

## Naloxone/Narcan Procedures

### 400.1 BACKGROUND AND INTENDED USE OF NALOXONE/NARCAN

#### Background

Heroin-related overdose fatalities in Maryland increased by 88% between 2011 and 2013, and are expected to continue to rise. Because of this overdose crisis, the House Bill 1082 was passed and signed into law. In compliance with the law, the UMBPF shall ensure sworn agency members are trained in opioid drug overdose symptom recognition. Also, they will be equipped with and trained how to administer Naloxone/Narcan.

#### OpioidOverdose

- (a) Symptoms of opioid overdose include:
  - 1. Unconsciousness, lethargy, confusion, and pinpoint pupils;
  - 2. Shallow or no breathing;
  - 3. Suppressed cardiac function and weakened pulse rate; and
  - 4. Changes in one's skin color, generally to blue or gray, especially in the lips, finger tips, or feet.
- (b) If left untreated, opioid overdoses may lead to death.
- (c) Naloxone/Narcan works by temporarily reversing the effects of the abused substance, allowing the victim to regain consciousness and resume normal breathing.
- (d) Naloxone/Narcan is safe to administer to anyone including children, pregnant women, and the elderly.
- (e) If Naloxone/Narcan is administered to an individual whose condition was not caused by an opioid overdose, the drug will have no negative effect.
  - 1. Individuals may have an allergic reaction to Naloxone/Narcan®. Members will seek immediate medical assistance for the individual if he or she exhibits signs of an allergic reaction, including hives or swelling in the face, lips, or throat.
  - 2. Patients who experience an allergic reaction from naloxone, such as hives or swelling in the face, lips, or throat, should seek medical help immediately. See Substance Abuse and Mental Health Services Administration website: [www.samhsa.gov/medication-assisted-treatment/treatment/naloxone](http://www.samhsa.gov/medication-assisted-treatment/treatment/naloxone).
- (f) Naloxone/Narcan is not effective on individuals who have used non-opioid drugs including benzodiazepines (e.g., Xanax, Klonopin, Valium, etc.), bath salts, cocaine, alcohol or methamphetamines.
- (g) Naloxone/Narcan is generally effective within two (2) to five (5) minutes of administration. However, if the victim does not wake up within three (3) minutes, the member should administer a second dose.
- (h) Rescue breathing should be performed while waiting for Naloxone/Narcan® to take effect.

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- (i) Naloxone/Narcan will wear off after thirty (30) to ninety (90) minutes. It is therefore critical that when the drug is administered, the recipient should be immediately transported to the hospital.
- (j) Some individuals who are revived from opioid overdoses may regain consciousness in an agitated and combative state and exhibit symptoms associated with withdrawal. The use of
- (k) Naloxone typically does not have this effect due to the gradual absorption of the aerosol mist into the victim's system.

### **400.2 NALOXONE/NARCAN PROCEDURES**

- (a) Required Actions of Sworn Members
  - 1. Upon successful completion of Naloxone/Narcan training, all sworn members below the rank of Lieutenant will be issued a Naloxone/Narcan kit at the beginning of their shift. Each member with Naloxone/Narcan training shall:
    - (a) Ensure that he/she is equipped with a Naloxone/Narcan kit during each tour of duty, it is readily accessible, and shall:
    - (b) Inspect the Naloxone/Narcan kit prior to each shift; and
    - (c) Report missing or damaged Naloxone/Narcan kits, via a written report, directly to the shift commander.
    - (d) Naloxone kits are stored in small Pelican cases to protect the Naloxone. When not in use, these are stored in Room 208 of the Annex. At the beginning of shift, the shift supervisor shall issue Naloxone kits to any members whose vehicle does not contain a Naloxine kit. This should be done while issuing Body Worn Cameras and any other equipment.
    - (e) Naloxone is susceptible to damage by extreme heat and cold. Therefore, when a vehicle is not being used, the Naloxone kit will be returned to Room 208 of the Annex.
  - 2. Upon encountering an individual who is unresponsive and appears to have suffered from an opioid overdose, an officer shall:
    - (a) Notify the dispatcher that Emergency Medical Services(EMS) is needed.
    - (b) If the individual is conscious, identify yourself as a police officer and explain that you are there to help.
    - (c) Request a shift supervisor and second officer to respond.
- (b) If the individual exhibits opioid drug overdose symptoms and is unresponsive, the Shift Supervisor or primary officer shall administer Naloxone/Narcan nasal spray, consistent with training.
- (c) The shift supervisor and primary officer shall observe the individual for two to three minutes. If there is no improved breathing or regained consciousness, the Shift Supervisor or primary officer shall administer a second dose of Naloxone/Narcan nasal spray.

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- (d) The primary officer shall notify the dispatcher that Naloxone has been administered, request the dispatcher notify EMS that Naloxone has been administered, and the number of times the Naloxone was administered.
- (e) The primary officer shall attempt to obtain information from individuals on the scene, if present, about the incident.
- (f) Upon EMS arrival, the primary officer shall notify them why opioid overdose was suspected and what actions were taken to correct the overdose.
- (g) The primary officer shall follow the medic to the hospital if the individual is still unconscious.
- (h) The primary officer shall complete all required reports and forms, and submit them prior to ending the tour of duty.

### **400.3 ADMINISTRATIVE AND REPORTING REQUIREMENTS**

- (a) Shift Supervisor
  - 1. The shift supervisor shall complete the Naloxone Deployment Reporting Form (UMBPF Form 17-002) which shall accompany the incident report. The form is found in Appendix 6.38.1, Naloxone Deployment Reporting Form, in the Power DMS system and may be printed for use.
  - 2. The Quartermaster shall be provided a copy of Form 17-002 through the incident report approval process.
  - 3. The supervisor shall exchange the used Naloxone container for a new container through the Quartermaster office.
- (b) Primary Officer
  - 1. Record the following information in the incident report:
    - (a) The medic number and the hospital to which the victim was transported;
    - (b) Efforts to revive the overdosed person (e.g., rescue breathing, chest compressions, administered Naloxone, other);
    - (c) Number of doses of Naloxone administered; and
    - (d) Changes in individual after the administration of the Naloxone (e.g., regained consciousness or failed to regain consciousness).
  - 2. If the individual regained consciousness, record the individual's behavioral reaction (e.g., aggressive, yelling, calm, confused or seems normal).
- (c) Quartermaster
  - 1. The Naloxone and containers issued to carry it shall be considered agency equipment and shall be inventoried and controlled as such.
  - 2. When received into inventory, the Quartermaster shall record the Lot number(s) and expiration date(s) of the Naloxone. It shall be stored securely and at room temperature in accordance with State of Maryland and Department of Health's rules and regulations.

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3. The Quartermaster shall record the Lot number(s) of the Naloxone/Narcan issued to each authorized person on their individual equipment inventory.
4. Sworn members shall carry and store the issued Naloxone/Narcan in the carry case provided by the agency. The Naloxone/Narcan is safe to store at a range of temperatures; however, it should not be stored at temperatures below freezing or above ninety (90) degrees for more than an hour.
5. The Quartermaster shall reissue Naloxone to designated personnel upon receipt of a UMBPF Form 17-002.
6. The Quartermaster shall ensure timely reorders of Naloxone, so no expired supplies are carried by agency members.
7. Naloxone kits (two Naloxone doses and the carry case) shall be issued daily to any sworn member operating a departmental vehicle.
8. The Technical Service and Records Lieutenant is responsible for purchasing Naloxone/Narcan.

See attachment: [Narcan deployment form 2020.pdf](#)

## **Attachments**

## **Narcan deployment form 2020.pdf**

## Naloxone Deployment Reporting Form

CAD #: \_\_\_\_\_ Complaint # : \_\_\_\_\_  
Date of Overdose: \_\_\_\_\_ Time of Overdose: \_\_\_\_\_ AM \_\_\_\_\_ PM  
Location where overdose occurred: \_\_\_\_\_  
Gender of the person who overdosed: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Unknown

### Signs of overdose present *(check all that apply)*

Unresponsive \_\_\_\_\_ Breathing Slowly \_\_\_\_\_ Not Breathing \_\_\_\_\_ Blue lips \_\_\_\_\_ Slow pulse \_\_\_\_\_ No pulse \_\_\_\_\_  
Other (specify): \_\_\_\_\_

### Suspected overdose on what drugs *(check all that apply)*

Heroin \_\_\_\_\_ Benzos/Barbituates \_\_\_\_\_ Cocaine/Crack \_\_\_\_\_ Suboxone \_\_\_\_\_ Any other opioid \_\_\_\_\_ Alcohol \_\_\_\_\_  
Methadone \_\_\_\_\_ Don't Know \_\_\_\_\_ Other (specify): \_\_\_\_\_

### Details of Naloxone Deployment

Number of doses used: \_\_\_\_\_ Did Naloxone work: \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ NOT SURE \_\_\_\_\_  
If yes, how long did it take to work: \_\_\_\_\_ <1 min \_\_\_\_\_ 1-3 min \_\_\_\_\_ 3-5 min \_\_\_\_\_ >5 min \_\_\_\_\_ Don't Know \_\_\_\_\_  
Patient's response to Naloxone: \_\_\_\_\_ Responsive and alert \_\_\_\_\_ Responsive but sedated \_\_\_\_\_ No response to Naloxone \_\_\_\_\_

### Post-Naloxone withdrawal symptoms *(check all that apply)*

None \_\_\_\_\_ Irritable or Angry \_\_\_\_\_ Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) \_\_\_\_\_  
Physically Combative \_\_\_\_\_ Vomiting \_\_\_\_\_ Other (specify): \_\_\_\_\_

Did the person live: \_\_\_\_\_ YES \_\_\_\_\_ NO

What else was done: \_\_\_\_\_ Sternal Rub \_\_\_\_\_ Recovery position \_\_\_\_\_ Rescue breathing \_\_\_\_\_ Chest compressions \_\_\_\_\_  
Automatic Defibrillator \_\_\_\_\_ Yelled \_\_\_\_\_ Shook them \_\_\_\_\_ Oxygen \_\_\_\_\_  
EMS Naloxone \_\_\_\_\_ Bystander Naloxone \_\_\_\_\_ Other (specify): \_\_\_\_\_

Disposition: \_\_\_\_\_ Care transfer to EMS \_\_\_\_\_ other (specify): \_\_\_\_\_

Notes/Comments: \_\_\_\_\_

Officer's Name & Seq.# \_\_\_\_\_

Officer's Signature \_\_\_\_\_

Date of Report \_\_\_\_\_

Supervisor's Name & Seq.# \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

