

CHAPTER 4.0

PATROL

4.12 INTRANASAL NALOXONE

4.12.1 Purpose

The purpose of this policy is to participate, together with multiple agencies, in a statewide initiative regarding opioid-related drug overdose victims. In an effort to reduce statewide fatalities resulting from opioid overdoses, the Norwalk Department of Police Service establishes these procedures for its sworn officers to:

- (1) Identify the symptoms of a person suffering from an opioid overdose; and
- (2) Administer Intranasal Naloxone (NARCAN).

4.12.2 Policy

It is the policy of the Norwalk Department of Police Service to provide assistance to any person(s) who may be suffering from an opioid overdose. Sworn officers may administer NARCAN provided he/she has been trained in accordance with agency policies and procedures.

NARCAN shall be available to all officers for the treatment of opioid-related drug overdose victims. An on-duty officer shall be dispatched to any call that relates to a drug overdose. The officer shall:

- (a) Provide immediate assistance via the administration of NARCAN, when appropriate;
- (b) Provide treatment commensurate with his/her first responder training;
- (c) Assist other EMS personnel on scene; and
- (d) Handle any criminal investigations that may arise.

4.12.3 Definitions

Drug Intoxication - Impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e. euphoria, dysphoria, apathy, sedation, attention impairment.

Emergency Medical Services (EMS) - that provide pre-hospital emergency medical care; such practitioners provide out-of-hospital care for those with illness or injury.

Intranasal Naloxone Kit - A prepared, commercially available, kit that shall contain:

- Naloxone HCl (NARCAN) Nasal Spray 4mg. Two (2) single dose, one (1) use 4-mg containers.

Mucosal Atomization Device (MAD) - A device used to deliver a mist of atomized medication that is absorbed directly into a person's blood stream and directly into the brain and cerebrospinal fluid via the nose to brain pathway. This method of medication administration achieves medication levels comparable to injections.

Intranasal Naloxone (NARCAN) - An opiate receptor antagonist and antidote for opiate overdose produced in intranasal form.

Opioid - A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opioid drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, induce sleep, and in overdose, will cause individuals to stop breathing. Opioids can be in a

natural form such as morphine and codeine as well as a synthetic form including heroin, fentanyl, buprenorphine, hydromorphone, hydrocodone as found in Vicodin®, oxycodone, methadone, oxycodone as found in OxyContin®, Percocet® and Percodan®.

Opioid Overdose - An acute condition including, but not limited to, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opiate, or another substance with which an opiate was combined, or that a layperson could reasonably believe to be an opiate-related drug overdose that requires medical assistance.

Acute Opioid Withdrawal - A withdrawal state that may occur as a result of administering Intranasal Naloxone. This state may be associated with vomiting, agitation, and combativeness.

Victim - A person who may be experiencing an opioid overdose.

Universal Precautions - An approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens. Intranasal Naloxone shall be administered utilizing universal precautions.

4.12.4 Procedures

Administration of Intranasal Naloxone

When an officer has arrived on scene or is dispatched to a medical emergency prior to the arrival of EMS and has made a determination that a victim is suffering from an opioid overdose, the following steps shall be taken:

1. The officer shall contact dispatch to advise of a possible opioid overdose and request EMS response.
2. The officer shall conduct a medical assessment of the victim in accordance with training.
3. The officer shall use universal precautions and protection from blood borne pathogens and communicable diseases when administering NARCAN.
4. Prior to the administration of NARCAN, the officer on scene shall ensure the victim is in a safe location and remove any object(s) from the victim's immediate reach that could be used as a dangerous instrument(s).
5. The officer shall determine the victim's responsiveness, identify symptoms of opioid overdose and when appropriate, administer the medication from the Intranasal Naloxone Kit following the training guidelines.

Common signs and symptoms:

- Unresponsive
- Shallow, slow, ineffective, or no breathing
- Blue tinge color of lips / fingertips
- Clammy pale skin
- Slow / erratic heartbeat
- Pinpoint pupils
- Choking / gurgling / snoring sounds

6. The officer shall administer the NARCAN as follows:

* If the person is “NOT” breathing, start rescue breathing/ventilate first and then administer NARCAN.

* DO NOT prime device, it is a one (1) pump single use device. This will cause dosage to be spent.

- Place one hand under person’s neck and tilt head back.
- With the other hand, insert one (1) NARCAN device “tip” into person’s right nostril first (if possible).
- Press firmly on the plunger and spray entire amount (4mg dose).
- Ventilate again until person regains normal breathing & monitor airway.
- Place person on their side (vomiting is a common reaction).
- Continue to monitor until EMS arrival and transfer of care.
- If person does not respond after 3-5 minutes, repeat procedure using the second NARCAN device.
- If person did initially respond, but stops breathing, repeat procedure.
- DO NOT cancel EMS.
- Accept NO refusal from person (Allow EMS to handle).

7. The officer shall be aware that treated victims who are revived from an opioid overdose may regain consciousness and may experience an acute opioid withdrawal. A rapid reversal of an opioid overdose may cause projectile vomiting. It is also common for persons to become agitated.

8. The victim shall continue to be observed and treated as the situation dictates as the NARCAN dose is only effective for a short period of time.

9. The administering officer shall inform EMS about the treatment and condition of the victim and shall not relinquish care of the victim until relieved by a person with same or higher level of training.

10. Once used, the NARCAN device is considered bio-hazardous material and shall be turned over to EMS personnel or shall be disposed of in accordance with protocols for disposal of hypodermic syringes.

4.12.5 Narcotics and Drug Paraphernalia

The officer shall seize any illegal and/or non-prescribed narcotics, including drug paraphernalia, that is found on the victim, or in the immediate area, and process the evidence in accordance with established procedures.

In accordance with C.G.S. 21a-279 and 21a-267, the officer cannot charge a victim with possession of drugs or drug paraphernalia based solely on discovery of evidence resulting from medical assistance for a drug overdose. Connecticut General Statutes do not bar prosecution for possession of drugs and/or drug paraphernalia with intent to sell or dispense.

C.G.S. 21a-279 and 21a-267 prohibit prosecuting any person who seeks or receives medical assistance in “good faith” under the following scenarios:

- When a person seeks assistance for someone else based on a reasonable belief that the person needs medical attention for himself/herself.
- When a person seeks medical attention based on a reasonable belief that he or she is experiencing an overdose.
- When another person reasonably believes that he or she needs medical attention.

"Good faith" does not include seeking medical assistance while law enforcement officers are executing an arrest or search warrant or conducting a lawful search.

4.12.6 Certification and Re-Training

Only sworn officers who have completed the department's approved training course in the use and proper administration of Intranasal Naloxone shall be authorized to administer Intranasal Naloxone.

The Norwalk Department of Police Service shall train sworn personnel in the proper administration of NARCAN in coordination with Medical Control at Norwalk Hospital. Re-training is required as prescribed by Medical Control at Norwalk Hospital.

4.12.7 Issue, Storage and Replacement of Intranasal Naloxone Kit

The Intranasal Naloxone Kits shall be issued to each officer following training. The kits shall be maintained by the officer and carried while on patrol. In accordance with manufacturer's instruction, Intranasal Naloxone must be kept out of direct light and stored at room temperature (between 59 and 77 degrees Fahrenheit).

An Intranasal Naloxone Kit shall be kept in the holding facility and front desk, as well as a bag valve mask.

Officers shall check kits to assure they are in proper condition and have not expired.

In the event that an Intranasal Naloxone Kit is expired, has been used, opened or otherwise damaged, the officer shall contact their supervisor for a replacement.

4.12.8 Reporting Requirements

After utilization of NARCAN, the officer shall conduct a detailed investigation and shall document the investigation in a written report. Any evidence present shall be gathered and the officer shall notify a supervisor and an investigator of the apparent overdose.