MYRTLE BEACH POLICE DEPARTMENT

ADMINISTRATION REGULATIONS AND OPERATING PROCEDURES

Subject: *Naloxone*	**Number:** *275-B*
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Rescinds: *275 - Naloxone* *275-A – Naloxone*	**Dated:** *04-18-2017* *05-01-2019*

Approved By:

I. PURPOSE

The purpose of this procedure is to provide guidance in the acquisition, use, and resupply of Naloxone in order to reduce fatal opioid overdoses. The procedure also provides guidance with respect to training officers in the use of Naloxone as well as documenting its use.

II. DEFINITIONS

A. Emergency Medical Personnel: Emergency Medical Technicians (EMT's) and paramedics, who provide emergency medical assistance at a scene where a person is suffering from an illness or injury.

B. Heroin: A highly addictive analgesic and illegal narcotic derived from morphine.

C. Mucosal Atomization Device: An intranasal mucosal atomization device (MAD) that is used to deliver a mist of atomized medication, such as naloxone, into the nose to be absorbed into a person's bloodstream.

D. Naloxone: A bottle pre-filled with a drug that antagonizes and reverses the effects of opioids, which cause acute respiratory depression, and that is administered via an intranasal mucosal atomization device. For purposes of this procedure, it may also be referred to as “Narcan”.

E. Officers: Employees of the Myrtle Beach Police Department who are certified as Class I, II, or III officers.

F. Opioids: Substances that act on opioid receptors to produce morphine-like effects. Opioids include prescription medications, such as hydrocodone,

oxycodone, and fentanyl, which are prescribed to medically relieve pain. Opioids also include illegal narcotics, such as heroin, which may be mixed with otherwise legal medications, such as fentanyl.

G. Mandatory Reporting Tracking Documentation: Proper protocol for both DHEC and the Myrtle Beach Department regarding documentation of training, issuing, use, loss, spoilage, and re-issuing Naloxone/Narcan

III. PROCEDURES

A. Training

1. Discretionary Equipment: Officers are not required to carry and use Naloxone. They are encouraged to do so as they may be able to save the life of a citizen or co-worker, who may be experiencing an overdose from the use of, or exposure to, an opioid, but should only do so if they feel comfortable deploying it in emergency circumstances.

2. Mandatory Training: Whether or not an officer chooses to carry Naloxone, all officers will participate in a course of training on Naloxone via the Department's Training.

3. New Officers: Newly hired officers will receive training for the use of Naloxone after graduation, i.e., upon receiving their certification.

4. Bi-Annual Refresher Training: Once certified to carry and use Naloxone, officers will participate in a refresher course in the use of Naloxone no later than two years from their last training.

B. Naloxone Acquisition

New Dosages: After passing a course of instruction, the Training Unit will provide the Naloxone dosages to officers.

C. Carrying Naloxone

Sensitivity: Naloxone is sensitive to extreme temperatures and will spoil if exposed to direct sunlight or stored in extreme heat or cold. Officers must carry Naloxone in accordance with the manufacturer's instructions.

D. Naloxone Use

1. Universal Precautions: When administering Naloxone, officers will use nitrile gloves to avoid exposure to any type of bloodborne pathogen. Before entering an environment that may expose officers to airborne pathogens and atomized drugs, such as heroin and

fentanyl, they must wear appropriate personal protective equipment to prevent inhalation and absorption through the skin.

a. Off-Duty Use: Officers may use their Naloxone off-duty, provided it is within the State of South Carolina, and immunity via the state statute will apply.

2. Emergency Medical Personnel: If EMTs or paramedics are already on-scene of an overdose, or arrive at the same time as officers, officers will allow them to take over medical care of the patient, but may assist them as requested with such things as CPR. If EMTs and paramedics are not already on-scene, officers should confirm that they were notified and dispatched to the scene.

3. Indications & Contraindications for Use

    a. Indications for Use

        i. The patient is unconscious and not responding to any verbal stimuli.

        ii. The patient has no detectable breathing or is breathing slowly, with less than eight breaths per minute.

        iii. There is evidence that the patient is suffering from an opiate overdose, including but not limited to:

            a. Bystanders have given information that the patient has taken or may have taken an opiate of some kind.
            b. There is physical evidence of opiate use, such as drug paraphernalia or prescription bottles.
            c. The patient has a known history of opiate abuse.
            d. The patient has pinpoint pupils along with respiratory depression or arrest.

    b. Contraindications for Use

        i. Patients who are conscious or semi-conscious and responding to verbal stimuli.

        ii. Patients who are breathing adequately with at least eight breaths per minute.

        iii. Trauma patients with an unknown cause for unconsciousness.

iv. Known allergy to Naloxone. (Check for a medical alert bracelet.)

4. Administering & Re-Administering Naloxone

    a. Expiration Date: Check the expiration date on the Naloxone box and be sure it has not expired before using.

    b. Dosage: Remove one bottle from the box and administer a single spray into one nostril.

    c. Additional Dosages: If the patient does not respond within 2 to 3 minutes or relapses into respiratory distress after initially responding, then officers may administer another single spray into the other nostril. If the patient still does not respond, the officer may continue to administer additional doses of Naloxone every 2 to 3 minutes while alternating nostrils until emergency medical personnel arrive.

    d. Used Bottles: Once used, all Naloxone bottles should be given to emergency medical personnel so they may account for the number of administrations of Naloxone to a patient. If emergency medical personnel decline to take receipt of the bottle, then officers may dispose of the bottles.

5. Post-Administration Considerations

    a. Use of Naloxone in patients who are opioid dependent may precipitate withdrawal symptoms. These symptoms may include combativeness and feeling sick to include vomiting, flushing, sweating, agitation, dizziness, and acute pain. Patients should be turned onto the recovery position, i.e., on his or her side, to prevent aspiration of vomit into lungs when it will not cause further injury to the patient, such as patients who may have sustained head or spinal injuries from trauma.

    b. Additional supportive and resuscitative measures may be helpful while awaiting emergency medical personnel.

    c. An observation period of four hours following the use of Naloxone is recommended.

        i. Competent, conscious patients not in custody may decline to be transported to an emergency room.

Officers may not take emergency protective custody (EPC) of a patient who declines to be transported to the emergency room, absent other factors that may render the patient incompetent to make the decision, solely for medical observation.

ii. Any person in custody of the Myrtle Beach Police Department known to have received one or more doses of Naloxone within the previous four hours will be transported to a medical facility for medical clearance. If the medical facility releases the inmate within four hours of the last Naloxone dose:

a. The Detention Supervisor will observe the inmate before intake and has the authority to summon EMS and/or send inmates showing signs of re-overdosing or gross intoxication to a medical facility.

b. Inmates accepted into the facility should be placed in an observation cell with 15-minute checks until the four-hour observation period has elapsed. These checks will be documented on the Head Jailer Log Sheet.

E. Post-Administration Reporting & Resupply (Mandatory)

1. Overdose Prevention Act: The South Carolina Overdose Prevention Act (1-13038; SC Code, Title 44, Chp 130) was enacted, in part, "to allow . . . first responders to administer opioid antidotes to individuals who . . . first responder[s] believe in good faith are at risk of experiencing an opioid overdose, to allow prescribers to prescribe standing orders for opioid antidotes to first responders and for first responders to possess these opioid antidotes, and to provide protections from civil and criminal liability for prescribing, dispensing, or administering opioid antidotes. The Law Enforcement Officers Naloxone Training Program (LEON) was created pursuant to the Overdose Prevention Act to provide training to law enforcement officers and to track the pre-hospitalization administration of Naloxone via reporting on a secure website portal.

2. Mandatory Reporting and Tracking Documentation

a. Web Reporting: Each use of Naloxone must be reported via a secure web portal in order to track its use. The portal for reporting can be found at: https://sc.readyop.com/fs/4cyr/d967. Officers shall forward a copy of the DHEC report to the Training Division.

b. Incident Reports: Opioid overdoses will be documented via incident reports. DHEC does not require a copy of these incident reports, so they will not be submitted to DHEC.

c. Resupply after Use: Officers will forward the DHEC reply to the Training Division, which will issue a new dosage to the officer.

d. Expiration & Resupply: After an officer's dosage has expired, the officer will return it to the Training Unit and request a new dosage. The Training Unit will dispose of expired dosages as directed by DHEC.

e. Loss Reports: If an officer loses his or her Naloxone, it spoils because it was stored for an extended period beyond the recommended temperature range, it was exposed to direct sunlight for an extended period, or was otherwise damaged, then the officer will complete and submit a loss report. The officer will then seek a new dosage of Naloxone from the Training Unit. Spoiled or damaged Naloxone will be disposed of by the Training Unit as directed by DHEC.

f. In all cases where issued Naloxone(Narcan) was used or needed to be replaced/reissued due to use, loss or spoilage. The officer(s) will make immediate direct verbal notification to their immediate supervisor. The officer(s) will then complete ALL required reporting protocol as specified above and coordinate with their supervisor to ensure all required paperwork and reports are correct.

g. The supervisor will then ensure all protocols related to Mandatory Reporting, Tracking, and Documentation are followed.

h. The supervisor will need to compose an e-mail addressed to their Chain of Command up to the Captain Level, and the Training Unit, which shall be titled, "NARCAN REPORTING/Agency report and CAD" number. The narrative of the e-mail shall be specific to the following;

   i. Officer(s) names

   ii. Supervisor's Name

   iii. Location administered

iv. Was product use successful, yes or no