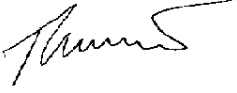



WINTHROP POLICE DEPARTMENT		Department Manual: Policy No. 1.16
Subject: USE OF NALOXONE		
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED:		
Effective Date: March 1, 2015	Issuing Authority  Terence Delehanty Chief of Police	

Purpose To reduce the number of fatalities which occur as a result of opiate overdose by the proper pre-hospital administration of nasal naloxone.

Scope The Winthrop Police Department will train and equip its members to prepare for opiate overdose emergencies. The department will keep and maintain a professional affiliation with a Medical Control Physician for medical oversight for the use and emergency administration of naloxone. The Medical Control Physician shall be Licensed to practice Medicine within the Commonwealth of Massachusetts. The Medical Control Physician, at his or her discretion may make recommendations to the policy, oversight and administration of the nasal naloxone program.

Definitions Opiate – An opiate is any controlled substance containing or compounded to be a derivative of morphine, morphine sulfate. The term opiate describes any of the [narcotic opioid alkaloids](#) found as natural products in the [opium poppy](#) plant, *Papaver somniferum*. Commonly encountered opiates in police service include heroin, morphine, oxycontin, percocet, percodan.

Opiates belong to the large biosynthetic group of [benzylisoquinoline](#) alkaloids, and are so named because they are naturally occurring alkaloids found in the opium poppy. The major [psychoactive](#) opiates are [morphine](#), [codeine](#), and [thebaine](#). [Papaverine](#), [noscapine](#), and approximately 24 other

alkaloids are also present in opium but have little to no effect on the human [central nervous system](#), and as such are not considered to be opiates. Semi-synthetic opioids such as [hydrocodone](#), [hydromorphone](#), [oxycodone](#), and [oxymorphone](#), while derived from opiates, are not opiates themselves.

While the full synthesis of opiates from [naphthoquinone](#) (Gates synthesis) or from other simple organic starting materials is possible, they are tedious and uneconomical processes. Therefore, most of the opiate-type [analgesics](#) in use today are either directly extracted from *Papaver somniferum* or synthesized from the natural opiates, mainly from the brain.

Naloxole -Naloxone is an [opioid antagonist](#) drug developed by [Sankyo](#) in the 1960s. Naloxone is a [drug](#) used to counter the effects of [opiate overdose](#), for example [heroin](#) or [morphine](#) overdose. Naloxone is specifically used to counteract life-threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including Narcan, Nalone, and Narcanti, and has sometimes been mistakenly called "naltrexate". It is not to be confused with [naltrexone](#), an [opioid receptor antagonist](#) with qualitatively different effects, used for dependence treatment rather than emergency overdose treatment.

Medical Control Physician – The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical Doctor who is licensed to practiced medicine in Massachusetts. The Winthrop Police Department has entered into a Memorandum Of Agreement with Beverly Hospital with the MCP. The Chief of Police or his designee shall periodically consult with the MCP to review overall training, equipment, procedures, changes to applicable laws and regulations and/or the review of specific medical cases. At his discretion, the MCP may partake in training members of the Winthrop Police Department.

Body substance isolation – Body substance isolation, herein after referred to as BSI shall mean, in the context of a First Responder responding to a medical emergency, equipment that is provided to members of the Winthrop Police Department which is including, but not limited to nitrile protective gloves, eye protection, N95 respirator masks and tyvek suits.

***Legal
Premises
for
Implementation
of the
Medication***

The Winthrop Police Department relies upon MGL Ch. 94c, s34A which states in part “A person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose.” The statute imposes no limitation on who may possess and administer narcan [naloxone]. The statute further indicates that narcan [naloxone] must be (1) obtained with a prescription and (2) administered in good faith [paraphrased].

MGL Ch 94C, s.7 outlines parameters under which Narcan [naloxone]

programs may be administered by public health officials and law enforcement officers. This statute states in part, “the following persons shall not require registration and may lawfully possess and dispense controlled substances; (3) any public official or law enforcement officer acting in the regular performance of his official duties.”

MGL Ch. 258C, s. 13 states, “No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.

Equipment and Maintenance

It shall be the responsibility of each officer to inspect assigned equipment prior to the start of each shift. An inspection of the nasal naloxone kits will be performed to insure that the naloxone and the atomizers are present and not out dated. Officers shall notify the EMS Coordinator of the police department 100 days prior to the naloxone expiring. The EMS Coordinator will then exchange the naloxone with the hospitals pharmacy.

Damaged equipment shall be reported to the shift supervisor promptly.

Storage of Naloxone

Naloxone and the Atomizer will be stored within a plastic container labeled Naloxone in each first aid bag of each cruiser.

Response subject to Opiate Overdose

Prior to the assessment of a patient, body substance isolation shall be employed by responding officers. Members of the Winthrop Police Department who have been issued EMS equipment for preparedness to responses to medical emergencies shall appropriately assess the patient.

Prior to leaving the scene of a suspected overdose, family members of the involved will be provided with resources for assistance and support.

Administration of Naloxone during Opiate Overdose Emergencies

Members of the Winthrop Police Department shall appropriately assist members of the Winthrop Fire Department or incoming EMS team at the scene of a medical emergency when dispatched to such calls for service as determined by Dispatch and/or the Shift Supervisor.

When responding members of the Winthrop Police Department have arrived at the scene of a medical emergency prior to the arrival of EMS and have made a determination that the patient is encountering an opiate overdose based upon an initial assessment or witness accounts of the consumption of an

opiate by the patient prior to the emergency, responding members of the Winthrop Police Department may administer 2 milligrams of Naloxone to the patient by way of the nasal passages. One milligram should be administered to each nostril.

The following steps should be taken:

- Body substance isolation should be employed
- A medical assessment of the patient, as proscribed by the National Safety Council's First Responder Guidelines should be conducted.
- Secondary responding Officers should take information from witnesses and/or family members.
- If conditions indicate a suspected opiate overdose, the nasal naloxone kit should be deployed.
- A nasal mist adapter should be attached to the narcan to deliver a one milligram intra-nasal dose of naloxone to each nostril for a complete dosage that shall not exceed 2 milligrams.
- The patient should be observed for improvements.
- Caution should be taken for the rapid reversal of opiate overdose. Conditions of rapid reversal of opiate overdose include projectile vomiting by the patient and violent behavior.
- After administration of the 2milligrams of the naloxone, the officer should begin ventilations of the patient by using a bag valve mask or a pocket face mask.
- if there are no changes in the patient's condition after 3 – 5 minutes, the officer shall repeat the administration of a second two (2) milligrams of naloxone.

Signs of improvement of the patient's condition should be noted.

It is imperative that incoming EMS be updated as to the treatment and condition of the patient.

911 Good Samaritan Law

Officers shall abide by the following MA General Law regarding drug-related overdose calls.

Section 34A. (a) A person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the seeking of medical assistance.

(b) A person who experiences a drug-related overdose and is in need of medical assistance and, in good faith, seeks such medical assistance, or is

the subject of such a good faith request for medical assistance, shall not be charged or prosecuted for possession of a controlled substance under said sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of the overdose and the need for medical assistance.

(c) The act of seeking medical assistance for someone who is experiencing a drug-related overdose may be used as a mitigating factor in a criminal prosecution under the Controlled Substance Act, 1970 P.L. 91-513, 21 U.S.C. section 801, et seq.

(d) Nothing contained in this section shall prevent anyone from being charged with trafficking, distribution or possession of a controlled substance with intent to distribute.

(e) A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.

Dose Patient 12 years of age or greater shall be administered 2 milligrams of naloxone. One (1) milligram in each nostril.
Patient's less than 12 years of age shall be administered one (1) milligram of naloxone. One half (½) milligram in each nostril.

Reporting A complete incident report of the event shall be completed by the primary responding Officer prior to the end of his or her shift. A **MDPH First Responder Naloxone Report** shall also be filled out and attached. Fill in form can be found at following link:

[MDPH First Responder Naloxone Report](#)

A written inventory documenting the quantities and expirations of naloxone supplies shall be kept. The log book will also document the issuance of replacement units.

Replacement Shift supervisors shall replace naloxone units that are used during the course of a response to an opiate overdose.

Policy Duration This policy shall be subject to changes or amendments that shall be consistent with the most current statutory, legislative or executive requirements.