


DPS STANDARD OPERATING PROCEDURE			
	SUBJECT: Naloxone / Opioid Overdose - Rescue Kit Use Policy DPS SOP 2016-06	SECTION(s): ALL	DISTRIBUTION: ALL PERSONNEL
	ISSUING AUTHORITY: CRAIG A. STONE ASSOC. V.P. & CHIEF, CAMPUS SAFETY AND EMERGENCY MANAGEMENT SERVICES (ELECTRONICALLY SIGNED)	EFFECTIVE DATE: DECEMBER 21, 2016 REVISED DATE: JANUARY 5, 2024	SUPERSEDES: Re Fentanyl Hazards

Naloxone Opioid Overdose - Rescue Kit Use Policy

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REFERENCES:

- Naloxone Reference and Use Guide (Forms Folder on G Drive)
- Fentanyl Guidebook for First Responders (Forms Folder on G Drive) (07/11/17)
- Naloxone NYS Use Report (Forms Folder on G Drive)
- <http://www.criminaljustice.ny.gov/ops/training/trainingnews.htm>
- SOP 2013-09 Collection & Preservation of Evidence
- SOP 2011-52 SPD/DPS Authorizing MOU

ATTACHMENTS:

- DCJS Counsel's Opinion on Good Samaritan Protection from Criminal Prosecution

I. APPLICABILITY: This Standard Operating Procedure is applicable to all Syracuse University Department of Public Safety (DPS) employees.

II. PURPOSE: The purpose of this policy is to clearly define the expectations and actions that may be taken regarding members of the DPS who are trained in the intranasal administration of Naloxone (common brand name, "Narcan") to a person suspected of experiencing an opiate drug overdose, and related procedural and reporting requirements when Naloxone is administered. This SOP is also a resource relating to Officer Safety in the safe handling of the subjects and materials associated with opioid overdoses. (07/11/17)

III. POLICY: It is the policy of the Department of Public Safety that the intranasal administration of Naloxone is appropriate when trained and equipped DPS Employees encounter a person exhibiting the symptoms of what he or she reasonably believes is an opioid drug overdose. All persons receiving an intranasal Naloxone spray shall be transported to a hospital by an ambulance and shall be subject of written reports regarding the incident.

IV. DEFINITIONS:

- A. Narcan: The prescription commercial brand name for the drug Naloxone that can be administered by intranasal aerosol spray and is used to reverse the effects of an opioid drug overdose.
- B. Opioids: A natural or synthetic central nervous system depressant drug which include, but are not limited to, heroin, morphine, oxycodone, methadone, hydrocodone and codeine.
- C. Opioid Overdose Rescue Kit: Two (2) prefilled Naloxone intranasal spray (Mucosal atomizer) syringes marked with expiration date, and containing plastic gloves and a reference sheet.

V. PROCEDURES: Naloxone Opioid Overdose Rescue Kit Use: (41.2.8)

- A. **Administration of Intranasal Naloxone to Reverse Opioid Overdose:** Fire departments, law enforcement personnel and civilians may possess and administer naloxone so long as they have been trained consistent with N. Y S. Public Health Law §3309 and with the regulations in §80.138 of Title 10 of the New York Codes, Rules & Regulations.

- B. Good Samaritan Protection from Liability, Arrest and Prosecution:** Public Health Law §3309 provides “Good Samaritan” protection from liability when non-medical individuals administer naloxone to reverse a suspected opioid overdose or who call for emergency medical assistance.

Chapter 154 of the Laws of 2011, a person who in good faith seeks health care for himself or another, or is the subject of a good faith request, and who is experiencing a drug or alcohol overdose or other life threatening medical emergency, shall not be charged or prosecuted for a controlled substance or marihuana offense, or possession of alcohol or drug paraphernalia if the controlled substance, marihuana, alcohol or paraphernalia was obtained as a result of the person seeking or receiving health care.

For additional and detailed information regarding the limited criminal liability of an individual in these cases refer to the attached legal opinion of the DCJS Counsel.

- C. Symptoms of Opioid Overdose:** Physiological Effects of Opioid Overdose: If left untreated, an opioid overdose may lead to death as these substances can inhibit a person's autonomic breathing reflex and suppress cardiac function. Naloxone works by temporarily reversing the effects of the abused substance, allowing the victim to regain consciousness and resume normal breathing.

1. Symptoms of an opioid overdose include:
 - Unconsciousness,
 - lethargy and confusion,
 - Shallow or slow breaths (less than 10/minute) or no breathing.
 - Additional symptoms may also include a change in one's skin color, especially in the lips and fingernails
 - Highly constricted pupils (less than 2.9 mm pupil size)
2. Naloxone is safe to administer to anyone including children, pregnant women, and the elderly.
 - a. If Naloxone is administered to an individual whose condition was not caused by an opioid overdose, the drug will have no known negative effects.
3. Other Drugs: Be aware that Naloxone is not effective on the class of drugs known as benzodiazepines (e.g., Xanax, Klonopin, Valium, etc.) nor is it effective on those who have abused non-opioid drugs such as bath salts, cocaine, methamphetamines, or alcohol.
4. Diabetes: When encountering an unconscious person always suspect and eliminate diabetic shock due to low blood sugar as a potential cause for a person's non-responsive condition. Low blood sugar is a serious and life threatening condition not related to opioid use. People with the victim may know if the person is diabetic, or is under the influence of alcohol or other drugs. Check for a diabetic medical bracelet. The use of Naloxone will NEITHER help, nor hurt these persons.

D. Duties and Responsibilities of a Naloxone Trained and Equipped DPS Employee re an Opioid Overdose:

1. Overdose Rescue Kit Availability: While on duty trained Officers are required to carry the Opioid Overdose Rescue Kit so it is readily available for emergency use. It may be carried in their gear bag or on their person.
 - a. All trained DPS employees are encouraged to keep their Overdose Rescue Kit readily available for emergency use.
2. Kit Storage Conditions: Recommended storage conditions for the Overdose Rescue Kits are between 59 and 86 degrees Fahrenheit and not to be left in direct sunlight.
 - a. Overdose Rescue Kits are not to be stored in patrol vehicles after the completion of the officer's shift.
 - b. Members are to ensure that expired, depleted or damaged Overdose Rescue Kits are returned to the Quartermaster, or designee for replacement.
3. Request Ambulance: When an Officer becomes aware of or assigned a potential overdose, they will request an ambulance be dispatched to that location.
4. Treatment Considerations: After confirming the apparent need to treat an opioid overdose through their physical observations of the subject and interviews at the scene, prepare to immediately administer Naloxone, if trained and equipped with a Rescue kit.
5. Administer Naloxone in the following manner: (01/05/24)
 - a. Peel the foil from the back of the package and remove the applicator. Remove the cap from the Naloxone (Narcan) ampule,
 - b. Place your index and middle fingers on either side of the nozzle and your thumb on the plunger, but do NOT apply any pressure yet.,
 - c. Insert the nozzle into one nostril until your index and middle fingers touch the person's nose,
 - d. Apply a quick, even pressure to the plunger with your thumb, which will release the medication as a spray into the person's nostril,
 - e. You will feel the spring in the applicator and the release of the medication. Remove the applicator and set it aside,
 - f. Wait 2-3 minutes and watch for any changes in the person's status. If they are still not awake or breathing adequately after 2-3 minutes, administer a second dose of naloxone into the person's other nostril.
6. Note the time of administration of the Naloxone: Naloxone is generally effective within five to ten minutes of administration.
 - a. If an individual was suffering from an opioid drug overdose, Naloxone will cause that person to regain consciousness and resume normal breathing, if they are treated in a timely manner

relating to the overdose.

7. Rescue Breathing & CPR: If a subject is not breathing or no pulse is noted rescue breathing and CPR may be performed by persons qualified to do so.
8. Notify the Ambulance crew and EMT of the fact that Naloxone was administered; how much and when.
9. Subject Not Recovered after Three (3) to Five (5) Minutes? If a subject does not recover consciousness within 3 to 5 minutes of a naloxone treatment a second dose of Naloxone is appropriate.
10. Deceased Subject: In the event the subject passes away, the sworn member must notify the Patrol Supervisor, who will make any additional notifications necessary.
 - a. Secure the scene and initiate contact with the Syracuse Police Department, as the SPD is the primary agency in any death investigation. (Refer to SOP 2011-52 SPD/DPS Authorizing MOU)
 - b. If the subject dies as a result of or relating to this incident, preserve any associated used Naloxone device as evidence, if Naloxone was administered.
11. Caution re Subject's Behavior: Members are reminded to use caution when administering Naloxone, as subjects revived from an opioid overdose may regain consciousness in a confused, agitated and combative state.
 - a. Members should also follow universal precautions when administering Naloxone including the wearing of the protective gloves provided.
 - b. Be careful in the search of the subject and the area around them for "sharps" instruments associated with heroin & other intravenously administered drugs.
12. Drug Handling Caution: Be aware that suspected opioid overdoses may be expected to involve Fentanyl, which may pose a danger to first responders if ingested by any means, including inhalation or skin contact. Use great care and protective equipment in gathering drugs and packaging them for evidence or any other purpose.

Refer the Fentanyl Guidebook for First Responders pamphlet in the Forms folder for additional handling instructions relating to this hazard and how best to deal with it.
13. Confirm Dispatch of Ambulance after Naloxone Treatment:
 - a. Immediately after administering the Naloxone contact and notify the ECC of that fact and confirm the dispatch of an ambulance to remove the individual to a local hospital.
 - b. Because the effects of Naloxone will wear off after thirty to forty minutes, it is critical that whenever this drug is administered that the subject be moved to a hospital for observation and treatment.

- c. It is generally not necessary to accompany a subject who has been administered Naloxone to the hospital, unless there are extenuating circumstances or the person is not identified.
- 14. Contraband and Evidence: Drugs and/or drug paraphernalia associated shall be secured as evidence, again taking great care with handling and packing needles to prevent a needle “stick” incident.
 - a. Even though criminal prosecution may not be anticipated, secure any drugs and other contraband at the scene. Refer to SOP 2013-09 Collection and Preservation of Evidence for details.
- 15. Notifications: Notify the Patrol Sergeant and the Duty Officer of the incident with as many specifics as known about the victim and their condition.

E. Reporting Requirements:

- 1. An Investigation Report is required any time there is an attempt to revive an unconscious subject (e.g., CPR, AED, etc.).
- 2. Complete the Investigation Report to include:
 - a. Type of location (On or off campus, Public Place, Residence, business, etc.),
 - b. Type of controlled substances the subject was suspected of using, including name of prescription drugs, if known,
 - c. Status of the subject (Student, Faculty, Visitor, Etc.)
 - d. Condition of subject (i.e., if subject was conscious and breathing before administration of Naloxone),
 - e. If CPR was administered,
 - f. If subject survived,
 - g. Number of doses of Naloxone administered.
- 3. Complete a New York State Public Safety Naloxone Quality Improvement Usage Report (located on the G-Drive: Forms Folder: Naloxone Usage Report) and any other report deemed necessary.
 - a. The NYS Naloxone Report will be saved as an attachment to the Investigation Report and after approval by the Patrol Supervisor, emailed, or printed out and delivered through channels to the Commander of Administrative and Operational Support or a designee to be forwarded to the State of New York.
- 4. Notify the DPS Training Unit of the use of Naloxone via e-mail. The Training Unit will then notify Syracuse University Health Promotions. (01/05/24)

F. Training

- 1. Course Design and Outlines: The Training Sergeant shall coordinate with the New York State Division of Criminal Justice Services (DCJS), local human service and the involved University agencies to design and certify

DCJS approved and otherwise appropriate training on the Opioid Overdose Rescue Kits.

- a. Copies of the course outline, including names of instructors, shall be maintained and updated by the Training Unit as necessary.
2. Records of Persons Trained: The Training Unit shall maintain records of all DPS personnel initially trained and equipped with Naloxone kits and the dates of subsequent refresher training.
3. Refresher Training Every Three (3) Years: Refresher training should occur at minimum every three years and consist of familiarity with the assembly of the Overdose Rescue Kit, the effective administration and maintenance of naloxone, and to give and receive feedback of the use of the kits. (01/05/24)

G. Naloxone Supplies and Rescue Kit Replacement:

1. If the subject survives: Dispose of the used Naloxone device (plastic tube, naloxone ampule, nasal cone) into trash receptacle.
2. If the subject dies as a result of or relating to this incident, preserve the naloxone device as evidence.
3. Obtain replacement Naloxone device/kit, from the Quartermaster or a designee as necessary.
4. If a Naloxone syringe or kit is lost or stolen, an investigative Report must be completed detailing the circumstances.
5. The Quartermaster or his designee will maintain a log detailing the Naloxone device/kits issued, used, expired, damaged, lost or stolen.

H. Confidentiality

1. Medical records of a student or other person with an alcohol-related or drug-related problem or incident will be subject to the same confidentiality standards as all other medical records.

POLICY REVISION HISTORY:

No	Section Revised	Date Issued
1	Fentanyl Safe handling information. Pg. 5	07/11/17
2	Revised re: Refresher training and notification procedure	01/05/24
3		
4		
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Attachment Begins on Following Page:

Attachment to Naloxone /Opioid Rescue Kit Use Policy
M E M O R A N D U M



TO: New York State Law Enforcement Agencies

FROM: Gina L. Bianchi, Deputy Commissioner and Counsel

DATE: January 28, 2013

SUBJECT: Good Samaritan 911 Law

As you know, pursuant to Chapter 154 of the Laws of 2011, a person who in good faith seeks health care for himself or another, or is the subject of a good faith request, and who is experiencing a drug or alcohol overdose or other life threatening medical emergency, shall not be charged or prosecuted for a controlled substance or marihuana offense, or possession of alcohol or drug paraphernalia if the controlled substance, marihuana, alcohol or paraphernalia was obtained as a result of the person seeking or receiving health care. In his approval message, Governor Cuomo directed that the Division of Criminal Justice Services work with law enforcement to ensure that appropriate training and guidance is provided to law enforcement personnel who may be expected to determine whether someone was suffering from an overdose and whether the person who sought aid acted in good faith since failure to promptly seek medical care or assistance for overdoses can result in avoidable loss of life. The intent of this law is to encourage people, who otherwise may refuse to do so for fear of criminal prosecution, to seek medical attention.

It should be noted that the immunity from being charged and prosecuted does not apply to drug offenses involving sales for consideration or other benefit or gain,¹ or class A-I drug felonies, such as Penal Law §220.21, criminal possession of a controlled substance in the first degree; Penal Law §220.43, criminal sale of a controlled substance in the first degree; and Penal Law §220.77, operating as a major trafficker.² Additionally, the protections do not extend to outstanding warrants, probation or parole violations, or other non-drug crimes. The law also makes it clear that evidence recovered in a situation involving seeking health care for an overdose victim may be admitted into evidence against a person who does not qualify for the exemption and, for the person who does qualify, evidence may be admitted in the prosecution of a non-covered crime. Finally,

the law established an affirmative defense to a criminal sale of a controlled substance or marihuana offense when the defendant, in good faith, seeks health care for someone, or for him or herself, who is experiencing a drug or alcohol overdose or other life threatening medical emergency; and the defendant has no prior conviction for the commission or attempted commission of a class A-I, A-II or B felony.³ However, the affirmative defense cannot be used for class A-I or A-II felonies.

The law is not intended to interfere with the protocols of law enforcement to secure the scene of an overdose and the law does not prevent the detention of a person while police investigate the facts of the particular case to determine if the person should be charged and prosecuted.⁴ Although the statute does not provide how long a person may be detained, the United States Supreme Court has held that where an agent diligently pursued his investigation and no delay unnecessary to the investigation was involved, a 20-minute detention of a suspect met the Fourth Amendment's standard of reasonableness (*U.S. v. Sharpe*, 470 U.S. 675, 105 S.Ct. 1568 [1985]). As noted, the law requires that medical attention be sought "in good faith." As such, criminals who attempt to use this law to manipulate the exemptions to avoid prosecution when such prosecution is warranted can be charged and prosecuted.

In sum, if an overdose or life threatening emergency exists, and health care for this condition is sought in good faith, then the "Good Samaritan" or victim shall not be charged or prosecuted for a controlled substance or marihuana offense, or possession of alcohol or drug paraphernalia. However, because this law was recently enacted, there has been no judicial interpretation of its provisions. Thus, application of this law may raise questions and create challenges for the law enforcement community which must be determined on a case-by-case basis and will depend on the unique facts of each particular case. Therefore, law enforcement agencies should consult their local prosecutors with respect to specific enforcement questions.

If you require additional information, please contact the Division of Criminal Justice Services' Office of Legal Services at (518) 457-8413.



¹ For instance, criminal sale of a controlled substance offense or criminal sale of marihuana offense.

² There are A-I felonies in Penal Law Article 220, which pertains to controlled substances offenses, but there are no class A-I felonies in Penal Law Article 221, which pertains to offenses involving marihuana.

³ This pertains to Penal Law Article 220; there are no class A-I, A-II, or B felonies in P.L. Article 221.

⁴ As Governor Cuomo stated in his approval memo, "removal of the word 'arrest' from an earlier version of this bill was meant to give these responding officers the ability to detain individuals who may or may not be entitled to the statutory exemption from prosecution conferred by this bill in order to investigate all the facts and circumstances of any criminal conduct and seek guidance from the appropriate officials."