

	PARADISE VALLEY POLICE GENERAL ORDER Administration of Naloxone (Narcan)	Order Number
		41.41
		Date
		12-01-20

41.41 Administration of Naloxone (Narcan)

41.41.1 General

It is the policy of the *Paradise Valley Police Department* for trained *officers* to administer *Naloxone*, in accordance with *state law* and the administrative medical director's guidelines and oversight, to persons suffering from *opiate/opioid* overdose at the earliest possible time to minimize chances of death.

41.41.2 Definitions

EMS: Emergency Medical Services that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.

Medical Director: A designated medical doctor who is licensed to practice medicine in Arizona.

Naloxone: An *opioid* receptor antagonist and antidote for *opioid* overdose produced in intramuscular, intranasal and intravenous forms. *Narcan* is the brand name for *Naloxone*. Naloxone works by temporarily reversing the effects of the opioid, allowing the victim to regain consciousness and resume normal breathing. If Naloxone is administered to an individual whose condition was not caused by an opioid overdose, the drug will have no negative effect.

Opiates: Naturally derived from the poppy plant, such as heroin and opium.

Opioids: Synthetic *opiate* drugs such as fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone and oxycodone.

Opioid Overdose: An acute condition 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* was combined, or that a layperson would reasonably believe to be an *opioid*-related drug overdose that requires medical assistance.



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43.41.3 Naloxone Coordinator

- A. The Chief of Police shall appoint a Naloxone Coordinator to administer the program. The Coordinator's responsibilities include:
1. Ensuring that the Naloxone kits are current and not past expiration date.
 2. Ensure proper and efficient deployment of Naloxone for field use.
 3. Ensure that authorized officers are adequately trained in use and storage.
 4. Ensure that any use of Naloxone on a person is documented in a DR.
 5. Authorize the replacement of Naloxone kits that are damaged unusable, expired or used. Ensure proper reporting of Naloxone usage, within one week, to either the medical director's office and/or the Department of Health Services, as required.

43.41.4 Naloxone Use

- A. Only *officers* trained in the use of *Naloxone* are authorized to administer it.
- B. Each kit shall include the instructions for administration of Naloxone and the appropriate dose for usage. Naloxone kits will be assigned and stored by each officer on their person (pocket or pouch). Naloxone will be secured in a manner to prevent unauthorized access.
- C. Authorized *officers* shall utilize Naloxone on persons believed to be suffering from an *opioid* overdose. Information that a person is suffering from an *opioid* overdose includes, but is not limited to:
1. Pinpoint pupils, even in a darkened environment;
 2. Depressed or slow respirations;
 3. Difficulty breathing (labored breathing, shallow breaths);
 4. Blue skin, lips or fingernails;



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5. Decreased pulse rate;
 6. Low blood pressure;
 7. Loss of alertness (drowsiness);
 8. Unresponsiveness;
 9. Seizures;
 10. Evidence of ingestions, inhalation, and injection (needles, spoons, tourniquets, needle tracks, bloody nose, etc.)
 11. Blood-shot eyes; and,
 12. Past history of *opioid* use/abuse.
- D. *Officers* shall follow protocols outlined in their Naloxone training, including the following.
1. Initiate contact with victim / patient;
 2. If unconscious or unresponsive perform sternum rub to determine level of responsiveness;
 3. Request paramedics immediately if slow or no responsiveness;
 4. Retrieve Naloxone equipment;
 5. Administer Naloxone;
 6. If victim / patient is not breathing initiate CPR;
 7. If patient is breathing or regains breathing place in rescue position;
 8. Monitor the patient for withdrawal and/or agitation. Reassess the victim / patient's condition continually until paramedics arrive; and



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9. Relay all pertinent information including dosage and responsiveness to paramedics upon their arrival.
- E. When using Naloxone kits, *officers* will maintain universal precautions against pathogens, perform patient assessment, and determine unresponsiveness, absence of breathing and/or pulse.
- F. *Officer(s)* should up-date communications that the patient is in a potential overdose state and Naloxone administration is intended.
- G. Communications will promptly notify responding EMS and Paramedics.
- H. *Officers(s)* shall ensure accurate communication to EMS/Paramedics for proper patient record documentation before transport to a hospital emergency department.
- I. *Supervisor* notification should be made as soon as practicable, in addition to formal documentation in a written *Case Report* and completion of the Naloxone Usage Report.

43.41.5 Documentation Requirements

- A. Upon completion of a medical assist with Naloxone administration, the officer shall submit a written report detailing the incident, the care the patient received, and that Naloxone was administered and whether the Naloxone use was successful.
- B. The officer shall complete the Naloxone Usage Report and forward the completed copy via the chain of command to the Naloxone Coordinator.
- C. The Naloxone Coordinator will ensure that a copy of the Naloxone Usage Report is forwarded to the Medical Director. These records must be completed for program integrity, statistical value and tracking of the Naloxone deployment.



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43.41.6 Maintenance / Replacement:

- A.. Officers authorized to use Naloxone kits are responsible for inspecting the kit prior to each *shift*.
- B. Missing or damaged Naloxone kits will be reported directly to the duty supervisor as well as written notification made to the *Narcan* Coordinator.
- C. The Naloxone Coordinator shall be promptly notified if a Naloxone kit is taken off-line or needs replacement/maintenance and shall replace the kit as soon as practicable.