	NEW PALTZ POLICE DEPARTMENT Policy and Procedures	
	<i>Subject</i> 42.8 Administration and Maintenance of Intranasal Naloxone	
	ISSUED: June 2, 2014	EFFECTIVE: June 2, 2014
	REVISED: July 11, 2017	RESCINDED:
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Administration and Maintenance of Intranasal Naloxone

PURPOSE


The purpose of this policy is to establish broad guidelines and regulations governing the utilization of naloxone by trained personnel within the New Paltz Police Department. 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.

POLICY

Members of the New Paltz Police Department 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. The possession, administration and maintenance of the Intranasal Naloxone program is under the supervision of the New Paltz Police Department's medical director, Dr. Eric Stutt MD.

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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PROCEDURES

A. Deployment:

- a. The New Paltz Police Department will assign an individual to be the coordinator for the naloxone administration program: Responsibilities will include:
 - i. Maintaining training records for personnel;
 - ii. Assuring the supply, integrity and expiration dates of the Overdose Rescue Kits and;
 - iii. Assuring the maintenance of the administration records.
- b. The New Paltz Police Department's Intranasal Naloxone coordinator will ensure the members carrying or having access to the Overdose Rescue Kits are trained in the use of the naloxone.
- c. 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:

- a. Officers will request an ambulance to respond to scene where the aided is in a potential overdose state. Officers will assess the unresponsive patient to include the need for an open airway, CPR and AED placement prior to the administration of naloxone.
- b. Officers should use universal precautions and protections from blood borne pathogens and communicable diseases when administering naloxone.
- c. 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.
- d. 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.
- e. 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.
- f. Officers will remain with the aided until EMS personnel arrive.
- g. Officers will inform EMS personnel upon their arrival that naloxone has been administered.
- h. The patient shall be transported by ambulance to the hospital for further treatment. In the event a patient refuses transport, the member will mandate the transport of the patient under New York State Mental Hygiene Law 22.09 and/or 9.41.
 - a. If necessary and in consultation with the ambulance crew, the officer will accompany the ambulance crew to the hospital or follow the ambulance to the hospital in their patrol car.
- i. Officers will complete a naloxone administration/restock form.

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C. Maintenance/Replacement of Naloxone:

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

D. Documentation:

- a. Following naloxone administration, the officer shall submit a New Paltz Police Department Patient Care Report detailing the circumstances involved with the administration of naloxone as well as all the necessary information for the completion of the New York State Public Safety Naloxone Quality Improvement Usage Report. The administering member will also complete and submit and URGENT Overdose Report to the department's medical officer.
- b. The New Paltz Police Department's Intranasal Naloxone Coordinator will submit a New York State Public Safety Naloxone Quality Improvement Usage Report to the New York State Department of Health, submit a copy of the URGENT Overdose Report to the Ulster County Crime Analyst and make notification to the agency's medical director.
- c. Appendix A contains the New York State Public Safety Naloxone Quality Improvement Usage Report.