

 <b>Lexington Police Department</b>	<b>Subject: Narcan (Naloxone Administration)</b>				<b>Policy Number:</b>  <h1>48A</h1>	
	<b>Accreditation Standards:</b> <b>Reference:</b>				<b>Effective Date:</b> 2/1/17	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	<b>Revision Dates:</b>	1/24/19				
<b>By Order of:</b> Mark J. Corr, Chief of Police						

## GENERAL CONSIDERATIONS AND GUIDELINES

To establish guidelines regarding the utilization of nasal Naloxone in order to reduce the number of fatalities which occur as a result of opiate overdose by the proper pre-hospital administration of nasal Naloxone (brand named NARCAN).

The Lexington Police Department will train and equip its members to prepare for opiate overdose emergencies. Where possible, the Lexington Fire Department will assist with training, supply and replacement of nasal naloxone used by the Police Department. The Department will keep and maintain a professional affiliation with a Medical Control Physician (MCP) for medical oversight for the use and emergency administration of naloxone. The MCP shall be licensed to practice Medicine within the Commonwealth of Massachusetts and, at his or her discretion, may make recommendations to the policy, oversight and administration of the nasal naloxone program.

**A. DEFINITIONS:**

1. **Opiate** - An opiate is any controlled substance containing or compounded to be a derivative of morphine, morphine sulfate. The term opiate describes any of the narcotic opioid alkaloids found as natural products in the opium poppy plant, papaver somniferum. Commonly encountered opiates in police service include heroin, morphine, oxycontin, percocet, and percodan.
  
2. **Naloxone** - Naloxone is an opioid antagonist drug. Naloxone is a drug used to counter the effects of opiate overdose. Naloxone is specifically used to counteract life threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including Narcan, Nalone, and Narcanti, and has sometimes been mistakenly called "naltrexate". It is not to be confused with naltrexone, an opioid receptor antagonist with qualitatively different effects, used for dependence treatment rather than emergency overdose treatment.
  
3. **Medical Control Physician (MCP)** – The Medical Control Physician (MCP), shall be a designated Medical Doctor who is licensed to practiced medicine in Massachusetts. The Lexington Police Department shall maintain an affiliation

with the MCP. The Chief of Police or his designee shall periodically consult with the MCP to review overall training, equipment, procedures, changes to applicable laws and regulations and/or the review of specific medical cases. At his discretion, the MCP may partake in training members of the Lexington Police Department.

**B. LEGAL PREMISES FOR IMPLEMENTATION:** The Lexington Police Department relies upon the following:

1. **105 CMR 171.000: Massachusetts First Responder Training:** CMR 171.165: Approval of Programs for Training First Responders in Epinephrine Auto-Injector Devices and Naloxone.
  - a. The Department will approve training programs for police officers or other first responders in the use of epinephrine auto-injector devices and naloxone or other opioid antagonist.
  - b. The training program will also be approved by the MCP.
2. **MGL Ch. 94c, s34A** which states in part “A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate related overdose.”

The statute imposes no limitation on who may possess and administer Narcan [naloxone].

3. **MGL Ch. 94C, s.7** outlines parameters under which Narcan [naloxone] programs may be administered by public health officials and law enforcement officers. This statute states in part, “The following persons shall not require registration and may lawfully possess and dispense controlled substances; any public official or law enforcement officer acting in the regular performance of his official duties.”
4. **MGL Ch. 258C, s. 13** states, “No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.”

**C. EQUIPMENT:**

1. Nasal Naloxone kits will be added to all Lexington Police “first-in” medical bags.
2. Officers should report to the Commanding Officer on-duty that a medical bag does not have Nasal Naloxone. The Lexington Fire Department can be contacted to obtain additional units to replace used kits.

#### **D. NALOXONE USE:**

1. When using the nasal Naloxone kit officers will:
  - a. use universal precautions;
  - b. perform patient assessment;
  - c. determine unresponsiveness;
  - d. In the absence of breathing and/or a pulse, update the Emergency Communications Dispatcher that the patient is in a potential overdose state;
  - e. Officers shall follow the protocol as outlined in the Nasal Naloxone / Narcan training;<sup>1</sup> and
  - f. Advise incoming Lexington Fire Paramedics about the treatment and condition of the patient.
  - g. Note: Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
2. A brief narrative report stating when and why a dose of Naloxone was administered and a Naloxone Administration Report shall be completed by the primary responding officer prior to the end of his or her shift.

#### **E. REPLACEMENT:**

1. Additional doses of Naloxone will be stored and secured at the Lexington Fire Department and with Lexington Police Medical Supply Officer. After administering a dose and submitting a Naloxone Administration Report, a replacement unit will be issued by Lexington Police Medical Supply Officer.
2. A written inventory documenting the quantities and expirations of naloxone replacements supplies shall be maintained by Lexington Police Medical Supply Officer. A separate log documenting the issuance of replacement units shall also be kept. Both logs will be stored with the replacement supplies.

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<sup>1</sup> In accordance with the Massachusetts Office of Emergency Medical Services Pre-Hospital Emergency Treatment, Massachusetts Department of Public Health Guidelines and First Responder Guidelines in compliance with Massachusetts General Law Chapter 111, Sec. 201