
Naloxone Kits

705.1 PURPOSE AND SCOPE

- (a) In June of 2016, the U.S. Drug Enforcement Administration (DEA) issued a series of officer safety alerts regarding accidental officer exposures to a synthetic drug, fentanyl. The DEA warned that officers were experiencing opioid overdoses after just minimal exposures to the material - which was now being used within the illicit drug market. This warning was accompanied with a significant increase in the number of fatalities within the general population from opioid overdoses, some of which were the result of exposure to fentanyl. Opioids, specifically fentanyl, are a danger to members of our staff and the community at large.
- (b) Oakley Police Officers are often the initial first-responders to arrive at an emergency scene within the community. As such, they may come in contact with individuals who are displaying the common signs and symptoms of an opioid overdose. By administering an Opioid Antagonist early, it may be possible to reduce the severity of any resulting injury, or even death.
- (c) Title 22, Division 9, Chapter 1.5 of the California Code of Regulations identifies the skills and procedures that may be employed by law enforcement officers during First Aid. Section 10019(f) of that regulation allows law enforcement agencies to adopt the additional skill of administering naloxone for suspect cases of a narcotic overdose. That training has been approved by the Local Emergency Management Services Agency (LEMSA). Oakley PD Officers who have completed the requisite training program are authorized by the Contra Costa County LEMSA to perform this additional skill.
- (d) Naloxone is a prescription medication and will be safeguarded from loss or theft. An inspection of the naloxone kit is the responsibility of the personnel who are assigned the equipment and will be done at the end of each shift. Missing or damaged naloxone kits will be reported to the shift supervisor.
- (e) Canines can also be affected by an overdose. Naloxone is effective on canines as well.
- (f) There is no legal requirement for officers to administer an opioid antagonist to any patient. Officers are protected from criminal and civil liability when administering naloxone as long as they act within the scope of their training and in good faith.

705.2 POLICY

- (a) The Oakley Police Department will deploy naloxone to reverse the effects of an opioid overdose on staff members and members of the public.
- (b) All sworn members of the Oakley Police Department will be trained to administer naloxone following the LEMSA-approved training program.
- (c) Professional members of the Department who have the risk of exposure to fentanyl will receive training in administering naloxone as a part of their First Aid training.
- (d) Patrol members will deploy with an overdose kit in their vehicle while on duty.

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- (e) An overdose kit will be maintained near the evidence room, in a fixed cabinet, allowing easy access if an overdose occurs in the evidence room.

705.3 REFERENCES

- (a) Title 22, Division 9, Chapter 1.5 of the California Code of Regulations.
- (b) Contra Costa County Emergency Medical Services Authority Pre-Hospital Care Guidelines.
- (c) Health and Safety Code Section 1797.197
- (d) California Civil Code Section 1714.22

705.4 DEFINITIONS

- (a) **Naloxone (Narcan):** an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal and intravenous forms. Narcan is the brand name for naloxone.
- (b) **Opiates:** Naturally derived from the poppy plant, such as heroin and opium.
- (c) **Opioids:** Synthetic opiate drugs such as fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone and oxycodone.
- (d) **Opioid Overdose:** An acute condition including but not limited to extreme physical illness, decreased level of consciousness, respiratory depression coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.
- (e) **Naloxone Quality Improvement Program Usage Report:** Mandatory reporting form which is to be completed by law enforcement personnel who have administered naloxone to a patient or victim. A data collection protocol established by Contra Costa Health Services, used to evaluate the impact of the Naloxone Program.

705.5 PROGRAM COORDINATOR

- (a) The Administrative Services Sergeant will serve as the Department's Program Coordinator and will work in collaboration with the Contra Costa County EMSA. The Program Coordinator will be responsible for tracking, storage, maintenance, replacement of naloxone kits, and reporting to the EMSA.

705.6 TRAINING

- (a) **Initial Training**
 1. Naloxone training will be conducted by trained instructors.
 2. Training will include the assembly of the nasal atomizer and simulate the manner of delivery.

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3. Sworn staff members will complete the approved Contra Costa County EMSA Instructor-led training course.
 4. Professional members who have completed CPR/First Aid Training will complete the Contra Costa County EMSA Instructor-led training course.
 5. All training will be documented on a course roster. Each student will complete and pass a written test as a part of the training program. All documents will be retained by the Administrative Services Sergeant.
- (b) **Continuing Training**
1. All members who have received initial training will complete update training every two years following the guidelines of the County EMS Authority.

705.7 EQUIPMENT

(a) **Field Overdose Kit**

1. A Field Overdose Kit will consist of a pelican-style case, two (2ml) doses of Naloxone HCL, two nasal atomizers, one set of protective gloves, one N95 respirator, one CPR face shield, and a County Health Services Naloxone Report Form.
2. Kits will be marked with a removable label that indicates the expiration date of the medication contained within the kit.
3. While deployed, kits will be kept out of direct sunlight and extreme heat. Kits should be stored in the passenger compartment of the vehicle and not the trunk. Kits will be returned to the station at the conclusion of the shift.

(b) **Station Emergency Overdose Kit**

1. A Station Overdose Kit will consist of a wall-mounted container, two (2ml) doses of Naloxone HCL, two nasal atomizers, one set of protective gloves, one N95 respirator, one CPR face shield, and a County Health Services Naloxone Report Form.

705.8 NALOXONE DEPLOYMENT

- (a) Officers will utilize Universal Precautions whenever providing first aid.
- (b) Upon arrival at an emergency situation, officers will perform a primary survey of the patient. If necessary, the Emergency Medical Services (EMS) System should be activated.
- (c) If the patient is not breathing but has a pulse, the officer should begin rescue breathing. If the officer believes the patient is suffering from an opioid-related overdose, the officer should administer naloxone after providing several rescue breaths.
- (d) After administering naloxone, the officer should continue rescue breathing until the patient begins to breathe on their own. If the patient fails to breathe on their own after three minutes, the officer should consider administering a second dose of naloxone.

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Note: The administration of naloxone may lead to a violent/combatative reaction of the patient. Officers should be prepared for this to occur.

- (e) If naloxone is administered by an officer, the patient will be assessed by fire and/or ambulance personnel.
- (f) Expended naloxone atomizers will be disposed of in a sharps box or other hazardous materials container.
- (g) The naloxone kit that was used will be taken out of service until it is re-stocked with necessary supplies.
- (h) Only Department-issued naloxone will be administered to victims/patients.

705.9 REPORTING

(a) Officer Reporting

1. When naloxone has been administered to a patient, the officer will notify arriving medical personnel. The officer will identify the number of doses provided and the amount provided as a part of each dose.
2. A medical/hospitalization police report will be prepared on the incident, detailing the actions of the officer and the patient.
3. The officer will complete the Naloxone Quality Improvement Program Usage Report and affix a copy of the report to the police report.

(b) Supervisor Reporting

1. When Naloxone has been administered, the Patrol Sergeant will review and transmit it to County Health Services following the instructions on the report form.
2. A copy of the report will be routed to the Administrative Services Sergeant.

705.10 MAINTENANCE AND REPLACEMENT

- (a) The daily inspection of naloxone kits is the responsibility of officers who are assigned the kit for field deployment. The maintenance and replacement of naloxone kits is the responsibility of the program manager (or their designee). Used, lost, or damaged naloxone kits will be reported to the immediate supervisor and returned to the program manager for replacement.

705.11 REVISION DATE

- (a) 16 SEP 19
- (b) 30 DEC 19