



# NEW ORLEANS POLICE DEPARTMENT OPERATIONS MANUAL

## CHAPTER: 41.3.1

### TITLE: OPIOID OVERDOSE – USE OF NALOXONE

**EFFECTIVE: 10/22/2017**

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#### PURPOSE

The purpose of this policy is to set forth guidelines with respect to the appropriate field administration of Naloxone (Narcan) kits by members of New Orleans Police Department in suspected opiate / opioid overdose incidents.

#### POLICY STATEMENT

1. Commissioned members of the NOPD are often the first emergency responders to the scene of a medical, suspected medical and overdose incident. Recognizing this, the NOPD has adopted this Chapter with the following goals:
  - (a) To provide a framework for training in the field use of Naloxone,
  - (b) To provide a framework on the proper field administration of Naloxone, and
  - (c) To facilitate life-saving intervention in suspected opiate / opioid overdose incidents where NOPD officers are the first to arrive on the scene.
2. All commissioned and/or civilian members who have been trained in the use and administration of the department's Naloxone nasal administration kits for suspected opiate / opioid overdose incidents are authorized to carry, use and administer the kits.
3. All members responding to medical calls, including suspected opioid overdoses, shall use universal precautions.

#### DEFINITIONS:

Definitions related to this Chapter include:

**Administration**—Nasal administration of approved Naloxone 2mg kits with atomizer; 1mg (1/2 dose) to be administered in each nostril.

**Naloxone**—A narcotic analgesic antagonist, used in the reversal of acute narcotic analgesic respiratory depression. Naloxone is effectively an antidote to opioid overdose and may completely reverse the effects of an opioid overdose if administered in time.

**Naloxone Kit**—Department approved Naloxone 2mg pre-filled syringe with atomizer adaptor for nasal administration.

**Opiate**—Alkaloid compounds found naturally in the opium poppy plant *Papaver somniferum*. The psychoactive compounds found in the opium plant include morphine, codeine, and the baine. The term *opiate* should be differentiated from the broader term *opioid*, which includes all drugs with morphine-like effects, including opiates and semi-synthetic opioids derived from opiates.

**Opioid**—Any of a group of endogenous neural polypeptides (as an endorphin or enkephalin) that bind especially to opiate receptors and mimic some of the pharmacological properties of opiates—called also *opioid peptide*. Examples of opiates and semi-synthetic opioids include:

- (a) Heroin (various forms),
- (b) Codeine (only available in generic form),
- (c) Fentanyl (Actiq, Duragesic, Fentora),
- (d) Hydrocodone (Hysingla ER, Zohydro ER)
- (e) Hydrocodone / acetaminophen (Lorcet, Lortab, Norco, Vicodin),
- (f) Hydromorphone (Dilaudid, Exalgo),
- (g) Meperidine (Demerol),
- (h) Methadone (Dolophine, Methadose),
- (i) Morphine (Astramorph, Avinza, Kadian, MS Contin, Ora-Morph SR),
- (j) Oxycodone (OxyContin, Oxecta, Roxicodone),
- (k) Oxycodone and acetaminophen (Percocet, Endocet, Roxicet),
- (l) Oxycodone and naloxone (Targiniq ER)

**Opiate/Opioid Overdose and Symptoms**—An acute condition due to excessive ingestion / co-ingestion of opioids. Due to their effect on part of the brain which regulates breathing, opioids in high doses can cause respiratory depression and death. An opioid overdose can be identified by a combination of three signs and symptoms referred to as the “opioid overdose triad.” The symptoms are:

- (a) Pinpoint pupils,
- (b) Unconsciousness, and
- (c) Respiratory depression.

Combining opioids with alcohol and sedative medication increases the risk of respiratory depression and death, and combinations of opioids, alcohol and sedatives are often present in fatal drug overdose. Death following opioid overdoses is preventable if the person receives basic life support and the timely administration of the opioid antagonist Naloxone. Naloxone, which is effectively an antidote to opioid overdose, will completely reverse the effects of an opioid overdose if administered in time. Naloxone is effective when delivered by intravenous, intramuscular, subcutaneous, and intranasal routes of administration. Naloxone has virtually no effect in people who have not taken opioids.

## TRAINING

4. All commissioned members of this department shall attend an approved training provided by the New Orleans Emergency Medical Services and/or certified NOPD instructors in the Naloxone kit use prior to carrying or administering Naloxone kits while on-duty, while working an approved police secondary employment, while acting within his/her scope of employment, or while operating a city-owner vehicle.
5. The training, at a minimum, shall cover all of the following:
  - (a) Techniques on how to recognize symptoms of an opioid-related overdose.
  - (b) Standards and procedures for the storage and administration of an opioid antagonist.
  - (c) Emergency follow-up procedures.
6. Officers must re-certify every two years after initial training to continue to carry and use

the Naloxone kits.

### **DOSE AND CONSECUTIVE ADMINISTRATION**

7. Officers on the scene of a suspected overdose incident shall initially administer a single approved Naloxone 2mg dose (1 mg or ½ dose) in each nostril. In the event no response is achieved and emergency medical personnel have not yet arrived, one additional 2 mg kit may be administered.

### **LEGAL AUTHORITY**

8. Under Louisiana Revised Statute Title 37, Article 1732, an officer who holds a **valid, current certification** by the American Red Cross or any equivalent training program approved by the Louisiana Department of Health and Hospitals who renders emergency care in the performance of his/her duties is not individually liable to the person for harm unless the act was intentionally designed to harm or was grossly negligent.
9. Under Louisiana Revised Statute Title 14, Article 403.11, first responders (officers), trained in safely and properly administering an opioid antagonist to an individual who they believe to be undergoing an opioid overdose, shall have the authority to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate overdose. Any first responder administering an opiate antagonist in a manner consistent with this Chapter shall not be liable for any civil damages as a result unless the damage was caused by willful or wanton misconduct or gross negligence.

### **APPROPRIATE FIELD USE OF NALOXONE 2 mg KIT**

10. Members encountering any medical condition consistent with opiate / opioid overdose shall summon emergency medical services by contacting Communication Services on the primary dispatch channel for the District where the incident is taking place.
11. Members shall advise Communication Services of the actual administration or use of the Naloxone kit. This includes each time a dosage is administered. Members shall also inform EMS and NOFD responders who arrive on the scene of the use of the Naloxone kit and each dosage administered. This is done to track the treatment and dosages.
12. Members encountering any medical condition consistent with opiate / opioid overdose shall use a probable cause standard when deciding on the appropriate administration of Naloxone, such as a witness to opiate / opioid use, indicia of opioid use, e.g., needle marks, paraphernalia (needles, spoons / lighters, cutting agents, bundled cigarette filters and other ephemera, opiate / opioid prescription bottles), or a known history of opiate / opioid abuse dependence.
13. Members encountering a medical emergency consistent with opiate / opioid overdose absent any witness, indicia of opioid use, e.g., needle marks, or paraphernalia may determine appropriate administration of Naloxone by identification of the “opioid overdose triad”: pinpoint pupils, unconsciousness, and respiratory depression.

### **ISSUE AND STORAGE OF APPROVED KITS**

14. Naloxone kits and associated carrying case shall be issued, as available, only to trained members. Kits should be worn on duty belt when feasible by uniformed members or immediately available in the officer’s unit.
15. All members who are issued Naloxone kits shall ensure that the kits are not exposed to

high temperatures (the active agent is most stable between 59-86 degrees Fahrenheit).

16. Officers shall monitor the expiration date or shelf life of the Naloxone and not utilize any agent past its expiration date.
17. All Naloxone shall be replaced three months prior to its expiration date by returning the unused agent to the MSB – Supply Room and signing for a replacement agent. The officer who is seeking replacement or the unit representative shall sign for the replacement agent and indicate the receiving officer's name.
18. It is the responsibility of the officer to whom the Naloxone kit is issued to maintain the safety and security of the kit at all times. The kit shall not be left in an unsecure location or in the police unit when the officer is off duty.
19. Officers shall seek replacement of the Naloxone agent as soon as possible after a kit is used.

#### **REPORTING USE OF NOLOXONE KIT**

20. Officers who utilize the Naloxone kit on a suspected overdose shall record the incident or event on his/her BWC.
21. An item number under a signal 24-N shall be obtained if the suspected overdose was not part of another incident.
22. The incident shall be documented on an FIC (See: **Chapter 41.12 – Field Interview Card**), indicating it was a suspected opiate / opioid overdose. If the officer has recorded the incident on his/her BWC, the incident shall be marked up "Signal 24-N, NAT – 1 FIC" with a specific on-air notation as to how many doses were administered by the officer.
23. If the officer does not have a BWC or the incident / event is not recorded for whatever reason, he/she shall complete an EPR under the signal 24-N (overdose) detailing all the pertinent information, especially the reasons why the Naloxone kit was used and the number of doses administered. If there is no BWC recording of the incident by the officer, the incident shall be marked up "24-N, RTF" with a specific on-air notation as to how many doses were administered by the officer.

#### **SUPERVISORY REVIEW**

24. All uses of Naloxone kits shall be reviewed by the member's immediate supervisor, including all BWC footage, FIC and/or EPR.
25. Any corrective actions, deficiencies or issues shall be addressed by the reviewing supervisor immediately and documented accordingly.
26. The reviewing supervisor shall insure that the Naloxone agent is replaced as soon as possible after use.