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<b>Effective Date: May 2019</b>	<b>Revision Date:</b>
<b>Amends/Supersedes:</b>	<b>Approved by: Chief Kevin Higdon</b>
<b>Meets Accreditation Standard:</b>	

## **Section 1000.190 Narcotics Overdose Response**

### **POLICY**

It is the policy of the Shively Police Department (SPD) that all officers are trained in the recognition of suspected narcotics overdose victims and equipped with the necessary tools to render aid to those victims. The SPD has formed a partnership with the Louisville Metro Police Department that will allow us to acquire, distribute, provide, and maintain an adequate supply of medication to support the emergency treatment of suspected opioid-based narcotics overdose victims and the SPD will train all officers on the administration of Naloxone and Narcan® Nasal Spray.

### **PURPOSE**

The purpose of this policy is to provide guidance regarding the administration of Naloxone, an overdose intervention drug. Deaths from opioid-based narcotics overdoses can be mitigated by the use of Naloxone. Kentucky Revised Statute (KRS) 217.186 permits law enforcement officers to possess and administer Naloxone for opioid-based narcotics overdoses.

### **DEFINITIONS**

**Naloxone:** A medication which reverses the toxic effects of opioids by competing with the presence of opiates in the brain. It is a drug that acts within seconds to minutes of administration. It is safe to carry and administer and is impossible to abuse. No potential harmful side effects have been identified. Naloxone can be administered in a variety of ways. Narcan® Nasal Spray is the SPD's preferred system for administering Naloxone to a suspected opioid overdose victim.

**Opiates:** Synthetic or natural substances, prescribed or illicit, that cause sedation or pain relief effects. Excessive levels of opiates depress vital bodily functions such as respirations and maintaining consciousness. Prescription opiates typically appear in the form of pain medication, which include Hydrocodone, Oxycodone, Morphine, Hydromorphone, Fentanyl, Carfentanyl, etc. One of the most common illicit forms of an opiate is Heroin.

**Opiate Overdose:** A life-threatening effect of an opiate on the human body often depressing the respiratory and central nervous systems resulting in a decreased level of consciousness. An opiate overdose can be reversed if proper medical treatment is administered in a timely manner.

**Opiate Overdose Symptoms:** Individuals experiencing an opiate overdose may exhibit symptoms such as not breathing, blue lips and/or blue skin, a limp body, decreased heart rate, lack of consciousness, deep snoring/gurgling, unresponsiveness to external stimuli, and/or pale, clammy skin.

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**Overdose Response Kit (ORK):** A departmentally issued red medical bag containing multiple doses of Narcan® Nasal Spray along with first aid and personal protective equipment (PPE).

## **NALOXONE ADMINISTRATION**

When an officer arrives on the scene of a possible overdose, he/she will assess the individual for symptoms of an opiate overdose. Once the officer suspects the presence of any opiate overdose symptoms, he/she will:

- Immediately request Emergency Medical Services (EMS);
- Utilize universal precautions to prevent exposure to potential bloodborne pathogens and other potentially infectious materials (OPIM).
- Provide appropriate airway and/or ventilator support, such as rescue breathing;
- Administer Narcan® Nasal Spray in accordance with the officer's training;
- Only administer the Narcan® Nasal Spray when it is determined that immediate action is necessary and/or certified medical responders are delayed to the point that immediate action is warranted.
- Place the patient in a recovery position, unless there is evidence of head or neck trauma; and
- Monitor the patient's respirations.

Officers will not administer Narcan® Nasal Spray to patients under five (5) years of age or under 44 pounds. Officers should be aware that the rapid reversal of an opiate overdose may cause projectile vomiting and/or violent behavior. If, after the officer administers Narcan® Nasal Spray, he/she has reasonable grounds to believe that the individual has a mental illness, is a danger to himself/herself or others, and is in immediate need of hospitalization and treatment, he/she will refer to Crisis Intervention Team (CIT) training and practices.

## **DEPLOYMENT**

All patrol platoons and designated specialty units are assigned ORKs to carry while performing police duties. Patrol sergeants, or OIC in the absence of the sergeant will carry the ORKs in their vehicle while on duty. The ORKs will be affixed to the passenger head rest of the vehicle. The ORKs will be assigned at the beginning of each shift. The ORKs are to be carried during the duration of the shift and will be returned at the end of the shift. The zipper on each ORK will be sealed with a red plastic, break-away seal. If the seal is intact on the ORK, this will identify that all of the required contents are present in the kit. If the seal is broken or missing, the sergeant or OIC will need to open the kit in order to verify that all of the necessary contents are present and serviceable.

The following inventory of items will be maintained in each ORK:

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- Five (5) individual doses of Narcan® Nasal Spray
- One (1) bag valve mask
- Three (3) sharps containers
- Eight (8) pairs of Nitrile gloves

## **REPLACEMENT**

In the event that the sergeant or OIC discovers that the ORK is missing an item, the sergeant or OIC will contact the Narcotics Overdose Response Coordinator (NORC). The NORC will make arrangements to obtain replacement ORK items from the LMPD Evidence and Property Unit (EPU). Replacement items for the ORK may only be obtained from the EPU. Replacement ORK supplies will not be obtained from Fire/LMEMS or any other external sources.

## **REPORTING**

If an officer administers Narcan® Nasal Spray while on the scene of a suspected opiate overdose, he/she will notify make a report using the Naloxone report on KYOps before the end of his/her tour of duty. The CAD number for the run will be used for the report. Officers will then print the report and place a copy in the NORC's mailbox. If an officer is exposed to the blood, body fluids, or OPIM of the overdose victim, officers will immediately notify the on-duty supervisor, who will then notify the command staff and complete the exposure forms and processes.