Brief reason for the revision:

The policy is needed to provide procedures and guidelines for administering Narcan following the City Council's direction to have APD administer the drug for opioid overdoses.

415 Utilization of Narcan

415.1 PURPOSE

To establish guidelines governing the utilization of Narcan by police officers.

415.2 POLICY

Officers administering Nasal Naloxone (Narcan) shall be properly trained prior to its use and deployment.

415.3 DEFINITIONS

Heroin - Heroin is an opioid drug that is synthesized from morphine, a naturally occurring substance extracted from the seed pod of the opium poppy plant. Heroin usually appears as a white or brown powder or as a black sticky substance, known as "black tar heroin." Heroin chemically converts to morphine in the brain.

Naloxone <u>(Narcan)</u> - Also known as <u>Naloxone</u> (-Narcan) is- a synthetic drug, chemically similar to morphine, which blocks opioid receptors in the nervous system. This drug is intended to restore breathing for subjects experiencing an opioid overdose. -It is not intended to bring the subject back to a normal state.

Opioids - Opioids are medications that are naturally or chemically related to heroin. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus.

Common Opioids

7-Hydroxymitragynine Alphaprodine Anileridine Bromadol Buprenorphine Codeine Dextropropoxyphene Diamorphine Dihydroetorphine Etorphine Fentanyl Heroin Hydrocodone (Vicodin) Hydromorphone Leverphanol Methadone

Morphine Oxycodone (Percocet) Oxycontin Oxymorphine Pethidine Sufentanil Tapentadol Tramadol

415.4 CONSIDERATIONS

- (a) General Considerations:
 - 1. Universal precautions should be used with a minimum of nitrile, latex, or equivalent gloves. An officer's first priority should be scene safety.

- 2. Officers may need to kneel or crouch during evaluation and application. This should only be done if it does not expose the officer to increased risk of assault or injury. If the victim is awake, officers should not administer Narcan and should wait for medical personnel to arrive.
- 3. Narcan can be administered to a police K9 that has accidentally inhaled an opioid during their search duties. Dosing is the same as for a human.
- (b) Narcan use for non-opiates:
 - 1. Narcan will not reverse overdoses that are caused by non-opioid drugs, such as cocaine, benzodiazepines (e.g., Xanax, Klonopin, and Valium), methamphetamines, or alcohol. It should not be used when evidence shows overdose is caused by a non-opioid drug.
 - 2. If a "mixed overdose" is suspected, where non-opioid and opioid based drugs are used together, follow the listed procedures for an opioid overdose. Administering Narcan on a subject that is not experiencing an opioid overdose will not harm the subject.
- (c) Considerations for \bigcup se of Narcan:
 - Once the officer has decided to administer Narcan, the officer should notify Communications. Communications should relay the information to responding medical personnel. When available <u>A</u>a backup officer should also be dispatched to assist with any possible violent reaction.
 - 2. Narcan may be used when an opioid overdose is reported or reasonably suspected, and the victim is unconscious. This can include but is not limited to:
 - (a) Where the person is found to be unresponsive, there is an absence of breathing or the victim has no pulse is not breathing or has no pulse, is unresponsive to a sternum rub and has bluish lips and nail beds, <u>has</u> constricted pupils, or <u>has a</u> bluish general appearance.
 - (b) Where the person is found to be unresponsive, but still has a pulse and breathing.
 - (c) When advised by dispatch that a given person appears to be suffering an opioid overdose at a given location and meets the victim presentation examples above.
 - (d) When observing drugs, drug paraphernalia or drug instruments associated with the individual, or meets other signs listed below:
 - 1. Breathing may be slow and shallow (less than 10 breaths per minute which equals 1 breath every 6 seconds) or may have stopped
 - 2. Vomiting
 - 3. Face may be pale and clammy
 - 4. Pulse (heartbeat) may be slow, erratic, or not present
 - 5. Choking or loud snoring noises
 - 6. May not respond to shaking or sternum rub
 - 7. Skin may turn gray, blue, or ashen

415.5 PROCEDURE

The Property Control Office (PCO) will keep <u>an</u> inventory of all Narcan kits. -Additional kits will be issued to Patrol Lieutenants in the event PCO is not available if PCO is unavailable.

415.5.1 STORAGE

Narcan should be stored securely, at room temperature and not exposed to light. It should not be left in a car for extended periods of time and must not be subjected to extreme heat or cold for over 2 hours.

415.5.2 DEPLOYMENT

- (a) Once scene safety and universal protections are in place, and the use of Narcan has been decided on as an appropriate action, officers should follow these steps:
 - 1. <u>Check for signs of Opioid overdose.</u> Retrieve the Narcan kit and prepare for deployment per Department training.
 - 2. Prepare victim for administration of Narcan by placing the victim into "recovery position" (either left or right side). This will aid in keeping the airway clear, preventing the victim from choking on vomit or other secretions.
 - 2. Prepare the victim for the administration of Narcan by lying the person on their back.
 - 3. Remove Narcan nasal spray. Hold the Narcan nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
 - 4. Insert the white cone into the nostril; give a short vigorous push on the end of the capsule to spray Narcan into nose. Tilt the person's head back, provide support under the neck with your hand and allow the head to tilt back. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the victims' nose. Press the plunger firmly to administer the Narcan.
 - **3**<u>5</u>. Place the victim into the "recover" position". This will aid in keeping the airway clear, preventing the victim from choking on vomit or other secretion.
 - 4.6. If there is no reaction in <u>3</u> minutes, give a second dose may be given, if available.
 - 7. Following the dose, ventilation should be provided utilizing a bag-valve mask. -AFD carry bag-valve masks and can provide ventilation once on-scene. Officers should not wait for AFD to arrive before administering the dose.
 - 5.8. Note any changes in the victim's condition to tell medical personnel upon their inform medical personnel upon arrival.
 - 6.9. Continue to render first aid until medical personnel arrive.al.
 - 7.10. Once medical personnel is on scene, provide any pertinent information to them including the condition of the victim including the victim's condition when found, the dose given, the victim's response to the Narcan and the name of the administering officer.

The used Narcan doses shall be placed back in the original packaging with the PCO barcode, placed in an evidence bag, labeled "Used", and returned to PCO. Discard the used Narcan doses in the trash. Return the The Narcan package with the micro dot number will be returned to PCO.

415.6 REPORTING

- (a) Upon administering Narcan, an incident report <u>titled: (8185 Narcan/Naloxone</u> <u>Administered)</u> shall be submitted detailing the nature of the incident. <u>Officers will ensure</u> <u>that they utilize the specific role code for subject that was given the Narcan:</u>
 - 1. 71 Narcan Victim
 - 2. 72 Narcan Suspect
 - 3. 73 Narcan Arrested
- (b) The role code 72 Narcan Suspect and 73 Narcan Arrested, should only be utilized when a subject has been administered a Narcan dose and the investigation determines they are suspected or arrested for a criminal offense.

- (a)(c) The report shall also include the PCO <u>barcode micro dot number</u>. <u>Officers can get the</u> <u>micro dot number from PCO or their immediate Supervisor</u>. The proper Versadex Role Code shall be applied to the overdosing subject.
- (b)(d) Should a dose of Narcan be damaged, lost, or stolen, the officer must comply with General Order 800.4.1 Damaged, Lost, and Stolen City Property.

415.7 TRAINING

All officers administering Narcan will receive initial training that will include, at minimum, <u>1</u>. <u>anAn</u> overview of Texas Health and Safety Code Subchapter E, <u>section</u> 483.106 (b), <u>which</u> <u>This law</u> permits emergency services personnel to administer Narcan, and <u>2</u>. <u>the The</u> Department's "Naloxone Carry and Use Training" module.

415.8 OFFICER RESPONSIBILITIES

- (a) Officers who have received the appropriate training <u>will receive two (2) doses of shall</u> request Narcan through PCO or an on-duty lieutenant at the beginning of each shift and return the Narcan at the end of <u>the</u> shift.
- (b) If a dose of Narcan has been damaged the officer will place the dose with original packaging in a bag labeled "Damaged" and returned it to PCO.

415.9 LIEUTENANT RESPONSIBILITIES

In the event PCO is not available, If PCO is unavailable, the Patrol Lieutenant will issue two (2) doses of <u>the</u>-Narcan to the officer and email PCO the officer's name and PCO<u>barcode.micro</u> dot number.

415.10 PROPERTY CONTROL OFFICE (PCO) RESPONSIBILITIES

- (a) PCO will issue two (2) doses of Narcan to officers at the beginning of the officer's shift and restock when returned.
- (b) PCO will advise Risk Management when <u>there are any</u> a <u>dose has been returned used or</u> <u>of any</u> damaged doses via the SmartSheet submission form.
- (c) PCO will periodically check doses to ensure they have not reached the expiration date.
- (d) PCO will determine the best time to restock based on usage.

415.11 APD RISK MANAGEMENT RESPONSIBILITIES

- (a) The APD Risk Management Lieutenant is responsible for verifying that the individuals having access <u>and/or to and</u> administering Narcan receive training on overdose response techniques and Narcan administration as well as the proper storage of the medication and disposal of the used or damaged Narcan dispensers.
- (b) APD Risk Management will monitor all doses that have been damaged or used and provide a summary report upon request.