



## YARMOUTH POLICE DEPARTMENT POLICY AND PROCEDURE

### NASAL NALOXONE SPRAY 2014-02

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#### Background

Opiate overdose is the leading cause of accidental death in Massachusetts. Naloxone, commonly known by the brand-name Narcan®, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available since the 1960s and was recently developed as a nasal spray.

The Yarmouth Police Department will train its officers in the proper pre-hospital administration of nasal naloxone. In order to implement a safe and responsible nasal naloxone plan, the Department will establish and maintain a professional affiliation with a Medical Control Physician (MCP) who will provide medical oversight over its use and administration. The Medical Control Physician shall be licensed to practice medicine within the Commonwealth of Massachusetts. At his or her discretion, he or she may make recommendations regarding the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Department.

In order to implement this policy the Yarmouth Police Department relies upon the following statutes:

**M.G.L. c. 94C, § 34A** which states that “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

nasal naloxone, and only requires that it is (1) obtained with a prescription and (2) administered in good faith.

**M.G.L. c. 94C, § 19** which states that “Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.”

**M.G.L. c. 94C, § 7** which states that “any public official or law enforcement officer acting in the regular performance of his official duties” shall not require registration and may lawfully possess and distribute controlled substances.

**M.G.L. 258C, § 13** which states that “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.”

**M.G.L. 111E s9A** which states that “Any person who is incapacitated by reason of the consumption of a controlled substance or toxic vapor or other substance other than alcohol may be placed into protective custody by a police officer without the person’s consent for the purpose of immediately transporting the person to an acute care hospital or satellite emergency facility as defined in section 51½ of chapter 111 or otherwise immediately obtaining appropriate emergency medical treatment.”

## Definitions

**Opiate:** An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates 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 opiate 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®.

**Medical Control Physician:** The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical

Doctor who is licensed to practice medicine in Massachusetts. The Yarmouth Police department shall maintain an affiliation with the MCP.

Policy

- a) It is the intention of this policy to guide members of the Yarmouth Police Department on the proper use of nasal naloxone spray. Through the training they receive, officers will understand how to administer nasal naloxone to treat opioid Overdoses and reduce the number of fatal opioid overdoses.
- b) Nasal naloxone will be deployed in all marked department vehicles for the treatment of drug overdose victims.
- c) A patrol unit shall be dispatched to any call that relates to a drug overdose
- d) The goal of the responding officers shall be to provide immediate assistance via the use of the nasal naloxone where appropriate, to provide treatment commensurate with their training as first responders, to assist other EMS personal on scene, and to handle any criminal investigation that may arise.
- e) Once nasal naloxone is administered by a Yarmouth Police Officer the overdose victim should be transported to the hospital by rescue for treatment. If the victim refuses treatment they should be placed into protective custody under M.G.L 111E s9A and transported to the hospital.

Procedure

When responding members of the Yarmouth Police Department have arrived at the scene of a medical emergency prior to the arrival of EMS and have made a determination that the patient is encountering an opiate overdose based upon an initial assessment and/or witness accounts of the consumption of an opiate prior to the emergency, responding members of the Yarmouth Police Department may administer 4 milligrams of nasal naloxone to the patient by way of nasal passages.

The following steps should be taken

- i) Body substance isolation and universal precautions should be employed
- ii) A medical assessment of the patient, as prescribed by the M.P.T.C. First Responder Guidelines, should be conducted
- iii) Secondary responding Officers should take information from witnesses and/or family members when appropriate
- iv) If conditions, such as unresponsiveness, absence of breathing and or pulseless, indicate a suspected opiate overdose, the nasal naloxone kit should be deployed.

- v) Officer(s) shall deliver the full 4mg dosage by way of the patient's nasal passages.
- vi) The patient should be observed for improvements
- vii) Caution should be taken for the rapid reversal of opiate overdose including projectile vomiting by the patient and violent behavior
- viii) Signs of improvement of the patient's condition should be noted
- ix) If no improvement in the patient's condition is observed after 2 minutes the Officer should consider administering a second dose of nasal naloxone if available
- x) It is imperative that incoming EMS be updated as to the treatment and condition of the patient

**A complete offense report of the event shall be completed by the primary responding Officer. Officer administering Narcan shall also complete the MDPH First Responder Naloxone Report form.**

Training                      Yarmouth Police Officers will receive training/certification prior to being allowed to carry and use nasal naloxone.

Equipment and Maintenance                      a) An inspection of the nasal naloxone kit shall be the responsibility of the personnel assigned the equipment and will be conducted at each shift.

b) Missing or damaged equipment shall be reported to the shift supervisor immediately.

c) In any case where the nasal naloxone kit needs to be taken off line or be replaced the Departments Medical Liaison Officer shall be notified. Shift supervisors shall replace nasal naloxone kits that have been used during the course of a shift.

d) The Departments designated Medical Liaison Officer will maintain a written inventory documenting the quantities and expirations of naloxone replacement supplies, and a log documenting the issuance of replacement units.