



## Lunenburg Police Department

<b>Policy Number:</b> <b>1.25</b>	<b>Subject:</b> <b>Narcan</b>
<b>Issue Date:</b> <b>05/13/2015</b> <b>Revision Date(s):</b> <b>10/18/2021</b> <b>11/06/2021</b> <b>Effective Date:</b> <b>05/13/2015</b>	<b>Massachusetts Police Accreditation Standards Referenced:</b> <b>N/A</b>
<b>Issuing Authority:</b>  <i>Chief Thomas L. Gammel</i>	

### I. GENERAL CONSIDERATIONS AND GUIDELINES

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. An overdose occurs because the Opioid is on the same receptor site in the brain that is responsible for breathing. Naloxone usually acts dramatically, allowing slowed or absent breathing to resume. It is both safe and effective and has no potential for abuse.

While not a controlled substance, naloxone is what is known as a “scheduled” drug and therefore does require a prescription. Naloxone 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.<sup>1</sup>

To reduce the number of fatalities which can result from opiate overdoses, the Lunenburg Police Department will train its Officers in the proper pre-hospital administration of nasal

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<sup>1</sup> Massachusetts Department of Public Health

naloxone. In order to implement a safe and responsible nasal naloxone plan, the Department will establish and maintain a professional affiliation with a Medical Control Physician (MCP) who will provide medical oversight over its use and administration. The Medical Control Physician 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, and administration of the nasal naloxone program developed and implemented by the Department.

## **II. SUPPORTING STATUTES**

- A. In order to implement this policy the Lunenburg Police Department relies upon the following statutes:
1. M.G.L. c. 94C, § 34A which states 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.<sup>2</sup>
  2. 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.”
  3. 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.
  4. M.G.L. 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.”

## **III. DEFINITIONS**

- A. 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.

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<sup>2</sup> Chapter 192 of the Acts of 2012

**NOTE:** Police Officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) and hydrocodone (Vicodin®).

- B. 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®.
- C. Medical Control Physician: The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical Doctor who is licensed to practice medicine in Massachusetts. The Lunenburg Police department shall maintain an affiliation with the MCP.
- D. First Responder Agency Coordinator (FRAC): The FRAC, and Officer appointed by the department, is responsible for ensuring compliance with the agreement and this policy, and for maintaining records demonstrating compliance with training. The FRAC will be the contact person for the Medical Director, and should immediately contact the Medical Director after Naloxone use or any issues.

#### IV. POLICY

Naloxone will be deployed in all marked Department vehicles equipped with defibrillators and stored in the attached crushed proof cases for the treatment of drug overdose victims. A patrol unit equipped with naloxone shall be dispatched to any call that relates to a drug overdose. The goal of the responding Officers shall be to provide immediate assistance via the use of naloxone 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.

#### V. PROCEDURE

- A. When an Officer of the Lunenburg Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS, and has made a determination that the patient is suffering from an opiate overdose, the responding Officer should:

1. Administer four milligrams (4mg) of naloxone to the patient by way of the nasal passages.
2. All four milligrams (4mg) should be administered into one nostril.

- B. 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 taking into account statements from witnesses and/or family members regarding drug use.

3. For a person that is not breathing and is unresponsive, rescue breathing should be done as soon as possible.
4. If the Officer believes there has been an overdose, the naloxone kit should be utilized.
5. The Officer shall use the nasal mist adapter that is pre-attached to the naloxone to administer a four milligrams intra-nasal dose of naloxone to one nostril for a complete dosage. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
6. The Officers shall administer rescue breaths via bag-valve-mask (BVM) to help introduce naloxone into the patient's system.
7. The patient should continue to be observed and treated as the situation dictates.
8. The patient should be placed in the recovery position.

**NOTE:** The recovery position is when you lay the person on his or her side, his or her body supported by a bent knee, with his or her face turned to the side. This position decreases the chances of the individual choking on his or her vomit. If you have to leave the person at all, even for a minute, make sure you put them in the recovery position.

9. 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.

#### C. Key Points

1. Perform Rescue Breathing
2. Administer Naloxone
3. Place the person in the recovery position
4. Stay with the victim

#### D. Reporting

1. A complete offense report of the event shall be completed by the treating Officer, or the primary responding Officer, prior to the end of his shift.
2. The offense report shall be forwarded to the Lieutenant and the FRAC.

#### E. After Naloxone Use

If Naloxone is used:

1. The FRAC should send a copy of the antidote kit maintenance log, documentation of training for any First Responders involved, and any

documentation by the First Responder to the Medical Director within 48 hours.

2. Documentation should minimally include:
  - a. First Responder name(s);
  - b. Patient Name;
  - c. Date of service;
  - d. Medication used (type and amount);
  - e. A brief narrative;
  - f. The destination patient transported to;
  - g. The FRAC should save these documents for 7 (seven) years.

F. Equipment and maintenance

1. It shall be the responsibility of Officers to inspect naloxone kits stored with the AED case prior to the start of each shift to ensure that the kits are intact.
2. Naloxone kits shall be returned to the AED storage area at the end of each shift.
3. Officers shall document daily kit checks in the Naloxone log, problems/problem resolution, and the name of the Officer entering data.

**NOTE:** Logs should be kept for three years.

4. Damaged equipment shall be reported to a shift supervisor and /or the First Responder Agency Coordinator, (FRAC) immediately.
5. The Department's FRAC will maintain a written inventory documenting the quantities and expirations of naloxone replacement supplies, and a log documenting the issuance of replacement units.

**NOTE:** Naloxone should not be stored or left in parts of a vehicle where temperature is expected to range beyond  $>86^{\circ}$  F or  $<59^{\circ}$  F for more than brief periods of time. This generally includes auto glove compartments in summer and trunks in winter. Naloxone should also not be exposed to direct light unless it is about to be used (storage in cardboard box packaging is sufficient for blocking light).

G. Replacement

1. Shift supervisors shall immediately replace naloxone kits that have been used during the course of a shift.
2. The FRAC shall be notified In the event that a naloxone kit has to be replaced.

H. Training

1. Officers shall receive a one hour training course administered by the department prior to being allowed to carry and use naloxone.
2. The training will comply with the standards set forth by the Department of Public health, Office of Emergency Medical Services, and with Municipal Police Training Committee, (MPTC) requirements.
3. The department shall provide refresher training to annually demonstrate competence in administering the Intranasal Naloxone, as applicable.