



CONCORD POLICE DEPARTMENT GENERAL ORDER

NALOXONE PROGRAM

GENERAL ORDER: 09.17

CREATED: September 6, 2017

ISSUE DATE: March 17, 2025

CALEA STANDARD: 41.2.8

EFFECTIVE DATE: March 17, 2025

ACTION: Amends general order dated September 5, 2023.

09.17.0 **PURPOSE**

The purpose of this policy is to establish guidelines for the implementation and administration of the Naloxone Program within the Concord Police Department. This program aims to provide coworkers with the tools and training necessary to recognize and respond effectively to opioid exposure or overdose emergencies by administering naloxone, a proven opioid antagonist.

09.17.1 **POLICY**

This policy outlines the procedures for using, storing, and administering naloxone, a life-saving opioid antagonist, by trained coworkers. The department recognizes that timely administration of naloxone can prevent fatal exposures or overdoses.

09.17.2 **DEFINITIONS**

A. NALOXONE

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

B. NALOXONE KIT

A kit used to administer Naloxone.

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 EXPOSURE

The unintentional or intentional contact with an opioid substance that can occur through various routes, potentially leading to adverse health effects. Opioid exposure can occur in the following ways:

Inhalation: Breathing in airborne particles or vapors containing opioids, which may occur in environments where opioids are being handled, manufactured, or used.

Ingestion: Accidental or intentional swallowing of opioid substances.

Injection: Direct introduction of opioids into the bloodstream, typically through a syringe.

Skin Contact: Absorption of opioids through the skin, although the risk of significant exposure through intact skin is generally low with most opioid substances.

Mucous Membrane Contact: Absorption of opioids through the eyes, nose, or mouth, which can occur when handling opioid substances or contaminated materials without proper protective equipment.

E. 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.

09.17.3 OPIOID OVERDOSE

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

09.17.4 PROCEDURES FOR ADMINISTERING NALOXONE

- A. Coworkers shall use only Naloxone as provided or approved by Cabarrus County EMS.
- B. Coworkers shall assess indicators of a potential opioid exposure or 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. Coworkers shall contact the Communications Center to verify that emergency medical personnel are en route.

- D. Before the administration of Naloxone, the coworkers should ensure the scene is safe and take universal precautions to protect themselves.
- E. Once administered, the coworker shall notify the Communications Center that Naloxone has been administered.
- F. In the event of an accidental opioid exposure or overdose to a coworker, coworkers are encouraged to administer Naloxone to the other coworker or police canine exhibiting the symptoms.
- G. Coworkers shall dispose of used Naloxone products by turning them over to Cabarrus County EMS personnel on the scene.

09.17.5 **REPLACEMENT AND DOCUMENTATION**

- A. Cabarrus County EMS will replace used Naloxone kits. 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 Support Services Division Commander.
- B. An officer shall enter the subject's information, that received the Naloxone, into the Field Contact Module of the Records Management System and indicate that a Concord Police Department coworker administered Naloxone.
- C. If a coworker is administered Naloxone, then the coworker shall follow the guidelines set forth in [General Order 03.03 Injury to Employee While on Duty](#).
- D. The Support Services Division Commander or designee shall document the expiration dates of Naloxone kits and replace expired units as needed.

09.17.6 **STORAGE**

- A. Naloxone kits shall be stored in a manner consistent with manufacturer recommendations. Attempts should be made to protect medications from high and low-temperature extremes.
- B. Any lost, damaged or expired Naloxone kits shall be reported to the coworker's immediate supervisor.
- C. 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 contacting the Professional Standards Division administrative assistant.

09.17.7 **LEGAL IMMUNITY**


- A. Pursuant to [NCGS 90-12.7](#), individuals are immune from any civil or criminal liability for the administration of Naloxone, including any practitioner who prescribes or persons who administer 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. A misdemeanor violation of [NCGS 90-95\(a\)\(3\)](#) (To Possess a Controlled Substance).
2. A felony violation of [NCGS 90-95\(a\)\(3\)](#) (To Possess a Controlled Substance) for possession of less than one gram of any controlled substance.
3. A violation of [NCGS 90-113.22](#). (Possession of Drug Paraphernalia)

09.17.8 **TRAINING**

All coworkers shall be appropriately trained in the administration of Naloxone.


JAMES S. HUGHES
CHIEF OF POLICE