
	<p>Capital Community College Department of Public Safety</p> <p><u>GENERAL ORDER</u></p>		<p>NUMBER</p> <p>9-7</p>
<p>CHAPTER 9</p>			
<p>TITLE: NALOXONE OVERDOSE PREVENTION PROGRAM</p>			
<p>EFFECTIVE DATE: 11/01/19 RESCINDS: GO Dated 02/06/17</p>			
<p>ISSUED BY: James T. Griffin, Director of Public Safety</p>			<p>PRIORITY</p> <p>LOW</p>

PURPOSE

To define department policy and procedures regarding its Intranasal Naloxone (Narcan®) program to assist opioid-related drug overdose victims. In an effort to reduce statewide fatalities from opioid overdoses, the Capital Community College Department of Police and Public Safety shall establish procedures for Public Safety Officers to:

1. Identify the symptoms of a person suffering an opioid overdose
2. Administer Intranasal Naloxone.

POLICY

The Department of Police/Public Safety will establish and maintain the capability of its officers, as first responders, to immediately administer Intranasal Naloxone to all persons who are believed to be suffering from an opioid-related drug overdose.

DEFINITIONS

- A. **Intranasal Naloxone** – An opiate receptor antagonist and antidote for opioid-related overdose produced in intranasal form.
- B. **EMS** -- “Emergency Medical Services” that provide pre-hospital emergency care; such practitioners provide out of hospital care for those with illnesses or injury.
- C. **Acute Opioid Withdrawal** – a withdrawal state that may occur as a result of Intranasal Naloxone Administration. This state may be associated with vomiting, agitation, and combativeness.
- D. **Universal Precautions** – an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infection for HIV, HBV and other blood borne pathogens.

PROCEDURESupplies:

1. The Director of Police/Public Safety shall procure and maintain an adequate stock of Intranasal Naloxone kits.
2. The EMS Quartermaster shall ensure that there is a sufficient supply of Intranasal Naloxone contained in the department's medical response kits located in the Public Safety/Police HQ located in the first floor lobby, and in the Public Safety sub-station located on the seventh floor of the college adjacent to the cafeteria. Both Public Safety locations are easily identified with a large identifying sign.
3. On a regular basis, the EMS Quartermaster shall inventory the Intranasal Naloxone kits, to insure that the kits have not exceeded the manufacturer's expiration date (located on the outside of the kit). He shall immediately report open, expired, or damaged kits to the attention of the Director of Police/Public Safety who will arrange for a replacement kit. Replacement kits are purchased by grant funding or through the State of Connecticut, Capital Community College.
4. The Director of Police/Public Safety shall obtain replacement kits (for used or out-of-date kits) as needed. Officers responding to medical calls shall ensure the AED and/or medical response kit with attached Intranasal Naloxone kit, are returned to their designated area inside the Public Safety/Police HQ and/or sub-station.
5. Intranasal Naloxone should not be left in any cruiser for extended periods and should not be subjected to extreme temperatures (heat or cold), as the effectiveness of the medication may be degraded. (As advised by the manufacturer, the Intranasal Naloxone kit must be kept out of direct light and must be stored at a temperature between 59 and 86 degrees Fahrenheit.)

Training:

1. The Director of Police/Public Safety shall provide a department approved training course covering all aspects of the field use of Intranasal Naloxone in persons experiencing an apparent opioid-related overdose.
2. All first responders shall be trained in the use and proper administration of Intranasal Naloxone. Only those officers who have completed a department approved training course and any required refresher training shall be authorized to administer Intranasal Naloxone.
3. The Department Training Officer shall conduct an annual review of this policy and training needs and will maintain a record of those officers currently qualified in the use of Intranasal Naloxone.

Operation:

1. Qualified officers shall use Intranasal Naloxone kits in accordance with the directions received during training, including the use of universal precautions against bloodborne pathogens and communicable diseases during patient contact and Intranasal Naloxone administration. The policies and procedures of the department's Bloodborne & Airborne Pathogens Manual will be adhered to.

2. Each time an Intranasal Naloxone kit is used, the officer involved shall document the occurrence in an incident report.
3. When an officer on scene has made a determination that a victim is suffering from an opioid overdose, the officer shall immediately notify the dispatching officer to request an EMS response, if that has not already been done, and then provide the victim with treatment, including administering Intranasal Naloxone when appropriate, commensurate with the officer's training. If other medical personnel are present, the officer should assist as needed.
4. Officers must be prepared for possible bizarre and/or violent reactions from victims who, upon regaining consciousness, may experience an acute opioid withdrawal episode.
5. Once used, the Intranasal Naloxone device must be considered biohazardous material and the administering officer shall turn the kit over to EMS personnel for disposal, or shall dispose of it in the department's red medical sharps disposal box.
6. The Officer on scene shall continue to observe and treat the victim as the situation dictates, as an intranasal naloxone dose is only effective for approximately twenty (20) minutes and may need to be repeated. CPR may be required.
7. The officer initially treating the victim shall inform arriving EMS personnel about the treatment and condition of the victim, and shall not relinquish care of the victim until relieved by a person with a higher level of training.

Law Enforcement Considerations:

1. Officers shall investigate any crime in accordance with law. Officers shall seize any illegal and/or non-prescribed narcotics, including drug paraphernalia that is found on the victim, or in the immediate area, and process the evidence in accordance with departmental policy.
2. If evidence of the use or possession of drugs or drug paraphernalia was obtained solely as a result of a person seeking of medical assistance, an officer shall not charge a person with a crime under CGS §21a-267 or 21a-279(a), when such person falls under one of these categories/circumstances:
 - a. Who in good faith, seeks medical assistance for another person, who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance,
 - b. For whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or

- c. Who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself. For the purposes of this subsection of the statutes, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search.

REFERENCES

[Connecticut General Statutes §21a-267 & 21a-279](#)