatives. Legally administered opioids, such as morphine, methadone, oxycodone, and hydrocodone are narcotics most often used to treat pain and opioid addiction. Some commonly encountered opioid trade names include Methadone, Demerol, Vicodin, OxyContin, Percocet, and Percodan. Overdoses of opioids and illicit street drugs, such as heroin, can result in severe depression of central nervous system activity and can lead to death.

D. OPIOID OVERDOSE

An opioid-related drug overdose is a condition including extreme physical illness, a decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.

06.06.3 OPIOID OVERDOSE

- A. Only officers trained in the administration of Naloxone shall utilize nasal Naloxone on subjects believed to be suffering from an opioid overdose. Indications that a subject is suffering from an overdose include, but are not limited to:
1. Loss of consciousness;
 2. Unresponsive to outside stimulus (e.g., sternum rub);
 3. Shallow, ineffective or labored breathing.
 4. Blue or purple skin color;
 5. Gurgling or snoring sounds.

06.06.4 PROCEDURES FOR ADMINISTERING NALOXONE

- A. The Concord Police Department shall use only Naloxone as provided or approved by Cabarrus County EMS.
- B. Officers shall assess available indicators of a potential opioid overdose, including but not limited to, statements by persons with recent knowledge of the subject's habits and activities, previous knowledge of the opioid use or abuse, and the presence of drugs, medicine containers, or drug paraphernalia.
- C. Officers shall contact the Communications Center to verify that emergency medical personnel are en route.
- D. Before the administration of Naloxone, the officers should ensure the scene is safe and take universal precautions to protect themselves.
- E. Upon retrieving the Naloxone kit, officers shall:
1. Assemble the kit;
 2. Clear the area around the nose if necessary;
 3. Keep the subject's head tilted back slightly with one hand;
 4. Insert the atomizer into one nostril;
 5. Spray half of the contents into the nostril (one milliliter);
 6. Spray the remainder into the other nostril;
 7. Notify the Communications Center that he/she administered Naloxone.
- F. In the event of an accidental opioid overdose, coworkers are encouraged to administer Naloxone to another coworker or police canine exhibiting symptoms of an overdose.

- G. Officers shall dispose of used Naloxone products by turning them over to Cabarrus County EMS personnel on scene.

06.06.5 **REPLACEMENT AND DOCUMENTATION**

- A. Cabarrus County EMS will replace used Naloxone kits that are used in the field. Officers should let EMS know on the scene if they used a Naloxone kit and they will provide a replacement for you. If, for any reason, they cannot provide a replacement, the officer should send a request for replacement through their chain of command to the Lieutenant of Support Services.
- B. The officer entering the subject's information into the Field Contact Module of the Records Management System will indicate that a Concord Police Department coworker administered Naloxone.
- C. The Lieutenant of Support Services will document the expiration dates of Naloxone kits and replace expired units as needed.

06.06.6 **STORAGE**

- A. Naloxone kits shall be stored in a manner consistent with manufacturer recommendations. Attempts will be made to protect medications from high and low-temperature extremes.
- B. Naloxone kits are required to be stored in the range of 59°F to 86°F. Short term spikes up to 104°F may be permitted as long as they do not exceed 24 hours.
- C. Naloxone kits should be stored in the glovebox of each coworker's vehicle for protection and to provide a consistent location in each police vehicle.
- D. Naloxone kits stored in vehicles in an outside environment for longer than 24 hours shall be removed and stored in a safe location.
- E. Any lost, damaged or expired Naloxone kits shall be reported to the coworker's immediate supervisor.
- F. Coworkers shall ensure that their kit does not exceed the manufacturer's expiration date. Any kit that expires in 6 months or less shall be exchanged for a new kit by Cabarrus County EMS or the department.

06.06.7 **LEGAL IMMUNITY**

- A. Pursuant to NCGS 90-106.2 individuals are immune from any civil or criminal liability for the administration of Naloxone to include any practitioner who prescribes, or persons who administers an opioid antagonist to a subject suspected of experiencing an opioid induced overdose.

- B. Pursuant to NCGS 90-96.2, an individual acting in good faith who seeks medical assistance for a subject experiencing a drug-related overdose, or a subject experiencing a drug-related overdose who seeks medical assistance on their own, shall not be prosecuted for:
1. Misdemeanor possession of any controlled substance;
 2. Felony possession of less than one gram of cocaine;
 3. Felony possession of less than one gram of heroin; or
 4. Possession of drug paraphernalia, if the evidence for prosecution was obtained as a result of the drug-related overdose and the need for medical assistance.



GARY J. GACEK
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