

	POLICY & PROCEDURE	SERIES # <b>556</b>	PAGE 1 OF 3
	SUBJECT		EFFECTIVE DATE
	<b>USE OF NALOXONE &amp; RELATED EQUIPMENT</b>		<b>11/14/16</b>
			OVERSIGHT <b>Operations</b>
DISTRIBUTION <b>ALL MANUALS</b>	AMENDS/SUPERSEDES/CANCELS Policy # NEW POLICY		

I. PURPOSE:

The purpose of this policy is to establish guidelines governing the utilization of Naloxone by Division personnel.

II. POLICY:

It is the policy of the Hampton Police Division that personnel use Naloxone with the intent of reducing the fatalities occurring from opiate overdoses. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when law enforcement is the first to arrive at the scene of a suspected overdose. This shall be accomplished pursuant to Code of Virginia 8.01-225 (16) and 54.1-3408 (X).

III. DEFINITIONS:

- A. 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 law enforcement service include heroin, morphine, fentanyl, OxyContin, Percocet, and Percodan.
- B. Naloxone -Naloxone is an opioid antagonist drug. Naloxone is a drug used to counter the effects of opiate overdose, for example a 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 and Naloxone. 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.

IV. PROCEDURE:

A. Training

1. All sworn personnel shall receive training required by the Virginia

APPROVED:  
CHIEF OF POLICE



Department of Behavioral Health and Developmental Services (DBHDS) pursuant to the REVIVE! Program.

2. No officer shall carry or administer Naloxone without first attending the required DBHDS training which has been approved by DCJS.
3. The Training Unit will maintain a record of training in the officer's official training record.

B. Medical Oversight

This program shall be under the medical oversight of Sentara Careplex program coordinator in concert with the designated HPD program manager.

C. Issuance and replacement of Naloxone

1. Naloxone is fairly tolerant to light and heat. Naloxone should be kept at room temperature; however, it is tolerant of temperature excursions between 39°F and 104°F [4°C and 40°C]). Due to the sensitivity of Naloxone to extreme heat and cold, Naloxone will not be stored long term in vehicles.
2. Properly trained officers shall check out Naloxone kits each day from a supervisor and return them at the end of each shift.
3. Sector Commanders shall assign a supervisor at each Sector Office the responsibility for maintaining accountability of the available Naloxone kits and ensuring that the expiration date on available kits has not been exceeded.
4. These same supervisors shall inspect the kit supply weekly and return any damaged, expired or soon to be expired kits to the HPD Naloxone program coordinator in person. Naloxone kits shall not be packaged and returned via departmental mail.
5. All uses of Naloxone shall be documented in an IBR report with the title "Overdose" (IBR code 99ZK). In the event Naloxone is used on scene by HPD personnel, Communications will also be notified and an entry in the CAD call notes will be made.
  - a. In the event Naloxone is deployed a replacement will be obtained by the officer by providing a copy of the IBR and the "Naloxone Use

Form” to the HPD Naloxone program coordinator. A Copy of the use form will also be included in the IBR report and submitted to Records.

- b. In the event a kit is lost or stolen,
  - i. An IBR report will be generated
  - ii. An accident/loss packet will be generated
  - iii. A copy of the IBR report will accompanied by a request for a replacement kit which shall be picked up from the HPD Naloxone program coordinator.

D. Naloxone deployment and use

1. Naloxone shall be administered in compliance with the training provided and this policy.
2. Officers shall maintain universal precautions and perform a patient assessment.
  - a. Examine the area for indications of opiate use and speak with any bystanders.
  - b. Examine the victim for signs of opiate overdose to include depressed breathing, levels of alertness, signs of low oxygen (cyanosis or turning blue).
3. Notify Communications that there is a potential overdose, request EMS response.
4. Administer Naloxone consistent with training and policy if the victim’s symptoms and evidence are consistent with opiate overdose.
5. If the pulse is lost, initiate CPR and AED (if available) consistent with training and policy.
6. Advise medical personnel of the steps taken upon arrival. Naloxone is effective for 30-90 minutes and medical care shall be rendered within that time frame to ensure that no relapse occurs.