ADMINISTRATION OF NASAL NALOXONE & USE OF AUTOMATIC EXTERNAL DEFIBRILLATOR

POLICY & PROCEDURE NO.	ISSUE DATE: September 29, 2014
41.4.7	EFFECTIVE DATE: September 29, 2014
Approved: Alan R LaMana Chief of Police **Date: September 29, 2014**	REVISION DATE:
☒ NEW ☐ AMENDS ☐ RESCINDS	

I. BACKGROUND

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in Oxycontin, Percocet and Percodan, and hydrocodone as found in Vicodin.

Naloxone, commonly known by the brand-name Narcan, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

To reduce the number of fatalities which can result from opiate overdoses, the Haverhill Police Department will train its officers in the proper pre-hospital administration of nasal naloxone. In order to implement a safe and responsible nasal naloxone plan, the Department will establish and maintain a professional affiliation with a Medical Director (MD) who will provide medical oversight over its use and administration. The Medical Director shall be licensed to practice medicine within the Commonwealth of Massachusetts. At his or her discretion, he or she may make recommendations regarding the policy, oversight, quality assurance and administration of the nasal naloxone program developed and implemented by the Department.

Sudden Cardiac Arrest can often accompany an opiate overdose. To combat Sudden Cardiac Arrest under all circumstances the Haverhill Police Department will deploy Automatic External Defibrillators (AEDs) in the patrol vehicles. AEDs can successfully convert a patient in Ventricular Fibrillation back into a normal heart rhythm. In order to implement a safe and responsible AED program, the Department will establish and maintain a professional affiliation with a Medical Director (MD) who will provide medical oversight over the use of AEDs. The Medical Director shall be licensed to practice medicine within the Commonwealth of

Massachusetts. At his or her discretion, he or she may make recommendations regarding the policy, oversight, quality assurance and administration of the AED program developed and implemented by the Department.

In order to implement this policy the Haverhill Police Department relies upon the following statutes:

- M.G.L. c. 94C, § 34A which states that, (a) a person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance, and (b) A person who experiences a drug-related overdose and is in need of medical assistance and, in good faith, seeks such medical assistance, or is the subject of such a good faith request for medical assistance, shall not be charged or prosecuted for possession of a controlled substance under said sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance.

  The statute goes on to state that "a person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose." The statute imposes no limitation on who may possess and administer nasal naloxone, and only requires that it is (1) obtained with a prescription and (2) administered in good faith.

- M.G.L. c. 94C, § 19 which states that "Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice."

- M.G.L. c. 94C, § 7 which states that "any public official or law enforcement officer acting in the regular performance of his official duties" shall not require registration and may lawfully possess and distribute controlled substances.

- M.G.L. c. 258C, § 13 which states that "No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct."

II. DEFINITIONS

Opiate: An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress 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 be used to counter the effects of opiate 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.

Medical Services Officer: The Department's Medical Services Officer shall maintain a written inventory documenting the quantities and expirations of naloxone replacement supplies, and a log documenting the issuance of replacement units. The MSO is also responsible for gathering information from the Nasal Naloxone Usage Sheet and submitting the information quarterly to the Medical Director. The MSO shall also be responsible for providing refresher training in nasal naloxone as part of their First Responder Recertification every 3 years.

Medical Director: The Medical Director, herein after referred to as MD, shall be a designated Medical Doctor who is licensed to practice medicine in Massachusetts. The Haverhill Police Department shall maintain an affiliation with the MD.

Nasal Naloxone Usage Sheet: The Nasal Naloxone Usage Sheet is a form used to capture information about the patient's response when Nasal Narcan is administered by an officer, while protecting the patients' identity. The purpose of this form is to assess and provide a mechanism for quality control of the Department's Nasal Naloxone program through quarterly reports submitted to the Department's Medical Director.

Automatic External Defibrillator: Automatic External Defibrillator, herein after referred to as AED, is an electronic lifesaving device used to convert a person in Sudden Cardiac Arrest into a normal heart rhythm.

III. POLICY

Naloxone and AEDs will be deployed in all marked Department vehicles for the treatment of drug overdose victims. A patrol unit shall be dispatched to any call that relates to a drug overdose, cardiac arrest, chest pain or difficulty breathing. The goal of the responding officers shall be to provide immediate assistance via the use of naloxone or AED where appropriate, to provide any treatment commensurate with their training as first responders, to assist other EMS personal on scene, and to handle any criminal investigations that may arise.

IV. PROCEDURE

When an officer of the Haverhill Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS, and an opiate overdose is suspected, the responding officer should administer two milligrams of naloxone to the patient by way of the nasal passages. One milligram should be administered to each nostril.
The following steps should be taken:

1. Officers shall use universal precautions.

2. Officers should conduct a medical assessment of the patient as prescribed by Department Policies and Procedures, to include take into account statements from witnesses and/or family members regarding drug use.

3. If the officer suspects an opiate overdose, the naloxone kit should be utilized.

4. The officer shall use the nasal mist adapter that is pre-attached to the naloxone to administer a one milligram intra-nasal dose of naloxone to each nostril for a complete dosage of two milligrams. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.

5. The patient should continue to be observed and treated as the situation dictates.

6. 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.

7. The used nasal naloxone kit shall be properly disposed of in a sharps container.

When an officer of the Haverhill Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS, and the use of an AED is indicated, the responding officer should utilize the AED in patient treatment as trained during CPR/First Responder Training. The following steps should be taken:

1. Officers should use universal precautions.

2. Officers should conduct a medical assessment of the patient as prescribed by Department Policies and Procedures, to include take into account statements from witnesses and/or family members.

3. If the officer believes the patient is in Sudden cardiac Arrest, the AED should be utilized.

4. The officer shall expose the chest area, being mindful of patient privacy, and remove any obstacles which would hinder the use of the AED. Turn the AED on and attach it to the patient keeping all rescuers from touching the patient during the analyze and shock sequence. Officers shall follow all prompts given by the AED. Once the AED is put on a patient, it shall not be removed until the patient is at the hospital or directed by Paramedics.

5. 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.

6. After removing the AED, it shall be turned into the OIC, who will put it in the armory until the Medical Services Officer can download the data and replace the pads on the AED.

A. Reporting

A complete incident report of the event shall be completed by the treating officer, or the primary responding officer documenting the use of nasal naloxone, prior to the end of his/her shift. As part of the MOU with the Department's Medical Director, a Nasal Naloxone Usage Sheet (which provides anonymity to the patient) shall also be completed by the treating officer, and submitted to the Medical Services Officer. Whenever an AED is used, a copy of the complete incident report shall be submitted to the Medical Services Officer.

B. Equipment and Maintenance

It shall be the responsibility of officers to inspect naloxone kits prior to the start of each shift to ensure that the kits are intact and have not expired. Naloxone kits shall be stored in the Medical Bags in each marked cruiser. AEDs shall be inspected by looking for a green flashing light and insuring AED Pads are not expired.

Damaged equipment shall be reported to a shift supervisor immediately.

C. Replacement

Shift supervisors shall immediately replace naloxone kits that have been used during the course of a shift. AEDs will be put back into service after being checked by the Medical Services Officer.

D. Training

Officers shall receive an initial one hour training course according to MPTC guidelines prior to being allowed to carry and use naloxone. Officers will receive refresher training in nasal naloxone as part of their First Responder Recertification every 3 years. Officers receive training in CPR and the use of AED on an annual basis.