

1.08-2

DAYTON POLICE DEPARTMENT
GENERAL ORDER
NARCAN (NALOXONE) USAGE



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POLICY STATEMENT

It is the purpose of this policy to establish guidelines governing the utilization of Narcan™ by training Dayton Police sworn personnel to administer Narcan (Naloxone) to persons suffering from opioid overdoses.

DEFINITIONS:

HEROIN - Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the opium poppy plant. Heroin usually appears as a white or brown powder or as a black sticky substance, known as “black tar heroin.” Heroin chemically converts to morphine in the brain.

NALOXONE - Also known as Narcan - a synthetic drug, chemically similar to morphine, which blocks opioid receptors in the nervous system.

OPIOIDS - Opioids are medications that are naturally or chemically related to heroin. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus.

Common Opioids:

Paracetamol/Acetaminophen	Hydrocodone (Vicodin)
Dextropropoxyphene	Morphine
Codeine	Oxycodone (Percocet)
Tramadol	Methadone
Tapentadol	Oxycontin
Anileridine	Pethidine
Alphaprodine	Sufentanil
Diamorphine	Bromadol
Hydromorphone	Etorphine
Oxymorphone	Dihydroetorphine
Levorphanol	Heroin
7-Hydroxymitragynine	Carfentanil
Buprenorphine	Fentanyl

I. Procedure

- A. Naloxone may be used when an opioid overdose is reported or reasonably suspected and the victim is unconscious. This can include but is not limited to:
1. The person is found to be unresponsive, there is an absence of breathing or the victim has no pulse, is unresponsive to a sternum rub and has bluish lips, nail beds, constricted pupils, or bluish general appearance.
 2. The person is found to be unresponsive, but still has a pulse and breathing.
 3. Other signs of opioid overdose to be aware of:
 - Breathing is slow and shallow (less than 10 breaths per minute which equals 1 breath every 6 seconds) or has stopped
 - Vomiting



- Face is pale and clammy
 - Pulse (heartbeat) is slow, erratic, or not present
 - Choking or loud snoring noises
 - Will not respond to shaking or sternum rub
 - Skin may turn gray, blue, or ashen
4. When advised by the RDC that a given person appears to be suffering an opioid overdose at a given location and meets the victim presentation examples above.
 5. When observing drugs, drug paraphernalia or any drug instrument associated with the individual, and meets the victim presentation examples above.
- B. Naloxone does not reverse overdoses that are caused by non-opioid drugs, such as cocaine, benzodiazepines (e.g., Xanax, Klonopin, and Valium), methamphetamines, or alcohol. It should not be used when evidence shows overdose is caused by a non-opioid drug. If a “mixed overdose” is suspected, where non-opioid and opioid based drugs are used together, follow the listed procedures for an opioid overdose.
- C. Once the officer has decided to administer Naloxone, contact dispatch to ensure EMS is en route, and request backup if the officer is alone. Parking Enforcement Aides and Neighborhood Assistance Officers trained on Naloxone should also ensure EMS is enroute and request police backup. Victims occasionally become violent after Naloxone administration, but the officer does not necessarily have to wait for backup arrival to administer Naloxone.
1. An officer’s first priority will be scene safety. Mitigating threats prior to direct victim treatment will remain the most important task, because once direct victim treatment begins, you may lose tactical advantage quickly. Officers will generally be kneeling or crouched during evaluation of victim, setup of kit, and administration of Naloxone.
 2. Ensure proper personal safety precautions are used with a minimum of nitrile or latex gloves. Intravenous drug users are at high risk for communicable diseases such as Hepatitis C, Hepatitis B, and HIV. Blood, vomit, saliva, urine, and feces are all capable of transmitting different diseases.
 3. If the victim is awake and coherent, wait for EMS to arrive.
- D. Once scene safety and personal safety precautions are in place *and the use of Naloxone has been decided as an appropriate action*, follow these steps:
1. Retrieve the Naloxone kit.
 2. Set up Naloxone kit as follows:
 - Pull or Pry Yellow Caps off of syringe
 - Pry off Red Cap on Naloxone
 - Grip clear plastic wings of MAD (an acronym for mucosal atomizer device), and twist syringe onto it
 - Gently Screw capsule of Naloxone into barrel of syringe
 3. Insert white cone into nostril; give a short vigorous push on end of capsule to spray Naloxone into nose: one half into each nostril.
 4. If no reaction in 2-5 minutes, give a second dose if available.
 5. Note any changes in the victim’s condition to tell EMS upon their arrival.
 6. Continue to render first aid until EMS arrival.
 7. If the victim will be physically arrested, EMS must remove the victim to the hospital prior to booking. Officers will not transport the victim to the hospital themselves in case of re-lapse.
- E. Once EMS is on scene provide any pertinent information to them. Examples include:
- Condition found (appearance, responsiveness, breathing status)



- Dose given (generally 2 mg)
- Response to Naloxone
- Name of officer and crew number

F. A supervisor must be notified anytime city issue Naloxone is deployed.

II. Supervisory Response

Whenever an officer deploys their city issued Narcan, they are required to notify their immediate supervisor of the usage.

III. Record Keeping

Use of Naloxone by Dayton Police Personnel will be documented by the responding officers via a DIBRS report.

- A. In the case where no crime is being reported, a DIBRS memo will be completed listing the type of memo as "Drug Overdose."
1. Complete identifiers on the victim will be listed in the 110 series.
 - a. If it is a fatal overdose, the officer will mark the "Deceased" box on the person information page of eDIBRS. The deceased type should be listed as overdose or suspected overdose, depending on exact circumstances.
 - b. On the "additional information" tab the officer will mark the "Overdose" box, and list the drug suspected to be involved.
 2. Except for Dayton Fire Department personnel, any person, including officers or mutual aid EMS personnel, using Naloxone will be listed as a citizen with details or reportee.
 - a. The Naloxone treatment information and time it was used should be listed under the treatment information area on the "additional information" tab.
 - b. Naloxone usage by Dayton Fire Department personnel should not be listed. DFD will report through their reporting system. The officer should check the box that "Dayton Fire Responded."
 3. The narrative of the report should include the above details as they occurred in the chronological sequence of events, which should also include patient assessment (e.g., signs/symptoms of overdose), use of universal precautions, use of Naloxone and other care administered by the officers.
- B. In the case where a crime report is needed, a DIBRS Crime Report is to be completed. The Crime Report will list all of the above information, reported the same way as above, along with the necessary information to report criminal activity which will be submitted for prosecution.
- C. There is no need to complete two separate reports for the same incident, provided all information is appropriately reported in one of the DIBRS report types.
- D. The overdose memo will be directed to the Narcotics Bureau for record keeping.

IV. Initial Training/Annual Training

All participating officers, Neighborhood Assistance Officers, and Parking Enforcement Aides will receive initial training that will include, at minimum:

- An overview of Ohio Revised Code section 2925.61 which permits law enforcement use of Naloxone
- patient assessment (e.g., signs/symptoms of overdose),



- universal precautions,
- recognizing the signs and symptoms of an opioid overdose,
- performing rescue breathing,
- the use of intranasal Naloxone as detailed in this policy, and,
- follow up care

According to Ohio Board of Pharmacy, regular training in the administration of Naloxone by each employee that is authorized to administer Naloxone is strongly recommended. Officers will be instructed to store Naloxone at room temperature and away from light.

V. Maintenance/Replacement

- A. An inspection of the Nasal Naloxone kit shall be the responsibility of the shift supervisor and the officer assigned the equipment and will be conducted at roll call each shift.
- B. Any lost, damaged or when any other condition necessitates that the Nasal Naloxone kit be taken off line, the officer shall submit a special report to their immediate supervisor reporting why the Naloxone needs replaced. The special report will serve a document for a replacement to be issued.
- C. If the Naloxone is used as a treatment in an overdose, the DIBRS report will serve as the reason the officer needs a replacement.
- D. Each Patrol Operations Division will maintain a supply of Naloxone Kits for replacement. Any officer trained to administer Naloxone that needs a replacement kit will contact an on-duty Patrol Operations Division supervisor to obtain the replacement. Each Naloxone kit will be signed out on a sign out log kept at the division.
- E. **YOU MAY NOT obtain your Naloxone supply from your local fire department/EMS. You must get your replacement from a Patrol Operations Division supervisor, the Commander of the Narcotics Bureau or their designee.**
- F. The Narcotics Bureau will remain the central repository for the Naloxone kits. When a POD has only five kits remaining, they will notify the Narcotics Bureau to replenish their supply.

VI. Storage in accordance with Ohio Board of Pharmacy

The shelf life of Naloxone is approximately two years. Naloxone must be kept out of direct light and at room temperature (between 68 and 77 degrees Fahrenheit). Please be aware that it should not be left in a car for extended periods of time and should not be subjected to extreme heat or cold as it may impact the effectiveness of the medication.