

- A. **POLICY:** It is the policy of the Grand Rapids Police Department to provide personnel with the necessary training and tools to permit officers to carry and administer, when appropriate, intranasal naloxone (Narcan®).
- B. **PURPOSE:** Provide officers with guidelines to utilize naloxone to attempt to reduce fatal opioid overdose. This document shall provide guidelines, including the authorization for carrying and the administration of intranasal naloxone by officers who have been trained in its proper use and administration.

The Grand Rapids Police Department 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.

- C. **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®.
1. 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:
 - a. The peace officer has been trained in the proper administration of that opioid antagonist.
 - b. The peace officer has reason to believe that the individual is experiencing an opioid-related overdose.
 2. Officers shall not administer intranasal naloxone to any individual who is known to have a hypersensitivity to naloxone.

D. 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 antagonist and antidote for opioid overdose produced in intramuscular, intranasal or intravenous forms. The Grand Rapids Police Department issues naloxone in the intranasal delivery form.
3. *NALOXONE KIT* – the naloxone kit provided consists of a nasal applicator containing a prepared dosage of naloxone.
4. *OPIOIDS* – heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, oxycodone, and oxycontin.
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.

E. TRAINING AND DISTRIBUTION

1. The assigned Medical Training Coordinator shall be responsible for;
 - a. Facilitating annual training in the use of intranasal naloxone.
 - b. Issuing the naloxone kits to qualified employees.
 - c. Tracking the results of issued naloxone kits when used.
 - d. Replacement of used kits.
2. Officers must successfully complete the mandatory intranasal naloxone training before they will be issued or may administer naloxone.

3. The officer shall be responsible for their issued naloxone kit and be in possession of the naloxone kit at the beginning of each shift.
4. Due to extreme weather sensitivity, the naloxone kit will not be left in vehicles beyond the duration of the officer's shift.

F. PROCEDURE

1. 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;
 - a. Conduct a medical assessment of the patient/individual when possible, taking into account statements from witnesses and or family members regarding drug use;
 - b. Insure that emergency medical service personnel are responding to the scene;
 - c. Use universal precautions in administering aid
2. If the officer has reason to believe that there has been an opioid overdose and the intranasal naloxone kit is utilized, the officer shall:
 - (a) Administer the intranasal naloxone as trained.
 - (b) Continue to observe the subject and render emergency aid as the situation dictates until emergency medical personnel arrive;
 - (c) If the situation allows, the officer should attempt to place the subject into the recovery position.
3. Should the responding officer determine that a victim of a suspected opioid overdose is in respiratory arrest (not breathing, no signs of life), naloxone should be administered if signs of life are still not present. Officers should continue CPR until the victim shows signs of life or emergency medical services personnel assume care.
4. If a victim has not resumed breathing after three (3) minutes, a second dose of naloxone can be administered in exactly the same manner as the initial dose.

5. 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.
6. If the individual has adequate breathing, naloxone should not be administered.
7. Officers shall not administer naloxone to persons with known hypersensitivity to naloxone.
8. Officer safety precautions must be considered as individuals who become responsive after naloxone may respond with assaultive or aggressive behavior. However, positional asphyxia considerations must be maintained.
9. The used naloxone kit shall be considered biohazard and shall be disposed of in an approved medical waste container.

G. REPORTING AND DOCUMENTATION

1. The officer shall notify their shift commander as soon as possible after administering intranasal naloxone.
2. The shift commander shall insure that the naloxone administration is accurately documented on the shift summary.
3. The officer who administered the naloxone shall complete an incident report titled “use of naloxone” and contain the following:
 - a. The subject’s personal information;
 - b. Facts of the incident and scene observations;
 - c. Facts regarding the application of intranasal naloxone and the results;
 - d. The lot number of the naloxone vial used;
4. Coordinate with the Medical Training Coordinator for naloxone kit replacement.