

# **Administration and Maintenance of Intranasal Naloxone Model Policy**

*December 2023*



**Municipal Police  
Training Council**

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

[www.criminaljustice.ny.gov](http://www.criminaljustice.ny.gov)



# Municipal Police Training Council

## Administration and Maintenance of Intranasal Naloxone Model Policy

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## **Administration and Maintenance of Intranasal Naloxone Model Policy**

The Administration and Maintenance of Intranasal Naloxone Model Policy was developed to provide law enforcement agencies with guidance to assist them in developing their own policy and training. The use of this policy is not mandatory.

The Municipal Police Training Council (MPTC) approved the model policy in December 2023.

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## I Purpose

The purpose of this policy is to promote the health, safety and welfare of the public by treating and reducing injuries and fatalities due to opioid-involved overdoses when law enforcement is the first to arrive at the scene of a suspected overdose. This policy establishes broad guidelines governing the deployment, utilization, maintenance, replacement, documentation, and training requirements of intranasal naloxone within a law enforcement agency. Each agency is encouraged to utilize these protocols. The protocols may be modified to conform to an agency's specific needs while being mindful of their intent.

## II Policy

Law enforcement personnel and civilians may possess and administer naloxone<sup>1</sup> so long as they have been trained consistent with New York State Public Health Law.<sup>2</sup> Law enforcement personnel will adhere to practices that encourage civilians at the scene of a suspected overdose to request help<sup>3</sup> and freely administer naloxone to a subject.

Under no circumstances will naloxone be confiscated from an individual or will the mere possession of naloxone be used to establish probable cause for an arrest.<sup>4</sup>

## III Definitions

- A. **Opioid:** A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opioid 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 opioids in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone, and hydrocodone.
- B. **Naloxone:** A prescription medication that can be used to reverse the effects of an opioid overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system.

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<sup>1</sup> New York State Public Health Law §3309 provides protection for non-medical individuals from liability when administering naloxone to reverse an opioid overdose.

<sup>2</sup> See Section V for training requirements.

<sup>3</sup> Penal Law §220.78

<sup>4</sup> NYS Criminal Procedure Law §60.49

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## IV Procedures

### A. Deployment:

Each agency will identify an individual to be the coordinator for the naloxone administration program: Responsibilities will include, but not be limited to:

- a. Maintaining naloxone training records of officers;
  - b. Maintaining the supply and assure the integrity and expiration dates of the naloxone; and
  - c. Administering any applicable opioid overdose prevention program requirements pursuant to §80.138 of Title 10 of the New York Codes, Rules and Regulations.
2. Each agency will ensure officers are trained prior to carrying naloxone.
  3. Each agency will ensure an operational plan for deploying naloxone.

### B. Naloxone Use:

1. Officers will request an ambulance to respond to the scene where the aided is in a potential overdose state.
2. Officers will determine the need for treatment with naloxone by evaluating the aided according to established training guidelines. Once the assessment of the aided is complete, which should include, but may not be limited to determining unresponsiveness and other indicators of an opioid involved overdose.
3. Officers will administer naloxone following the established training guidelines and use universal precautions when evaluating an aided and administering naloxone.
4. Officers will use proper tactics after administering naloxone; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated state and may exhibit symptoms associated with withdrawal.
5. Officers will remain with the aided while providing resuscitation based on the officers' training and availability of resuscitation

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equipment until EMS personnel arrive. An additional dose(s) of naloxone may be administered as necessary every 3-5 minutes.

6. Officers should employ rescue breathing techniques, bag-valve ventilation, or chest compressions as trained.
7. Officers will inform EMS personnel upon their arrival that naloxone has been administered, including the number of doses.

## C. Maintenance/Replacement of Naloxone:

1. Naloxone will be carried in a manner consistent with proper storage guidelines.
2. Used, lost, damaged, or expired naloxone 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 by returning to a pharmacy, the distributor, or through a community organization for training the public.

## D. Documentation:

1. Following naloxone administration, the officer shall electronically submit a New York State Public Safety Naloxone Administration Report to the New York State Department of Health through [www.nyoverdose.org/publicsafety](http://www.nyoverdose.org/publicsafety).
2. Officers may request copies of the New York State Public Safety Naloxone Administration Report when reporting an administration for internal reporting and documentation purposes.

## V Leave Behind Naloxone

- A. Agencies may develop policies to allow naloxone to be distributed to the public – “Leave Behind Naloxone” programs.
- B. Officers, who have either responded to an individual experiencing an opioid-related overdose or someone they believe may be otherwise at risk of opioid overdose, may leave behind naloxone when they believe there is a high risk of an opioid overdose.

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- C. Naloxone will be left with either the individual or with family members, friends, or other persons who are in a position to assist the individual.

## VI Training

- A. Prior to being equipped with naloxone, officers will complete an approved training program in accordance with section 80.138 (9)(ii) of Title 10 of the New York Codes, Rules and Regulations.<sup>5</sup>
- B. Updated training should be conducted, as necessary, to include any changes to naloxone administration protocol and reporting.

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<sup>5</sup> The New York State Division of Criminal Justice Services training curriculum is an approved training curriculum which can be accessed at <https://bit.ly/naloxonetrainingmaterials>.