



# **POLICY AND PROCEDURE NO. 831**

## **Naloxone (Narcan) Administration**

### **Protocols**

Date Issued: August 8, 2014

Date Effective: August 8, 2014

4 Pages

#### **PURPOSE:**

To establish guidelines regarding the utilization of nasal Naloxone in order to reduce the number of fatalities which occur as a result of opiate overdose by the proper pre-hospital administration of nasal Naloxone (brand named NARCAN).

#### **SCOPE:**

The Worcester Police Department will train and equip its members to prepare for opiate overdose emergencies. The Department will keep and maintain a professional affiliation with a Medical Control Physician for medical oversight for the use and emergency administration of naloxone. The Medical Control Physician shall be licensed to practice Medicine within the Commonwealth of Massachusetts. The Medical Control Physician, at his or her discretion may make recommendations to the policy, oversight and administration of the nasal naloxone program.

#### **DEFINITIONS:**

Opiate – An opiate is any controlled substance containing or compounded to be a derivative of morphine, morphine sulfate. The term opiate describes any of the narcotic opioid alkaloids found as natural products in the opium poppy plant, *Papaver somniferum*. Commonly encountered opiates in police service include heroin, morphine, oxycontin, percocet, and percodan.

Naloxone – Naloxone is an opioid antagonist drug. Naloxone is a drug used to counter the effects of opiate overdose, for example heroin or morphine overdose. Naloxone is specifically used to counteract life threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including NARCAN, Nalone, and Narcanti, and has sometimes been mistakenly called “naltrexate”. It is not to be confused with naltrexone, an opioid receptor antagonist with qualitatively different effects, used for dependence treatment rather than emergency overdose treatment.

Medical Control Physician – The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical Doctor who is licensed to practiced medicine in Massachusetts. The Worcester Police department shall maintain an affiliation with the MCP. The Chief of Police or his designee shall periodically consult with the MCP to review overall training, equipment, procedures, changes to applicable laws and regulations and/or the review of specific medical cases. At his discretion, the MCP may partake in training members of the Worcester Police Department.

## **LEGAL PREMISES FOR IMPLEMENTATION:**

The Worcester Police department relies upon the following;

### **105 CMR 171.000: Massachusetts First Responder Training:**

171.165: Approval of Programs for Training First Responders in Epinephrine Auto-Injector Devices and Naloxone.

The Department shall approve training programs for first responders in the use of epinephrine auto-injector devices and naloxone or other opioid antagonist approved by the Department that meet the following requirements:

- A. Such program's medical director has approved the specific training program; and
- B. The training program meets the minimum standards established by the Department as administrative requirements.

MGL Ch. 94c, s34A which states in part "A person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose."

The statute imposes no limitation on who may possess and administer Narcan [naloxone]. The statute further indicates that Narcan [naloxone] must be obtained with a prescription and administered in good faith [paraphrased].

MGL Ch 94C, s.7 outlines parameters under which Narcan [naloxone] programs may be administered by public health officials and law enforcement officers. This statute states in part, "the following persons shall not require registration and may lawfully possess and dispense controlled substances; any public official or law enforcement officer acting in the regular performance of his official duties."

MGL Ch. 258C, s. 13 states, "No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct."

## **EQUIPMENT:**

Nasal Naloxone kits will be issued to all sworn Worcester Police Officers. Kits should be available for use during on-duty hours. Stand-alone kits shall be kept within the Service Division and the Cell Room.

## **NALOXONE USE:**

When using the nasal Naloxone kit officers will maintain universal precautions, perform patient assessment; determine unresponsiveness, absence of breathing and or pulselessness. Officer(s) will update the Emergency Communications Dispatcher that the patient is in a potential overdose state. Officers shall follow the protocol as outline in the Nasal NARCAN training in accordance with the Massachusetts Office of Emergency Medical Services Pre-Hospital Emergency Treatment, Massachusetts Department of Public Health Guidelines and

First Responder Guidelines in compliance with Massachusetts General Law Chapter 111, Sec. 201

A brief narrative report simply stating that a dose of Naloxone has been administered and a Naloxone Administration Report shall be completed by the primary responding Officer prior to the end of his or her shift. After being reviewed by their supervisor and submitted to Records Bureau for processing, a copy of the Naloxone Administration Report will be forwarded to the Training Division. After they are reviewed by the Training Division, the forms will be forwarded to the Medical Control Physician or their designee.

**REPLACEMENT:**

Additional doses of Naloxone will be stored and secured within Training Division. After administering a dose and submitting a Naloxone Administration Report, a replacement unit will be issued by Training Division.

A written inventory documenting the quantities and expirations of naloxone replacements supplies shall be maintained by Training Division's medical training officers. A separate log documenting the issuance of replacement units shall also be kept. Both logs will be stored with the replacement supplies.

Per:

*Gary J. Gemme*  
Chief of Police

**Worcester Police Department**  
**Naloxone Administration Report Form**

Incident # \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of Incident \_\_\_\_\_

Officer Name & ID \_\_\_\_\_

Location \_\_\_\_\_

Gender of Subject \_\_\_\_\_ Age of Subject \_\_\_\_\_

---

Signs of Overdose present: (check all that apply)  Unresponsive  Breathing Slowly  Not Breathing  Blue Lips  Slow Pulse  No Pulse  Other \_\_\_\_\_

Overdosed on what drugs? (check all that apply)  Heroin  Alcohol  Methadone  Benzos/Barbituates  Cocaine/crack  Suboxone  Any other opioid  Unknown  Other \_\_\_\_\_

---

Amount/doses of naloxone used \_\_\_\_\_

How long to take effect?  Less than 1 min.  1-3 min.  3-5 min.  <5 min.  Don't know

Subjects Response  Responsive & Alert  Responsive & Sedated  No response

Subjects post-naloxone withdrawal symptoms: (check all that apply)  None  Vomiting  Irritable/angry  Combative  Nauseous  Muscle Aches  Runny Nose  Other \_\_\_\_\_

---

Did the person live?  Yes  No

Other Actions Taken: (check all that apply)  Sternal rub  AED  Recovery position  Bystander naloxone  Rescue breathing  Oxygen  Chest compressions  Other \_\_\_\_\_

Disposition:

Transferred to Hospital Name of Ambulance service \_\_\_\_\_

---

Notes/Comments