



Alexandria Police Department

Directive 11.28



Opioid Overdose/Use of Naloxone

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CONTENTS

11.28.01	POLICY/PURPOSE
11.28.02	AUTHORITY/BACKGROUND
11.28.03	DEFINITIONS
11.28.04	GENERAL INFORMATION
11.28.05	RESPONSIBILITIES
11.28.06	PROCEDURES

11.28.01 POLICY/PURPOSE

The purpose of this directive is to establish guidelines and procedures for the administration of naloxone for opioid overdoses or inadvertent exposures.

11.28.02 AUTHORITY

Police officers (as defined in 9.1-101) who have completed an approved training program, may administer naloxone and will not be subject to civil liability, pursuant to Virginia Code 54.1-3408 and 8.01- 225. Virginia code 8.01-225(A-19) states that officers who in good faith administer naloxone in an emergency to an individual who is believed to be experiencing, or about to experience, a life-threatening opioid overdose shall be immune from civil liability for any personal injury that results from any act or omission in the rendering of such treatment, unless such act or omission was the result of gross negligence or willful misconduct.

11.28.03 DEFINITIONS

Opioid – Synthetic or natural (opiate) drugs that depress activity of the central nervous system and are used primarily for pain relief. The most common opioids are heroin and pain medications such as morphine, codeine, methadone, oxycodone (Percocet, OxyContin), hydrocodone (Vicodin), hydromorphone, buprenorphine, and fentanyl.

Opioid Overdose – An acute condition due to excessive opioids in the body, manifested by respiratory and/or central nervous system depression.

Naloxone – (Narcan®) An opioid antagonist that counteracts the effects of opioids that can reverse respiratory depression and restore normal breathing and consciousness. It is colorless and odorless.

Naloxone Coordinator - The Naloxone Coordinator shall be an individual designated by the Chief of Police to coordinate all naloxone training, collect, review and track all reports of naloxone usage.

Naloxone Administration Report (NAR) – An electronic template within report manager that collects specific data regarding the administration of naloxone. Any time naloxone is administered by an APD employee, the Naloxone Administration Report will be completed. The officer completing the NAR will email the Naloxone Coordinator prior to the employee ending their tour of duty informing him/her of the deployment and the incident number of the report.

11.28.04 GENERAL INFORMATION

- A. Naloxone shall only be issued to properly trained and authorized Department personnel. All sworn employees must be trained before they administer naloxone.
- B. Officers may encounter opioid overdoses from various sources, such as heroin or prescription medications, and may include hazardous exposures to fentanyl or carfentanil that can place first responders at risk.
- C. Naloxone is a safe medication that can be administered in emergencies to reverse the effects of opioid overdoses or inadvertent exposures. It is important to note the following:
 - 1. Naloxone is safe to use even if administered mistakenly in incidents of suspected opioid overdose;

- 2. It does not have the potential for abuse and is not addictive;
 - 3. It cannot be used to get high; and
 - 4. A person cannot develop an immunity to it.
- D.** The shelf life of naloxone is approximately two years from date of manufacture. It is light and temperature sensitive. To preserve its effectiveness, naloxone should not be subjected to extreme temperatures (heat or cold) or left in vehicles. It should be stored at room temperature.
- E.** The following are signs and symptoms of an opioid overdose, as compared to someone under the influence:

Under the Influence	Opioid Overdose
Normal skin tone	Pale, clammy skin; blue lips and/or fingertips
Muscles relaxed; speech is slowed or slurred	Breathing is infrequent or has stopped
Sleepy-looking; glazed eyes	Unconscious; deep snoring or gurgling (death rattle)
Muscles become relaxed; responsive to shouting, sternal rub or ear lobe pinch	Unresponsive to painful stimuli
Normal heart rate and/or pulse	Slow or no heart rate and/or pulse

11.28.05 RESPONSIBILITIES

A. Officer's Responsibilities:

- 1. Officers shall conduct a visual inspection of the naloxone administration devices at least once a month. If the required medical seal is broken or removed, the device shall be discarded and replaced as soon as possible.
- 2. Officers will ensure their naloxone administration devices are replaced before the expiration date.

3. Expired or damaged naloxone administration devices will be reported directly to the Naloxone Coordinator via email or in-person.
4. Officers will obtain replacement naloxone administration devices from the Property and Evidence Section only after receiving authorization from the Naloxone Coordinator.
5. Officers shall document the use of naloxone in an incident report and complete the Naloxone Administration Report (NAR). Prior to the end of their shift, officers will notify the Naloxone Coordinator via email regarding any use of naloxone and provide the coordinator with the report incident number.

B. Supervisor's Responsibilities:

1. Each quarter, supervisors will inspect the naloxone administration devices assigned to their officers. If the required medical seal is broken or removed, the device shall be discarded and replaced as soon as possible.
2. If naloxone is administered to APD personnel, the ranking supervisor shall initiate the injury reporting process.

C. Naloxone Coordinator's Responsibilities:

1. The Naloxone Coordinator or his/her designee will coordinate with the Property and Evidence Supervisor to ensure the Department has an adequate supply of naloxone administration devices for replacement purposes. Inventory of spare naloxone will be kept in the Property and Evidence Section.
2. The Naloxone Coordinator will maintain an electronic inventory control log that contains the following information:
date the device was issued, issuing employee's name and serial number, receiving employee's name and serial number, number of naloxone administration devices issued, lot number of naloxone, product expiration date, and return date for expired devices.
3. The Naloxone Coordinator will be responsible for coordinating all required training in accordance with this directive.
4. The Naloxone Coordinator will be responsible for managing the acquisition and issuance for the naloxone program and monitor expiration dates.

11.28.06 PROCEDURES

- A. Authorized Department employees may administer naloxone to themselves, other Department employees, other first responders, and members of the public when, based upon their training, they reasonably believe that the intended recipient is experiencing adverse health effects caused an opioid-induced overdose.
- B. Upon arriving at a scene of a medical emergency where it has been determined that an overdose has likely occurred, the responding officer will ensure the safety of the scene and request the response of emergency medical services (EMS) personnel.
- C. Officers responding should be prepared with appropriate personal protective equipment and naloxone kits.
- D. The primary role of the responding authorized Department employee is to provide a safe environment for themselves, the public and EMS personnel. Naloxone shall only be administered to members of the public when it is safe to do so.
- E. When using naloxone, authorized Department employees will:
 - 1. Utilize universal precautions to protect against blood borne pathogens and other communicable diseases;
 - 2. Ensure EMS has been summoned;
 - 3. Assess the patient to determine unresponsiveness and other indicators of an opioid-induced overdose;
 - 4. Wear nitrile gloves; (Other Fentanyl/BBP exposure PPE kit items may be used as needed.)
 - 5. Prepare and administer the naloxone in accordance with program training protocols; and
 - 6. Provide CPR, if needed, utilizing an appropriate barrier mask.
 - a. Note: Multiple doses of naloxone may need to be administered to the patient depending on the opioid to which the victim was exposed.
 - b. Be aware that patients revived from an opioid overdose may regain consciousness in an agitated or combative state and may exhibit symptoms associated with withdrawal. Department personnel should be prepared to use appropriate defensive tactics control measures if necessary.

7. If the naloxone is effective, immediately place the patient into the recovery position and maintain this position while providing supportive care until relieved by EMS personnel. Notify responding EMS personnel of the use of the naloxone, the manner it was administered, and the number of doses used.

F. Following the administration of naloxone:

1. Try to stimulate the subject by shouting his/her name, tapping his/her shoulder, or pinching an ear lobe. You can also make a fist and rake your knuckles hard up and down the front of the person's breast bone to try and wake them.
2. If the person does not wake up within three minutes, or if the person has relapsed into an overdose again after having previously recovered with the initial dose, naloxone may be administered again;
3. Place the person on their side, in the recovery position;
4. Continue to render first aid until relieved by EMS personnel;
5. Ensure that the individual is transported to a hospital for further medical care;
6. Used naloxone administration devices may be discarded into an appropriate trash receptacle. It is not necessary to treat it as medical or biohazard waste.
7. Opioid drugs may still be active in the overdose victim's system after the naloxone wears off, and an additional dose of naloxone may be needed.

G. Once naloxone is administered by APD personnel, they must remain on scene until EMS arrives and assumes care.

H. During an investigation, arrest, or evidence collection, officers may be at risk for inadvertent exposure. Officers shall take appropriate safety measures to avoid touching, handling, or contact with powdery substances suspected of drugs and should also avoid touching their eyes, nose and mouth, or smelling unknown substances that could be an opioid.

I. STORAGE

1. Naloxone administration devices shall be stored in an approved storage case and kept in a manner consistent with proper storage guidelines as detailed by the manufacturer for temperature and sunlight exposure. This includes, but is not limited to, the following:

- a. While on duty, authorized officers will carry their issued naloxone administration devices in an approved, Department provided storage case.
- b. The naloxone administration devices **shall be stored in a temperature-controlled environment when the employee is not on duty. Officers are not permitted to store naloxone in any vehicle while off-duty.** Prolonged exposure to extreme temperatures or sunlight that exceed manufacturer's recommendation(s) may reduce the efficacy of naloxone which may limit its ability to counteract an opioid overdose

J. TRAINING

1. The Naloxone Coordinator is responsible for coordinating and ensuring approved emergency opioid antagonist training is delivered to all authorized Department employees.
2. All authorized Department employees will receive the initial training prior to being issued naloxone.
3. All authorized Department employees shall receive recertification training biennially, which will coincide with the CPR recertification schedule.

BY AUTHORITY OF:

Michael L. Brown
Chief of Police