

NALOXONE ADMINISTRATION PROCEDURES

PREAMBLE:

The United States is experiencing an increase in drug overdose deaths, especially due to opiate/opioid drugs such as fentanyl and heroin. It is the intent of the Omaha Police Department (OPD) to preemptively train officers to act to save lives by administering Naloxone to persons who are apparently suffering from opioid or opiate drug overdoses. The use of Naloxone, an opioid antagonist medication that counters the effect of opiates and opioids, has proven effective in preventing overdose deaths.

POLICY:

It is the policy of the Omaha Police Department (OPD) to strive to reduce fatal opioid overdose deaths. The timely administration of Naloxone (aka Narcan®) may be utilized by officers to attempt to prevent deaths as part of the Department's mission to preserve life.

DEFINITIONS:

Mucosal Atomization Device (MAD): Intranasal Mucosal Atomization Devices are used to deliver a mist of atomized medication that is absorbed directly into a person's blood stream via the nasal passages.

Naloxone: An opioid antagonist used to counter the effects of opiate and opioid overdoses. Naloxone displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. Naloxone is known under the trademark name Narcan®.

Opiate: A medication or drug derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). These drugs are narcotic sedatives that depress the activity of the central nervous system, reduce pain, and induce sleep. Officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone, and hydrocodone.

PROCEDURE:

I. General

- A. Naloxone is perishable and loses effectiveness after repeated or prolonged exposure to extreme temperatures (either hot or cold). Kits will be stored securely and in a manner that reduces their exposure to extreme temperatures for an extended period of time. The kits should not be stored in direct light.
 - 1. Kits shall not be stored in vehicles or left in hot or cold vehicles for any extended length of time.
 - 2. Officers shall report to their supervisors if kits are known to have been exposed to repeated or prolonged periods of extreme hot or cold temperatures.
 - a. Supervisors will determine if the kits should be removed from service and if so shall then forward the kit to the OPD Training Unit for possible use in Departmental Training.
- B. The majority of Naloxone kits will be deployed to Uniform Patrol Bureau (UPB) officers and will be noted in the UPB shift detail. Some kits will be directly issued to selected officers as determined by OPD Bureau Deputy Chiefs.
 - 1. Naloxone kits shall be stored securely in suitable locations as determined by command officers (ex. radio rooms, other non-public area out of sunlight, etc.).

- C. Naloxone kits will be inspected at the beginning of each shift by the officer who will be handling the kit, in order to make certain the tamper-resistant seals are intact.
 - 1. Any kits that appear to be damaged or defective shall not be deployed and shall be forwarded to the OPD Training Unit for possible use in Departmental training or disposal.
- D. Naloxone kits that are past the effective date as listed on the packaging shall be forwarded to the OPD Training Unit for possible use in Departmental training.
- E. Officers who are issued Naloxone kits shall carry department issued nitrile gloves, protective eye wear, and protective masks.
- F. Per NRS [§28-470](#), officers who are acting in good faith, or who failed to act, and who obtained Naloxone from the Department and administer the Naloxone to a person who is apparently experiencing an opioid-related overdose are not subject to administrative action, criminal prosecution, or personal civil liability stemming from their actions, unless the officer caused damage or injury by a willful, wanton, or grossly negligent act of commission or omission.
 - 1. Officers shall only utilize Naloxone issued by the Department. NRS [§28-470](#) provides civil/criminal immunity to officers acting in good faith only if the Naloxone is obtained from OPD.
 - 2. NRS [§ 28-470](#) exempts family members, friends, or other persons, including school personnel, who are in a position to assist a person who is apparently experiencing or who is likely to experience an opioid-related overdose, from actions under the Uniform Credentialing Act, administrative action, or criminal prosecution. See NRS [§ 28-470](#) for details.

II. Training

- A. Officers who have been trained in the proper administration of Naloxone are authorized to administer Naloxone while on duty.
- B. Training shall be documented per OPD policies and procedures.
- C. The Training Unit may issue Naloxone related Training Bulletins to all officers when it is determined there is a need for refresher training.
- D. The Training Unit shall provide Naloxone administration training to all recruits in each police recruit class.
- E. The Training Unit may provide Naloxone administration training to all OPD officers periodically during regular In-Service training.

III. Procedures for Naloxone Administration

- A. When officers who are trained in Naloxone administration have reason to believe an individual is suffering an opioid-related overdose they shall:
 - 1. Evaluate the safety of the scene.
 - a. Syringes, narcotics, and other bio-hazardous waste or materials may be present at the scene. Officers shall utilize extreme caution.

2. Immediately notify 911 of the suspected overdose and request medical assistance and an OPD supervisor to respond to the scene.
3. Observe universal health precautions and utilize personal protective equipment per OPD training, policies, and procedures.
4. Assess the subject for responsiveness and consider witness statements, opioid/opiate indicators at the scene (syringes, pills, and prescription bottles), and other relevant factors to determine if a suspected overdose has occurred.

NOTE: Naloxone only reverses opioids and not other types of drugs. If in doubt of an opiate overdose officers should administer the Naloxone.

5. Perform CPR, etc. per OPD training as needed.
6. Put on nitrile gloves, protective eyewear, and protective mask prior to administering Naloxone.
7. Administer Naloxone per OPD training.
 1. When administering Naloxone, do NOT test or prime the device. Insert into a nostril then press the plunger to administer a full dose.
8. If there has been no improvement in the individual within 3 to 5 minutes of Naloxone administration officers may administer a second dose, when feasible.

NOTE: Persons who have been administered Naloxone may subsequently have a startle response, confusion, or possible violent reaction (either voluntary or involuntary). Officers should be cognizant of their surroundings and ensure a safe scene prior to administering the Naloxone.

- B. Officers shall notify 911 as soon as feasible that Naloxone was administered.
- C. Officers shall stay with the subject and shall continue to monitor the condition of the subject after the Naloxone is administered.
- D. Upon medical personnel arrival, officers shall notify them of the administration of the Naloxone, the dosage administered, and the time of administration.
- E. Used Naloxone atomizers, vials, etc., are considered hazardous materials and should be handled in accordance with OPD policies and procedures.
- F. If the subject who received the Naloxone dosage(s) refuses further medical care, officers shall document the refusal in the Incident and/or Supplementary Report. Medical personnel are responsible for the care of the subject(s) once they arrive on scene.

IV. Naloxone Reporting/Incident Tracking

- A. Officers shall complete an OPD "Chief's Report" ([OPD Form 214](#)) to document each incident of Naloxone administration, to include the following information:
 1. Location type (residence, business, parking lot, sidewalk/street, nursing home/assisted living, other).

2. Reasons Naloxone was administered (cyanosis (blue skin), not breathing, gasping breaths, no response to pain (sternal rub), drugs or paraphernalia found at scene, known history of drug use, bystander/witness statement).
 3. If bystanders were present upon OPD arrival.
 4. If Naloxone was administered prior to OPD arrival.
 5. Time of dose(s) administered.
 6. Subject's reaction after administration of Naloxone (became conscious, transported to hospital, refused treatment/transport, no reaction, vomited while able to maintain own airway, vomited and unable to maintain own airway, determined to have expired by EMS, evaluated by EMS/Fire, additional Naloxone administered by EMS/Fire).
 7. Detail of any other aid rendered (positioning, ventilation, CPR).
 8. Lot number for each dose given.
- B. OPD Supervisors shall document in an OPD Overnight Report the following:
1. Administration of Naloxone by OPD officers, to include the name(s) of the administering officer(s).
 2. Any known Naloxone administrations by Omaha Fire Department personnel at scenes where OPD is also present.

V. Naloxone Administration by OPD or OFD and Booking at Douglas County Detention Center (DCDC)

- A. If an OPD officer or Fire Department employee has administered Narcan® to an arrestee, the arrestee shall first be transported to a hospital for medical clearance prior to booking at DCDC. Clearance by an OFD Rescue Squad/others is not sufficient.

REFERENCES:

I. Laws

- A. NRS [§28-470](#) is relevant to this policy.

II. Previous OPD Orders

- A. Previous General Orders: #115-17, 9-18, 29-19, 54-22, 39-23, and 39-23 Supplement #1.

III. PPM Monthly Updates

- A. PPM Monthly Updates: #11-2017, 2-2018, and 6-2018.