

USE OF NARCAN BY LAW ENFORCEMENT FOR OPIOID OVERDOSE

DEVELOPED BY
GREATER MIAMI VALLEY EMS COUNCIL
AND REGIONAL PHYSICIANS ADVISORY
BOARD

SPECIAL THANKS TO STEVE POST, EMT-P AND BRANDON LEE, EMT OF
DAYTON FIRE DEPARTMENT FOR ALL THEIR EFFORTS ON THE DEVELOPMENT
OF THIS TRAINING AND THE RELATED SOP
NARRATED BY DR. TRIENT ELLIOTT



ORC 2925.61

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 this policy.



Sec. 2925.61

(1) If a peace officer, acting in good faith, administers naloxone to an individual who is apparently experiencing an opioid-related overdose, both of the following apply:

(a) The peace officer 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.

(b) The peace officer is not liable for damages in a civil action for injury, death, or loss to person or property for an act or omission that allegedly arises from obtaining, maintaining, accessing, or administering the naloxone.

(2) Division (E)(1)(b) of this section does not eliminate, limit, or reduce any other immunity or defense that an entity or person may be entitled to under section 9.86 or Chapter 2744, of the Revised Code, any other provision of the Revised Code, or the common law of this state.



Why Narcan?

- Opiates can cause breathing to slow or stop
- Narcan (aka naloxone)
 - Safe medication
 - Can reverse OD caused by opioid drugs
 - e.g., prescription pain meds or heroin
 - Neutralizes opioids in system
 - Blocks effects of opioids on brain
 - Helps OD victim breathe again
 - Expect it to restore breathing within two to eight minutes



Things to know about Narcan

- Narcan does not reverse ODs caused by **non-opioid drugs**, such as cocaine, benzodiazepines (e.g., Xanax, Klonopin and Valium), methamphetamines, or alcohol.
- Narcan administered to a person dependent on opioids **may produce withdrawal symptoms**.
- Withdrawal, although uncomfortable, **is not usually life-threatening**



Things to know about Narcan

- **Strongly recommended that anyone receiving Narcan be transported to the hospital by EMS**
 - With some long-lasting opioids, Narcan may wear off before the opioids, causing the person to lose consciousness again



Most commonly used opioids

BOSTON PUBLIC HEALTH COMMISSION

Most commonly used opioids

- Heroin
- Codeine
- Demerol
- Morphine
- Darvocet
- Fentanyl
- Dilaudid
- Methadone
- Opium
- Hydrocodone
- Oxycodone
- Levorphanol
- Vicodin
- OxyContin
- Tylenol 3
- Tylox
- Percocet
- Percodan



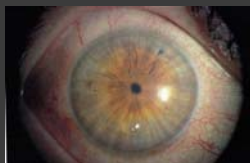
Champaign County Sheriff's Office

Signs of Opioid Overdose

- **Breathing slow and shallow** (less than 10 breaths per minute which equals 1 breath every 6 seconds) **or has stopped**
- **Blue or grayish** lips and fingernails
- Skin may turn **gray, blue**
- An overall **blue or grayish** appearance
- Pulse (heartbeat) is slow, erratic, or not present
- **Constricted Pupils**



Constricted Pupil



Look for pupils <3mm
1mm = about the width of the side of a dime



Signs of Opioid Overdose (continued)

- **Vomiting**
- Face is pale and clammy
- Choking or loud snoring noises
- **Unconscious/ unresponsive and will not respond to shaking or sternal rub**
- Cardiac Arrest



Signs of Opioid Overdose

- **By themselves, most previously listed signs are not reason enough to administer Narcan**
- Must be a reason to suspect opioid overdose in conjunction with the signs listed
- **Narcan indicated only when opioid OD suspected, AND the victim is unconscious**



Reasons to suspect opioid overdose

- When informed by the dispatcher that a given person appears to be suffering an opioid overdose
- Opioid drugs found on scene
- Opioid drug paraphernalia found on scene (**needles, syringes, chore boy, a burnt or charred spoon**)
- Witnesses state victim was taking some sort of opioid prior to OD
- **Known heroin user location**



Paraphernalia commonly found on scene of overdose



Considerations responding to Overdose

- **Scene safety is your #1 priority**
 - **Stay aware of surroundings** during victim evaluation, setup, and administration of Narcan especially if by yourself
 - **You may lose tactical advantage quickly** due to most victims being on the ground and in close quarters with **awkward access** to the victim and **difficult egress** from the victim etc.
 - **You will generally be in a crouched or kneeling position with your hands full** if an outside influence engages you, or your victim turns violent during the treatment
 - If alone, request backup prior to administration of Narcan due to potential for violence from victim. **OD victims do not react the same**, the unpredictable nature of the victims **requires intense situational awareness at all times**



Body Substance Isolation

- Use **body substance isolation (BSI)** prior to any direct victim treatment.
 - Drug addicts, especially intravenous users, are at high risk for communicable diseases such as **Hepatitis B, C, or HIV**
 - Bodily fluids will commonly be present, and the risk of you coming in contact with them will be extremely high
 - **Blood, vomit, saliva, urine, and feces** are all capable of transmitting different diseases. **Protect yourself!**



Needles

- Be aware of any exposed needles or other paraphernalia that you may potentially come in contact with
 - **Under no circumstance should you try and recap a needle.**
- EMS can safely dispose of needles for you
- **If drug paraphernalia is kept as evidence, consider placing in puncture-resistant containers, e.g., paint cans**



Responding to a Suspected OD

Is victim responding to you?

- Give them a shake, yell their name
 - Any response?

If no response, try a **STERNAL RUB** (rub your knuckles across their sternum for a few seconds)

Still no response?

- Pupils and heart rate
 - Check for constricted pupils
 - Check for slow, erratic, or no pulse




Sternum Rub

Sternum - bone in center of chest that joins ribs on either side




Before Narcan

- Request EMS response!
- Place victim in recovery position before giving Narcan
 - Lying on side, mouth downward so fluid can drain from airway; chin tilted back; arms and legs locked to stabilize position
- Victims who receive Narcan **may vomit** (although not every time)
- Recovery position will help keep the airway clear, preventing choking on vomit or other secretions




Administering Narcan

- Assemble nasal spray Narcan (see diagram on next page)
- Spray half (1 ml) up one nostril, half up the other
- Give a second dose of Narcan if no response in 2-5 minutes



HOW TO GIVE NASAL SPRAY NARCAN



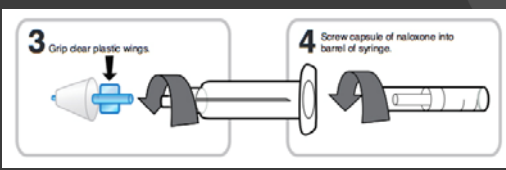
- 1 Pull or pry off yellow caps
- 2 Pry off red cap
- 3 Grip clear plastic wings
- 4 Screw capsule of naloxone into barrel of syringe
- 5 Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose; one half of the capsule into each nostril.
- 6 If no reaction in 2-5 minutes, give the second dose.



- 1 Pull or pry off yellow caps
- 2 Pry off red cap

Step 1: Pull or Pry Yellow Caps


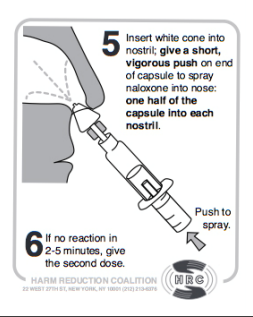
Step 2: Pry off Red Cap

- 3 Grip clear plastic wings
- 4 Screw capsule of naloxone into barrel of syringe.

Step 3: Grip clear plastic wings of MAD and twist syringe onto it

Step 4: Gently screw capsule of Narcan into barrel of syringe


- 5 Insert white cone into nostril; give a short, vigorous push on end of capsule to spray naloxone into nose: one half of the capsule into each nostril.
- 6 If no reaction in 2-5 minutes, give the second dose.

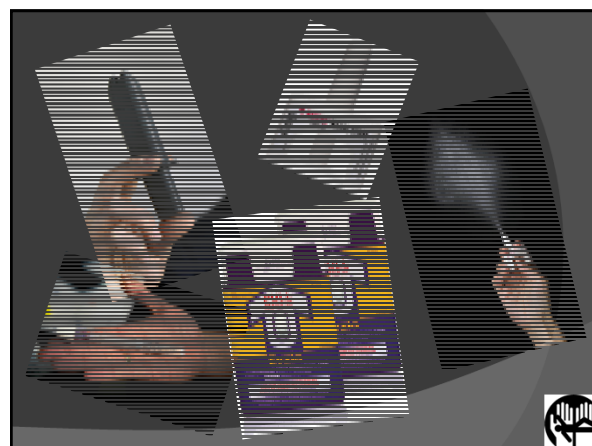
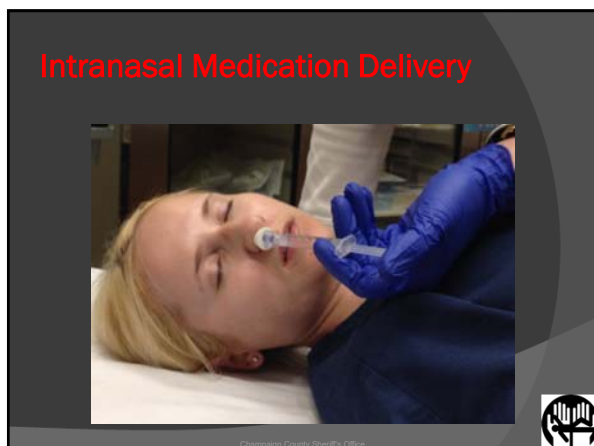
Step 5: Insert white cone into nostril

- Give a short vigorous push on end of capsule to spray Narcan into nose
- One half into each nostril

Step 6: If no reaction in 2-5 minutes, give the second dose

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What to expect after administering Narcan

- Each victim will react differently
- Most will wake up simply **confused** and **disoriented**
- Side effects may include but are not limited to: rapid heart rate, nausea and vomiting, sweating, blurred vision, and opiate withdrawal
- **Can become combative**
- **Use extreme caution with combative victims**
 - Request backup and EMS prior to administration of Narcan
 - Most combative victims are also **disoriented and confused**
 - Will not listen to commands
- **Strongly recommended that anyone receiving Narcan be transported to the hospital by EMS**

What if Narcan Doesn't Work?

- **Victim still unconscious?**
 - **Maintain recovery position**
 - Consider rescue breathing or CPR **if trained**
 - Rescue breathing if not breathing or less than 10 breaths per minute which equals 1 breath every 6 seconds
 - Use PPE and some kind of barrier device
 - CPR training recommended for all LEOs
 - **Consider second dose of Narcan if available**

Head tilt/Chin lift

- Head tipped back
- Chin lifted

Signs of withdrawal

- Muscle aches
- Excessive sweating
- Anxiety
- Agitation
- Insomnia
- Tearing of the eyes
- Runny nose
- Rapid pulse (high heart rate)
- Combative behavior
- Seizures

Signs of improvement

- ◉ **Respiratory**
 - Breathing returns
 - Reverts from irregular/inadequate to normal breathing
- ◉ **Circulation**
 - Pulse present and normal
 - Skin tone improving, paleness and bluish tint go away
- ◉ **Consciousness improves and victim becomes more alert**



Special Considerations

- ◉ **EMS cannot force an OD victim to go to the hospital if they become "alert and oriented" even if Narcan has been provided by LEO's or by EMS**
 - "Alert & oriented means victim is able to answer questions such as who they are, where they are, situation surrounding incident, time, etc.
- ◉ **LEOs may consider pink slip or arrest if situation warrants**
 - EMS and LEO may consult with Medical Control regarding whether drug used would be so long-acting that Narcan would likely wear off



Special Considerations

- ◉ **Other methods to administer Narcan**
 - Narcan by auto-injector recently approved by FDA
 - Not available at time of this presentation
 - To use, LEOs will require separate training
 - This training only covers intranasal Narcan



Storage and Exchange of Narcan

- ◉ Will be department dependent
- ◉ Ohio Board of Pharmacy recommends "sealed tab system" with a "running log"
- ◉ 1:1 ratio (one Narcan comes in, one Narcan goes out) used to exchange from a central supply area is recommended but not required (to be determined by individual departments)
- ◉ Consider having an officer in charge of distribution/ exchange
- ◉ Must be stored in a tamper evident container or system while in the field
- ◉ For smaller departments, consider having small storage area with reasonable amount of Narcan kits accessible to officers that need to exchange kits during a shift
- ◉ Consider using "per use" reports that maintain accountability
- ◉ Accountability questions to be answered
 - Which officer used the drug?
 - When did the officer use the drug?
 - Which tab # was used?



Storage/Exchange continued

- ◉ Narcan should be kept out of direct light and at room temperature (between 66 and 77 degrees Fahrenheit)
- ◉ Each department is buying their own supply of Narcan
- ◉ **Each officer responsible to maintain assigned kit**
- ◉ **LEOs/LE agencies MAY NOT** obtain Narcan supply from local fire department/EMS
 - Per ORC 2529.61, law enforcement agency must obtain terminal distributor of dangerous drugs license for peace officer to obtain and use Narcan
- ◉ Shelf life (how long sealed vials are good to use) of Narcan is approximately **two years**



Summary

- ◉ Narcan is a safe and effective drug in treating opioid overdoses
- ◉ May lessen lethality of opioid overdoses by getting Narcan on scene faster
- ◉ #1 priority will always be scene safety and officer safety
- ◉ Proper storage, maintenance, and exchange of Narcan both at a supply station and with the individual officer is very important

