Opiate Overdose Response Program

FC No.: 923
Date: 06-29-18

If a provision of a regulation, departmental directive, or rule, conflicts with a provision of the contract, the contract prevails except where the contract provision conflicts with State law or the Police Collective Bargaining Law. (FOP Contract, Article 61)

Contents:

I. Purpose

Drug overdoses are a serious public health challenge in Maryland and in Montgomery County. During the past decade, increases in the number of fatal drug overdoses have been driven primarily by an epidemic of pharmaceutical opioid abuse. Common opiate drugs often abused by users include morphine, heroin, fentanyl, oxycodone, and hydrocodone. The administration of the nasal Naloxone spray (trade name Narcan®), by First Responders is a response to this growing opiate overdose epidemic. Changes in Maryland state law (*Md. Health-General Code Ann. § 13-3101 through § 13-3109)* have recently been made to allow trained and certified police officers to carry and administer the nasal Naloxone spray, which can quickly and safely reverse the effects of an opiate overdose. This opiate overdose response program will allow officers to carry and administer Naloxone in order to reduce the number of fatal overdoses and save lives.

II. Definitions

A. Naloxone - Naloxone hydrochloride is an opioid antagonist that can be used to counter the effects of an opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is ***an antagonist and*** has no euphoric properties and minimal side effects. It is marketed under various trademarks including, but not limited to Narcan®.

B. Opiate - An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, and oxycodone (OxyContin®, Percocet® and Percodan®).

C. Overdose Response Unit Coordinator: The MCPD Crisis Intervention Team Coordinator will serve as the Coordinator for the Overdose Response Unit.

III. Policy

A. Naloxone hydrochloride kits will be issued to ***volunteer*** sworn first responder officers as selected by the department. Those officers will be part of the Overdose Response Unit (O.R.U.).

B. Those officers assigned to the program must attend a training class in order to carry the drug Narcan® or Naloxone hydrochloride. The instruction will consist of training on recognizing the symptoms of an opiate overdose, the proper administration of nasal Naloxone, the importance of contacting emergency medical services, and care of the individual after the administration of Naloxone.

C. O.R.U. officers will monitor calls for service in their assigned districts and, when not assigned as a primary officer, may self dispatch to calls for service involving a suspected opiate drug overdose.

IV. Procedure

A. Steps to follow when handling an overdose call:

1. The O. R. U. officer will consider/ensure officer safety and use universal precautions upon responding to the scene of an overdose. In accordance with the training described below, the officer will provide immediate assistance via the use of Naloxone, provide treatment to the patient, and assist EMS/MCFRS personnel on the scene. This does not prohibit the officer from handling any criminal investigations that may arise from the incident.

2. The O. R. U. officer will conduct an initial assessment of the patient and scene, to include statements from witnesses and/or family members regarding drug use. The officer will make a determination regarding the administration of Naloxone.

3. If administration of Naloxone is indicated, the O. R. U. officer will use the pre-filled Naloxone nasal mist adaptor and administer the Naloxone to the patient. Officers should use caution and be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.

4. The O. R. U. officer will advise ECC that the Naloxone kit has been utilized and the condition of the patient for relay to incoming EMS and/or MCFRS personnel. O. R. U. officers will not relinquish care of the patient until someone of a higher medical authority relieves them, i.e. MCFRS personnel.

5. The Naloxone reversal effects will last between 30 – 90 minutes, while the effects of the opiates may last much longer. It is possible that after the Naloxone wears off the overdose could recur. O.R.U. officers will encourage the patient to be transported to the hospital. If the patient will not go to the hospital voluntarily:

   a. If there is evidence that the patient attempted suicide by their ingestion of opiates or expresses suicidal thoughts or ideations, or there are other criteria for evaluation under the emergency petition process - the emergency evaluation process will be initiated.

   b. If the patient continues to refuse transport in all other cases, and he or she reasonably appears to have the capacity to make medical decisions, as determined by MCFRS and/or the O.R.U. officer, the patient may legally refuse further medical assistance.

6. When a Naloxone kit is utilized, the O. R. U officer will complete a MCP 923 (Use of Naloxone Report) prior to the end of his/her tour of duty and forward the form to the Overdose Response Unit Coordinator for tracking the statistical data on the nasal naloxone deployment. An incident report must also be completed when a Naloxone kit is utilized. The report should describe the nature of the

incident, the care the patient received, and the fact that the Naloxone kit was deployed. The MCP 923 form must be completed in order to receive a replacement Naloxone kit from ***the Supply Section***.

7. The District/Duty Commander will be notified when the Naloxone kit is utilized**.**

V. Training

A. The ***Crisis Intervention Team staff will*** provide O.R.U Officers with the initial training in order to obtain certification to carry and administer Naloxone. Training will include, but not be limited to: patient and scene assessment, recognizing the signs and symptoms of an overdose, recognizing different forms of opiates and other "street" drugs, instruction in the proper administration of nasal Naloxone, co-occurring disorders, alcohol and drug abuse, CPR refresher, troubleshooting Naloxone, and the importance of contacting MCFRS.

VI. Equipment

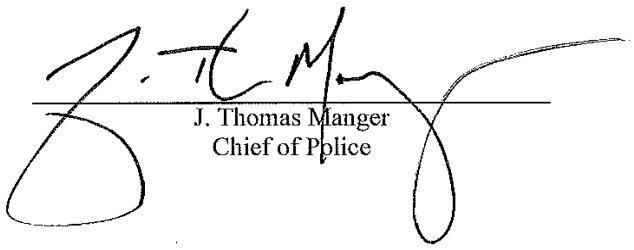
A. It is the responsibility of the O.R.U. officer to inspect and maintain his/her own naloxone kit. Naloxone kits are sensitive to temperature extremes and expire every two years. Expired kits should be replaced ***at the Supply Section*** prior to their expiration date. It is not recommended that officers administer Naloxone if the medication is expired. The kits should not be left in a vehicle for extended periods of time or stored in extreme high or low temperatures, i.e. storing the kits in a PPV or SOFV when an officer is off-duty is not recommended. Each Naloxone kit will contain:

1. 1 set of disposable ***nitrile*** gloves
2. Two, ***four*** milligram ***pre-metered nasal*** dose***s*** of Naloxone hydrochloride (***This equals ONE dose for a patient (one four MG dose per nostril).***
3. ***CPR microshield mask***
4. One yellow PELICAN© case

VII. CALEA Standards: ***26.1.1, 33.6.1, 41.2.1, 41.2.4, 41.3.2, 81.2.4, 81.2.5.***

VIII. Proponent Unit: Crisis Intervention Team Coordinator

IX. Cancellation: ***This directive cancels Function Code 923, effective date 11-24-14.***



J. Thomas Manger
Chief of Police