	STAMFORD POLICE DEPARTMENT POLICY AND PROCEDURE GENERAL ORDER	Distribution ALL PERSONNEL	General Order Number **5.29**
		Original Issue Date 06/07/22	Effective Date 06/15/22
Order Title: INTRANASAL NALOXONE		Accreditation Standard: POSTC:	Section 5
		Section Title PATROL FUNCTIONS	
Rescinds: 872 – Nasal Narcan Kit		**Timothy Shaw, Chief of Police**	

This General Order is for departmental use only and does not apply in any criminal or civil proceeding. This General Order should not be construed as creation of a higher legal standard of safety or care in an evidentiary sense with respect to third party claims. Violations of this General Order will only form the basis for departmental administrative sanctions. Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.

PURPOSE

The purpose of this policy is to establish guidelines and regulations governing the utilization of Intranasal (IN) Naloxone administered by the Stamford Police Department ("Department") to treat opioid overdoses and reduce the number of fatalities resulting from an opioid overdose.

I. POLICY

It is the policy of the Department to provide assistance to any person(s) who may be suffering from an opioid overdose. An officer may administer IN Naloxone provided that he/she is properly trained in the use and deployment of IN Naloxone in accordance with the laws of the State of Connecticut.

A patrol unit shall be dispatched to any call that relates to a potential opiate overdose. The goal of the responding officer(s) shall be to:

A. Provide immediate assistance via the administration of IN Naloxone, when appropriate;
B. Assist other EMS personnel on scene; and
C. Handle any criminal investigations that may arise.

It shall also be the policy of the Department to train all officers in the proper administration of IN Naloxone.

The Training Division shall oversee the management of the IN Naloxone program.

II. DEFINITIONS

Naloxone Dosage: The Statewide EMS protocol committee voted to approve changing the IN Naloxone dosing to a range of 2-4mg.

Naloxone Hydrochloride: A prescription medication that can be used to reverse the effects of an opioid overdose by displacing opioids from the receptors in the brain that control the central nervous and respiratory system.

Intranasal (IN) Naloxone: An intranasal form of Naloxone Hydrochloride used for the emergency treatment of a known or suspected opioid overdose.

Opioid: A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress the activity of the central nervous system. Opioids will reduce pain, induce sleep, and in an overdose, will cause people 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®, Oxymorphone, Methadone, Oxycodone as found in OxyContin®, Percocet® and Percodan®.

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.

The Department has been authorized to use Naloxone in a 4mg dose. This applicator will be a single use, 4mg of Naloxone, and the entire dose will be administered via one nostril. This kit is one complete unit and will be sealed in a foil wrapper with instructions.

III. PROCEDURES

A. Issuance, Location, Storage, and Maintenance/Replacement of Opioid Overdose Kits

1. Issuance and Location of Intranasal Naloxone

   Only officers that are certified in CPR/First Aid and/or have been trained in the administration of IN Naloxone shall administer the medication.

2. Storage of Intranasal Naloxone

   In accordance with manufacturer's instructions, IN Naloxone must be kept out of direct light and stored at room temperature (between 59 and 86 degrees Fahrenheit).

   a. The Training Unit will be responsible for signing naloxone in and out of the Storage cabinet, for the replacement that is either damaged, unusable, expired, or used.

b. The Naloxone should not be secured in a vehicle longer than the officer's scheduled shift.

c. When carried on a person, packages shall be kept secure and protected from damage.

B. Administration of IN Naloxone

1. Initial Assessment

a. When an officer arrives on the scene of a medical emergency prior to the arrival of EMS or the Stamford Fire Department (Stamford FD), the officer shall notify Dispatch and ensure that EMS/Stamford FD have been dispatched to the location.

b. The responding officer shall maintain universal precautions and conduct a medical assessment of the victim in accordance with his/her CPR/First Aid training.

c. The responding officer shall determine the victim's responsiveness, identify symptoms of opioid overdose and, when appropriate, administer the medication Internasal Naloxone in accordance with the training guidelines.

2. Utilization of IN Naloxone

Prior to the administration of IN Naloxone, officers on scene shall ensure the victim is in a safe location and remove any object from the victim's immediate reach that could be used as a dangerous instrument. This includes safely removing any needles from the individual or the immediate area.

a. Naloxone **SHALL NOT** be used on a newborn under one month old. In this case, officers should administer CPR only.

b. After administering the IN Naloxone, the officer shall assess and administer CPR if needed.

c. If the victim does not respond to the first IN Naloxone dose, the officer shall assess and administer another dose, if needed.

3. Post-IN Naloxone Administration

a. Officers shall continue to monitor the breathing and responsiveness of the victim. If breathing is adequate and the victim is no longer displaying symptoms of an overdose, place the victim in the recovery position.

b. Officers 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 vomiting and aggression.

c. The victim shall continue to be observed and treated as the situation dictates because the antidote is only effective for approximately fifteen (15) minutes.

> **NOTE**: When an officer deploys IN Naloxone and it results in a resuscitation of an overdose victim, that officer should ensure that person receives appropriate follow-up care. The effects of the medication only last for a limited period of time and the person may experience another opiate overdose when the effects of the IN Naloxone wear off. Therefore, every effort should be made to encourage the victim to voluntarily be transported to the hospital for additional care. If the victim refuses additional care, officers shall document in an incident report that on-scene EMS or Stamford Fire recorded the refusal.

d. Officers shall inform responding EMS/SFD personnel about the treatment and condition of the victim, and shall not relinquish care of the victim until relieved by a person with an equal or higher level of training.

C. Narcotics and Drug Paraphernalia

1. Officers 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 to Departmental policy.

2. In accordance with C.G.S §§ 21a-279 and 21a-267, officers 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.

   a. 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, or when another person reasonably believes that he or she needs medical attention.

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

D. Reporting Requirements/Record Keeping

1. Upon deployment of IN Naloxone, the officer shall submit an incident report detailing the nature of the incident, the care the patient received, and the fact that the IN Naloxone was deployed and forward a copy to the SPD Training Division.

2. Officers will report to EMS providers the dosage amounts of IN Naloxone administered.

3. The administration of IN Naloxone will be reported to the Connecticut Department of Public Health as required by state law, this is normally done by EMS who is the higher level of medical care on scene.

E. Certification and Re-training

1. Only officers who have completed the CPR/First Aid and/or has been trained in the proper administration of IN Naloxone shall be authorized to administer the medication.

2. Re-training is required in conjunction with CPR/First Aid to maintain Department authorization to carry and administer IN Naloxone.

F. Officer Liability

Connecticut Public Act 16-43, Section 1(d), states the following:

Any person who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

Revision History

June 15, 2022 (New)- Chief TS