



WRITTEN DIRECTIVE	No. PD18-1706	Page: 1 of 4
Subject: ADMINISTRATION OF NALOXONE	Effective Date:	9-2-18
	Supersedes/ Amends:	NEW
	Reference:	



I. Purpose

The purpose of this general order 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 as a result of opiate overdose emergencies, and to establish guidelines and regulations governing the utilization of the nasal naloxone administered by the Lynchburg Police Department.

II. Policy

It is the policy of the Lynchburg Police department that all officers are required to be trained in the use of the 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 agency approved 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 opiate overdoses, the Police Department will train its officers in the proper pre-hospital administration of nasal naloxone.

In order to implement this policy, the Lynchburg Police Department references the following code of Virginia Section: **801-225. Persons rendering emergency care, obstetrical services exempt from liability.**

Any person who is a first responder, a member of an emergency medical services agency, or a law enforcement officer defined in 9.1-101 who has been trained in the administration of naloxone and in good faith administers naloxone in an emergency to an individual who is believed to be experiencing or about to experience a life-threatening opiate overdose shall be immune from civil liability for any personal injury that results from any act or omission in the rendering of such treatment, unless such act or omission was the result of gross negligence or willful misconduct.

III. Procedure

A. DEFINITIONS

1. *Opiate:* An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate 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®).

2. *Naloxone*: Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan®.
3. *Medical Control Physician*: The Medical Control Physician (MCP) shall be a designated Medical Doctor who is licensed to practice medicine in the jurisdiction of the city of Lynchburg Virginia.
4. *Nasal Naloxone Coordinator*: The Nasal Naloxone Coordinator (NNC) shall be an individual designated by the Lynchburg 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 Lynchburg Police Department.

B. DEPLOYMENT OF NASAL NALOXONE KITS

1. When an officer of the Lynchburg Police Department arrives on the scene of a medical emergency prior to the arrival of EMS, and has made a good faith determination that the patient is suffering from an opiate overdose, the responding officer should administer 4 milligrams of Naloxone to the patient by way of the nasal passages. (*Specific to ADAPT PHARMA 4 Mg Narcan Nasal Spray Two Pack*)

C. DEPLOYMENT OF NASAL NALOXONE AND ADMINISTRATION PROCEDURES

1. The following procedures shall be observed when an officer administers nasal naloxone:
 - a. 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.
 - b. Officers shall use universal precautions, including body substance isolation.
 - c. To be considered for naloxone administration, the victim should be unresponsive and have reduced respirations possibly attributable to an opioid overdose.
 - d. Officers can ensure unresponsiveness and reduced respirations by calling out to the victim and performing a noxious stimulus (sternum rub).

- e. Officers shall update the dispatcher that the patient is in a potential overdose state.
- f. Dispatch will then update Fire and Rescue.
- g. If Officers are certified in the latest CPR techniques and have the appropriate medical equipment, they should start rescue breathing with a valve mask and/or perform chest compressions.
- h. Officers shall examine the victim for possible contraindications for intranasal administration of naloxone (e.g., facial trauma, nasal obstruction, bloody nose.)
- i. Officers shall administer the naloxone per Lynchburg Police Department training. The Officers shall use the nasal mist adapter that is preattached to the Naloxone kit to administer a one 4 milligram intra-nasal dose of naloxone. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
- j. Officers should return to rescue breathing/chest compressions, if certified in the latest CPR techniques and the appropriate medical equipment is available, until spontaneous respirations are restored.
- k. If spontaneous respirations do not return after 3-5 minutes, Officers should open the second pack and give a second dose of naloxone in the other nostril per training procedures.
- l. When respirations are restored, Officers shall move the victim into the recovery position, on their side, to prevent aspiration in the event of vomiting.
- m. Officers shall note the time of naloxone administration to report to Fire/Rescue EMS personnel.
- n. Officers shall continue to monitor the patient until the ambulance arrives and the victim is transferred to emergency medical personnel for further evaluation and treatment.
- o. 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 persons with a higher level of training.
- p. The atomizer can be disposed of when finished.

D. REPORTING

1. Upon treating a patient with nasal naloxone, the officer shall submit a report detailing the nature of the incident, the care the patient received and the fact that

the nasal naloxone was deployed.

E. EQUIPMENT AND MAINTENANCE

1. It shall be the responsibility of the officers to inspect the nasal naloxone kits prior to the beginning of each shift to ensure that the kits are intact.
2. Damaged equipment shall be reported to the shift supervisor immediately who shall report the issue to the NNC.
3. The NNC will maintain a sufficient supply of nasal naloxone kits sufficient to meet the needs of the Lynchburg Police Department along with a written inventory documenting the quantities and expirations of naloxone replacement supplies, and a log documenting the issuance of replacement units. .

F. REPLACEMENT

1. Shift supervisors shall immediately replace nasal naloxone kits that have been used during the course of a shift and shall make note of the replacement in the written inventory as maintained by the NNC.

G. TRAINING

1. Officers shall receive a standard training course administered by the Lynchburg Health Department, in conjunction with an appropriate training facility/provider prior to being allowed to carry and use nasal naloxone. The Lynchburg Police Department shall provide subsequent training every two (2) years.

H. STORAGE

1. Naloxone will be stored in an environment maintaining a room temperature between 68 and 77 degrees Fahrenheit, and should be kept out of direct sunlight, preferably in the officer's locker or in a secured location in their office. It is tolerant for short periods in temperatures ranging between 39 and 104 degrees Fahrenheit, but will not be stored in a vehicle's trunk, or stored in a vehicle overnight. .

Original Signed

Ryan M. Zuidema
Interim Chief of Police

September 2, 2018

Date