



OVERDOSE PREVENTION AND NALOXONE PROGRAM

A. POLICY STATEMENT

Concord Police Department (CPD) personnel are occasionally the first responders to a person who is experiencing or suspected of experiencing an opioid-related overdose. This policy gives CPD officers and non-sworn staff the equipment and training needed to administer Intranasal Naloxone (brand name NARCAN) in certain situations.

B. PURPOSE

The purpose of this policy is to establish procedures to govern “Overdose Prevention” through the deployment of Intranasal Naloxone (NARCAN) by CPD Officers. The objective is to reduce injuries and fatalities resulting from opioid overdoses, in the instances where emergency medical personnel have not yet arrived, by the proper pre-hospital administration of Intranasal Naloxone.

C. DEFINITIONS

1. **Naloxone** (Narcan): an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal and intravenous forms. Narcan is the brand name for Naloxone.
2. **Opiates**: Naturally derived from the poppy plant, such as heroin and opium.
3. **Opioids**: Synthetic opiate drugs such as fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone and oxycodone.
4. **Opioid Overdose**: An acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.
5. **Naloxone Quality Improvement Program Usage Report**: Mandatory reporting form which is to be completed by law enforcement personnel who have administered Naloxone to a patient or victim. A data collection protocol established by the Contra Costa Health Services, is used to evaluate the impact of the Naloxone Program.

D. PROCEDURE

It is the policy of the Concord Police Department that officers shall be trained to administer Naloxone in accordance with mandated training guidelines as determined and established by the Contra Costa County Emergency Medical Services (CCCEMS), pursuant to Health & Safety Code 1797.197 and California Civil Code 1714.22.

1. Officers who are trained in accordance with the mandated training guidelines shall deploy with Naloxone in the field. However, the employee will retain the discretion to administer or not administer Naloxone to persons experiencing or suspected of experiencing opioid-related overdoses. *There is no legal obligation to administer Naloxone.*
2. Officers who administer Naloxone, are protected from civil and criminal liability if they “act with reasonable care” and “in good faith.” This is accomplished by administering Naloxone according to established training protocol.
3. Non-sworn employees who attend the CPD provided Naloxone training may administer Naloxone from one of the fixed locations within the CPD. Non-sworn employees are not permitted to carry or administer Naloxone while in the field.

E. PROGRAM MANAGER

The Training Manager will serve as the Department’s Program Manager and will work in collaboration with the CCCEMS. The Program Manager will designate two Program Assistants. One Program Assistant will represent the Field Operations Division and one Program Assistant will represent the Investigations Division. The Program Assistants will preferably be POST Certified First Aid Instructors who are certified in the delivery and training of Naloxone. The Program Assistants will be responsible for storage, maintenance, replacement of Naloxone and reporting to the Program Coordinator.

F. INITIAL TRAINING

Officers and non-sworn personnel may not administer Naloxone without the completion of mandated training approved by CCCEMS, or a designated qualified trainer. All officers and Non-sworn personnel will receive an initial one hour of training that will include, at a minimum, an overview of California Civil Code 1714.22, patient assessment (signs/symptomology of overdose), universal precautions, rescue breathing, seeking medical attention, and the use of intranasal Naloxone. Upon completion of training, officers will have their training recorded with the Training Manager. A pre-test and posttest will be given to demonstrate proficiency of the topics covered.

1. Officers will receive a 30 minute refresher training every two years during their First Aid/CPR/AED refresher training.

H. NALOXONE DEPLOYMENT

CPD officers, while in the field will have Naloxone readily available to them during their shift. Fixed position Naloxone kits will be stored in the presumptive drug testing room, Property and Evidence room, jail and other areas as deemed appropriate by the Chief of Police or the authorized designee.

I. NALOXONE KITS

Naloxone field kits will include at minimum: a Pelican style storage case, two Intranasal Naloxone Atomizers (in original packaging) and one pair of gloves. Trained officers will be assigned a Naloxone kit.

Naloxone fixed site kits will be a Pelican style storage case marked with the expiration date of the Naloxone contained within. Each kit will include two Naloxone doses (in original packaging), one pair of gloves and one N95 mask.

J. NALOXONE STORAGE

Intranasal Naloxone should be stored in a locked, climate controlled space (e.g. personal locker, assigned cabinet/drawer, or office space) when not deployed for use in the field. Officers should check the medication and associated administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired medication or unserviceable administration equipment should be removed from service and officers shall contact a Program Assistant for their respective assigned Division. Naloxone kits shall not be permanently stored in patrol vehicles or detective vehicles.

K. ADMINISTRATION OF NALOXONE

1. Officers and non-sworn personnel who have completed mandated Naloxone training approved by CCCEMS are authorized to administer Naloxone when they reasonably believe someone is experiencing an opioid-related overdose. Personnel will treat the incident as a medical emergency and shall follow these steps when performing this intervention:
 - .1 Confirm emergency personnel are responding;
 - .2 Maintain universal precautions;
 - .3 Perform patient assessment to include take into account statements from witnesses and family members present regarding drug use and observations;
 - .4 Determine unresponsiveness;
 - .5 Update Dispatch of potential overdose state;
 - .6 Follow Naloxone use protocol;

- .7 Immediately notify responding emergency medical personnel that Naloxone has been administered; and
 - .01 Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
 - .8 Notify the patrol Sergeant or on duty Watch Commander.
- 2. K9 handlers will be assigned one extra Naloxone kit (2 kits/doses) for use on their police K9 in the event the K9 is exposed to an opioid substance and an overdose is suspected. Police K9's are administered via nasal application just as humans. Upon administration of a Naloxone dose or doses the K9 shall be taken to a veterinarian for treatment.

L. DOCUMENTATION/ NALOXONE REPORTING

Upon completion of the incident, officers shall submit an Intranasal Naloxone Usage Report detailing the nature of the incident, the care the patient received, and the fact Naloxone was deployed and administered. This documentation shall be sent via email prior to the end of the officer's shift. The email will be sent to CCCEMS and the Program Manager.

M. MAINTENANCE AND REPLACEMENT

The daily inspection of Naloxone will be the responsibility of the officers who are assigned the kit for field deployment. The maintenance and replacement of Naloxone kits will be the responsibility of the Program Assistants and Program Manager. Used, lost, or damaged Naloxone kits will be reported to the Program Assistant for replacement.