

Subject: **Administration of Narcan**Policy #: **407.9**

Effective Since: 5-12-15

Revision Effective: 1-1-19

FTO Training Task: # 35

Reference Material: 20 ILCS 301/5-23 (Public Act 096-0361)

ILEAP Standards Covered: NA

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**PURPOSE:** It is the purpose of this policy to outline procedures to treat and reduce fatalities due to opioid overdoses and to establish guidelines and regulations governing utilization of the nasal Naloxone (Narcan) administered by trained members of the DeKalb Police Department.

**POLICY:** It shall be the policy of the DeKalb Police Department (DPD) that officers may administer nasal Narcan only after they are properly trained in the use and deployment of the nasal Narcan in accordance with the mandated training guidelines as determined and provided by the DeKalb County Health Department and Kishwaukee Health Systems and pursuant to 20 ILCS 301/5-23 (Public Act 096-0361).

**DEFINITIONS:** As used in this document, the following definitions shall apply:

**CPR** - Cardio Pulmonary Resuscitation

**AED** - Automated External Defibrillator

**Opioid** - A sedative/depressant narcotic used primarily in medicine for pain relief. Opioids derive from natural, semi-synthetic, and fully synthetic opioids and repress the urge to breathe by attaching to opiate receptors in the brain.

**Narcan (Naloxone)** - A medication which is an opioid antagonist and used to counter the effects of an opioid overdose by replacing opioids from opiate receptors in the brain.

**Blood** means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Personal Protective Equipment** is specialized clothing or equipment (latex gloves, N95 mask, goggles or face shield) worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or jackets) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids should be handled as if known to be infectious for HIV, HBV, & other bloodborne pathogens.

**PROCEDURES:**

- A. The DeKalb Police Department will include a nasal Narcan (Naloxone) kit in the medical bag assigned to each marked Patrol vehicle. These assigned medical bags will be stored in the duty bag storage cabinet, located in the rear hallway near the staff entrance.
- B. At the beginning of an officer's duty day, the officer will retrieve the medical bag assigned to the vehicle and keep the medical bag in the vehicle for the duration of the officer's shift. At the end of the officer's duty day, the officer will return the medical bag to the designated position in the duty bag storage cabinet.
- C. Additional Narcan kits may be stored in the Ready Room, room #176.
- D. Officers are also issued their own personal Narcan, intended for the use of accidental exposure to an opioid.
- E. Narcan kits are also posted on the wall in the Evidence intake area and outside the Evidence drug storage room.
- F. Department members carrying Narcan kits shall ensure Narcan doses are stored at a

consistent and proper temperature level (59°-86°F) and out of direct light to avoid degrading Narcan effectiveness.

- G. Any used, lost or damaged, Narcan doses or supplies shall be reported to the officer's immediate supervisor and forwarded to the department's Narcan Coordinator, who shall be the department's Training Coordinator.
- H. Officers will receive training in the use of Narcan and shall not administer Narcan until receiving the training.
- I. Nasal Narcan Use: When using the nasal Narcan kit, officers will use universal precautions, perform patient assessment, and determine unresponsiveness including the absence of breathing and or pulse. Officer(s) should update the Communications telecommunicator that the patient is in a potential overdose state. The telecommunicator will then notify the local EMS and Paramedic Unit. Officers shall follow the protocol as outlined in the nasal Narcan training.

**J. Nasal Narcan Deployment Protocol:**

- 1. Identify and assess victim for responsiveness, pulse, and status of breathing. Be aware of any blood or open wounds on the patient, as they could contain blood-borne pathogens.
- 2. If no pulse, initiate CPR and AED as per normal protocol; notify incoming EMS via dispatch.
- 3. If pulse is present and the victim is unconscious, assess breathing status
  - a. If breathing is adequate, place in recovery position.
  - b. If breathing is decreased or signs of low oxygen (cyanosis) and overdose is suspected (based on history, evidence on scene, bystander reports, physical examination), then proceed with Narcan administration and initiate EMS response if not already initiated.
- 4. Once the officer makes the decision to administer Narcan due to a suspected opioid overdose, the officer may consider restraining the patient with handcuffs prior to administering the dose(s), as subjects who are given Narcan sometimes awaken suddenly and violently. Additionally, subjects awakening after a Narcan dose will sometimes vomit.
- 5. Protective gloves, mask, and eyewear, available in the medical kit shall be worn by the officer(s) delivering the dose of Narcan. Officers shall use caution to minimize risk to themselves and to the patient.
- 6. When using nasal Narcan, apply a dose in each nostril of the patient following the instructions on the package so that the full dose is effectively administered.
- 7. If there is no immediate change in responsiveness and breathing, continue CPR for 3 -5 minutes. If still no change, administer second dose of Narcan.
- 8. Continue to monitor breathing and pulse. If breathing increases and there is no evidence of trauma, place in the recovery position.
- 9. If at any time pulse is lost, initiate CPR and AED as per normal protocol.
- 10. Keep Communications advised of patient status when able so they can relay the information to responding EMS personnel.
- 11. The used Narcan kit / waste will be left with EMS personnel on scene.
- 12. Upon EMS arrival at the scene, the officer will immediately notify EMS personnel whether they have administered Narcan and the number of doses administered.
- 13. **NOTE:** When an officer deploys nasal Narcan and it results in a resuscitation of an overdose victim, the patient **must receive treatment** by EMS. The effects of Narcan only last for a limited period of time and the person may experience another opiate overdose when the effects of the Narcan wear off. Once DeKalb Fire Department EMS personnel arrive on scene, the patient should safely be transferred to their care for evaluation and possible transport. Every effort should

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be made to encourage that person to be transported to the hospital for additional care. Furthermore, the officer shall accompany the ambulance personnel during transport to the hospital for their safety if requested by EMS.

**K. Documentation / Narcan Reporting :**

1. Following the administration of Narcan, officers shall submit a written police report detailing the nature of the incident, the care the individual received, and the fact that the Narcan was deployed.
2. Officers shall replace used Narcan kit with a new one from the storage cabinet in room #176. If there are none available, notify the Narcan Coordinator for replacement.
3. Officers shall be responsible for completing the Naloxone Administration Reporting Form and forwarding it to the department's Narcan Coordinator.
4. The Narcan Coordinator will maintain agency records regarding Narcan and forward the Reporting Form to the DeKalb County Health Department within five days of the incident.

**Policy originally issued 5-12-15; this revision becomes effective on 1-1-19 by authority of the Chief of Police .**

NOTE: This policy and procedure summarizes the department's position on this specific matter. This policy is for general direction and guidance primarily designed for use by the department's members. This policy is for internal use only and does not create or enlarge an officer's liability in any way. This policy shall not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of this policy, if proven, can only form the basis of an internal departmental complaint and then only in a non-judicial administrative setting.