



NEW CASTLE COUNTY POLICE

NASAL NALOXONE (NARCAN®) **POLICY**

DIRECTIVE #41

Appendix 41-V

Updated October 30, 2024

NASAL NALOXONE (NARCAN®) PROTOCOL

Purpose

The purpose of this directive is to establish guidelines and procedures governing the utilization of nasal naloxone spray, commonly known by the brand name NARCAN®. Naloxone spray can be an additional resource utilized by trained personnel before the arrival of paramedics and emergency medical services (EMS) as part of emergency first aid efforts to assist individuals who exhibit signs of an intentional or accidental opiate overdose. The goal of the Nasal NARCAN® Program ("Program") is to provide trained officers an additional means to potentially save the lives of those in need of immediate life-saving measures due to of opioid ingestion.

Policy

It is the policy of the New Castle County Division of Police for trained and properly equipped Officers to administer Nasal NARCAN® to save lives when Officers arrive at the scene of suspected opioid overdoses before the arrival of paramedics and EMS personnel. Trained officers administering NARCAN® in good faith are afforded immunity under State law (House Bill No. 388, Title 16, Chapter 30D, Section 3001D).

Procedures

I. General

- A. The Chief of Police shall appoint the Behavioral Health Unit (BHU) Commander or designee to administer the program. The Commander shall designate the Nasal NARCAN® Coordinator, and their designee's responsibilities include:
 - 1. Ensuring the Nasal NARCAN® kits are current and not past their expiration date.
 - 2. Ensuring proper and efficient deployment of Nasal NARCAN® for field use.
 - 3. Ensuring that authorized officers are adequately trained in its use.
 - 4. Ensuring that any use of Nasal NARCAN® is documented on a LEISS Report. LEISS reports documenting NARCAN® usage are automatically forwarded to the Delaware Office of Emergency Medical Services.
 - 5. Ensuring the replacement of Nasal NARCAN® kits that are either damaged, unusable, expired or have been used.
- B. Only officers trained in using Nasal NARCAN® are authorized to carry and/or administer Nasal NARCAN® in the field.
- C. Nasal NARCAN® kits will be stored in the original package and within the issued storage case.
- D. 4 NARCAN® kits are located at headquarters in the following areas:
 - 1. PIC and Turnkey area.
 - 2. ICU evidence processing area and the Mobile Enforcement Team (MET) Office for any accidental officer exposure.

II. Implementation

- A. If an officer arrives on the scene of a medical emergency before the arrival of Emergency Medical Services (EMS) personnel, standard emergency medical care protocols are to be utilized. The individual is to be assessed to determine their level of consciousness, any visible trauma that needs to be considered, ensure an open airway, breathing and pulse rate as outlined in current CPR standards.

Note: For further information regarding the proper administration, dosage, and storage of NARCAN®, refer to the Peace Officer Naloxone (NARCAN®) Standing Order provided by the Delaware Office of EMS, available on the departmental web-based pass-on system in the BHU forms folder.

- B. Officers must also ensure scene safety for themselves, the individual, and any bystanders.
- C. Before administering Nasal NARCAN®, the following steps should be taken:
1. Officer(s) should update RECOM that the patient is in a potential overdose state and request EMS assistance.
 2. Officers will utilize universal precautions.
 3. Officers will conduct a medical assessment of the person and the environment, including statements made by witnesses regarding possible drug use. Officers should be attentive to any signs of drug use, including drugs and/or drug paraphernalia.
 4. Because opioids depress respiratory function and breathing, telltale signs of a person in a critical medical state are slow respirations, snoring, and inability to maintain an airway. If a person emits an exhaled breath with a very distinct, labored sound coming from the throat, emergency resuscitation will be necessary immediately, as it almost always is a sign that the individual is in respiratory distress.
 5. Evidence that a subject is suffering from an opioid overdose includes, but is not limited to:
 - a. Blood-shot eyes
 - b. Pinpoint pupils, even in a darkened room/area
 - c. Depressed or slow respiratory rate (less than 8 breaths per minute)
 - d. Difficulty breathing (labored breathing, snoring, shallow breaths) or not breathing
 - e. Blue skin, lips, or fingernails
 - f. Decreased pulse rate
 - g. Low blood pressure
 - h. Loss of alertness (drowsiness)
 - i. Seizures
 - j. Evidence of ingestion, inhalation, or injection with the presence of drug paraphernalia (needles, spoons, tourniquets, needle tracks, bloody nose, etc.)
 - k. History of opioid use/abuse

- D. If the determination is made that the person is potentially suffering from an opiate overdose, the Nasal NARCAN® kit should be utilized, and protocols outlined in the training shall be followed.
- E. Personnel will inform RECOM that NARCAN® is being administered so that EMS personnel can be updated. Officers will only abandon care of the person once relieved by EMS personnel.
- F. RECOM shall issue the Officer a radio restriction.
- G. A second Officer should also respond as individuals resuscitated with NARCAN® may become combative and violent.
- H. NARCAN® is to be administered to the person via the nasal passage.
- I. If NARCAN® is administered to someone who is not suffering from an opioid overdose, the person will not be harmed.
- J. Two **(2)** to four **(4)** milligrams (mg) should be administered to one **(1)** nostril.
- K. If there is no improvement in the individual's respiratory status after four **(4)** minutes, a second dose of two **(2)** milligrams (mg) may be given into the other nostril. The maximum dosage is four **(4)** milligrams.
- L. If there is no improvement after five **(5)** minutes, other medical issues are to be considered.
- M. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting and/or violent behavior.
- N. After NARCAN® is administered, the individual must be monitored to ensure an open airway and be attended to by EMS personnel as soon as possible.
- O. The person will be transported to the hospital by medical personnel. The officer will respond to the hospital and notify the charge or triage nurse of the NARCAN® usage. The officer will also request a staff member of Project Engage, a program administered by Christiana Care. It is an early intervention program designed to help substance-using hospital patients connect with community-based treatment programs.
- P. If the patient is transported to a medical treatment facility other than Christiana Hospital, the officer will request that a Drug Addiction Specialist or a Social Worker contact the patient for drug interdiction.
- Q. If the person refuses treatment, EMS personnel should follow the appropriate protocol for "Refusal of Services." Officers should provide information regarding the Hero Help program to those who refuse services.
- R. Officers will ensure that the used NARCAN® vial and atomizer are not left at the scene. They can be released to EMS personnel or placed in a Sharps Container for proper disposal.

Note: If only one **(1)** dose (1 mg) of NARCAN® is administered, the remaining NARCAN® and assembled atomizer must be disposed of properly. The protective storage case must be retained for reuse.

- S. Officers should also consider any criminal charges where probable cause exists.

Note: For details, refer to Delaware Code Title 16 §4769.

III. Maintenance/Replacement

- A. Officers authorized to use Nasal NARCAN® kits are responsible for inspecting the kit before each shift.
- B. Each kit is to be protected from temperature extremes. It will be kept in the passenger compartment of the officer's issued vehicle. During off-duty hours, the kit must be stored in a temperature-controlled atmosphere and not left in the assigned vehicle. The kit must be kept in a secured area and could be secured with the officer's duty firearm(s) or other secure and temperature-controlled area.
- C. Missing or damaged Nasal NARCAN® kit(s) will be reported directly to the Nasal NARCAN® Coordinator or officer's immediate supervisor. The Nasal NARCAN® Coordinator will issue the officer a replacement kit. If the damage is found after regular hours, the officer's immediate supervisor shall obtain a new kit from the arms room and send an email to the Nasal NARCAN® Coordinator and provide the name of the officer who was issued a new kit and verification that the damaged kit was placed in the arms room.

IV. Documentation Requirements

- A. Upon completing a medical assist with Nasal NARCAN® use, the officer shall submit a LEISS Report detailing:
 - 1. The nature of the incident
 - 2. The care the patient received
 - 3. Nasal NARCAN® was administered and whether the Nasal NARCAN® use was successful (to the extent possible at the time)
 - 4. Indicating NARCAN® was administered on the LEISS report by utilizing Crime Code 8114 (Medical Intervention – NarCan).
- B. A copy of the LEISS report case number will be forwarded to the Nasal NARCAN® Coordinator so that it can be added to a statistical tracking spreadsheet. The records must be completed for statistical value and the Nasal NARCAN® Deployment Program tracking.
- C. Upon receipt of the above information, the Nasal NARCAN® Coordinator will review the incident to ensure compliance with current policy.
- D. On an annual basis, the Nasal NARCAN® Coordinator must contact the Delaware Office of Emergency Medical Services Law Enforcement Liaison to provide a yearly report of the division's NARCAN® usage and to ensure that the prescription issued by the State to the Division to purchase and administer nasal naloxone remains valid.

V. First Responder Naloxone Leave-Behind Program

The First Responder Naloxone Leave-Behind Program is an offer from the Delaware Division of Public Health. This program enables first responders to equip overdose victims, their friends, and their families with 4mg intranasal Naloxone and train them to use it to save a life. Naloxone kits will be offered at no cost by trained first responders as part of their response to a nonfatal overdose. The program is voluntary and requires officers to be trained before distribution.

The Naloxone Leave Behind Program is designed to be used at a non-fatal overdose scene to provide an “Opioid Rescue Kit” containing Naloxone to an individual who is refusing transport to an Emergency Department or to a family member and/or friend who is willing to help the individual who is dealing with an Opioid Use Disorder. Any member of the public is eligible for training on the use of Naloxone; however, Naloxone kits are typically reserved for those on the scene who are at-risk or in the best position to help the at-risk individual.

The Naloxone associated with the Leave Behind Program shall not be used in place of the officer-issued Naloxone (2mg preloaded syringe) when dealing with a subject who is overdosing.

A. Training

1. During initial training, recruit officers will receive instruction on Naloxone administration by New Castle County Paramedics.

B. Distribution

1. Patrol Officer-issued Naloxone and Leave Behind Naloxone are two separate and distinct types of Naloxone.
 - a. Patrol Officer-issued Naloxone is the 2mg preloaded syringe that is issued through the ICU and used for individuals suffering from symptoms of an overdose.
 - b. Leave Behind Naloxone is a 4mg intranasal spray that is given to individuals who officers come in contact with who may be dealing with or know someone dealing with Opioid Use Disorder. This Naloxone is stored inside maroon and black bags labeled “Delaware Health and Social Services Opioid Rescue Kit.” Inside the bag are two **(2)** intranasal units in a white box, as well as instructions and resource cards for individuals dealing with Substance Use Disorder. A Hero Help brochure will also be placed inside the bag.
2. The 4mg intranasal Naloxone will be stored in the arms room for distribution to officers by a supervisor.
3. Officers should only carry one **(1)** Opioid Rescue Kit at a time and not stock multiple kits in their vehicle.
 - a. Naloxone cannot be stored in extreme temperatures as that will degrade its effectiveness.

- b. Recommended storage is between 68 degrees and 77 degrees, with excursions permitted between 41 degrees and 104 degrees.
 - c. Never allow Naloxone to freeze or be exposed to temperatures above 104 degrees.
- 4. Patrol Officers are required to sign out the Opioid Rescue Kit on the Naloxone Distribution List noting the following:
 - a. Name/IBM
 - b. Date
 - c. Lot number and Serial number. (Lot and Serial numbers can be found on the top of the Naloxone box.)
 - d. Issuing supervisor
- 5. Any Naloxone distributed to the public must be documented on a Hero Help NARCAN® Tracking Form.
 - a. The Hero Help NARCAN® Tracking Form captures all necessary information needed to report to the State of Delaware through a monthly report. These monthly reports are the responsibility of the Behavioral Health Unit Executive Officer or designee.
 - b. Hero Help NARCAN® Tracking Forms will be stored with the Naloxone in the Arms Room, and each kit will be packaged with a tracking form. A fillable PDF version of the NARCAN® Tracking Form is also available on SmartForce under Documents.
- 6. Officers assigned to the BHU must document all Naloxone kits they distribute in REDCap.

C. Training the Public

- 1. When issuing Naloxone to individuals in the public, officers are required to conduct training on the signs and symptoms of an overdose, the proper steps for administering Naloxone, and the proper storage of Naloxone based on the training video. The minimum topics to be covered in the training are:
 - a. Overdose prevention techniques
 - b. Recognizing signs and symptoms of an overdose
 - c. Calling 911, airway and breathing assessment/rescue breathing
 - d. Naloxone storage and administration
 - e. Post-overdose follow-up and care
- 2. Training can be conducted for anyone, but kits can only be issued to individuals over **14**.
- 3. The kits include two **(2)** different sets of instructions, which can be utilized as training aids but should not be the only source of education on the administration of Naloxone.
- 4. Officers should also utilize this training as an opportunity to explain the Hero Help program and provide the individual with the included brochure.

D. Documentation

1. Any Naloxone distributed to the public must be documented on a Hero Help NARCAN® Tracking Form. Completed forms can be turned in to the BHU Commander or placed in the Hero Help mailbox. The fillable PDF version of the NARCAN® Tracking Form can also be emailed to HeroHelp@newcastlede.gov.
 - a. A tracking form must be completed for each kit issued, even if multiple kits are issued during one incident.
 - b. If an individual refuses to give their name, address, and/or DOB, they can still receive a kit. The only required information for reporting to the State of Delaware is the zip code and the trainer's name.
2. Document distribution of the Naloxone via any associated LEISS report. If there is no corresponding LEISS report, one does not need to be created just for the Naloxone Leave Behind Program.

Narcan Distribution List

<u>Name/IBM</u>	<u>Date</u>	<u>Lot #</u>	<u>Serial #</u>	<u>Supervisor</u>



HERO HELP TRACKING FORM

Name of Recipient	
Date of Birth	
Address	
Email Address	
Telephone Number	

Trainer	
Date/Time	
Associated Case#	
Serial#	
Lot #	
Expiration	