


## COLCHESTER POLICE DEPARTMENT

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| SUBJECT: Use of Naloxone   |   |
| EFFECTIVE DATE: 11/14/2017   | NUMBER: GENERAL ORDER # 46  |
| REFERENCE: 18 VSA 4240 & Manufacturer's Full Prescribing Information |   |
| REEVALUATION DATE: As needed   | APPROVED:  #190 |
| NO. PAGES: 2   |   |

### I. POLICY:

Naloxone will be issued to all sworn personnel of the Colchester Police Department for the treatment of opiate/opioid overdose users. A patrol unit shall be dispatched to any call that relates to a drug overdose. The goal of the responding officer(s) shall be to provide immediate assistance via the use of naloxone where appropriate, to provide any treatment commensurate with their training as first responders, to assist EMS personnel on scene, and to handle any criminal investigations that may arise.

### II. BACKGROUND:

**Opiates** are concentrated from the opium poppy plant and are not made, but purified from the plant fluids, like maple sugar. **Opioids** are manufactured and do not come from plants. **Opiates and Opioids act the same in the brain.** Examples of opiates are Morphine, Codeine and Heroin while synthetics such as Fentanyl, Carfentanyl, Hydrocodone, Oxycodone, and Buprenorphine are examples of Opioids. Opiate/Opioid overdose is epidemic in Vermont. Fatal and nonfatal overdose can result from the abuse of these drugs.

Opiates/opioids slow the victim's breathing to the point of respiratory arrest.

Naloxone, commonly known by the brand-name Narcan®, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray. We administer naloxone under the direction of the Vermont Department of Health.

### III. PROCEDURE:

- A. Indications - Indicators of opiate/opioid overdose include:
  - Signs of drug use (Drug/paraphernalia present, reporting information, fresh injection marks, etc)
  - Unresponsiveness
  - Shallow or absent breathing
  - Bluish color of skin, lips, or nails.
- B. Upon arrival of a CPD officer at a suspected or reported drug overdose, the responding officer(s) shall provide standard emergency care within their training including use of universal precautions, patient assessment and performing resuscitative efforts.
- C. If the indicators of a narcotic overdose are present, place the patient in the supine (on their back) position and administer one 4 mg dose of naloxone into a clear nasal passage **and**, if indicated, immediately begin other life saving measures.
- D. Re-administer a second 4 mg dose, using a new nasal spray, after 2-3 minutes. Administer naloxone in alternate nostrils for each dose. In the unusual circumstance that Rescue is not on scene after the second dose, the officer should perform all indicated life saving measures and wait an additional 2-3 minutes before administering a third dose (assuming one is available).
- E. Inform dispatch each time that naloxone was administered for notation in incident.
- F. Inform EMS of the time and number of naloxone doses administered.
- G. Temperature range of the medication requires that it not freeze and is kept at room temperature (59°F to 79°F) with excursions (temporary) to 104°F. Therefore, it is recommended that officers keep the naloxone spray in their duty bag.
- H. Naloxone may also be used for unintentional severe exposure to opiates/opioids when the victim is presenting indicators listed above.

### IV. TRAINING:

Officers should be familiar with the naloxone applicator and read the pamphlet published by the Vermont Department of Health.

### V. DOCUMENTATION

- A. Full documentation of any administration of naloxone shall be completed in the officer's narrative in the RMS prior to the end of shift.
- B. A report to the Vermont Department of Health shall be made detailing the administration of naloxone.

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