Final Draft Peace Officer Narcan SOP

**Purpose:**

To establish guidelines governing the utilization of Narcan**™** by peace officers.

**Policy:**

## Under the authority of Ohio Revised Code section 2925.61, peace officers that have been approved by their department to carry and administer Narcan™ (also known as naloxone), will carry the Narcan kits in the passenger compartment of their patrol car. They will administer Narcan according to the policy below. ORC 2925.61 states): “A peace officer employed by a law enforcement agency licensed under Chapter 4729. of the Revised Code as a terminal distributor of dangerous drugs is not subject to administrative action, criminal prosecution for a violation of section 4731.41 of the Revised Code, or criminal prosecution under this chapter if the peace officer, acting in good faith, obtains naloxone from the peace officer's law enforcement agency and administers the naloxone to an individual who is apparently experiencing an opioid-related overdose.

**Definitions:**

1. **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.
2. **NALOXONE-** Also known as **Narcan-** a synthetic drug, chemically similar to morphine, that blocks opioid receptors in the nervous system.
3. **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
* Dextropropoxyphene
* Codeine
* Tramadol
* Tapentadol
* Anileridine
* Alphaprodine
* Pethidine
* Hydrocodone (Vicodin)
* Morphine
* Oxycodone (Percocet)
* Methadone
* Oxycontin
* Diamorphine
* Hydromorphone
* Oxymorphone
* Levorphanol
* 7-Hydroxymitragynine
* Buprenorphine
* Fentanyl
* Sufentanil
* Bromadol
* Etorphine
* Dihydroetorphine
* Heroin
* Carfentanil

**Procedure:**

Narcan 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. Where 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 and nail beds, constricted pupils, or bluish general appearance.
2. Where the person is found to be unresponsive, but still has a pulse and breathing.
3. Other signs of opioid overdose to be aware of:

a) Breathing may be slow and shallow (less than 10 breaths per minute which equals 1 breath every 6 seconds) or may have stopped

b) Vomiting

c) Face may be pale and clammy

d) Pulse (heartbeat) may be slow, erratic, or not present

e) Choking or loud snoring noises

f) May not respond to shaking or sternum rub

g) Skin may turn gray, blue, or ashen

1. When advised by the dispatcher that a given person appears to be suffering an opioid overdose at a given location and meets the victim presentation examples above.
2. When observing drugs, drug paraphernalia or any drug instrument associated with the individual, and meets the victim presentation examples above.

Narcan 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-opiod and opiod based drugs are used together, follow the listed procedures for an opiod overdose.

Once the officer has decided to administer Narcan, contact dispatch to ensure EMS is en route, and request backup if the officer is alone. Victims occasionally become violent after Narcan administration, but the officer does not necessarily have to wait for backup arrival to administer Narcan.

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 Narcan.

Ensure proper BSI (body substance isolation) precautions are used with a minimum of nitrile, latex, or equivalent 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.

If the victim is awake and coherent, wait for EMS to arrive.

**Once scene safety and BSI are in place** *and the use of Narcan has been decided as an appropriate action*, follow these steps:

1. Retrieve the Narcan kit.

2. Set up Narcan kit as follows:

a) Pull or Pry Yellow Caps off of syringe

b) Pry off Red Cap on Narcan

c) Grip clear plastic wings of MAD (an acronym for mucosal atomizer device), and twist syringe onto it

d) Gently Screw capsule of Narcan into barrel of syringe

3. Prepare victim for administration of Narcan by placing the victim into “recovery position” (either left or right side). This will aid in keeping the airway clear, preventing the victim from choking on vomit or other secretions.

4. Insert white cone into nostril; give a short vigorous push on end of capsule to spray Narcan into nose: one half into each nostril

5. If no reaction in 2-5 minutes, give a second dose if available

6. Note any changes in the victim’s condition to tell EMS upon their arrival.

7. Continue to render first aid until EMS arrival.

Once EMS is on scene provide any pertinent information to them. Examples include:

1. Condition found (appearance, responsiveness, breathing status)
2. Dose given (generally 2 mg)
3. Response to Narcan
4. Name of officer and crew or unit number

**Record Keeping**

Use of Narcan by law enforcement should be documented by the officer and by the responding EMS. After using Narcan, the officer must submit a report detailing the nature of the incident, the care the patient received, and the fact that Narcan was deployed. The report will be forwarded through the appropriate channels.

**Initial Training/Annual Training**

All participating officers will receive initial training that will include, at minimum, an overview of Ohio Revised Code section 2925.61 (which permits law enforcement use of Narcan), patient assessment (e.g., signs/symptoms of overdose), universal precautions, and the use of intranasal Narcan as detailed in this SOP. According to Ohio Board of Pharmacy, annual training will be required by each employee who is authorized to administer Narcan.

**Medical Director**

Law enforcement agencies that stock Narcan are **NOT required to submit standing orders/protocols and do not need to have a licensed practitioner or registered pharmacist** sign the terminal distributor of dangerous drugs application or license. The responsible person must be a police officer, preferably the chief, sheriff, sergeant or person in authority. **The responsible person must also sign a statement certifying that the individuals having access and/or administering the drugs will:**

**1. Receive annual training on overdose response techniques and Narcan administration.**

**2. Will be instructed to store Narcan at room temperature and away from light.**

**Board of Pharmacy**

Each department must apply for a terminal distributor of dangerous drugs (TDDD) license from the Ohio Board of Pharmacy to be able to administer Narcan. Per Ohio Revised Code Section 2925.61(D), “In order for a law enforcement agency to possess and distribute Narcan to its officers to use in the event of an opioid overdose, the agency must be licensed as a TDDD. This is a location specific license that will allow law enforcement agencies to purchase Narcan from licensed wholesalers.”

“A peace officer employed by a law enforcement agency licensed under Chapter 4729. of the Revised Code as a terminal distributor of dangerous drugs is not subject to administrative action or criminal prosecution if the peace officer, acting in good faith, obtains Narcan from the peace officer's law enforcement agency and administers the Narcan to an individual who is apparently experiencing an opioid-related overdose.”

**Maintenance/ Replacement**

1. An inspection of the Nasal Narcan kit shall be the responsibility of the personnel assigned the equipment and will be conducted each shift.
2. Missing or damaged Nasal Narcan kit(s) will be reported in writing directly to the officer’s immediate supervisor.
3. When any condition necessitates that the Nasal Narcan kit be taken off line or be submitted for replacement, this shall be directed to the officer’s immediate supervisor.
4. **YOU MAY NOT obtain your Narcan supply from your local fire department, EMS agency, or hospital. Per Ohio Law (ORC 2529.61), a law enforcement agency must obtain a terminal distributor of dangerous drugs license in order for a peace officer to obtain and use Narcan.**
5. A system for accountability of the Narcan must be in place. The Ohio Board of Pharmacy recommends that a “sealed tab system” with a running “per use” log be in place that answers the questions of, “Which officer used Narcan?” “When did they use Narcan?”, and “Which seal # did they use?”
6. Ohio Board of Pharmacy recommends a 1:1 exchange for used/expired drugs, but realizes the necessity for some Law Enforcement Agencies to carry more then one dose at a time.
7. The distribution of Narcan to an officer is Department dependent, but as stated, accountability must be maintained.

**Storage in accordance with Ohio Board of Pharmacy**

The shelf life of Narcan is approximately two years. Narcan must be kept out of direct light and at room temperature (between 59 and 86 degrees Fahrenheit). It should not be left in a car for extended periods of time and must not be subjected to extreme heat or cold. According to Ohio Board of Pharmacy the storage of Narcan must be in a tamper evident container.