

OPIOID OVERDOSE RESPONSE

437.1 PURPOSE AND SCOPE

The purpose of this policy is to establish guidelines and regulations governing the utilization of Naloxone by San Leandro Police Department employees with the objective to reduce the number of fatal opiate overdoses and increase employee safety.

437.1.1 DEFINITIONS

Naloxone Hydrochloride (Narcan): A prescription medication used for the treatment of a known or suspected opioid overdose; a narcotic antagonist which works by affecting opiate receptor sites within the brain.

Intranasal: Administered through the nose. The nasal cavity is covered by a thin mucosa, which is extremely vascular and provides a direct route into the blood stream of the subject.

Opioid Overdose: An acute, life threatening medical condition caused by the excessive intake of opiates (e.g. heroin, morphine, fentanyl, tramadol, oxycodone, etc.). This serious medical condition causes the victim to suffer from an altered level of consciousness, pinpoint pupils, respiratory arrest, and can lead to death.

Employee: Any sworn or non-sworn member of the San Leandro Police Department who is likely to be in a location where narcotics are found, tested, or stored.

437.2 POLICY

It is the policy of the San Leandro Police Department that employees who are issued Naloxone are trained in its use and appropriate administration.

437.3 STANDING ORDER

The Alameda County Emergency Medical Services Agency (EMSA) Medical Director has authorized San Leandro Police employees who have received training in the application of Naloxone to possess and administer Naloxone.

437.4 NARCAN COORDINATOR

The Chief of Police shall appoint a supervisor to serve as the Narcan Coordinator, whose responsibilities include:

- (a) Coordinating new or continued Narcan training for employees and ensuring the Professional Standards and Training Unit has an updated list of Narcan trained employees.
- (b) Obtaining new Narcan kits prior to their expiration and ensuring the Professional Standards and Training Unit has updated records of issued Narcan kits.
- (c) Inspecting Narcan Kits on a monthly basis, including those issued on a long-term basis.

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- (d) Submit required patient care reports every 3 months to the County.
- (e) Submit any adverse patient outcomes within 24 hours to the County.
- (f) Submit any Unusual Occurrences to the County.

437.5 PROCEDURE

- (a) Any sworn or non-sworn member of the San Leandro Police Department who is likely to be in a location where narcotics are found, tested or stored, should be trained in the use of Narcan.
- (b) Only employees who have completed authorized training in the use and application of Narcan shall be assigned to carry and utilize Narcan.
- (c) Sworn personnel assigned to the K-9 Unit, Traffic Division and Criminal Investigations Division shall be assigned long-term Narcan kits.
- (d) For all other employees, the on-duty supervisor shall complete an Equipment Inventory Log, including the assigned Naloxone kit number, date, and time the Narcan is logged out and returned. The Narcan kit and all related equipment must be returned to the designated secure storage area at the end of each shift, unless permission is granted to specific employees for long-term use.
- (e) Narcan must be stored in a climate-controlled area and in a location where access to the medication can be secured and controlled.
- (f) Employees who are trained in the use of Narcan shall deploy with Narcan kits in the field. However, the employees shall retain the discretion to administer or not administer Narcan to persons experiencing or suspected of experiencing opioid-related overdoses. There is no legal or departmental obligation to administer Narcan.
- (g) Employees who administer Narcan are protected from civil and criminal liability if they “act with reasonable care” and “in good faith.” This is accomplished by administering Narcan according to the established training protocol.
- (h) Each assigned employee shall conduct a pre-service inspection of the Narcan kit and confirm its condition. The employee shall inspect the secured safety case to ensure it is clean and not damaged or expired.
- (i) Assigned employees shall carry the Narcan kit in a location that can be easily accessed and utilized when needed but out of direct sunlight.

437.6 NARCAN ADMINISTRATION

- (a) Employees trained in the use of Narcan are authorized to use it without prior approval in cases where an opiate overdose is suspected.
- (b) When using Narcan employees should maintain universal precautions against bloodborne pathogens.

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- (c) Prior to administration of Narcan, employees must assess the victim for lack of breathing, pulse and unresponsiveness. Employees should conduct a brief visual survey for any obvious evidence of drug use or exposure.
- (d) If an employee determines a victim is suffering from opiate-based overdose, the employee shall request Emergency Medical Services (EMS) immediately prior to the administration of Narcan.
- (e) Narcan shall be administered by employees utilizing an intranasal spray in accordance with training guidelines.

437.7 DOCUMENTATION AND REPORTING

- (a) Any employee administering Narcan shall detail its use in the SLPD Narcan Report. [See attachment: SLPD_Use_of_Narcan__Naloxone_Form.pdf](#)
- (b) The supervisor approving the report shall ensure it contains enough information to meet applicable state reporting requirements and that a copy of the report is routed to the EMSA for auditing purposes.

437.8 MAINTENANCE AND REPLACEMENT

- (a) The daily inspection of Narcan kits shall be the responsibility of the officers who are assigned the kit for field deployment. The maintenance and replacement of Narcan kits shall be the responsibility of the Narcan Coordinator or their designee. Used, lost, or damaged Narcan kits shall be reported to a supervisor and returned to the Narcan Coordinator for replacement.
- (b) Narcan will be obtained on an as needed basis by the Narcan Coordinator.

437.9 TRAINING

Prior to being issued and/or administering Narcan, personnel must complete an Opioid Overdose Prevention Training conducted by a person authorized by the Department to serve as a trainer. The authorized trainer must be trained by Alameda County EMS to conduct Opioid Overdose Responder training. The training shall only be offered to San Leandro Police Department employees and shall be conducted every two years.

Attachments

SLPD_Use_of_Narcan__Naloxone_Form.pdf

San Leandro Police Department Intranasal Narcan (Naloxone) Usage Report

Date:	<i>(Circle One)</i> Citizen / Officer	Time of Arrival:	Case Number:
Location of Incident (Number, Street, Business):		Name of Police Officer Administering:	
Name of Victim:	Address: (no., street, city/town, state)	D.O.B:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unk.
Victim status prior to administering Intranasal Narcan: (Check one in each section)			
Level of consciousness-Victim responds to: <input type="checkbox"/> Alert <input type="checkbox"/> Verbal Stimulus <input type="checkbox"/> Painful Stimulus <input type="checkbox"/> Unresponsive <input type="checkbox"/> Other:(specify)_____			
Breathing: <input type="checkbox"/> Rapidly (>24 BPM) <input type="checkbox"/> Slowly (<10 BPM) <input type="checkbox"/> Normally (12-20 BPM) <input type="checkbox"/> Not Breathing			
Pulse: <input type="checkbox"/> Rapid (>100) <input type="checkbox"/> Slow (<60) <input type="checkbox"/> Normal (60-100) <input type="checkbox"/> No Pulse <input type="checkbox"/> Did not check pulse			
Constricted Pupils (Pinpoint): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Indicators:_____			
Evidence of Opioid Usage: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify below in comments		If drug packages found at scene, describe stamp or marking:	
Victim overdosed on what drugs? (Check all that apply)			
<input type="checkbox"/> Heroin <input type="checkbox"/> Morphine <input type="checkbox"/> Codeine <input type="checkbox"/> Methadone <input type="checkbox"/> Suboxone <input type="checkbox"/> Unknown Pills <input type="checkbox"/> Unknown Injection <input type="checkbox"/> Fentanyl <input type="checkbox"/> Prescription Medication <input type="checkbox"/> Unknown <input type="checkbox"/> Other: (specify)_____			
Time Intranasal Narcan was administered:	Number of vials of Intranasal Narcan used: <input type="checkbox"/> Half <input type="checkbox"/> One <input type="checkbox"/> Two		
If Narcan worked, how long did Intranasal Narcan take to work?			
<input type="checkbox"/> Less than 1 minute <input type="checkbox"/> 1-3 minute(s) <input type="checkbox"/> 3-5 minutes <input type="checkbox"/> more than 5 minutes <input type="checkbox"/> Unknown <input type="checkbox"/> Did not work			
Victim's response to Intranasal Narcan being administered:			
<input type="checkbox"/> No Response to Narcan <input type="checkbox"/> Responsive but Sedated <input type="checkbox"/> Responsive and Alert <input type="checkbox"/> Responsive and Angry <input type="checkbox"/> Combative <input type="checkbox"/> Other:_____			
Post-Intranasal Narcan responses: (Check all that apply)			
<input type="checkbox"/> None <input type="checkbox"/> Opiate Withdrawal (e.g. nauseated, muscle aches, runny nose and/or watery eyes, shivering, and sweating) <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Seizure <input type="checkbox"/> Vomiting <input type="checkbox"/> Other: (specify)_____			
What else was done by the police officer? (check all that apply)			
<input type="checkbox"/> Verbal Stimulus <input type="checkbox"/> Tactile Stimulus <input type="checkbox"/> Recovery Position <input type="checkbox"/> Bag Valve Mask <input type="checkbox"/> Mouth to Mask <input type="checkbox"/> Mouth to Mouth <input type="checkbox"/> Defibrillator: (If checked, indicate status of shock) <input type="checkbox"/> Defibrillator - no shock <input type="checkbox"/> Defibrillator - shock administered <input type="checkbox"/> Chest Compressions <input type="checkbox"/> Oxygen <input type="checkbox"/> Other: (specify)_____			
Was Intranasal Narcan administered by anyone else at the scene? <input type="checkbox"/> Yes (If yes, check all that apply) <input type="checkbox"/> No			
<input type="checkbox"/> EMS <input type="checkbox"/> Bystander <input type="checkbox"/> Other:(specify)_____			
Disposition: (check one)			
<input type="checkbox"/> Care transferred to EMS <input type="checkbox"/> Other (specify)_____			
Was a paramedic on scene prior to being transported? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Did the person live? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Transported to which Hospital:		Transporting Ambulance:	
Comments: <input type="checkbox"/> Cross-referenced related case number: _____			

For Training Manager Use Only

Lot Number:

Expiration Date: