

FREDERICK POLICE DEPARTMENT GENERAL ORDER

Section 5: Special Populations
Topic: OVERDOSE RESPONSE PROGRAM
Approved: 03/06/17
Review: Annually in July by the Commander, Criminal Investigations Division
Supercedes: GO 590 dated 07/01/14

Order Number: 590
Issued by: Chief of Police

.01 PURPOSE:

To establish guidelines and procedures for the utilization of the Nasal Naloxone administered by officers of the Frederick Police Department (FPD) Objectives of administering Nasal Naloxone are to treat opioid overdoses and to minimize deaths caused by opioids.

.02 CROSS REF:

.03 DISCUSSION:

The Frederick Police Department will participate in the DHMH Overdose Response program through the training provided by the Frederick County Health Department. This training authorizes the officers to possess and administer Naloxone. Opioid overdose is a serious and growing public health problem in Maryland. The Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) collaborated to broaden the ability of public safety personnel, including law enforcement, to respond to Opioid overdoses by authorizing law enforcement personnel to administer Naloxone to individuals who experience an Opioid overdose. Naloxone is a fast-acting Opioid antagonist used in emergency medicine to rapidly reverse Opioid-related sedation and respiratory depression. Naloxone is marketed under various trademarks including "Narcan", "Nalone", and "Naloxoneti."

.04 POLICY:

It is the policy of the FPD to respond to calls for service and to take necessary lifesaving steps until the arrival of Emergency Medical Services. Officers responding to overdoses will conduct investigations and will administer Naloxone, per DHMH and MIEMSS training protocol, if they arrive at an Opioid overdose prior to EMS as a necessary lifesaving step.

.05 DEFINITIONS:

.10 PROCEDURES:

The Commander of the Criminal Investigations Division will appoint a Nasal Naloxone Coordinator to administer the program and designate officers authorized to receive and utilize nasal Naloxone.

1. The Coordinator's responsibilities include:
 - A. Ensuring that the Nasal Naloxone kits are current and not past the expiration date;
 - B. Ensuring proper and efficient deployment of nasal Naloxone for field use;
 - C. Ensuring that authorized officers are adequately trained in its use;
 - D. Ensuring that any use of nasal Naloxone on a subject is documented on an investigative report;
 - E. Replacing nasal Naloxone kits that are either damaged, unusable, expired, or have been used; and,

- F. Reporting nasal Naloxone use to the Frederick County Health Department nasal Naloxone coordinator and whether the use was successful or not in saving a life.
2. Officers designated by the CID Commander will be issued a prescription for nasal Naloxone upon completion of the DHMH training conducted by the Frederick County Health Department. The Officer is responsible for the security and storage of the nasal Naloxone. Naloxone needs to be protected from light and it should be stored at room temperature (59-86 degrees F/ 15-30 degrees C) and away from direct sunlight. Storage in vehicle glove box or trunk, for example, should be avoided due to potential temperature extremes. The nasal Naloxone will be downloaded from the vehicle and secured by the officer when he/she is off duty.

.20 ADMINISTRATION OF NALOXONE:

- 1. Authorized officers will utilize nasal Naloxone on subjects believed to be suffering from an opioid overdose. Officers will follow the protocols outlined in their nasal Naloxone training. When using the nasal Naloxone kit:
 - A. Officers will use universal precautions.
 - B. Officers will conduct a medical assessment of the patient, to include statements made by witnesses regarding drug use.
 - C. If the officer makes a determination that there has been an opiate overdose, the Naloxone kit should be utilized.
 - D. Officers should be aware that reversal of an opiate overdose may cause projectile vomiting and/or violent behavior.
 - E. The patient should continue to be observed and treated as the situation dictates.
 - F. The treating officer will inform incoming EMS personnel about the treatment and condition of the patient, and will not relinquish care of the patient until relieved by a person with a higher level of medical training.
 - G. Officers will handle any criminal investigations as a result of the call for service.
- 2. Officers will ensure EMS is dispatched to the scene. They will encourage the patient to be transported to the hospital. If the patient will not go to the hospital voluntarily:
 - A. The emergency evaluation process will be initiated, ***if there is evidence that the patient attempted suicide by their ingestion of opiates or expresses suicidal thoughts or ideations, or there are other criteria for evaluation under the emergency petition process.***
 - B. ***If the patient continues to refuse transport in all other cases, and he or she reasonably appears to have the capacity to make medical decisions, the patient may legally refuse further medical assistance.***

.30 MAINTENANCE/ REPLACEMENT:

- 1. Officers authorized to use nasal Naloxone kits are responsible for inspecting the kit prior to each shift. Missing or damaged nasal Naloxone kits will be reported to their supervisor and the nasal Naloxone coordinator. The inspecting officer will cause a CAD entry noting the missing or damaged kit. The nasal Naloxone coordinator will be promptly notified if a nasal Naloxone kit is taken off line or needs replacement / maintenance, and will replace the kit as soon as practicable.

2. Naloxone has a shelf life of two years. It is important to store Naloxone at the proper temperature and not to expose the medication to light.

.40 DOCUMENTATION REQUIREMENTS:

Upon completing a medical assist with nasal Naloxone use, the officer will complete a report detailing the nature of the incident, the care the patient received, the fact that nasal Naloxone was deployed, and whether the use was successful (to the extent possible at that time). A copy of the investigative report will be forwarded to the nasal Naloxone coordinator for statistical value and tracking of the nasal Naloxone deployment.