

Stowe Police Department

General Order: 2.16	Related General Orders:
Intranasal Naloxone	
This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this department for non-judicial administrative action in accordance with the laws governing employee discipline.	
Applicable Vermont Statutes:	
Date Implemented: 10/27/2016	Date Revised:

I. **PURPOSE:**

1. To establish guidelines and procedures to utilize naloxone in order to reduce fatal opioid overdose.

II. **POLICY:**

1. It is the policy of the Stowe Police Department that all officers are required to be trained in the use of the nasal Naloxone and may utilize the drug to counteract the effects of opiate overdose.

III. **DEFINITIONS:**

Drug Intoxication: Impaired mental or physical functioning resulting from the use of physiological and/or psychoactive substances; i.e. euphoria, dysphoria, apathy, sedation, attention impairment.

Naloxone: An opioid receptor antagonist and antidote for opioid overdose which is produced in intramuscular, intranasal or intravenous forms.

Narcan: Brand name of Naloxone.

Opioid: An opioid is a psychoactive chemical pain medication such as, fentanyl, morphine, buprenorphine, codeine, hydrocodone, methadone, and oxycodone.

Opioid Overdose: An acute condition due to excessive use of narcotics, indicated by symptoms including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death, resulting from the consumption or use of an opioid or another substance with which an opioid was combined, or that a layperson would reasonably believe to be caused by an opioid-related drug overdose that requires medical assistance.

Universal Precautions: An approach to infection control whereby all human blood and human body fluids are treated as if they were known to be infectious for HIV, HBV, and other blood-borne pathogens. The use of latex gloves for purposes of this policy is a highly recommended best practice.

Signs of Overdose: A person who has overdosed may:

- a. be breathing very slow or not breathing
- b. have blue or purplish lips or fingernails
- c. be limp
- d. have pinpoint pupils
- e. be vomiting or gurgling
- f. not wake up or respond if you try to rouse him

IV. **PROCEDURES:**

1. Stowe Police Department will issue nasal Naloxone kits to each officer and/or assigned to a vehicle.
2. A Naloxone kit will include:
 - A. Yellow Carrying Case
 - B. Two (2) Narcan (Naloxone) Nasal Spray packages, 4mg each
3. Officers will receive approved and authorized training in responding to persons suffering from an apparent opioid overdose and the use of the Naloxone Nasal Spray.
4. Whenever an officer encounters a person who appears to be the victim of a drug overdose, the officer shall:
 - A. Maintain universal precautions throughout the event.
 - B. Contact and advise the dispatcher of a possible overdose and request EMS response, if not already dispatched
 - C. Keep the dispatcher and EMS apprised of the condition of the overdose victim.

- D. Perform an assessment of the victim checking for unresponsive, decreased mental status and/or abnormal vital signs.
 - E. Check for Medic Alert tags or the like, which may indicate a pre-existing medical condition, around the wrist or neck of the victim.
 - F. Ask witnesses, family or friends of the victim what type of drug the victim ingested.
 - G. Observe your surroundings for any evidence of drugs that may indicate what the victim ingested such as; prescription drug bottles, heroin packages, needles and syringes.
 - H. Prior to the administration of naloxone, officers shall ensure that the victim is in a safe location and shall remove any sharp or heavy objects from the victim's reach, as the sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures and difficulty breathing.
 - I. Administer naloxone nasal spray
 - J. Once used, the intranasal naloxone device is considered bio-hazardous material and shall be turned over to EMS or hospital personnel for proper disposal.
5. Reporting / Documentation
- A. Officer shall submit a report, detailing the nature of the incident, the care the patient received and the fact that Naloxone was administered.
6. Storage and Replacement
- A. The Naloxone kits will be stored in accordance with the manufacturer's instructions, avoiding extreme cold and heat.
 - B. Inspection of the Naloxone kit shall be the responsibility of the officer it is issued to.
 - C. Damaged, expired or missing kits shall be reported to a supervisor.

V. REFERENCE:

- 1. Officers who are Vermont EMS (EMR, EMT, Etc.) Licensed should also reference Vermont Statewide EMS Protocols 2.3 and 2.18.

VI. DISCIPLINE:

1. Any violation of this policy may be grounds for disciplinary action consistent with any applicable collective bargaining agreement, statute, Department policy or Town policy.

Issued by: _____

Donald Hull
Chief of Police