



Apex Police Department General Order



Title Naloxone Program		Order Number 609-18
Effective Date: August 29, 2018	Amends:	
CALEA Standard:	Rescinds:	
Reference: NCGS 90-12.7 NCGS 90-96.2	Pages: 7	
Forms:		

Naloxone Program

Purpose

The purpose of this directive is to establish guidelines and procedures governing the use of nasal Naloxone administered by Apex Police officers in order to minimize the effect of a potential opioid overdose.

Policy

The Apex Police Department strives to implement programs to enhance community safety and increase community awareness, while decreasing the potential for injury or death related to substance abuse. The Apex Police Department has authorized the use of nasal Naloxone and will train its officers to administer the medication to a person(s) who appears to be suffering from an opioid overdose from either intentional abuse or accidental exposure, in order to reduce the number of fatalities from suspected opioid overdoses.

Definition

Naloxone – A medication that acts as an opioid antagonist and counters the effects of opioid overdoses. (NOTE: It is marketed under the trade name “Narcan®”)

Naloxone Carrier—Any department staff member who has been trained to administer and issued Naloxone.

Naloxone Program

Nasal Naloxone Kit - Includes naloxone vial, plunger, atomizer, and instructions for administering Naloxone.

Naloxone Program Coordinator - An Apex Police staff member who is responsible for the supervision and coordination of the department's Naloxone program.

Opiate/Opioid – Opiates and opioids are drugs that are from opium or its derivatives, or other classes of drugs that mimic opium derivatives. Legally administered opioids, such as morphine, methadone, oxycodone, and hydrocodone are narcotics most often used to treat pain and opioid addiction. Some commonly encountered opioid trade names include Methadone, Demerol, Vicodin, OxyContin, Percocet and Percodan. Overdoses, and in some cases mere exposure of opioids such as Fentanyl, Carfentanyl, and other illicit street drugs such as heroin, can result in depression of central nervous system activity leading to death.

Procedure

General

1. Naloxone displaces the opioid from receptors in the brain and can reverse an opiate overdose. Naloxone, administered to a person not suffering an opiate overdose, poses no statistically significant threat of harm to the recipient.
2. Nasal Naloxone is a single dose cartridge that is intended to reduce deaths associated with opioid overdoses. Officers who respond to an emergency call have the ability to assess a situation and administer potentially lifesaving treatment through the use of this drug, if the officer believes, or has reason to believe, the overdose is from opioids. The immediate result of reversing the effects of the opioid allows time for more advanced medical treatment by trained Emergency Medical Services (EMS) personnel.
3. A Naloxone kit provides officers the potential to revive opioid overdose victims from unconsciousness and restore physiological regularities. Naloxone typically reverses the effects of the opioid within one to three minutes of administering it to the patient, which can reverse and/or delay overdose symptoms until more in-depth emergency medical services are provided.
4. NCGS 90-12.7 and NCGS 90-96.2 establishes limited immunity from liability for anyone acting in good faith and exercising reasonable care associated with providing emergency medical treatment while dispensing Naloxone.

Organization

1. The Naloxone Program is a functional responsibility of the Patrol Division Commander.

Naloxone Program

2. The department's Naloxone program will be managed by the Naloxone Program Coordinator, who will be designated by the Chief of Police. The Naloxone Program Coordinator will:
 - Coordinate training related to the Naloxone Program with the Training Officer
 - Be a liaison with local EMS, where appropriate
 - Oversee the department's inventory and replacement of Naloxone kits
 - Document an annual evaluation of the program
3. The department will deploy Naloxone kits in the following functions:
 - Patrol Officers
 - Police K9 Officers
 - School Resource Officers (SROs)
 - Drugs and Vice Detectives
 - Property and Evidence Personnel
 - Others as approved by the Administrative Division Commander

Procedures for Administering Naloxone

1. When responding to the scene of or identifying a potential overdose, trained officers will:
 - Provide immediate assistance/treatment consistent with their training as a first responder, including the use of Naloxone when appropriate
 - Assist EMS personnel
 - Conduct a preliminary criminal investigation
2. The initial officer on the scene should assess the patient/victim for available indicators of a potential opioid overdose and relay that information to EMS. These indicators include but are not limited to:
 - Statements by persons with recent knowledge of the victim's habits and activities
 - Information provided by witnesses and/or family members regarding drug use
 - Previous knowledge/history of opioid use or abuse
 - Presence of drugs, medicine containers, or drug paraphernalia
 - Evidence of ingestion, inhalation, or injection
3. Naloxone Carriers will assess potential overdose victims to determine if they are in distress related to opioid use, and should administer Naloxone if they reasonably believe a person to be undergoing an opioid overdose. Physical symptoms include, but are not limited to:
 - Unresponsive, absence of breathing, and/or no pulse
 - Bloodshot eyes
 - Pinpoint pupils, even in darkened areas
 - Difficulty breathing (labored or shallow breaths)
 - Blue skin, lips, or fingernails
 - Decreased pulse rate
 - Loss of alertness

Naloxone Program

- Low blood pressure
 - Seizures
4. After Naloxone has been administered, the Naloxone carrier will monitor the patient/victim for side effects related to Naloxone, which may include, one or more of the following:
 - Change in mood to include confusion or agitation
 - Increased sweating
 - Fast pulse, irregular pulse, and/or heart rhythm changes
 - Severe nausea and/or vomiting
 - Nervousness and/or anxiety
 - Restlessness and/or Trembling
 - Allergic reactions such as rash and/or swelling
 - Dizziness and/or Fainting
 - Severe headache
 - Dry cough, wheezing, and/or feeling short of breath
 - Seizures and/or convulsions
 5. Naloxone Carriers will use universal precautions to protect themselves from pathogens and communicable diseases when providing aid. Applicable precautions include but are not limited to:
 - Wearing Personal Protective Equipment (PPE) including, gloves to prevent contact with bodily fluids or potentially contaminated items
 - Using barrier protection, such as an issued CPR mask, to prevent contact with mucous membranes and bodily fluids
 - Using caution when handling needles and sharp instruments
 - Washing hands immediately after gloves are removed
 - Thoroughly and immediately washing skin if contaminated with bodily fluids or other potentially harmful materials
 - Contacting a supervisor and seeking medical care upon experiencing a significant exposure to bodily fluids or other potentially harmful substances (Refer to the Town of Apex Blood-borne Exposure Plan)
 6. Upon the arrival of Fire/EMS personnel, Naloxone Carriers will immediately report that they have administered Naloxone, the approximate time administered, and the number of doses administered.
 7. Naloxone Carriers will notify an on-duty supervisor or Watch Commander as soon as practical in accordance with the Notification Grid pursuant to General Order 711-*Notification Matrix* and General Order 901 – *Operation of Police Vehicle and Call Response* that they have administered Naloxone and will request the on-duty supervisor or Watch Commander to respond to the scene.

Naloxone Program

8. Used nasal Naloxone atomizers are considered hazardous materials and should be disposed of in hazardous materials containers, which can be found in ambulances and medical facilities.

Reporting

1. After administering Naloxone, Naloxone Carriers will complete an “Overdose” incident report in accordance with General Order 405 – *Field Reporting and Management* or any other applicable written directives. The report will include the following:
 - Nature of the incident
 - Care the patient received
 - The fact that Naloxone was deployed
 - Whether the use was successful

Equipment/Maintenance/Storage/Replacement

1. Naloxone kits authorized for use will be based on the recommendation of Wake County EMS.
2. Issued Naloxone kits will be inspected as follows:
 - Sworn Naloxone Carriers—as part of their monthly vehicle inspection in accordance with General Order 603 – *Police, Special Purpose Vehicle and Equipment*
 - Non-Sworn Naloxone Carriers—as part of the monthly facility inspection
 - All Naloxone Carriers will report any condition that necessitates the need for the kit be repaired or replaced to their supervisor
3. Missing or damaged equipment or used Naloxone kits will be reported immediately to an on-duty supervisor or Watch Commander who will coordinate with the Naloxone Program Coordinator for a replacement.
4. Naloxone Kits not issued will be stored in an appropriate location as determined by the Naloxone Program Coordinator and in accordance with manufacture’s guidelines.
5. Naloxone kits will be stored as follows:
 - Sworn Naloxone Carriers—readily available in their assigned Patrol/CID vehicle
 - Non-Sworn Naloxone Carriers—readily available in their assigned work area, in a location approved by the Administrative Division Commander
6. Naloxone Carriers will follow the manufacturer’s guidelines for safe storage consistent with training.

Training and Recertification

Naloxone Program

1. Naloxone Carriers will receive initial training by Emergency Medical Service (EMS) personnel who are approved to instruct and authorized to administer Naloxone, or other persons qualified to administer such training, which will include, at a minimum:
 - Review of applicable laws and regulations (i.e. NCGS 90-12.7, 90-96.2) that permits law enforcement to administer Naloxone
 - Patient assessment (i.e. signs/symptoms of overdose)
 - Universal precautions
 - Seeking medical attention
 - Proper storage
 - The use of nasal Naloxone kit
 - General Order 609 – *Naloxone Program*

2. Naloxone Carriers will receive training as follows:
 - Newly Hired Employees:
 - Sworn Officers—As part of the Field Training Program (i.e. FTO Program)
 - Civilian Personnel (for positions where use of Naloxone may be required)—As part of New Employee Orientation Training Program
 - Personnel appointed to a Specialized Assignment as part of the Specialized Assignment Orientation Training Program
 - At least annually, Naloxone Carriers will receive program updates and additional training as needed through roll call, annual in-service, or other approved training methods as determined by the Administrative Division Commander or Chief of Police

3. The Training Officer will:
 - Maintain an approved lesson plan and training records in accordance with General Order 501 – *Training: Organization and Administration*

Naloxone Program Evaluation

1. The Program Coordinator or designee will conduct an annual review of the department's Naloxone Program activities during the previous year. The review will contain summary information, including the following:
 - Number of calls for service resulting in Naloxone being administered
 - An analysis of the effectiveness of Naloxone being dispensed
 - Comparison against previous years data
 - Determination if all aspects of the Naloxone Program represent current legislation and practices in terms of training, equipment needs, and trends
 - Recommendations for improvements and revisions to program

2. The review will be completed and submitted to the Chief of Police through the chain of command no later than January 31 of the year following the period subject to the analysis.
 - This date may be extended with the approval of the Chief of Police

BY ORDER OF:

A handwritten signature in black ink, reading "John W. Letteney". The signature is written in a cursive style with a horizontal line underneath it.

John W. Letteney
Chief of Police