



# BARNSTABLE POLICE DEPARTMENT

## POLICY AND PROCEDURE 527

### NASAL NALOXONE

Date of Issue: 12/12/2014

Effective Date: 01/12/2015

#### Accreditation Standards:

**1.0 Background** Opiate overdose is one of the leading causes of accidental death in Massachusetts. Naloxone, commonly known by the brand name Narcan®, is an opiate antagonist which works to reverse an opiate overdose by blocking receptors in the brain.

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**2.0 Policy** Barnstable Police Officers are trained in the proper pre-hospital administration of nasal naloxone. Only officers trained in the use of nasal naloxone are authorized to administer it.

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**3.0 Definitions**

**Opiates**  
A narcotic sedative containing or derived from opium that depresses the central nervous system, tending to induce sleep and alleviate pain. For the purposes of this policy, opiate will also refer to the synthetic form, opioid, which possesses similar properties.

**Naloxone**  
A potent synthetic chemical that acts within the body to reduce the physiological activity of opiates, specifically opposing the action on the nervous system by blocking its nervous receptors.

**Medical Director**  
A qualified and licensed practitioner who is the responsible person named on the registration of the Department and will advise the Department regarding policy, oversight, training, and administration of the nasal naloxone program.

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**4.0 Legal** Officers administering nasal naloxone are governed by the following statutes: MGL c.94C s.7, MGL c.94C s.19, MGL c.94C s.34A, MGL c.258C s.13, which allow naloxone to be carried lawfully and administered in good faith.

The Department maintains a professional affiliation with a Medical Director who provides medical oversight for the use and administration of nasal naloxone.

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**5.0  
Training**

Officers receive an initial training course prior to being allowed to administer nasal naloxone. Only officers trained in the use of nasal naloxone are authorized to administer it.

Subsequent refresher training will be conducted at in-service.

The Training Coordinator shall maintain a record of all officers certified to administer nasal naloxone.

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**6.0  
Response  
Guidelines**

Personnel assigned to dispatch should carefully screen medical calls in an attempt to determine if the medical condition is possibly an opiate overdose.

If an opiate overdose is confirmed or suspected, a cruiser with a nasal naloxone kit, if available, shall be dispatched. A second cruiser should also be assigned to the call.

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**7.0  
Procedures**

When a trained member of the Barnstable Police Department arrives at the scene of a medical emergency prior to the arrival of EMS, and he/she has a nasal naloxone kit available, the following procedures will be followed:

<b>Step</b>	<b>Action</b>
1	Quickly attempt to determine if the subject is suffering an opiate overdose using evidence in the immediate area, witness/family statements, and/or prior history.
2	<b>If no pulse</b> , perform five cycles (2 minutes) of CPR in accordance with training. Administer naloxone in accordance with training. If two or more responders, administer <b>during</b> first five cycles of CPR. If one responder, administer <b>after</b> first five cycles of CPR.
3	<b>If pulse</b> , administer naloxone in accordance with training. If the subject is not breathing or breathing inadequately, provide rescue breaths.
4	If there is no change in the subject after 3-5 minutes following the first dose of naloxone, administer naloxone for a second time in accordance with training.
5	Monitor the subject until EMS arrives and provide any appropriate treatment as needed (CPR, AED, rescue breaths, First Aid, etc).
6	The administering officer shall inform arriving EMS about treatment provided and the condition of the patient.

The second officer to arrive will assist the administering officer and should remain aware of the patient's response to naloxone.

The administering officer shall document the incident in accordance with Section 10.0 of this policy.

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**8.0  
Immunity from  
Prosecution**

Per MGL c.94C s.34A, officers shall not arrest, summons, or otherwise charge any person for possession of a controlled substance if the evidence for the charge was gained as a result of a subject seeking medical assistance in good faith for a drug-related overdose. This includes the subject who is:

- Experiencing the drug-related overdose, and/or
- Requesting the medical assistance.

However, officers are not prohibited from charging anyone with trafficking, distribution, or possession with intent to distribute offenses.

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**9.0  
Equipment and  
Maintenance**

Nasal naloxone kits are deployed in cruisers equipped with Automatic External Defibrillators (AEDs). It is the responsibility of the officer assigned to a cruiser with an AED in the medical bag to inspect the naloxone kit prior to the start of the shift. If the medical bag is sealed and contains an AED, it may be inferred that the naloxone kit is intact.

Naloxone kits are also attached to stationary AEDs located at the Barnstable Police Facility and substations. The Health and Safety Officer (HSO) is responsible for inspecting the stationary AED naloxone kits.

Any used, damaged, or missing kits will be reported immediately to the Watch Commander. The Watch Commander shall notify the HSO of any changes in the status of a kit verbally or via email.

The HSO will maintain a written inventory documenting the quantities, expiration dates, and locations of all issued and replacement naloxone kits.

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**9.1  
Replacement**

The Watch Commander shall, whenever practical, replace naloxone kits as needed during the course of the shift. The Watch Commander is also responsible for conducting an inquiry into the circumstances surrounding a missing or damaged kit, if not documented.

If the Watch Commander is unable to replace a naloxone kit, he/she shall notify the HSO either verbally or via email, who will ensure replacement as soon as possible.

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**10.0**  
**Documentation**

Dispatch shall document known overdose calls by using the call type “Medical, Overdose”, type code “OVER”. If the nature of the call is not known at the time of dispatch, the call type shall be changed accordingly once the responding officer has determined the event to be an overdose or suspected overdose.

An incident report and *Overdose Prevention Program Report-Back Form* shall be completed by the administering officer prior to the conclusion of his/her shift, or as soon as practical. The case number should be noted on the upper right corner of the *Overdose Prevention Program Report-Back Form*.

The approving supervisor shall forward a copy of all naloxone reports and forms to the HSO, who will facilitate distribution to the Medical Director and other agencies in accordance with *Policy & Procedure 1202 “Records.”*

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