466 ADMINISTRATION OF NASAL NALOXONE

466.1 PURPOSE

The purpose of this policy is to establish guidelines for the use of Nasal Naloxone by Columbia Police Officers with the objective of reducing and preventing fatal opiate/opioid overdoses.

466.2 POLICY

It is the policy of the Columbia Police Department (CPD) that all sworn members will be trained in the use of Nasal Naloxone for the treatment of suspected opiate/opioid overdose patients. Uniformed members who have completed the training will carry a Department issued Nasal Naloxone Kit with them in their patrol vehicle while on duty. Any trained member may carry the Nasal Naloxone Kit with them while off-duty or while working extra-duty law enforcement employment.

466.3 DEFINITIONS

Medical Control Physician (MCP): The Medical Control Physician shall be a designated Medical Doctor who is licensed to practice medicine in Missouri. The Columbia Police Department will establish and maintain a professional affiliation with the MCP who will provide medical oversight over Nasal Naloxone training, use and administration. The MCP, at his or her discretion may make recommendations to this policy.

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

Naloxone: Naloxone is an opiate/opioid antagonist that can be used to counter the effects of opiate/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®.

Nasal Naloxone Kit: A kit issued to officers by the Columbia Police Department containing Nasal Naloxone, latex gloves, safety glasses, instructions for use and a Naloxone Use Report.

Nasal Naloxone Coordinator (NNC): The member of the Columbia Police Department responsible for coordinating the storage, issuance, replacement and tracking of Nasal Naloxone Kits. This person is also responsible for the submission of reports or other information required for compliance with any grants if applicable.

Narcan Use Blue Team Report: Applicable report used by CPD employees to document the use of Nasal Naloxone by members of this department or to request replacement of damaged or expired Nasal Naloxone Kits.

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Universal Precautions: Is an approach to infection control to treat all human blood and certain body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens.

466.4 TRAINING

Columbia Police Department officers shall receive approved training prior to being allowed to carry and use Nasal Naloxone.

Periodically, the MCP will meet with the Training and Recruitment Unit (TRU) and NNC to review the Nasal Naloxone training curriculum, policy and procedures. Revisions will be made as appropriate.

Refresher training and updates will be provided by the department at a minimum biennially, and may be provided through in-service training, PowerDMS or shift briefing.

All training records will be maintained by the TRU.

466.5 DEPLOYMENT

The Quartermaster will store and distribute the kits to trained members. Uniformed members will carry the Nasal Naloxone Kit with them in their patrol vehicle, ATV, or bicycle while on duty. Members may carry Naloxone on their person when conducting foot patrol activities. Members should store their Nasal Naloxone Kits according to the manufacturer’s recommendations.

466.6 NASAL NALOXONE USE

When an officer of the Columbia Police Department arrives at a scene prior to Emergency Medical Services (EMS) and suspects the patient is likely suffering from an opiate/opioid overdose, the responding officer should do the following:

a. Notify Boone County Joint Communications of a potential overdose and request EMS response.
b. Establish personal and scene security;
c. Maintain universal precautions; and
d. Perform basic patient assessment to confirm likely opiate/opioid overdose generally defined as:

1. Unresponsiveness (to voice and touch)
2. Absence of breathing or very slow/ineffective breathing,
3. Pinpoint pupils, and/or
4. Evidence or presence of opiate/opioid drugs, paraphernalia or other information or statements indicating opiate/opioid use.

e. If the patient has no pulse and is not breathing normally, then perform CPR prior to any attempt at Nasal Naloxone deployment.
f. Administer the four (4) milligram dose of Nasal Naloxone according to the procedure outlined in training and the included instruction packet.
g. Prepare for sudden awakening of the patient with a potential for violent/combative behavior.
h. Notify Boone County Joint Communications that Nasal Naloxone was administered to the patient.
i. If the first dose is ineffective and the patient does not become responsive to voice or touch and does not resume normal breathing, additional doses of Nasal Naloxone can be given every two to three minutes until EMS arrives.

j. If patient appears to respond to the Naloxone, place patient in the recovery position on his/her side if possible.

k. Remain with the patient and render appropriate first aid until EMS personnel arrive.

l. If the patient refuses to wait for EMS personnel, officers will make every effort to convince the patient of the need to be checked by EMS. Officers will not use force to detain the patient unless a lawful detention or exigent circumstances exist.

m. Any police officer who is in contact with any person or persons in need of emergency medical assistance under these circumstances (drug or alcohol related overdose) shall provide appropriate information and resources for substance-related assistance.

466.7 REPORTING PROCEDURE

After use of Nasal Naloxone, members will:

a. Provide the individual who overdosed or their family/friends with a treatment-related resource card. See Missouri’s Good Samaritan Law §195.205 RSMo.

b. Request a case number and document the circumstances of the overdose incident in an offense/incident report. Documentation is expected to be thorough as to be useful for additional and/or future investigations.

c. Complete and submit a Narcan Use Blue Team to the direct supervisor or on-duty supervisor. This should be done as soon as practicable.

d. As soon as the supervisor receives the Narcan Use Blue Team, he/she should provide the officer with a replacement dose of Naloxone.

e. The supervisor will review the Narcan Use Blue Team and forward to the Nasal Naloxone Coordinator (NNC).

f. The NNC will be responsible for reviewing the Narcan Use Blue Team and upon completion will forward to internal affairs for maintenance/storage.

g. If applicable, the NNC will be responsible for dissemination of the information as required to maintain compliance with any grant or other additional reporting requirements.

466.8 MAINTENANCE AND REPLACEMENT

The Department’s Quartermaster will maintain an inventory documenting quantities and expirations of Nasal Naloxone replacement supplies, and a log documenting the issuance of replacement units.

Nasal Naloxone replacement doses will be kept in a central location, in a container or cabinet, and will be accessible by all sworn supervisors for replacement purposes.

Each officer assigned a Nasal Naloxone Kit will examine the kit daily, prior to beginning their shift, ensuring the Nasal Naloxone dose is not damaged or expired and that protective equipment is included.

If the Nasal Naloxone Kit is used or found to be damaged, expired or otherwise incomplete, the officer shall, as soon as practicable, complete and submit a Narcan Use Blue Team to his/her direct supervisor or the on-
duty supervisor. Upon receipt of the Narcan Use Blue Team the supervisor will provide the officer with a replacement kit. Replacement doses should be provided to the officer as soon as practicable, preferably before returning to service, but no later than the end of the officer's shift. The Nasal Naloxone kit is considered part of an officer's required equipment if they have received the required training and are working in CPD uniform.

Any damaged or expired doses will be labeled as such and left in the replacement cabinet to be collected by the Quartermaster. The NNC, upon receipt of the Narcan Use Blue Team will coordinate restocking of the replacement cabinet with the Quartermaster.

The Quartermaster will dispose of damaged or expired Nasal Naloxone according to the manufacturer's instructions.