



POLICY & PROCEDURE

HOLMEN POLICE DEPARTMENT

SUBJECT: **USE AND CARRYING OF NALOXONE
(NARCAN)**

SCOPE: All Department Personnel
DISTRIBUTION: Policy & Procedure Manual

REFERENCE:

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RESCINDS

AMENDS

WILEAG 4th EDITION STANDARDS:

Purpose

The intent of the following policy and procedural guidelines is to establish guidelines and regulation governing utilization of Naloxone administered by the Holmen Police Department. The objective is to treat opioid overdoses/exposers and reduce fatal opioid overdoses.

Policy

Naloxone will be issued to all Officers for the treatment of victim drug overdoses or Officer Exposures. A patrol unit should be dispatched to any call that relates to a drug overdose. The goal of the responding officers is to provide immediate assistance via the use of naloxone where appropriate, to provide any treatment commensurate with the training as a first responder, to assist other EMS personal on scene, and to handle any criminal investigations that may arise.

Definitions

Opioid: An opioid is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opioid drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opioids in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin, Percocet and Percodan) and hydrocodone (Vicodin).

Naloxone: Naloxone is an opioid antagonist that 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.

Poor Responsiveness – Unresponsive: OR, displays an extremely altered level of consciousness where the victim is alert ONLY to painful stimulus and is NOT able to maintain adequate respiratory effort.

Poor Respiratory Status – Inability to maintain adequate respiratory effort (i.e., SLOW breathing that is less than eight (8) breaths/minute): OR, displays signs of cyanosis (i.e., bluish or purplish discoloration of the skin due to lack of oxygen)

Medical Director Physician: The Medical Director Physician, herein after referred to as MD, shall be a designated Medical Doctor who is licensed to practice medicine in Wisconsin. The Holmen Police Department shall maintain an affiliation with the MD.

Procedures

- A. When an officer of the Holmen Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS, and has made a determination that the patient is suffering from an opiate overdose, the responding officer should administer naloxone in accordance with training. Naloxone should be administered to the patient by way of one Naloxone HCl auto-injector, or nasal spray. If there is NO effect or response noted after (3-5) minutes from administration from an auto-injector, a second auto-injector should be used if available. If nasal spray form of Naloxone is available, one dose of 4 milligrams should be administered to patient by way of the nasal passage.

The following steps should be taken:

1. Officers shall use universal precautions.
2. Officers should conduct a medical assessment of the patient, to include taking into account statements from witnesses and/or family members regarding drug use.
3. If the officer makes a determination that there has been an **opioid overdose, + poor responsiveness + poor respiratory status**; the naloxone kit should be utilized in accordance with training.
4. While using the auto-injector kit of naloxone, it should be administered to the patient by way of the injection point being either of the patient's thighs. If using nasal form of naloxone, one dose should be administered to either nasal passage. The 0.4mg nasal form will have a quicker response by the patient than

the auto injector. If the nasal is blocked by blood or other debris, the naloxone will not be affective.

5. Officers should be aware that a rapid reversal of an opioid overdose may cause projectile vomiting by the patient and/or violent behavior. To prevent harm to the patient or officer do to violent behavior, handcuffing or other types of restraints prior to using Naloxone (Narcan) can be an option.
6. The patient should continue to be observed and treated as the situation and the Officers level of EMS training dictates.
7. The treating officer shall inform incoming EMS about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with a higher level of training.
8. Under no circumstance shall an overdose victim treated with naloxone by Holmen Police Officers be allowed to leave or refuse treatment.
 - a. The effects of naloxone can only last for a limited period of time requiring follow up medical care.
 - b. If an overdose patient is medically cleared by EMS after administering NARCAN and no other circumstances exist that would require further medical treatment, the patient can be released. If the patient is in need of further medical care per EMS the patient will be transported by EMS. If the Patient refused the recommended medical care by EMS, the patient can be placed on a chapter 51 hold.

B. Reporting

A complete incident report of the event shall be completed by the treating officer, or the primary responding officer, prior to the end of his shift.

C. Equipment and maintenance

1. It shall be the responsibility of officers to inspect naloxone kits prior to the start of each shift to ensure that the kits are intact. Naloxone kits shall be the responsibility of the officer they are issued to. While on patrol duty, the Naloxone kits shall be either on the officer's person or in their squad bag. Officers serving

in assignments other than patrol will be issued Naloxone kits but it is recognized that these kits might not be carried at all times.

- a. Naloxone kits shall not be exposed to extreme temperatures or stored in squads.
 - b. When not in use, naloxone kits will remain secured at all times.
2. Damaged equipment shall be reported to a shift supervisor immediately.
 3. The Lieutenant or designated officer by the Chief will maintain a written inventory documenting the quantities and expirations of naloxone, replacement supplies, and a log documenting the issuance of replacement units.

D. Replacement

Officers shall immediately replace naloxone kits that have been used during the course of a shift. New kits will be issued by a supervisor as necessary.

E. Training

Officers shall receive a training course which complies with Wisconsin Statute 256.40(3) and approved by the MD and the Department prior to being allowed to carry and use naloxone. The Department shall provide refresher training every two years.

V. Disclaimer

This policy is for departmental use only and does not apply in any criminal or civil proceeding. The department policy should not be construed as the creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this policy will only form the basis for departmental administrative sanctions.

08/05/2017

Shane Collins
Chief of Police