

# Naloxone Program

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<i>Effective Date:</i> <b>March 6, 2018</b>	<i>Directive Number:</i> <b>10-2-42</b>		
<i>Special Instructions:</i> NONE			
<i>Distribution:</i> <b>All Sworn &amp; Civilian Personnel</b>	<i>Last Re-Evaluation Date:</i>	<i>Total Pages:</i> <b>4</b>	

## I. PURPOSE

This general order establishes guidelines and procedures governing the utilization of Naloxone administered by police officers employed by the Town of Cheswold Police Department. The administering of Naloxone is to provide emergency assistance to person(s) who may have been subjected to an opioid overdose and minimize deaths caused by opioid overdoses.

## II. POLICY

It is the policy of this department to preserve human life and provide the necessary care whenever possible. The department will provide properly trained officers with Naloxone for use in cases of possible opioid overdosing or exposure. The officers administering the Naloxone in good faith are afforded immunity under State Law (Title 16, Chapter 30, Section 3001G).

## III. PROCEDURES

- A.** The Chief of Police (or his designee) shall serve as the NARCAN Coordinator and administer the program.
1. His/her responsibilities include, but are not limited to:
    - a. Ensuring that the Naloxone kits are current and expired
    - b. Ensuring all Officers utilizing the Naloxone are properly trained, as per the recommendations of the Delaware Office of EMS.
    - c. Ensuring all Naloxone uses are properly reported and documented
    - d. Ensuring all Naloxone kits are replaced when necessary
  2. Patrol Officer properly trained can only carry and administer Naloxone.
  3. Naloxone kits will be stored in original packaging and carried in cases provided.
  4. Officers arriving on the scene of a medical emergency prior to the arrival of Emergency Medical Services (EMS) shall follow standard emergency care protocols.

5. Ensure scene safety. Officers shall conduct a medical assessment of the subject and their surroundings, being aware of any drug paraphernalia, drugs and statements from witnesses or bystanders.
6. Officer will monitor respiratory function and the breathing of the subject.
7. Signs of opioid overdose can include, but are not limited to:
  - a. blood-shot eyes
  - b. Pinpoint Pupils
  - c. Depressed or Slow Respirations (less than 8 breaths per min)
  - d. Difficulty Breathing (labored, shallow, or not breathing at all)
  - e. Blue lips, fingernails, skin
  - f. decreased pulse rate
  - g. Unresponsive or unconscious
  - h. past history of opioid abuse
  - i. evidence of drug use (ie paraphernalia, witness statement's)

## **B. Administering NARCAN**

1. If the Officer has determined the person is possibly suffering from a opioid overdose he/she shall follow the training and Public Safety Personnel Naloxone Standing Order when administering of Naloxone.
2. Immediately notify KENTCOM of the patient information and that Naloxone is being administered.
3. All personnel will use universal precautions – including but not limited to rubber gloves and face shields (when available).
4. If possible make sure another officer is on scene or en-route.
5. Administer the Naloxone as trained.
6. Officer must be aware that the subject may react violently or vomit when revived.
7. After four (4) minutes if there is no improvement or response an officer may administer another dose of Naloxone (if available).
8. Officers must continue to monitor the subject and provide any care within their scope of training until EMS arrives on scene.
9. Once EMS arrives the officer will supply EMS personnel with all of the information regarding treatment of the subject and remain on scene to assist.

### **C. Reporting**

1. All incidents shall be reported on a LEISS report and include:
  - a. Use of Naloxone
  - b. Results of the use of the Naloxone
  - c. the lot# of the Naloxone Administered
2. The officer will also complete the Naloxone Deployment Form (attached) and forward a copy of that form to the Naloxone Coordinator who will record the deployment and forward the form to the DE Office of EMS: Peace Officer Naloxone Program.

### **D. Maintenance and Replacement**

1. Each officer is responsible for inspecting their Naloxone Kit prior to each shift to check expiration date and if there is any damage to the unit.
2. Each kit must be kept from temperature extremes. The kit must not be left in patrol vehicles and maintained in a secured area (with duty weapon) when off duty. . Storage of the Naloxone RCAN kit must be in a range of 68-77 degrees.
3. Missing or damaged kits must be reported to the Naloxone Coordinator immediately. Damage or loss of the kit will be reported on Naloxone Equipment spreadsheet and the officer will be issued a replacement.

### **E. Medication and Administration Device**

Description: Naloxone is an opioid antagonist

Pharmacology: Naloxone is a competitive narcotic antagonist, which reverses all effects of opioids (i.e. Morphine), such as respiratory depression and central and peripheral nervous system effects.

Indications: Naloxone is indicated to reverse respiratory and central nervous system depression induced by opioids.

Onset/Duration: The onset action is within a few minutes following intervenes dose, whereas intramuscular and endotracheal/intranasal administration results in a slower onset of action. The duration of action is approximately 30-60 minutes.

Dosage and Routes of Administration: Considered the administration of 2 mg IN of naloxone to provide for a patent, self-maintained airway and adequate respirations.

Storage: Store at 20-25 degrees Celsius (68-77 degrees F). Protect from light.

ORDERED and EXECUTED this 6th day of March, 2019

A handwritten signature in black ink, appearing to read 'CW', with a long horizontal flourish extending to the right.

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Christopher Workman  
Chief of Police