

ELIZABETH POLICE DEPARTMENT GENERAL ORDERS



VOLUME: 5

CHAPTER: 11

OF PAGES: 5

SUBJECT: NASAL NARCAN (NALOXONE)

EFFECTIVE DATE:

April 10, 2016

ACCREDITATION STANDARDS:

N/A

BY THE ORDER OF:

Chief Patrick Shannon

BY AUTHORITY OF:

Police Director James Cosgrove

SUPERSEDES ORDER #:

Special Order #2072 (10/2014)

PURPOSE The purpose of this general order is to establish guidelines and regulations governing the utilization of Nasal Narcan administered by the Elizabeth Police Department. The objective is to treat opioid overdoses and reduce fatal opioid overdoses.

POLICY It is the policy of the Elizabeth Police Department for police supervisors to administer Nasal Narcan to persons suffering from opioid overdoses at the earliest possible time to minimize overdosing in accordance with law and Union County Prosecutor's directives and guidelines.

PROCEDURES

I. GENERAL

- A. The training captain is designated as the Nasal Narcan coordinator. The Nasal Narcan coordinator's responsibilities include:
1. Ensuring that the Nasal Narcan kits are current and not passed their expiration dates.
 2. Ensuring proper and efficient deployment of Nasal Narcan to supervisors for field use.
 3. Ensuring that supervisors are adequately trained in its use.
 4. Ensuring that patrol officers receive awareness training in this topic.
 5. Replacing Nasal Narcan kits that are either damaged, unusable, expired, or had been used.
 6. Ensuring that any use of Nasal Narcan on a subject is documented on an *Incident Report* and a *Union County Nasal Narcan Deployment Form*.
 7. Ensuring that Nasal Narcan use has been reported to the Union County Prosecutor's Office Nasal Narcan Coordinator and the New Jersey Regional Operations and Intelligence Center (NJROIC) within 24 hours of deployment and whether the use was successful or not in saving a life.
- B. Nasal Narcan kits will be maintained in the following primary locations:
1. Patrol captain's office;
 2. Front desk under the control of the desk supervisor;
 3. All supervisor vehicles;
 4. Detective bureau under the control of the supervisory staff;
 5. Narcotics bureau under the control of the supervisory staff.
- C. Extreme temperatures both high and low can affect adversely the efficacy of Nasal Narcan. Due to this fact, consideration should be given to storing the Nasal Narcan kit in the interior of a patrol vehicle when these conditions exist and taking the Nasal Narcan kit from the vehicle after a shift is completed. Narcan kits must be stored in the passenger/ climate controlled cabin of supervisor patrol vehicles while in use. When vehicles are not in use, Narcan kits will be stored in the patrol captain's office

II. INDICATIONS AND USE

- A. Supervisors shall utilize Nasal Narcan on subjects believed to be suffering from an opioid overdose. Information that a subject is suffering from an opioid overdose include, but are not limited to:

1. Blood-shot eyes;
 2. Pinpoint pupils, even in a darkened room/area;
 3. Depressed or slow respiratory rate;
 4. Difficulty breathing (labored breathing, shallow breaths);
 5. Blue skin, lips, or fingernails;
 6. Decreased pulse rate;
 7. Low blood pressure;
 8. Loss of alertness (drowsiness);
 9. Unresponsiveness;
 10. Seizures;
 11. Evidence of ingestion, inhalation, injection (needles, spoons, tourniquets, needle tracks, bloody nose, etc.);
 12. Direct eyewitness account;
 13. Past history of opioid use/abuse.
- B. Supervisors shall follow the protocols outlined in their Nasal Narcan training.
- C. When using the Nasal Narcan kit, supervisors will maintain universal precautions against pathogens, perform patient assessment; determine unresponsiveness, absence of breathing and or pulse.
- D. Supervisors should update communications that the patient is in a potential overdose state.
- E. Communications personnel will promptly notify EMS and request a paramedic unit.
- F. Nasal Narcan Deployment Protocol:
1. Identify and assess victim for responsiveness, pulse and status of breathing.
 2. If no pulse, initiate CPR and AED as per normal protocol; notify incoming EMS.
 3. If pulse is present and the victim is unconscious, assess breathing status.
 - a. If breathing is adequate (>8 per minute, no cyanosis) and no signs of trauma, place in the recovery position.

- b. If breathing is decreased or signs of low oxygen (cyanosis) and overdose is suspected (based on history, evidence on scene, bystander reports, physical examination) then proceed with Narcan administration.
 4. Retrieve Narcan kit.
 5. Assemble kit.
 6. Administer a maximum of 1mg in each nostril for a total of 2mg, using the mucosal atomizer device.
 7. Initiate breathing support with pocket mask, bag-valve-mask and oxygen if available.
 8. If no response after 3-5 minutes and a second dose of Naloxone is available, repeat the administration.
 9. Continue to monitor breathing and pulse – if breathing increases and there is no evidence of trauma, place in the recovery position.
 10. If at any time pulses are lost, initiate CPR and AED as per normal protocol.
 11. Advise communications that Nasal Narcan is being administered.
 12. Keep responding EMS and paramedics advised of patient status when able to do so.
 13. Give full report to EMS when they arrive.
- G. After deploying Nasal Narcan that results in a resuscitation of an overdose victim, that supervisor should ensure that person receives appropriate follow-up care. The effects of Narcan only last for a limited period of time and the person may experience another opiate overdose when the effects of the Narcan wear off.
 1. Every effort should be made to encourage that person to be transported to the hospital for additional care. If the person refuses additional care, supervisors should ensure that person is taken to a medical facility by ambulance regardless of their refusal. The person shall not be permitted to sign an RMA form at the scene.
 2. Furthermore, an officer should accompany the ambulance personnel for their safety. Police department and EMT procedures should not be otherwise circumvented as a result of this protocol.
- H. Obtain a replacement Narcan kit from the Nasal Narcan Coordinator.

III. MAINTENANCE / REPLACEMENT

- A. Supervisors authorized to use Nasal Narcan kits are responsible for inspecting the kit prior to each shift.

- B. Missing or damaged Nasal Narcan kit(s) shall be reported directly to the desk supervisor, who will notify the Nasal Narcan coordinator.
- C. The Nasal Narcan Coordinator shall be notified if a Nasal Narcan kit is taken off line or needs replacement/maintenance and shall replace the kit as soon as practicable.

IV. DOCUMENTATION REQUIREMENTS

- A. Upon completing a medical assist with Nasal Narcan use, the deploying supervisor or his/her designee shall promptly complete a *Union County Nasal Narcan Deployment Form* detailing the nature of the incident, the care the patient received, the fact that Nasal Narcan was deployed and whether the Nasal Narcan use was successful (to the extent possible at the time).
- B. The deploying supervisor or his/her designee shall also complete an *Incident Report* and note that the *Union County Nasal Narcan Deployment Form* had been completed. The completed *Union County Nasal Narcan Deployment Form* and a copy of the Incident Report shall be forwarded to the training division.
- C. The training division shall transmit the *Union County Nasal Narcan Deployment Form* to the Union County Prosecutor's Office and attach the fax transmission verification report to the form and forward the form and verification report to records. If emailed, attach a copy of the send message.
- D. The training division shall also ensure that a copy of the completed *Union County Nasal Narcan Deployment Reporting Form* is sent by email to the New Jersey Regional Operations and Intelligence Center (NJROIC) by email at ROICadmin@gw.njsp.org or fax at 609-530-3650. If faxed, attach the fax transmission verification report to the form and forward the form and verification report to records. If emailed, attach a copy of the send message.