PATROL

CARRY AND USE OF NARCAN

Purpose: The purpose of this policy is to establish guidelines and regulations governing the utilization of intranasal Naloxone administered by the North Little Rock Police Department.

Policy Statement: All sworn North Little Rock Police Department CPR-certified officers will carry Naloxone once completed intranasal Naloxone training and are familiar with policy procedures. Intranasal Naloxone is a treatment for drug overdose victims. A patrol unit shall respond to any call that relates to a drug overdose. The goal of responding officer(s) shall be to provide immediate assistance via the use of Naloxone when appropriate. Officers should offer any treatment commensurate with their training as first responders, assist Emergency Medical Service (EMS) personnel on scene, and handle any criminal investigations that may arise.

Summary of Changes:

Definitions:

Opiate: An opiate is a medication or drug derived from the opium poppy or that mimics the effect of an opiate (a synthetic opioid). Opiate drugs are narcotic sedatives that depress the 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 counter the effects of an opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system.

Medical Control Physician: The Medical Control Physician, from now on referred to as MCP, shall be a designated medical doctor who is licensed to practice medicine in the State of Arkansas. The department shall maintain an affiliation with the MCP. The chief of police or designee shall periodically consult with the MCP to review overall training, equipment, procedures, changes to applicable laws and regulations, and the review of specific medical cases. At his or her discretion, the MCP may assist in training members of the department.

Body Substance Isolation: Body substance isolation shall mean equipment provided to members of the department including but is not limited to nitrile protective gloves, eye protection, respirator masks, Tyvek® protective suits, and other personal protection equipment as available.

Procedure:

1. Safety

1.1 Officer and scene safety should be the priority when responding to a potential overdose or exposure call. When interacting with an overdose victim, officers shall exercise universal precautions, ensure the victim is in a safe location, and remove any potential weapons or dangerous items from the victim's reach. Officers should remain alert to the effects of Naloxone in the event the victim becomes hostile or violent.

2. Naloxone Use

2.1 When an officer has arrived at the scene of a medical emergency before the arrival of EMS and has determined the patient is suffering from an opiate overdose, the responding officer should administer four (4) milligrams of Naloxone to the patient by way of the intranasal passages through one nostril.

2.2 The following steps should be taken:

a) Before the assessment of a patient, body substance isolation should be employed by responding officers.
b) Officers should conduct a medical assessment of the patient to determine if the patient is encountering an opiate overdose based upon the initial evaluation, witness accounts, and family members regarding drug use.
c) The use of a Naloxone kit is appropriate anytime officers suspect an opiate overdose. The use of Naloxone on a person not suffering an opiate overdose is not harmful to the subject.
d) The officer shall use the intranasal mist to administer a four (4) milligram intranasal dose of Naloxone to one (1) nostril, observe for 2-3 minutes and if no response, administer a second four (4) milligram intranasal dose of Naloxone to the opposite nostril for a complete dosage of eight (8) milligrams. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient or violent behavior.
e) The patient should continue to be observed and treated as the situation dictates.
f) The treating officer shall inform incoming EMS about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with a higher level of training.

3. Reporting

3.1 A complete offense report of the event shall be completed by the treating officer, or the primary responding officer, before or to the end of his/her shift. The report shall detail the nature of the incident, the care the patient received, and the utilization of intranasal Naloxone.

3.2 The department Medical Form will be completed and emailed to the program coordinator.

3.3 Administration of grant-funded Naloxone requires accessing https://surveys.afmc.org/surveys/?s=MTLY7L93WW to report the incident and provide basic demographics of the individual receiving Naloxone.

4. Equipment and Maintenance

4.1 It shall be the responsibility of officers to inspect their assigned Naloxone kit before the start of each shift and to ensure that the kits are intact. Damaged equipment shall be reported to a shift supervisor immediately.

4.1.1 Members are responsible for storing assigned Naloxone kits in a temperature-controlled area. Naloxone kits should not be left in vehicles between shifts exposing the equipment to extreme hot and cold.

4.2 It shall be the responsibility of the officer to inspect Naloxone kits issued to ensure the kits are intact. Supervisors shall periodically check the Naloxone kits to ensure they are intact and not damaged.

4.3 The department's Intranasal Naloxone Program Coordinator will maintain an inventory documenting the quantities and expirations of Naloxone replacement supplies, and a log documenting the issuance of replacement units.

5. Replacement

5.1 Shift supervisors shall immediately replace Naloxone kits that have been used during a shift and notify the program coordinator via departmental email.

6. Training

6.1 Officers shall receive a standard training course administered by the Criminal Justice Institute (CJI) before being allowed to carry and use Naloxone. The department will make available and assure that all Naloxone certified officers complete a refresher course each year.

7. Intranasal Naloxone Program Coordinator Responsibilities

7.1 The program coordinator will:

a) Identify an Arkansas State-licensed physician to oversee the clinical aspects of the opioid overdose prevention program (Intranasal Naloxone) before the initiation of the program;
b) Contact CJI for training;
c) Ensure that each sworn officer of the North Little Rock Police Department is qualified as a trained overdose responder (TOR);
d) Ensure that all trained overdose responders complete all components of the training program;

e) Maintain Intranasal Naloxone Program records, including overdose responder training records, intranasal Naloxone usage records, and inventories of intranasal Naloxone supplies and materials;
f) Provide liaison with EMS, where appropriate; and
g) Assist the overseeing physician with a review of all overdose reports, particularly those including intranasal Naloxone administration.

8. Medical Control Physician Responsibilities

8.1 The Medical Control Physician, who must be an Arkansas state-licensed physician, will:

a) Provide clinical consultation, expertise, and oversight of medical issues related to the Intranasal Naloxone Program;
b) Review reports of all administration of intranasal Naloxone with the department's program coordinator quarterly.

Patrick Thessing
Chief of Police