


LEESBURG POLICE DEPARTMENT REGULATIONS AND GENERAL ORDERS MANUAL		
General Order Number: 236	Section: OPERATIONS	Effective Date: MARCH 2023
Title: Administering Nasal Naloxone (Narcan)		
Accreditation Standards: N/A		
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## I. PURPOSE

The purpose of this general order is to establish procedures in regards to the carry, storage, and deployment of intranasal Naloxone when on the scene of a suspected drug overdose by the Leesburg Police Department. The purpose is meant to provide guidance to officers in the use of pre-hospital administration of nasal Naloxone (Narcan®) to reduce the number of fatalities, which occur because of Opioid overdose emergencies, and to establish guidelines and regulations governing the utilization of the nasal Naloxone administered by the Leesburg Police Department.

## II. POLICY

It is the policy of the Police Department that all officers are required to be trained in the use of nasal Naloxone by the appropriate training authority. A patrol unit shall be dispatched to any call that relates to a potential opiate overdose. The goal of the responding officer shall be to provide immediate assistance via the use of nasal Naloxone, where appropriate, and to provide any treatment commensurate with their training as first responders, to assist other EMS personnel on scene, and to handle any criminal investigations that may arise. In order to reduce the number of fatalities, which can result from Opioid overdoses, the Police Department will train its officers in the proper administration of nasal Naloxone.

## III. DEFINITIONS

**Opioid:** An Opioid is a medication or drug that is derived from the opium poppy or that mimics the effect of an Opioid (a synthetic Opioid). Opioid drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Commonly encountered opiates include: morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet®, and Percodan®) and hydrocodone (Vicodin®).

**Opioid Overdose:** An acute condition due to excessive use of narcotics, indicated by symptoms including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma or death, resulting from the consumption or use of an Opioid or another substance with which an Opioid is combined, or that a layperson would reasonably believe to be caused by and Opioid-related drug overdose that requires medical assistance.

**Naloxone:** Naloxone is an Opioid antagonist and antidote used to counter the effects of opioid overdose. Specifically, it can displace opioid from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan®.

**Nasal Naloxone Coordinator:** The Nasal Naloxone Coordinator (NNC) shall be an individual designated by the Police Department to collect, review and track all reports of Naloxone usage and who shall be responsible for any subsequent reporting necessary to any state or federal agency as required by law in connection with the use of Naloxone by the Police Department.

#### IV. PROCEDURE

A. Signs of Overdose: A person who has overdosed may:

1. breathe very slow or not breathing.
2. have blue or purplish lips or fingernails.
3. be limp.
4. have pinpoint pupils.
5. be vomiting or gurgling.
6. do not wake up or be unresponsive if you try to rouse them.

B. Naloxone "REVIVE Kits": Naloxone for intranasal use shall be issued to all sworn employees. Each kit will include:

1. Utility pouch.
2. (2) single dose intranasal Naloxone (Narcan®).
3. A disposable CPR Shields and Rubber Gloves.

#### V. DEPLOYMENT OF NASAL NALOXONE AND ADMINISTRATION PROCEDURES

When an officer of the Leesburg Police Department arrives on the scene of a medical emergency before the arrival of Fire/Rescue EMS and has made a good faith determination that the patient is suffering from an opioid overdose, the responding officer should administer four (4) milligrams of Naloxone (one full dose) to the patient by way of the nasal passage into one nostril.

#### **The following procedures shall be observed when officers administers nasal Naloxone:**

1. Upon arrival on scene, officers must first perform a patient assessment as prescribed by Procedures and the National Safety Council's First Responder Guidelines and shall consider statements from witnesses and/or family members regarding the patient's drug use.
2. Officers shall maintain universal precautions throughout, including body substance isolation.
3. To be considered for Naloxone administration, the victim should be unresponsive and have reduced respirations possibly attributable to an Opioid overdose.
4. Officers can ensure unresponsiveness and reduced respirations by calling out to the victim and performing a noxious stimulus (sternum rub).
5. Officers shall update the dispatcher that the patient is in a potential overdose state.
6. Dispatch will then update Rescue.
7. Assess the victim checking for unresponsiveness and decreased vital signs.
8. Officers shall examine the victim for possible contraindications for intranasal administration of Naloxone (e.g., facial trauma, nasal obstruction, bloody nose.)
9. 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.
10. Officers shall administer the Naloxone per the Leesburg Police Department training. The officers shall use the nasal mist adapter that is pre-attached to the Naloxone kit to administer a four (4) milligram dose of Naloxone into one nostril. Officers should be aware that a rapid reversal of an Opioid overdose may cause projectile vomiting by the patient and/or violent behavior.
11. Officers shall return to rescue breathing until spontaneous respirations are restored.
12. If spontaneous respirations do not return after 3-5 minutes, officers should give a second dose of Naloxone per training procedures.
13. When respirations are restored, officers shall move the victim into the recovery position, on their side, to prevent aspiration in the event of vomiting.
14. Officers shall note the time of Naloxone administration to report to Fire/Rescue EMS personnel.
15. Officers shall continue to monitor the patient until Fire/Rescue EMS arrives and the victim is transferred to emergency medical personnel for further evaluation and treatment.
16. The treating officer shall inform EMS immediately upon arrival of the treatment rendered and condition of the patient. The treating officer shall not relinquish care of the patient until relieved by a person with a higher level of training.
17. The atomizer can be disposed of in regular household trash

18. Officers shall seize any illegal and/or non-prescribed narcotics found on the victim or around the area of the overdose in accordance with General Order 213.

#### VI. AFTER CARE & FOLLOW UP

1. Officers need to be prepared that the victim may become combative following the administration of the Naloxone and assistance from other officers may be necessary.
2. The benefits of the Naloxone can wear off 30-90 minutes after it is administered sending the victim back into the overdose state.
3. All persons administered Naloxone must be transported via Fire/Rescue EMS to the hospital, unless released by Fire/Rescue EMS.
4. If not transported to the hospital but Fire/Rescue EMS, Officers should take the subject into custody on an ECO and the subject should be transported to the hospital for further evaluation.
5. Officers should contact Mental Health on call worker and advise them of the situation requesting that they meet at the hospital when transported.

#### VII. REPORTING

If an officer administers Naloxone, they shall include this information as well as the nature of the incident, the care the patient received and other additional factors the officer feels are important in their case report. Officers administering Naloxone must complete the Naloxone Administration Reporting form to be turned in to Nasal Naloxone Coordinator (NNC).

#### VIII. STORAGE AND REPLACEMENT

1. Nasal Naloxone should not be stored in direct sunlight. Do not Freeze the product. In extended extreme cold, kits should be stored indoors when not on duty.
2. It shall be the responsibility of the officer to inspect the nasal Naloxone kits before the beginning of each shift to ensure that the kits are intact.
3. Damaged equipment shall be reported to the shift supervisor immediately who shall report the issue to the NNC.
4. The Leesburg Police Department NNC or designee will maintain a supply of nasal Naloxone kits as long as this policy is in place and funding sources are available for replacement.

#### IX. REPLACEMENT

Officers shall seek replacement nasal Naloxone kits, as soon as practical, from the NNC.

#### X. TRAINING

Officers shall receive a standard training course administered by the Leesburg Police Department, in conjunction with an appropriate training facility/provider before being allowed to carry and use nasal Naloxone. Officers shall be retrained every two years.