

Greer Police Department

General Order 330.3

Use of Intranasal Naloxone

This order consists of the following sections:

- I. Purpose/Policy**
- II. Discussion**
- III. Definitions**
- IV. Procedure**
- V. Reporting**
- VI. Storage and Replacement**

By Order of: *Matt Hamby*

Chief of Police

CALEA: 41.2.8

- I. Purpose:** The purpose of this policy is to provide sworn officers with guidelines, instructions, and procedures to utilize Narcan (Naloxone) in order to reduce fatal opioid overdoses.
- A. Policy:** It is the policy of this Department to provide assistance to any person(s) who may be suffering from an opioid overdose. Officers trained in accordance with this policy shall make every reasonable effort to use Narcan (Naloxone) to revive victims believed to be suffering from an apparent drug overdose.
- II. Discussion:** One of the responsibilities of all sworn officers is to protect the safety and welfare of all persons and the community. Furthermore, drug overdoses are one of the major causes of death in the United States, and prescription opioids, along with illegal opiate drugs such as heroin, are increasingly becoming a frequent cause of death by overdose. The use of Narcan may prevent many of these unnecessary deaths, and therefore, Officers need to be trained to recognize the symptoms of a possible opioid-related overdose and to render effective assistance to the victim.
- A.** *South Carolina Code of Law Ann. § 44-130-60 (A)* states as follows: “A first responder may administer an opioid antidote in an emergency if the first responder believes in good faith that the person is experiencing an opioid overdose.”
- B.** *South Carolina Code of Law Ann. § 44-130-60 (B)* states as follows: “The first responder must comply with all applicable requirements for possession, administration, and disposal of the opioid antidote and administration device. The department [DHEC] may promulgate regulations to implement this section, including appropriate training for first responders who carry or have access to an opioid antidote.
- C.** *South Carolina Code of Law Ann. § 44-130-60 (C)* states as follows: “A first responder who administers an opioid antidote in accordance with the provisions of this section to a person whom the first responder believes in good faith is experiencing an opioid overdose is not by an act or omission subject to civil or criminal liability or to professional disciplinary action.”
- III. Definitions:**

- A. Drug Overdose:** An acute condition including, but not limited to, physical illness, coma, mania, hysteria, or death resulting from the consumption or use of a controlled substance or other substance with which a controlled substance was combined and that a layperson would reasonably believe to require medical assistance. (S.C. Code Ann. § 44-130-20 (4)).
- B. First Responder:** Emergency medical services provider, law enforcement officers, or fire department workers directly engaged in examining, treating, or directing persons during an emergency. (S.C. Code Ann. § 44-130-20(5)).
- C. Qualified Medical Practitioner:** Licensed medical doctor, physician's assistant, nurse practitioner, or advanced-practice registered nurse.
- D. Naloxone:** An opioid receptor antagonist and antidote for opioid overdose, which is produced in intramuscular, intranasal or intravenous forms.
- E. Narcan:** Prefilled naloxone nasal spray. Personnel are issued a single container with two 4 mg nasal spray doses.
- F. Opioid:** An opioid is a psychoactive chemical pain medication such as fentanyl, morphine, buprenorphine, codeine, hydrocodone, methadone, and oxycodone.
- G. Heroin:** A white crystalline narcotic powder that is a highly addictive drug derived from morphine.
- H. Signs of Overdose:** A person who has overdosed may exhibit:
1. Agonal breathing (gasping or abnormal breathing) or not breathing;
 2. Cyanosis (bluish lips or fingernails due to lack of oxygen);
 3. Limp body or extremities;
 4. Pinpoint pupils;
 5. Vomiting or gurgling; and/or,
 6. An inability to wake up or respond if you try to rouse them.
- I. Physical Scene Indicators:**
1. Syringe
 2. Packaging
 3. Spoon
 4. Lighter
 5. Other paraphernalia

IV. Procedure:

- A.** Prior to the issuance of Narcan (Naloxone) and authorization to administer Narcan (Naloxone), the Officer shall receive agency approved and authorized training through the DHEC program Law Enforcement Officer Naloxone (LEON), which provides Officers with comprehensive training that focuses on identification, treatment, and reporting of drug overdoses attributed to opioids and the use of Narcan (Naloxone).
- B.** Whenever an officer encounters a person who appears to be the victim of a drug overdose, the officer shall:
 - 1.** Maintain universal precautions throughout the event.
 - 2.** Contact and advise Greer dispatch of a possible overdose and request EMS response.
 - 3.** Keep dispatch advised of the condition of the overdose victim.
 - 4.** Check for Medic Alert tags, or the like, around the wrist or neck of the victim, which may indicate a pre-existing condition.
 - 5.** Observe your surroundings for any evidence of drugs that may indicate what the victim ingested such as prescription drug bottles, heroin packages, needles and syringes. Ask persons on scene what the victim may have used.
 - 6.** Prior to the administration of Narcan (Naloxone), Officers shall ensure that the victim is in a safe location and shall remove any sharp or heavy objects from within the victim's reach, as the sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, and difficulty breathing.
 - 7.** Administer Narcan (Naloxone) as trained while taking into account officer safety and situational awareness concerns.
 - 8.** Seize all illegal and/or non-prescribed narcotics found on the victim or around the area of the overdose and process in accordance with agency policy and inform medical personnel of the drugs recovered.
 - 9.** If used, the intranasal Narcan (Naloxone) device should be disposed of properly in accordance with training.

10. If Narcan is administered upon a person that is under arrest or otherwise in the custody of the Greer Police Department, that person shall be taken to the hospital to be examined by a qualified medical practitioner.

V. Reporting: After utilization of Narcan (Naloxone), officers shall:

- A. Prepare an incident report which includes a description of the individual's condition, symptoms, and behaviors; a full description of the use of Narcan (Naloxone); EMS response; the hospital to which the victim was transported; any narcotics seized; and, the outcome of the agency and EMS response.
- B. The on-duty supervisor shall review and approve the incident report.
- C. Officers shall record the Narcan (Naloxone) deployment on the Law Enforcement Naloxone (LEON) portal at www.scemsportal.org/nfadf as soon as possible after the incident. This is done for tracking purposes and allows the Narcan (Naloxone) to be replaced for the Officer after use.

VI. Storage and Replacement:

- A. Naloxone will be stored in accordance with the manufacturer's instructions, which includes avoiding extreme cold, heat, and direct sunlight.
- B. Missing, damaged, and expired kits will be reported to the officer's immediate supervisor as soon as the discrepancy is noted.
- C. Replacement Narcan (Naloxone) for damaged units will be provided to officers by DHEC through the Law Enforcement Officer Naloxone Program.