

SALINA POLICE DEPARTMENT				Number
GENERAL ORDER				O2308
SUBJECT: USE OF INTRANASAL NALOXONE (NARCAN)				
EFFECTIVE	2/1/23	ISSUED:	2/1/23	REVIEW: Annual
CANCELS:				
AMENDS: O2308 issued 10/4/21				Distribution  A
CALEA References: 33.5.1.				

## **POLICY**

On July 1, 2017 Kansas House Bill 2217 was passed. This allows pharmacists to dispense emergency opioid antagonists to First Responder Agencies. The purpose of this policy is to address administering, proper storage, and training of the Opioid Antagonists (Narcan).

It is the policy of the Salina Police Department that all sworn law enforcement personnel will be trained in the use of Naloxone (Narcan) spray.

The purpose of this policy is to establish guidelines and regulations governing the utilization of the Narcan administered by Salina Police Department members. Naloxone (Narcan) will be located in the Computer room/Evidence processing room in the event of an accidental exposure of an opioid drug. There will also be Naloxone (Narcan) located with the Detective Unit, Drug Task Force and Evidence Technicians when they respond to a scene for processing. Naloxone (Narcan) will be issued to all uniformed officers, Lieutenant and below. It is recommended that Narcan be carried in the officer's patrol bag or on their person to be accessible while on shift, and stored either at the station or the officer's residence while off duty. Narcan will not be stored in patrol vehicles or the officer's personal vehicle due to the manufacturer's temperature storage specifications.

Nothing in this policy overrides the need to seek emergency medical assistance for a person suspected to be suffering from an opioid overdose. This policy likewise does not mandate the application of Narcan where the officer cannot surmise, based on facts and circumstances, that the overdose is opioid related, and the application of Narcan may be detrimental to the health and safety of the patient. In those cases, deference to professional emergency medical personnel may be warranted. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims.

## **DEFINITIONS**

- D1     **Opioid (Narcotic)** - Classification of drugs that act on the central nervous system to relieve pain with the potential for physical and psychological dependence.
- D2     **Naloxone (Narcan)** - An emergency opioid antagonist that acts to combat the effects of opiate drugs, primarily the depression of the respiratory system. Law Enforcement administration is intended to restore adequate respiratory effort.
- D3     **Administer/Administration** - To introduce an emergency opioid antagonist into the body of a person.
- D4     **Patient** - A person at risk of experiencing an opioid overdose.
- D5     **Recovery Position** - Lateral, left or right side position.
- D6     **Narcan Nasal Spray (Naloxone Hydrochloride)** - An emergency opioid antagonist/antidote that blocks the effects of opioids administered from outside the body and that is approved by the United States Food and Drug Administration for the treatment of opioid overdose.
- D7     **Narcan Medical Director** - Sean Herrington, MD, Salina Regional Health Center

D8 **Narcan Liaison** - Drug Unit Supervisor, Salina Police Department.

D9 **Narcan Provider/Coordinator** - DCCCA / Prevention Services, 3312 Clinton Parkway, Lawrence, Kansas 66407, (785) 841-4138 / [www.DCCCA.org](http://www.DCCCA.org)

## **PROCEDURE**

### **1. Training**

- 1.1. All officers will receive initial overview training of Kansas HB2217 that permits law enforcement use of naloxone, an emergency opioid antagonist (Narcan). This training will include, at a minimum, the following:
  - 1.1.1. Universal precautions when dealing with an opioid, or any other, drug overdose;
  - 1.1.2. Techniques to recognize signs of an opioid overdose;
  - 1.1.3. Standards and procedures to store and administer the Narcan kit;
  - 1.1.4. Emergency follow-up procedures, including the requirement to summon emergency ambulance services immediately before or immediately after administering any Narcan kit to a patient; and
  - 1.1.5. Inventory requirements and reporting any administration of any Narcan kit.
- 1.2. Officers will receive biennial update training in the use of the Narcan kit by an appropriate medical professional and this training will be documented in department training files. This training may take place concurrently with department first aid training.
- 1.3. Officers shall receive training in basic CPR/First Aid every two years.

### **2. Symptoms/Signs of Opioid Overdose**

- 2.1. Indications that a subject is suffering from an opioid overdose include, but are not limited to, the following:
  - 2.1.1. When advised by the Communications Center, or of being advised of such by witnesses upon arrival, that an opioid overdose is occurring, or;
  - 2.1.2. When observing drugs, drug paraphernalia or any other drug instruments Associated with the subject, including prescription drugs and;
  - 2.1.3. Unresponsiveness; slow, irregular, or no breathing; pinpointed pupils, blue tinge to skin, body limp, paleness to the face, slow or no pulse, vomiting, choking sounds or a gurgling/snoring noise, absence of breathing;
  - 2.1.4. Check for medic alert tags (wrists, necklace, or ankles); indicating pre-existing medical condition.

### **3. Location**

- 3.1. Narcan will be located in the computer room/evidence processing room in the event of an accidental exposure of an opioid drug. There will also be Narcan located with the Detective Unit, Drug Task Force Unit and Evidence Technicians when they respond to a scene for processing.
- 3.2. Narcan will be issued to all uniformed officers, Lieutenant and below. It is recommended that the Narcan be carried in the officer's patrol bag or on their person to be accessible

while on shift, and stored either at the station or the officer's residence while off duty. Narcan will not be stored in patrol vehicles or the officer's personal vehicle due to the manufacturer's temperature storage specifications. Narcan should not be stored in extreme hot or cold temperatures for an extended period of time.

**4. Application**

- 4.1. Summon EMS immediately.
- 4.2. Don protective gloves and other PPE as needed.
- 4.3. Peel back the package to remove the device.
- 4.4. Place the tip of the nozzle in either nostril until your fingers touch the bottom of the patient's nose.
- 4.5. Press the plunger firmly in order to release the dose into one nostril of the patient's nose.
- 4.6. If there is no response after 2-3 minutes of the application or if the victim relapses back into respiratory distress or unresponsiveness before EMS arrives, repeat in the other nostril with another dose of Narcan.
- 4.7. Monitor patient for improvement of respiratory effort. Unconscious patients should be placed on their side in a recovery position to assist in preventing aspiration should they vomit or have other secretions.
- 4.8. Initiate rescue breathing and monitor respiration and responsiveness of the Narcan recipient until EMS arrives.
- 4.9. Upon arrival of EMS, advise of the patient's original condition prior to Narcan use, the fact that Narcan was administered, the time of administration, and the observed response of the patient.
- 4.10. A small percentage of persons administered Narcan become combative due to side effects of opioid withdrawal. Officers should be mindful of this potentiality and take any necessary precautions to safely restrain the victim, if necessary.

**5. Considerations**

- 5.1. Narcan will leave the body systems faster than the opiate, so respiratory depression may return in a short period of time. Continue to assess respiratory status until EMS arrives. CPR/CCR may be needed if there is no pulse or breathing.
- 5.2. Narcan may work rapidly and send the patient into immediate withdrawal. They may feel very sick and may become combative. Other side effects include vomiting, sweating, agitation, dizziness and acute pain that may have been masked by the effects of opiates.
- 5.4. If the employee noticed that the Narcan has surpassed the expiration date, the drug will not be used and the Liaison Officer will be notified for replacement.
- 5.5. Narcan is not tolerant of extreme temperatures and therefore must be stored near room temperature, between fifty-nine (59) degrees to eighty-six (86) degrees Fahrenheit (59°F to 86°F), and protected from direct light. Narcan shall not be left in the patrol car or an officer's personal vehicle for an extended amount of time when temperatures are outside of the acceptable temperature parameters (59°F to 86°F).

**6. Reporting**

- 6.1. A Kansas Standard Offense Report or Incident Report will be completed. In addition to the event facts, the officer will include:
  - 6.1.1. The nature of incident (overdose / accidental exposure by LEO)
  - 6.1.2. The type of opioid (if known)
  - 6.1.3. The amount of Narcan administered
  - 6.1.4. Medical treatment administered at scene
  - 6.1.5. The name of person who administered the dose
  - 6.1.6. The time that the drug was administered
  - 6.1.7. The administration route (intranasal)
  - 6.1.8. The location of the patient when the drug was administered
  - 6.1.9. Condition of patient prior to administration including signs that indicated the need for Narcan
  - 6.1.10. Condition of the patient after administration including signs that Narcan may have been effective or ineffective
  - 6.1.11. Time or estimated time of arrival of EMS
  - 6.1.12. Any complications that may have occurred
- 6.2. Additionally the officer will complete Narcan Nasal Spray Usage Form (S:/Forms), provided by Narcan Medical Director if a kit is used. The completed Narcan Nasal Spray Usage Form will then be forwarded to Narcan Medical Director.
- 6.3. The Narcan Liaison will ensure a copy of all reports is sent to the Narcan Medical Director.

BY ORDER OF

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CHIEF OF POLICE