RISK

Winter
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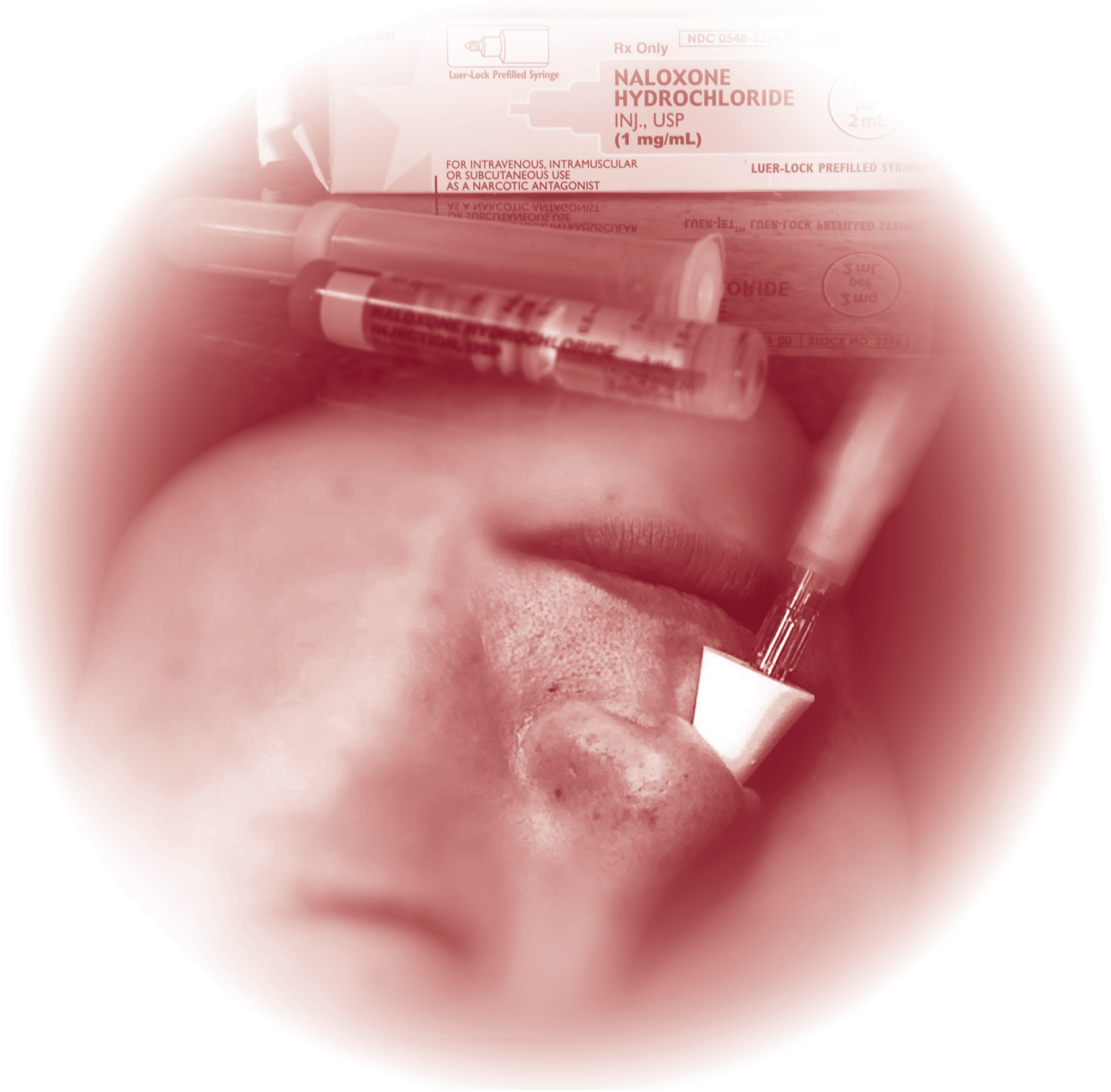
Carrying and Administering of Intranasal Naloxone (Narcan®)

Model Policy and Procedure



Michigan Municipal Risk
Management Authority
Law Enforcement Advisory Committee

Carrying and Administering of Intranasal Naloxone (Narcan®)

Model Policy and Procedure

The purpose of this protocol is to provide officers with guidelines for the use of naloxone to attempt to reduce fatal opioid overdose.

INTRODUCTION

MMRMA has created this model policy to assist member agencies in the creation of a policy and procedures for the administration of intranasal naloxone to attempt to reduce fatal opioid overdose when necessary.

POLICY

It is the policy of the [*insert department name*] to provide personnel with the necessary training and tools to permit officers to carry and administer, when appropriate, intranasal naloxone (Narcan®).

PURPOSE

The purpose of this protocol is to provide officers with guidelines for the use of naloxone to attempt to reduce fatal opioid overdose. This document shall provide guidelines, including the proper authorization for the carrying and administration of intranasal naloxone by officers who have been trained in its proper use and administration.

The [*insert department name*] shall attempt to provide assistance to any person who may be suffering from an opioid overdose. Officers trained in accordance with the policy shall make every reasonable effort to revive the victim of any apparent drug overdose.

BACKGROUND DESCRIPTION

Naloxone is an opioid antagonist. It can be used to counter the effects of opioid overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.

Michigan Compiled Law 28.543 states that a peace officer may possess any opioid antagonist

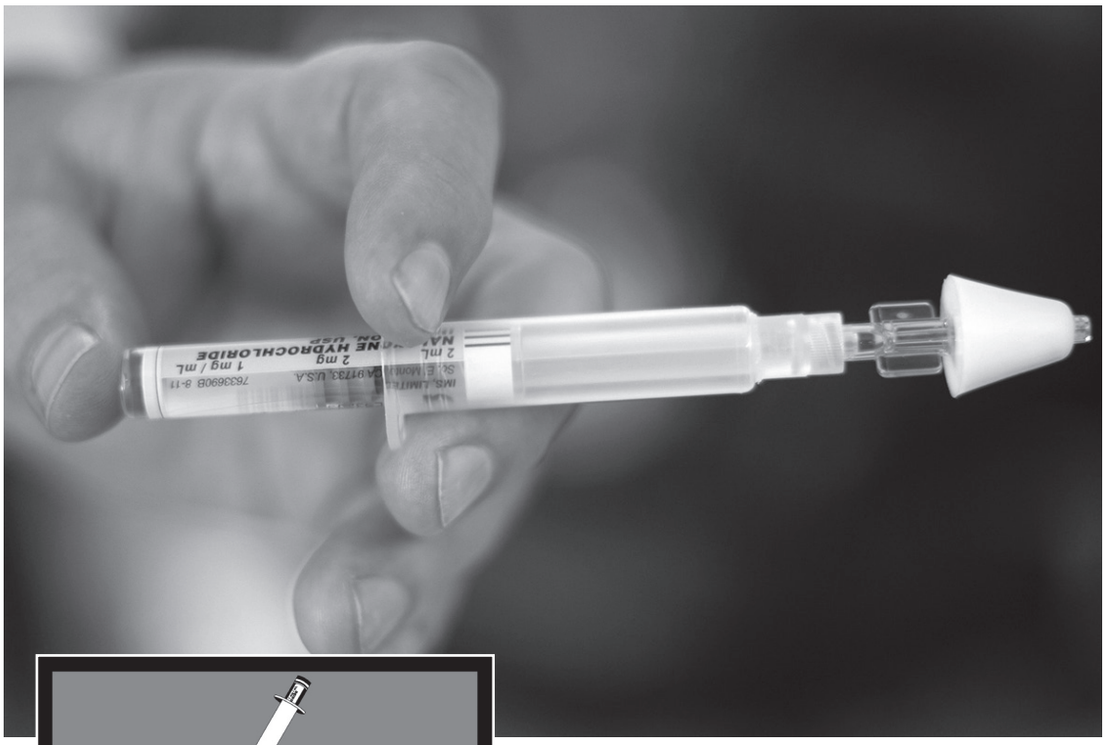
and may administer that opioid antagonist to an individual if **both of the following apply:**

1. The peace officer has been trained in the proper administration of that opioid antagonist.
2. The peace officer has reason to believe that the individual is experiencing an opioid-related overdose.

Officers **shall not** administer intranasal naloxone to any individual who is known to have a hypersensitivity to naloxone.

DEFINITIONS

1. DRUG INTOXICATION – Impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e.: euphoria, dysphoria, apathy, sedation, attention impairment.
2. NALOXONE – an opioid receptor



Naloxone – an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal, or intravenous forms.

antagonist and antidote for opioid overdose produced in intramuscular, intranasal, or intravenous forms. The [*insert name of department*] issues naloxone in the intranasal delivery form.

NOTE: This model has been written to illustrate the detail necessary for the delivery of the intranasal form of naloxone. If a department chooses to utilize an intravenous form, the appropriate level of training shall be provided to officers. In addition, the department's protocol should be written in the manner necessary for an intravenous application.

3. NALOXONE KIT – the naloxone kit provided consists of:

   a. One vial of naloxone,

   b. atomizer (mucosal atomization device); and

   c. (3) applicator

   When utilized, the intranasal atomizer delivers a mist of atomized medication that is absorbed directly into a person's bloodstream and directly into the brain and cerebral spinal fluid via the nose-to-brain pathway. This method of medication administration achieves medication levels comparable to injections.

4. OPIOIDS – heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone, oxycodone, Vicodin, and oxycontin.

Officers must successfully complete the mandatory intranasal naloxone training before they will be issued or may administer naloxone.

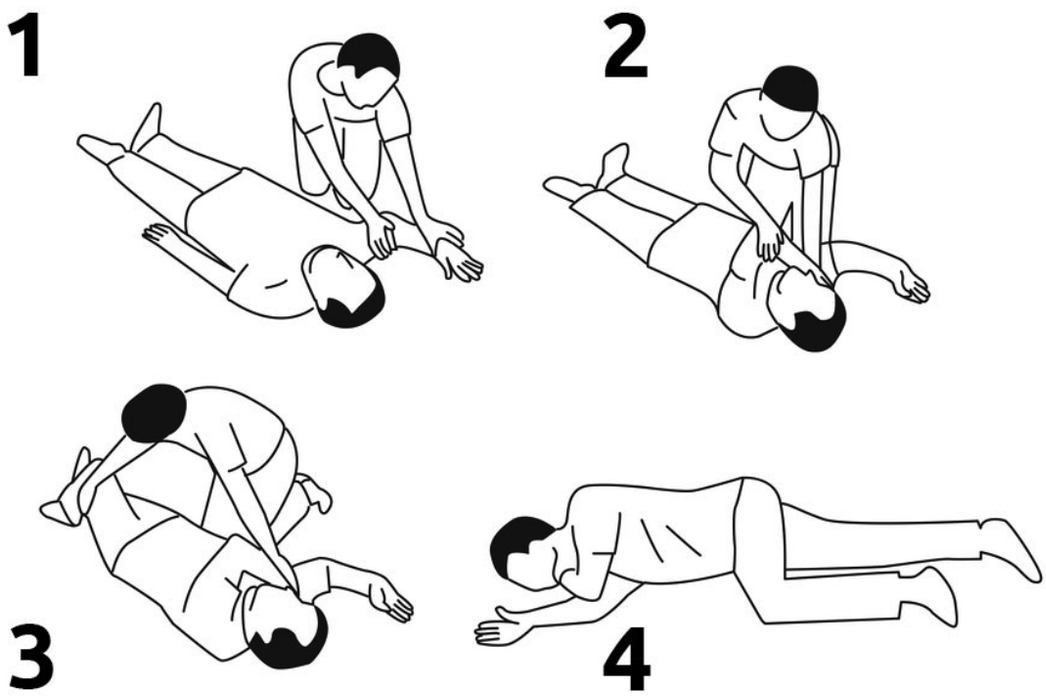
5. OPIOID OVERDOSE – A condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death, that results from the consumption or use of an opioid or another substance with which an opioid was combined or that a reasonable person would believe to be an opioid-related overdose that requires medical assistance. MCLA 28.541(c).
6. UNIVERSAL PRECAUTIONS – is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV and other bloodborne pathogens.
7. RECOVERY POSITION – this ensures that the airway of the person remains open and clear. It also ensures that any vomit or fluid will not cause them to choke.

TRAINING AND NALOXONE KIT DISTRIBUTION

The [*insert name of department*] shall be responsible for facilitating annual training in the use of intranasal naloxone and issuing the naloxone kits.

Officers must successfully complete the mandatory intranasal naloxone training before they will be issued or may administer naloxone.

Recovery Position



The officer shall be responsible for their provided naloxone kit and must be able to account for it at all times, including ensuring that they are in possession of the naloxone kit at the beginning of each shift.

Due to extreme weather sensitivity, the naloxone kit will not be left in vehicles beyond the duration of the officer's shift.

RECOVERY POSITION

To place someone in the recovery position:

1. Kneel on the floor on one side of the person.
2. Place the arm nearest you at a right angle to their body with their hand upwards towards the head.
3. Tuck their other hand under the side of their head, so that the back of their hand is touching their cheek.
4. Bend the knee farthest from you to a right angle.
5. Roll the person onto their side carefully by pulling on the bent knee.
6. The top arm should be supporting the head and the bottom arm will stop you rolling them too far.
7. Open their airway by gently tilting their head back and lifting their chin, and check that nothing is blocking their airway.
8. Stay with the person and monitor their breathing and pulse continuously until help arrives.
9. If their injuries allow you to, turn the person onto their other side after 30 minutes.

PROCEDURE

When a trained officer arrives at the scene of a medical emergency and has reason to believe that an individual is experiencing an opioid-related overdose, the responding officer shall administer the naloxone to the person by way of the nasal passages. In addition, the officer shall:

1. Conduct a medical assessment of the patient/individual when possible, taking into account statements from witnesses and or family members regarding drug use.
2. Ensure that emergency medical service personnel are responding to the scene.
3. Use universal precautions in administering aid.

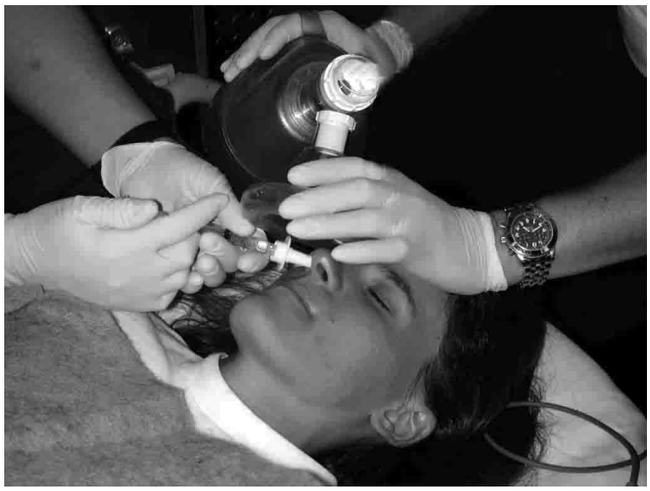
If the officer has reason to believe that there has been an opioid overdose, the intranasal naloxone kit should be utilized in the following manner:

1. Remove the cap from the delivery syringe and the cap from the naloxone vial.
2. Screw the naloxone vial gently into the delivery syringe.
3. Screw the mucosal atomizer device onto the top of the syringe.
4. Spray half of the naloxone vial into one nostril and the other half into the other nostril.

The officer shall be responsible for their provided naloxone kit and must be able to account for it at all times, including ensuring that they are in possession of the naloxone kit at the beginning of each shift.

Should the responding officer determine that a victim is in cardiac arrest (no breathing and no pulse) cardiopulmonary resuscitation (CPR) should first be immediately performed and an automated external defibrillator applied.

5. Continue to observe the subject and render emergency aid as the situation dictates until emergency medical personnel arrive.
6. If the situation allows, the officer should attempt to place the subject into the recovery position.



Should the responding officer determine that a victim of a suspected opioid overdose is in respiratory arrest (not breathing), naloxone should be administered without delay.

Immediately thereafter, rescue breathing should be performed with a resuscitation mask until the victim resumes breathing or emergency medical services personnel assume care.

Should the responding officer determine that a victim is in cardiac arrest (no breathing and no pulse) cardiopulmonary resuscitation (CPR) should first be immediately performed and an automated external defibrillator applied. If and when additional police officers arrive, naloxone then can be administered **during** CPR.

Note: CPR takes precedence over all other medical first aid under the circumstances described.

If a victim has not resumed breathing after three minutes, a second dose of naloxone can be administered in exactly the same manner as the initial dose.

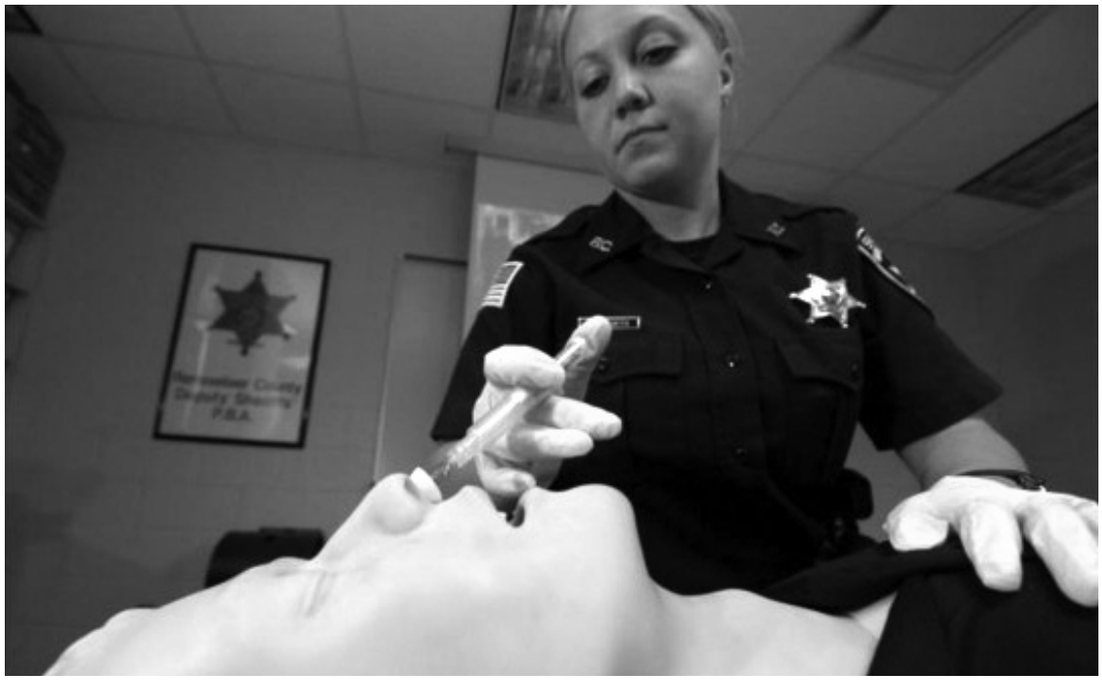
In the event that a family member or bystander has already administered naloxone and the victim is still not breathing or is barely breathing, a police officer may administer an additional dose of naloxone in the manner described above.

If the individual has adequate breathing, naloxone should not be administered.

Officers shall not administer naloxone to persons with **known** hypersensitivity to naloxone.

Officer safety precautions must be considered; individuals who become responsive after naloxone may respond with assaultive or aggressive behavior. However, positional asphyxia considerations must be maintained.

The used naloxone container shall be considered biohazard and shall be disposed of by providing it to responding fire department personnel for documentation and disposal or, if fire department personnel are not available, provided to the shift commander for documentation and disposal.



The officer shall notify their shift commander as soon as possible after administrating intranasal naloxone.

REPORTING AND DOCUMENTATION OF NALOXONE ADMINISTRATION

The officer shall notify their shift commander as soon as possible after administrating intranasal naloxone.

The shift commander shall insure that the naloxone administration is accurately documented on the shift summary (or equivalent document).

The officer who administered the naloxone shall complete an appropriate departmental report containing the following:

1. The subject's personal information.
2. Facts of the incident and scene observations.
3. Facts regarding the application of intranasal naloxone and the results.
4. The lot number of the naloxone vial used.

NOTE: All text indicated in red should be read for content and then omitted prior to departmental publication.

CONCLUSION

MMRMA's Risk Management department is available to assist members in establishing policy and procedural guidelines. Call for more information, answers to specific questions, or personal consultation. Members of the Law Enforcement Committee will be planning additional resources for distribution to MMRMA members. Your suggestions and comments are welcome.

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MMRMA would like to thank the following individuals for their assistance in preparing this document:
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A publication for members of

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