

ELIZABETH POLICE DEPARTMENT GENERAL ORDERS



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SUBJECT: OVERDOSE INVESTIGATIONS (NALOXONE)

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ACCREDITATION STANDARDS:

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NJSACOP: N/A

BY THE ORDER OF:

Chief Giacomo Sacca

BY AUTHORITY OF:

Police Director Earl J. Graves

SUPERSEDES ORDER #:

G.O. V5C11 (04/06/2016)

PURPOSE The purpose of this general order is to maintain procedures governing response to drug overdose investigations and the utilization of the Naloxone administered by personnel of Elizabeth Police Department. The objective of administering Naloxone is to treat opioid overdoses and minimize overdoses caused by opioids.

POLICY It is the policy of the Elizabeth Police Department for officers to respond to all suspected drug overdoses and for supervisors to administer Naloxone to persons suffering from opioid overdoses at the earliest possible time to minimize overdosing in accordance with law and Union County Prosecutor's directives and guidelines.

PROCEDURES

I. GENERAL

- A. The department has one Naloxone coordinator. The Naloxone coordinator's responsibilities include:
1. Ensuring that the Naloxone kits are current and not passed their expiration dates.
 2. Ensuring proper and efficient deployment of Naloxone to supervisors for field use.
 3. Ensuring that supervisors are adequately trained in its use.
 4. Ensuring that patrol officers receive awareness training in this topic.
 5. Ensuring that there are enough kits for supervisors to leave behind in instances when an overdose patient refuses to go to the hospital.
 6. Replacing Naloxone kits that are either damaged, unusable, expired, or had been used.
 7. Verify that the overdose incident has been reported to the **ODMAP** site. See section IV of this general order for reporting requirements.
- B. Only supervisors trained in the use of Naloxone are authorized to administer Naloxone in the field.
- C. Supervisors are to create Level 1 user accounts for **ODMAP** and **ODFORM** and shall comply with the notification requirements set forth in this policy. The Naloxone coordinator must approve registration prior to initial login. To create a user account:
1. Go to <https://odmap.hidta.org> and click the REGISTER A NEW USER link.
 2. On the USER REGISTRATION page, enter all information requested, including the **agency code (use U9G9GPM)**.
 3. Read through the policies and procedures for ODMAP, click the button at the bottom of the screen. The button will only appear after you have reviewed the policies and procedures.
 4. Once registered, you will receive an email with a link that will confirm your registration with ODMAP. Clicking this link will take you back to the ODMAP site where you can login and start entering data.
- D. Naloxone kits will be maintained in the following primary locations:
1. Patrol captain's office.
 2. Front desk under the control of the desk supervisor.
 3. All supervisor vehicles.

4. Detective bureau under the control of the supervisory staff.
 5. Narcotics bureau under the control of the supervisory staff.
- E. Extreme temperatures both high and low can affect adversely the efficacy of Naloxone. Due to this fact, consideration should be given to storing the Naloxone kit in the interior of a patrol vehicle when these conditions exist and taking the Naloxone kit from the vehicle after a shift is completed. Naloxone kits must be stored in the passenger/ climate-controlled cabin of supervisor patrol vehicles while in use. When vehicles are not in use, Naloxone kits will be stored in the patrol captain's office

II. INDICATIONS AND USE

- A. Note: officers and supervisors could encounter an incident when Naloxone had been administered before their arrival.
- B. Supervisors shall utilize Naloxone on subjects believed to be suffering from an opioid overdose. Information that a subject is suffering from an opioid overdose include, but are not limited to:
1. Blood-shot eyes.
 2. Pinpoint pupils, even in a darkened room/area.
 3. Depressed or slow respiratory rate.
 4. Difficulty breathing (labored breathing, shallow breaths).
 5. Blue skin, lips, or fingernails.
 6. Decreased pulse rate.
 7. Low blood pressure.
 8. Loss of alertness (drowsiness).
 9. Unresponsiveness.
 10. Seizures.
 11. Evidence of ingestion, inhalation, injection (needles, spoons, tourniquets, needle tracks, bloody nose, etc.).
 12. Direct eyewitness account.
 13. Past history of opioid use/abuse.
- C. Supervisors shall follow the protocols outlined in their Naloxone training.

- D. When using the Naloxone kit, supervisors will maintain universal precautions against pathogens, perform patient assessment; determine unresponsiveness, absence of breathing and or pulse.
- E. Supervisors should update communications that the patient is in a potential overdose state.
- F. Communications personnel will promptly notify EMS and request a paramedic unit.
- G. Naloxone deployment protocol:
 - 1. Identify and assess victim for responsiveness, pulse and status of breathing.
 - 2. If no pulse, initiate CPR and AED as per normal protocol; notify incoming EMS.
 - 3. If pulse is present and the victim is unconscious, assess breathing status.
 - a. If breathing is adequate (>8 per minute, no cyanosis) and no signs of trauma, place in the recovery position.
 - b. If breathing is decreased or signs of low oxygen (cyanosis) and overdose is suspected (based on history, evidence on scene, bystander reports, physical examination) then proceed with Naloxone administration.
 - 4. Retrieve Naloxone kit.
 - 5. Assemble kit.
 - 6. Administer a maximum of 4mg in each nostril for a total of 8mg, using the mucosal atomizer device.
 - 7. Initiate breathing support with pocket mask, bag-valve-mask and oxygen if available.
 - 8. If no response after 3-5 minutes and a second dose of Naloxone is available, repeat the administration.
 - 9. Continue to monitor breathing and pulse – if breathing increases and there is no evidence of trauma, place in the recovery position.
 - 10. If at any time pulses are lost, initiate CPR and AED as per normal protocol.
 - 11. Advise communications that Naloxone is being administered.
 - 12. Keep responding EMS and paramedics advised of patient status when able to do so.
 - 13. Give full report to EMS when they arrive.

- H. After deploying Naloxone that results in a resuscitation of an overdose victim, that supervisor should ensure that person receives appropriate follow-up care. The effects of Naloxone only last for a limited period and the person may experience another opiate overdose when the effects of the Naloxone wear off.
 - 1. Every effort should be made to encourage that person to be transported to the hospital for additional care.
 - 2. If the person refuses additional care, supervisors shall leave a Naloxone kit behind with the person or a family member. The administering supervisor shall not accept a refusal of medical treatment from the patient after administering Narcan. Only EMS or hospital personnel can accept a refusal.
 - 3. The supervisor shall provide information concerning substance use disorder treatment programs and resources and sterile syringe access programs and resources to the person at the time treatment for the drug overdose is complete.
 - 4. Furthermore, an officer should accompany the ambulance personnel for their safety. Police department and EMT procedures should not be otherwise circumvented as a result of this protocol.
- I. Obtain a replacement Naloxone kit from the Naloxone Coordinator.

III. MAINTENANCE / REPLACEMENT

- A. Supervisors authorized to use Naloxone kits are responsible for inspecting the kit prior to each shift.
- B. Missing or damaged Naloxone kit(s) shall be reported directly to the desk supervisor, who will notify the Naloxone coordinator.
- C. The Naloxone Coordinator shall be notified if a Naloxone kit is taken offline or needs replacement/maintenance and shall replace the kit as soon as practicable.
- D. Following any instance when a Naloxone kit is left behind at the scene of an overdose, the supervisor will obtain replacement. The supervisor shall notify the Naloxone Coordinator by email

IV. DOCUMENTATION REQUIREMENTS

- A. When responding to any incident of a suspected overdose, fatal or non-fatal, regardless of whether Naloxone had been administered, the responding supervisor shall as soon as possible log onto the **ODMAP** site (<https://odmap.hidta.org>) and complete the form. The deploying supervisor shall immediately transmit the completed form through **ODMAP**. This form shall be used in all cases of a fatality caused by suspected drug overdoses regardless of whether Naloxone had been administered.
 - 1. This record must be completed within 24 hours of the incident.
 - 2. Supervisors will be as detailed and accurate as possible to properly memorialize the information relating to the suspected overdose.

3. Supervisors can only submit data from their own account. Each supervisor must have his/her own account. Supervisors cannot share an account.
4. Enter the location of the event by:
 - a. Manually enter the address/location; or
 - b. Use the GPS 'Use my current location' feature of their mobile device. Ensure that you are still at the scene when using this option.
5. Enter the type of overdose and if Naloxone was administered by pressing the corresponding button on the screen.
6. When manually entering the location address, a map screen will open, and the supervisor must confirm that the location is correct based on the map.
7. When using the GPS 'Use my current location' feature, the location is automatically entered.
 - a. If the map correctly displays the location address, select 'Submit this location' button, and the event is submitted.
 - b. If the map does not show the correct location address, click the 'Map it' button to resubmit the location address.
 - c. Once location is correctly depicted on the map, click the 'Submit this location' button and event is submitted.
8. Supervisors are responsible for uploading event data correctly. This includes:
 - a. Location (as listed above).
 - b. Case information:
 - 1) Case number.
 - 2) OD victim's age.
 - 3) OD victim's gender.
 - 4) Primary suspected drug.
 - 5) Additional suspected drug.
 - 6) If victim was taken to the hospital.
 - 7) If incident was part of multiple overdose victim incident.
 - c. Type of overdose and Naloxone use:
 - 1) Non-fatal overdose.

- a) Naloxone administration unknown.
 - b) Naloxone not administered.
 - c) Single dose of Naloxone administered.
 - d) Multiple doses of Naloxone administered.
 - 2) Fatal overdoses:
 - a) Naloxone administration unknown.
 - b) Naloxone not administered.
 - c) Single dose of Naloxone administered.
 - d) Multiple doses of Naloxone administered.
9. If the incident was a part of a multiple overdose victim incident, select the option to enter next victim.
10. Once all overdose victims are entered into **ODMAP**, select the option for **ODFORM**.
11. Complete the form as thoroughly as possible by entering data into any field when you have pertinent information. However, supervisors are required to enter data into all 'blue fields' to submit the entry through **ODFORM**. This includes:
- a. Case Information:
 - 1) Case number.
 - 2) Additional comments.
 - b. Incident Information:
 - 1) Type of overdose.
 - 2) Incident address.
 - c. Victim information:
 - 1) First name.
 - 2) Last name.
 - 3) Date of birth.
 - d. Primary drug information.
12. Select SUBMIT to complete the entry.

- B. Supervisors shall also complete an investigation report and note that the **ODFORM** in **ODMAP** has been completed and transmitted. All reports shall be forwarded to the records bureau. The records bureau shall forward copies of such documents to the Elizabeth Naloxone Coordinator.