

 Kinston Police Department	<u>POLICY: Seizure of Non-prescription Opioids</u>						<u>POLICY #:</u> 200-24
	<u>NCLEA Standards:</u>						
	<u>CALEA Standards:</u>						
	<u>NCLM Standards:</u>						<u>Effective Date:</u> 07-01-2019
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	Revision Dates:	01/01/21					
Approval: Chief of Police							

I. PURPOSE

The purpose of this policy is to define and implement a procedure for the seizure and collection of non-prescription opioids.

II. DEFINITIONS

- A. Fentanyl: A pain reliever; it is used to treat breakthrough cancer pain that your long acting pain medicine does not control. Do not use this medicine for a pain that will go away in a few days like pain from surgery, doctor or dentist visits. The medicine is used only by people who have been taking an opioid or narcotic pain medicine for at least a week.
- B. Prescription drug: Is a pharmaceutical drug that legally requires a medical prescription to be dispensed.
- C. Naloxone: Is a narcotic blocker; it is used to treat narcotic drug overdose. It is used to temporarily reverse the effects of opioid medicines.

III. POLICY

Fentanyl has become a significant hazard to law enforcement officers and other emergency personnel. Exposure routes can vary depending on the source and form of the drug. Officers are most likely to encounter fentanyl illicitly manufactured in the forms of a powder, tablet or liquid form. Any of these types of exposures can lead to a variety of symptoms to include the rapid onset of life-threatening respiratory distress.

Law enforcement officers may come into contact with fentanyl or its analogues during the course of their duties. Department personnel shall not be authorized to field test any powdery substance including those suspected to be heroin, fentanyl, synthetic opioid or any combination thereof, herein after referred to as non-prescription opioids.

IV. PROCEDURE

- A. Guidelines for Packaging/Storage: To prevent hazardous exposures officers are to abide by the following guidelines:
1. There should be no field testing of such narcotics to limit hazardous exposures.
 2. Officers, as soon as possible upon seizing any suspected non-prescription opioid/powder, shall seal the suspected item per policy and submit it for laboratory analysis. Officers are encouraged to double-package any suspected non-prescription opioid/powder.
 3. For transportation purposes from the scene to the station, officers should place the double-packaged suspected non-prescription opioid/powder in the trunk of their vehicle.
 4. Officers shall use appropriate personal protective measures such as double gloves, mask, and eye protection while seizing, handling or preparing to submit any suspected non-prescription opioid/powder for laboratory analysis.
 5. Officers should make sure at least one (1) Naloxone/Narcan kit is available in the processing room before packaging the items for storage and later submission for analysis.
 6. If Officers have any questions about the type of controlled substance they have seized (cocaine vs fentanyl, synthetic LSD vs fentanyl, bath salts vs fentanyl, etc.), they shall exercise caution and follow these procedures.
- B. Exposure Effects Procedures
1. If any Officers feel that they were exposed to a non-prescription opioid/powder and feel any side-effects, they shall immediately request medical assistance.
 - a. Officers shall immediately wash with soap and water of any exposed or contaminated skin.
 - b. Officers shall remove and clean any uniform clothing that might have been contaminated by fentanyl, blood or other potentially infectious material during patient assessment and care.
 2. The Officer's supervisor will contact the department's safety officer and follow up with submitting a Report of Injury (**see KPD Policy and Procedure, Infectious Disease Control 200-25 for guidance on handling exposure procedures**).
 3. The supervisor will notify the on-call administrator and their respective Major of their Division if possible.