

**University of Maryland Department of Public Safety
Headquarters, Bldg 007
College Park, Maryland 20742-6811**

NOTICE: 16-0001

SUBJECT: Administration of Nasal Naloxone

EFFECTIVE DATE: April 13, 2016

ORDERED BY: David B. Mitchell
Chief of Police

Background

Prince George's County, as well as other counties throughout the State, has seen an increase in Heroin overdoses and Heroin related deaths. The University of Maryland Police Department will begin training all officers in the pre-hospital administration of nasal Naloxone, which is commonly known by the brand name Narcan. This training will be an addition to their current Law Enforcement Emergency Medical Care Course (LEEMCC) or MIEMSS First Responder training protocols. Naloxone has been successful in treating overdoses of Heroin and other opiates (Morphine, Fentanyl, oxycodone, as found in Oxycontin, Percocet, Percodan and hydrocodone as found in Vicodin) by EMS providers for years. The drug reverses the effects of an overdose. It is a scheduled drug, but has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm.

During an opiate overdose, a patient may suffer a disruption in normal breathing. In some cases breathing may stop altogether, quickly leading to death. Police Officers often arrive on the scene of overdoses before EMS personnel have arrived. Providing Naloxone to patrol officers will help save lives. The University of Maryland Health Center Medical Director will provide medical oversight over its use and administration.

Procedure

When a patrol officer arrives on the scene of a medical emergency prior to the arrival of Fire Department personnel, and determines that a patient is suffering from an opiate overdose, the officer should administer two milligrams of their supplied Naloxone to the patient by the way of their nasal passages. One milligram should be administered to each nostril.

The following steps should be taken:

1. Officers shall use universal precautions.
2. Officers shall conduct a medical assessment of the patient, to include statements made by witnesses regarding drug use.
3. If the officer makes a determination that there has been an opiate overdose, the naloxone

kit should be utilized.

4. If the first dose of naloxone is not effective in reversing the effects of the opiate overdose, a second dose will be administered.
5. Officers should be aware that reversal of an opiate overdose may cause projectile vomiting and/or violent behavior.
6. The patient should continue to be observed and treated as the situation dictates.
7. The treating officer shall inform incoming Fire Department Emergency Medical Services (EMS) personnel about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with a higher level of medical training.
8. Officers will help ensure the patient is transported to the hospital. If the patient will not go to the hospital voluntarily, then the emergency evaluation process will be initiated.
9. Officers will handle any criminal investigations as a result of the call for service.

Reporting

The treating officer will complete an incident report titled "Overdose." The administration of Naloxone will be described in the report.

Equipment

Naloxone will be stored in the Emergency Communications Center. A minimum of two patrol officers per shift will sign out and carry a storage container containing two 2 milligram doses of Naloxone Hydrochloride and a nasal atomizer during their shift. Officers will also be required to carry a storage container containing two 2 milligram doses of Naloxone Hydrochloride and a nasal atomizer during special events as designated by the Special Events Commander. Officers shall contact the UMPD Emergency Manager to replace those two items (medication and atomizer) after use. The Department will replace all medication and atomizers before expiration. The medication is temperature sensitive. It cannot be left in a vehicle for extended periods of time in cold or hot weather. Officers will remove the container from their vehicle during these times and keep the container in a temperature controlled environment.

Training

Initial training for all officers will be provided. Refresher training will occur every two years as part of the annual In-Service training.