

GENERAL ORDERS
CHAPTER 304
FACILITIES & EQUIPMENT

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Revision date:

Rescinds:

Accreditation Standards: 41.03.04, 41.03.06

INTRA-NASAL NALOXONE KIT
G.O. 304.14

I. PURPOSE

The purpose of this policy is to establish guidelines and regulations for the Maui Police Department governing the use of Nasal Naloxone. The objective is to treat and reduce the severity of injuries and fatalities due to opioid-involved overdoses.

Nasal Naloxone is a nasal spray which may counteract the effects of a heroin or other opioid overdose. It is designed to reverse the depressive effects of opioids on the respiratory system with just one application. The use of the nasal application reduces the chances of an accidental needle stick to the rescuer or others.

II. POLICY

It is the policy of Maui Police Department that personnel will be trained in the use of Nasal Naloxone. Personnel assigned to patrol duty/operations shall carry the Naloxone kit on their person or in their vehicle while on duty.

III. DEFINITIONS

- A. Personnel: Refers to any sworn or civilian staff member employed by the Maui Police Department, regardless of rank or position, who is trained in the use of the Naloxone kit.
- B. Safety Equipment: Includes department authorized or issued face mask or shield, protective latex gloves and hazardous materials disposal container.
- C. Opioid: A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress the activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause a person to stop breathing. First responders often encounter opioids and opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin, Percocet) and hydrocodone (Vicodin).

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- D. Naloxone: A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan.
- E. Intra-Nasal Naloxone Kit:
 - 1. One (1) prefilled unit, with an atomizer nozzle and application plunger, containing a 4mg dose of naloxone HCL in 0.1mL of intranasal spray.
 - 2. Instructions on overdose response and naloxone administration.

IV. TRAINING

- A. All authorized personnel being issued an Intra-Nasal Naloxone Kit shall receive an initial training in the use of Naloxone by qualified Emergency Medical Services personnel and will include:
 - 1. Signs of an overdose.
 - 2. Universal safety precautions.
 - 3. Actions to be taken.
 - 4. Administration of Naloxone.
 - 5. Rescue breathing and/or Cardiopulmonary Resuscitation follow-up.
 - 6. Reporting of Naloxone use.
 - 7. Overview of Hawaii Revised Statutes, Section 663-1.5 Exception to Liability (a).

V. PROCEDURES

- A. Naloxone may be used when responding to an incident where the personnel reasonably believes that a person is in an opioid-induced state based on any or all of the following, non-exclusive examples.
 - 1. When advised by the dispatcher that a given person appears to be suffering an opioid overdose at a given location;
 - 2. When observing drugs, drug paraphernalia, or any drug instrument associated with the individual and opioid; or

3. When the person is found to be unresponsive, there is an absence of breathing or the victim has no pulse, is unresponsive to a sternum rub, and has bluish lips or nail beds.
 4. When a witness that is present gives information or evidence that would lead a reasonable person to believe the person is suffering from a drug overdose.
- B. Personnel will immediately verify with the dispatcher that the closest emergency medical service (EMS) is either on the way or is to be dispatched. Personnel will then place the victim in the “rescue” position and administer the Naloxone. Personnel will continue to render the appropriate first aid until the arrival of EMS to transport the victim to the hospital.
- C. Once the administration is complete and the area is secured, personnel will complete the Naloxone Usage Form and forward it to his/her supervisor.
- D. In occurrences of MPD personnel opioid exposure in the line of duty, these procedures shall be followed as well as documentation of the following:
1. Medical attention, as immediate as possible, by the emergency room physician whether transported by Emergency Medical Services or not.
 2. Follow-up medical attention as directed by the emergency room physician.
 3. Proper completion and submission of all Injury Line of Duty reports and workers Compensation forms.

VI. GOOD SAMARITAN DRUG OVERDOSE LAW

- A. Hawaii Revised Statutes, Section 663-1.5 Exception to Liability (a), states:
1. Any person who in good faith renders emergency care, without remuneration or expectation of remuneration, at the scene of an accident or emergency to a victim of the accident or emergency shall not be liable for any civil damages resulting from the person's acts or omissions, except for such damages as may result from the person's gross negligence or wanton acts or omissions.

VII. SAFETY

- A. The safety of the victim and personnel are paramount for the Naloxone to be successful, therefore;
1. Personnel that expect to use the Naloxone kit shall, whenever possible employ safety measures.
 2. To reduce the possibility of blood borne pathogen exposure.

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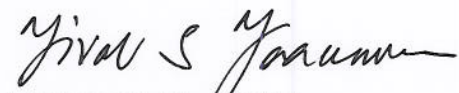
3. These steps shall at least include wearing safety equipment before administering Naloxone and disposing of the used Naloxone container and safety equipment in an approved bio-hazard container immediately following its use.
4. It is important to remember that a victim can quickly become combative once the Naloxone takes effect.
5. Personnel must be aware of their surroundings while at these medical scenes and and be prepared for secondary threats.

VIII. MAINTENANCE/REPLACEMENT

- A. Upon completion of training, a Intra-Nasal Naloxone kit and replacement prescription will be supplied to the officers as their issued equipment.
 1. It is the personnel's responsibility to ensure it is handled correctly and available when needed. It is a sun and temperature sensitive prescription medication which has a lifespan of two (2) years.
 2. Personnel are expected to check the Naloxone kit regularly to ensure it is not expired and will contact the prescribing authority for replacement of an expired medication.
 3. In sections or divisions in which staffing is predominantly civilian, the intra-Nasal Naloxone kit will be issued to the section/division commander and stored in a location which is available to all trained personnel.
 4. Expired medications in kits shall be disposed of at any authorized Drug Take Back location.

IX. RECORD KEEPING

- A. The Plans, Training, Research & Development Section shall maintain a list of all department personnel who have been trained in the use of Naloxone. The PTR&D Section shall maintain a file showing each instance when Naloxone was used, by whom, and the outcome of the administration.


TIVOLI S. FAUMU
Chief of Police

Naloxone Administration Form

Administering MPD Personnel

Officer: _____ Report Date: ____/____/____

Related Incident #: _____ Time: _____

Location: _____

Victim/Subject

MPD Personnel Citizen

Name: _____ DOB: _____

Address: _____

Sex: Male Female

Ethnicity: Hispanic Non-Hispanic UNK

Race: Caucasian/White Afr. Amer/Black Asian Native American Other

Symptoms of Overdose (check all that apply):

Skin tone (blue/pale) Non-responsive Negative response to pain stimuli

Not breathing Other _____

Drugs present or suspected (check all that apply):

Heroin Codeine Morphine Fentanyl Oxycodone Methadone GHB

Alcohol Meth Cocaine/Crack Benzodiazepines, 'benzos' (Valium)

Other _____

How many doses of Naloxone were administered? 1 2

Did Victim/Subject survive overdose? Yes No Unknown

Medical Agency Responding: _____

Name of Medical Agency personnel notified of Naloxone treatment given:

Submitted: _____ / _____

Approved: _____ / _____