PBP FORM 290	PITTSBURGH BUREAU OF POLICE *"...accountability, integrity and respect."*	SUBJECT: NALOXONE ADMINISTRATION PROGRAM	ORDER NUMBER: 40-22
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ISSUE DATE:	EFFECTIVE DATE:	ANNUAL REVIEW DATE:	RESCINDS:	AMENDS:
5/19/2016	5/19/2016	MAY	N/A	N/A

1.0 POLICY:

To establish guidelines and regulations governing utilization of the Nasal Naloxone administered by the City of Pittsburgh Bureau of Police. The objective is to reduce fatal opioid overdoses and to comply with Act 139 of 2014 and procedures as set forth by the Pennsylvania Department of Health for Naloxone administration and resuscitation of persons suffering from opioid overdose.
There is at the time, a critical increase in the number of opioid overdose deaths in Allegheny County, including the City of Pittsburgh. The City of Pittsburgh Bureau of Police recognizes the duty of its members to provide timely administration of Naloxone in order to prevent those deaths as part of our mission to preserve life.

2.0 DEFINITIONS:

Opiate: An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) andhydrocodone (Vicodin®).

Naloxone: Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. Itis marketed under various trademarks including Narcan®.

MAD Device: Mucosal Atomization Device – Intranasal Mucosal Atomization Device used to deliver a mist of atomized medication that is absorbed directly into a person's blood stream via the nasal passages.

3.0 POLICY:

Naloxone will be deployed to individual officers for carrying in their duty bag for the treatment of drug overdose victims. A patrol unit shall be dispatched to any call that relates to a drug overdose. The goal of the responding officers shall be to provide immediate assistance via the use of naloxone where appropriate, to provide any treatment commensurate with their training as first responders, to assist other EMS personal on scene, and to handle any criminal investigations that may arise.

4.1 PROCEDURE:

Officers will only administer naloxone as per their training. When an officer believes that an individual is suffering an opioid-related overdose event, the officer shall:

- Assure scene safety – see Safety section.
- Immediately notify police radio and request EMS response
- Observe universal health precautions as per training and use of personal protective equipment

- Conduct an assessment of the individual as per First Aid / CPR/ PAVTN opiate training, to include witness statements from any persons present regarding opioid use, and a quick survey of the scene for other opioid indicators (syringes, pills, Rx bottles, etc)
- Establish responsiveness – If unconscious perform a sternal rub in an attempt to awaken the individual.
- If the individual has no pulse initiate CPR
- If the individual is not breathing adequately ventilate with a BVM
- Administer naloxone using the MAD device if indicated as per training.
- Notify radio that naloxone was administered.
- If there has been no improvement in the individual within 3-5 minutes consider a second application of naloxone.
- Be prepared to manage the airway in case of sudden emesis (recovery position)
- Continue to monitor the individual's condition until EMS arrives. Make sure EMS is aware that naloxone was administered, including the dosage, route, and time.
- After administration the officer will provide the individual with a completed 'Naloxone information" and referral card from the kit.
- If the individual refuses further medical care/ transportation before the arrival of EMS, the officer will fill out a medical refusal form located in the police officers tool kit.

Any time an officer provides any type of medical care, a 2.0 and 3.0 will be completed containing all pertinent available information.

If naloxone was administered the officer will also complete the Naloxone Administration Form located in the police officers tool kit.

5.1 EQUIPMENT AND MAINTENANCE

Each Zone/Unit will be issued "Naloxone Resuscitation" kits. At the beginning and end of each shift the desk officer will be responsible for having the officer sign in/out an Naloxone kit.

The kit shall consist of:

- (1) Zippered nylon insulated bag large enough to contain all other contents of the kit.
- (1) Disposable adult Bag Valve Mask
- (2) Pairs of Nitrile gloves
- (1) splash resistant eye protection (goggles or shielded glasses)
- (1) Bio-disposal tube for syringe/ needle / MAD device disposal
- (1) Plastic tamper-resistant sealed hard case containing:

- (2) pre-filled syringes containing 2mg naloxone hydrochloride
- (2) MAD nasal administration devices
- (1) Naloxone administration information / referral card

Care, maintenance and storage of the kit will be the responsibility of the officer when in his/her possession.

5.1 Storage
Patrol Officers will carry the kit in their vehicle on each patrol shift. Since it is known that Naloxone loses some efficacy after repeated or prolonged exposure to temperatures outside of normal range (~40F to ~90F) every effort will be made to keep the kit secure and prevent exposure to extreme temperatures for an extended period of time.

- If it is believed that the officer's course of duty will lead to several hours of extreme exposure to the kit, a supervisor will be made aware of the situation and a remedy sought at the earliest possible convenience that allows for proper management of manpower.
- If it is believed that the kit was exposed to cold or heat for an extended amount of time (>4hrs), a replacement kit will be issued to the officer until a determination can be made by the Medical Director whether the medication should be replaced or returned to service. In any case, any kit exposed to extreme temperatures as per above will be replaced after six months maximum.
- Because it will not be practical to constantly monitor exposure temperatures, naloxone that has been issued for street use will be replaced yearly, regardless of whether it has reached the actual expiration date.

The kit will be inspected daily to make certain the tamper-resistant seal are intact on the naloxone kit. A notation will be made on the officer's Daily Activity Log stating such.

Each officer will be responsible for notifying their Unit equipment supervisor for replacement of used materials through the Training Academy.

Damaged equipment shall be reported to a shift supervisor immediately.

6.0 REPORTING

A 2.0 and 3.0 report shall be completed by the treating officer, or the primary responding officer, prior to the end of his shift.
Any time an officer provides any type of medical care, a 2.0 and 3.0 will be completed containing all pertinent available information.

If naloxone was administered the officer will also complete the Naloxone Administration Form located in the police officers tool kit.

If the individual refuses further medical care/ transportation before the arrival of Fire or EMS, the officer will document in a 3.0 that they informed the victim that they should be assessed by Fire/EMS.

7.0 SUPERVISORS:

Shift supervisors will be responsible for ensuring extra kits are available. Additional kits will be available at the Academy.

Shift supervisors are responsible for ensuring officers correctly complete all paperwork (2.0, 3.0, & Naloxone Administration Form) when the Naloxone has been administered.

Shift Supervisors must ensure all paperwork is sent to the Academy, via inner office mail.

8.1 TRAINING

No officer shall participate in the Naloxone administration program until receiving a standard course of training to include:

- PAVTN.net or similar ACT 139 approved naloxone training. PAVTN.net training is an online course administered by the Pennsylvania Chiefs of Police.
- A practical training course provided by the City of Pittsburgh Training Academy to include:
    - Universal disease prevention precautions (gloves, eyewear, sanitation, etc.)
    - CAB – Circulation/Airway/Breathing (AHA CPR guidelines review)
    - Use of a Bag Valve Mask (BVM)
    - Disposal of biohazardous waste
    - Practice use of the MAD device
    - Airway maintenance in a field setting including:
        - Proper patient positioning
        - Prevention of aspiration due to emesis
- The Medical Director of the City of Pittsburgh may require additional training at his discretion.
- Training on Act 139 with respect to specific immunities that attach to victims of drug overdose and persons reporting an overdose.
- Training on Bureau of Police procedures including this policy, required reports, and accountability reporting for naloxone use.

Refresher training shall be provided every two years during CPR/AED training.
A record of all naloxone related training will be maintained at the Training Academy.

9.0 SAFETY

Overdose victims may be over-using legally obtained opiates, illegal opiates including street drugs, or non-prescribed but otherwise legally manufactured medications. The patient is likely to be unconscious and may wake up suddenly to find a police officer immediately in their field of vision. This, along with symptoms of withdrawal can cause an immediate "fight-or-flight" type response. This could present a hazard to the officer and the patient. Other persons present on the scene of illegal narcotics use could also present a danger.

After naloxone administration, the officer should be prepared for a startle response, confusion, emesis, and possibly a violent reaction from the patient. The reaction may be unintentional or purposeful.

It is recommended that before administering Naloxone to an opiate overdose patient, the officer ensure a safe scene and have at least one additional officer be present. If ventilations can be

performed safely, maintain the airway and monitor the patient until additional help arrives, then administer naloxone.

Used hypodermic needles and other bio-hazardous waste may be present. Care must be taken when kneeling or moving around patients. Used needles will not be left on scene as they may constitute a hazard to others. Those that are not evidence will be disposed of properly.

All officers present must maintain situational awareness while on-scene.

Personal Protective equipment should be available and used on ALL patient contacts.

Needles and MAD devices will be placed in the biohazard disposal tubes provided until they can be properly disposed of at a hospital.

10.1 IMMUNITY

Act 139 of 2014 specifically provides certain immunities to those persons who are a victim of opioid overdose, those who come to the aid of persons who are victim of an opioid overdose, and certain public safety employees (including members of a fire or police department).

> "A person, authorized law enforcement agency, fire department….. who, acting in good faith and with *reasonable care* (emphasis added), administers naloxone to another person whom the person believes to be suffering an opioid-related drug overdose:
>
> I. Shall be immune from criminal prosecution, sanction under any professional license statute and civil liability for such act.
> II. Shall not be subject to professional review for such act.
> III. Shall not be subject liable for any civil damages for acts or omissions resulting from such act.

ALL Bureau of Police personnel will be familiar with the immunity provisions of Act 139 of 2014 as it applies to victims of overdose and those coming to the aid of opioid overdose victims as per MPOETC training instituted in 2016.

If there is any question as to appropriateness of criminal charges to be instituted on the victim of an opioid overdose, or any person coming to their aid, please consult with the office of the District Attorney. However, the Bureau of Police wishes to emphasize that the legislative purpose of this Act is the preservation of life, not the prosecution of drug offenses where an opioid overdose has taken place.

Approved By:

Cameron McLay
Chief of Police