

Administration and Maintenance of Intranasal Naloxone Model Policy

October 2014



**Municipal Police
Training Council**

New York State Division of Criminal Justice Services
80 South Swan Street, Albany, New York 12210

www.criminaljustice.ny.gov



**Division of Criminal
Justice Services**

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Intranasal Naloxone
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STATE OF NEW YORK
Division of Criminal Justice Services
Office of Public Safety

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Model Policy

I Purpose

The purpose of this policy is to establish broad guidelines and regulations governing the utilization of naloxone by trained personnel within a law enforcement agency. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when law enforcement is the first to arrive at the scene of a suspected overdose. Each agency is encouraged to modify these protocols to conform to their specific needs, while being mindful of the intent of the procedures.

II Policy

Law enforcement personnel and civilians may possess and administer naloxone so long as they have been trained consistent with New York State Public Health Law §3309 and the regulations in §80.138 of Title 10 of the New York Codes, Rules and Regulations. The New York State Division of Criminal Justice Services and the New York State Department of Health training curriculum meets this standard. New York State Public Health Law §3309 provides protection for non-medical individuals from liability when administering naloxone to reverse an opioid overdose.

III Definitions

- A. **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 activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet®, and Percocet®), and hydrocodone (Vicodin®).
- B. **Naloxone:** A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.
- C. **Overdose Rescue Kit:** At minimum should include the following:
 - 1. Two (2) prefilled luer-lock syringes, without needles, each containing 2mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates.
 - 2. Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.

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IV Procedures

A. Deployment:

1. Each agency will identify an individual to be the coordinator for the naloxone administration program: Responsibilities will include:
 - a. Maintaining training records for personnel;
 - b. Assuring the supply, integrity and expiration dates of the Overdose Rescue Kits and;
 - c. Assuring the maintenance of the administration records.
2. Each agency will ensure the officers carrying or having access to the Overdose Rescue Kits are trained in the use of the naloxone.
3. Each agency will ensure an operational plan is implemented for the sharing of Overdose Rescue Kits.
4. Refresher training should occur at minimum biennially and consist of familiarity with the assembly of the Overdose Rescue Kit and the effective administration and maintenance of naloxone.

B. Naloxone Use:

1. Officers will request an ambulance to respond to scene where the aided is in a potential overdose state.
2. Officers should use universal precautions and protections from blood borne pathogens and communicable diseases when administering naloxone.
3. Officers will determine need for treatment with naloxone by evaluating the aided: if the aided is unresponsive with decreased or absent respirations they should administer naloxone following the established training guidelines.
4. Once the assessment of the aided is complete; which should include, but may not be limited to determining unresponsiveness and other indicators of opioid involved overdose, each officer will administer the medication from the Overdose Rescue Kit following the established training guidelines.

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5. Officers will use proper tactics when administering naloxone; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
6. Officers will remain with the aided until EMS personnel arrive.
7. Officers will inform EMS personnel upon their arrival that naloxone has been administered.
8. Officers will complete a naloxone administration/restock form.

C. Maintenance/Replacement of Naloxone:

1. Overdose Rescue Kits will be carried in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
2. Used, lost, damaged, or expired Overdose Rescue Kits will be replaced according to agency policy.
3. Expired naloxone will be:
 - a. Maintained by the agency for use in training; or
 - b. Properly disposed of according to agency policy.

D. Documentation:

1. Following naloxone administration, the officer shall submit a New York State Public Safety Naloxone Quality Improvement Usage Report to the New York State Department of Health.
2. Appendix A contains the New York State Public Safety Naloxone Quality Improvement Usage Report.

Appendix A

New York State Public Safety Naloxone Quality Improvement Usage Report

New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form

Version: 3/10/2015

Date of Overdose: / / : : AM PM
Arrival Time of Responder: : AM PM
Arrival Time of EMS: : AM PM

Agency Case #: Gender of the Person Who Overdosed: Female Male Unknown Age:
 ZIP Code Where Overdose Occurred: County Where Overdose Occurred:

Aided Status Prior to Administering Naloxone: (Check one in each section.)

Responsiveness: Unresponsive Responsive but Sedated Alert and Responsive Other (specify):
Breathing: Breathing Fast Breathing Slow Breathing Normally Not Breathing
Pulse: Fast Pulse Slow Pulse Normal Pulse No Pulse Did not Check Pulse

Aided Overdosed on What Drugs: (Check all that apply.)

Heroin Benzos/Barbiturates Cocaine/Crack Buprenorphine/Suboxone Pain Pills Unknown Pills
 Unknown Injection Alcohol Methadone Don't Know Other (specify):

Administration of Naloxone Number of naloxone vials used: 1 vial 2 vials 3 vials 4 vials > 4 vials

How long did 1st dose of naloxone take to work: < 1 minute 1-3 minutes 4-5 minutes > 5 minutes Don't Know Didn't Work

Aided's response: Combative Responsive & Angry Responsive & Alert Responsive but Sedated Unresponsive but Breathing No Response

If 2nd dose given, was it: IN (intranasal) IM (intramuscular) IV (intravenous)

How long after 1st dose was 2nd dose administered: < 1 minute 1-3 minutes 4-5 minutes > 5 minutes Don't Know

Aided's response: Combative Responsive & Angry Responsive & Alert Responsive but Sedated Unresponsive but Breathing No Response

Post-naloxone symptoms: (Check all that apply.)

None Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) Respiratory Distress
 Seizure Vomiting Other (specify):

What Else was Done by the Responder: (Check all that apply.)

Yelled Shook Them Sternal Rub Recovery Position Bag Valve Mask Mouth to Mask Mouth to Mouth
 Defibrillator (if checked, indicate status of shock): Defibrillator - no shock Defibrillator - shock administered
 Chest Compressions Oxygen Other (specify):

Was Naloxone Administered by Anyone Else at the Scene: (Check all that apply.)

EMS Bystander Other (specify):

Disposition: (Check one.) Transported by EMS EMS Transport Refused Other (specify):

Did the Person Live: Yes No Don't Know

Hospital Destination: **Transporting Ambulance:**

Comments:

Administering Responder's Information: Agency: Police Fire EMS Badge #:
 Last Name: First Name:

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.ny.gov
 Fax: (518) 402-6813

Mail: Shu-Yin John Leung
 OPER, AIDS Institute, NYSDOH
 Empire State Plaza CR342
 Albany, New York 12237