

TAKOMA PARK POLICE DEPARTMENT - GENERAL ORDERS



| | | | |
|---|------------------------------------|--------------|-------------------|
| TITLE: Overdose Intervention Program | | | NUMBER: 667 |
| EFFECTIVE DATE: December 22, 2014 | | REVIEW DATE: | |
| <input checked="" type="checkbox"/> New Amends Rescinds | | | |
| AUTHORITY: Alan Goldberg, Chief of Police | CALEA STANDARDS: 41.2.4, 41.3.2 | | TOTAL PAGES: 4 |

01 Purpose: To provide guidelines and procedures for utilizing naloxone spray mist by officers for opiate related overdoses.

02 Policy: It is the policy of the Takoma Park Police Department to respond to calls of suspected overdoses and take appropriate action by calling for Emergency Medical Services (EMS) and providing lifesaving care until EMS arrives and takes over care.

03 Procedure

When an officer arrives on the scene of a medical emergency prior to the arrival of EMS personnel, and determines that a person is suffering from an opiate overdose, the officer will follow the below procedures:

- A.** Ensure that EMS is en route. If the officer is uncertain if EMS has been requested, the officer will immediately request EMS to respond.
- B.** Officers shall use universal precautions (medical gloves, mask with 1-way valve for rescue breathing, avoid contact with blood and bodily fluids) when dealing with any ill or injured person (to include suspected overdose persons).
- C.** Officers shall conduct a medical assessment of the person, to include statements made by witnesses regarding drug use.
- D.** If the officer makes a determination that the person is likely suffering from an opiate overdose, the naloxone kit should be utilized by an officer trained to properly administer naloxone. (Spray $\frac{1}{2}$ of the naloxone vial into each nostril.)

E. Officers should be aware of the reversal of an opiate overdose may cause projectile vomiting and/or violent behavior.

F. Officers will remain with the person and will continue to observe and monitor the person until relieved by Fire/EMS personnel.

G. If the person is not breathing but has a pulse, officers should perform rescue breathing, The rescue facemask will be utilized whenever possible.

H. If the person has no pulse, officers should perform CPR. Officers performing CPR should use personal protection equipment.

I. The treating officer shall inform incoming Fire/EMS personnel about the treatment and condition of the person and shall not relinquish care of the person until relieved by a person with equal or higher level of medical training.

J. Officers will help ensure the person is transported to the hospital. If the person is revived by the administration of naloxone and then refuses to go to the hospital voluntarily, the officer should inform the person of the consequences of not going could result of a relapse back to a dangerous medical condition.

A. If the officer's investigation into the facts of the overdose indicate an attempt suicide or expresses suicidal thoughts, then the emergency evaluation petition process will be initiated (under these circumstances, the on-scene officer would have reason to believe that the person has just experienced a life threatening overdose after their refusal to be transported for follow-up care is a threat to themselves due in part to the person's mental health condition at the time).

B. If the person (over 18 years of age) continues to refuse transport and additional treatment and he/she reasonably appears to have the capacity to make medical decisions for themselves, as determined by EMS or MCFRS, the person may legally refuse further treatment and should be free to leave pending no criminal charges.

C. Under 18 years of age and they refuse medical treatment, contact the parents or guardian. If the parents or guardian cannot be reached, have the juvenile transported to a local hospital for monitoring until the parents or guardian can be reached.

K. Officers will complete a preliminary investigation into any suspected criminal conduct that is related to the overdose (possession or distribution of CDS) and the report will include the details of that investigation.

04 Reporting

- A.** Officers will complete an incident report to document their response to an overdose call. If an officer administers naloxone, that fact, along with any other relevant details, will be captured in the report. Notification to Poison Control and Montgomery County HHS will be done in accordance with training provided by Montgomery County HHS.
- B.** The classification will usually be **1848-2** (overdose non-fatal) or **2914-2** (sudden death, undermined), however officers will clear the call using the most appropriate clearance based upon the circumstances known to them.
- C.** For tracking purposes, supervisors will ensure a copy of the report is sent to command staff and the Naloxone Kit Coordinator.
- D.** The Chief of Police will appoint an officer to act as the Naloxone Kit Coordinator. The Coordinator's responsibilities include:
 1. Ensuring that the Naloxone kits are current and not past its expiration date.
 2. Ensuring proper and efficient deployment of Naloxone for field use.
 3. Ensuring that authorized officers are adequately trained in its use.
 4. Ensuring that any use of Naloxone on a subject is documented on an Investigation Report.
 5. Replacing Naloxone kits that are either damaged, unusable, expired, or had been used.
 6. Reporting Naloxone use to Montgomery County Department of Health if required.

05 Carrying, Storage and Replacement

- A. Each patrol officer will be equipped with a storage container containing a 2-milligram dose of Naloxone Hydrochloride and a nasal atomizer. Officers must carry the medication with them (either on their person or in their vehicle) when they are on duty.

NOTE: It is recommended that officers keep the medication in a bag or other item that you routinely place in the car at the start of a tour of duty and removed at the end of the tour of duty.

- B. Officers shall notify the Naloxone Kit coordinator whenever they need to replace the medication and atomizer (after they use it; if the items are lost or damaged; etc.).
- C. The Department will replace all medication and atomizers every two years before expiration.

D. The medication is temperature sensitive. Officers must not leave the medication in any vehicle for extended periods of time in cold or hot weather. Officers will not leave the medication in any vehicle when they are off duty.

VI. Training

- A. Prior to carrying or administering naloxone, officers will be trained meeting all training requirements as established by the State of Maryland Overdose Response Program and the Montgomery County Department of Health and Human Services (HHS).
- B. Training will be provided by the Montgomery County Department of Health and Human Services (HHS), under medical supervision of a HHS physician.
- C. Officers must attend refresher training whenever notified by HHS to maintain their certification.
- D. Certifications expire every two years from the date of issuance. Montgomery County HHS should be notified 90 prior to expiration of the certificate to schedule a new training date.