

# Hamden Police Department General Orders

---

**Policy Number:** 024-032

**Effective Date:** March 14, 2018

**Section:** Patrol

**Rescinds:** None

**Title:** Naloxone Policy

**Approved By:** Police Commission

**Approval Date:** March 14, 2018

## PURPOSE

It is the purpose of this policy to provide Hamden Police Officers with guidelines to utilize Naloxone, commonly referred to as Narcan, in order to reduce fatal opioid overdoses.

## POLICY

The Hamden Department recognizes the potential need to provide immediate assistance to any person(s) who may be suffering from an opioid overdose. Members trained in accordance with this policy shall make every reasonable effort, to include the use of intranasal Naloxone, combined with airway management, to revive the victim of any apparent opioid overdose.

Naloxone will be kept on all uniformed services division person, booking/detention, property storage area and the vicinity of the front desk. The goal of the responding Officer(s) shall be to provide immediate assistance to potential victims of opioid overdose, via the use of intranasal Naloxone where appropriate, and notify the Hamden Fire Department through Central Communications.

## DEFINITIONS

Drug Intoxication- Impaired mental or physical functioning, as a result of the use of a physiological and/or psychoactive substance, i.e.; euphoria, dysphoria, apathy, sedation, attention impairment.

EMS- "Emergency Medical Services" that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.

MAD Device- "Mucosal Atomization Device"- Intranasal mucosal atomization device used to deliver a mist of atomized medication that is absorbed directly into a person's blood stream and directly into the brain and cerebrospinal fluid via the

## **Hamden Police Department General Orders**

---

nose to brain pathway. This method of medication administration achieves medication levels comparable to injections.

Naloxone- an opioid receptor antagonist and antidote for opioid overdoses produced in intramuscular, intranasal, or intravenous forms.

Narcan- 4mg/4ml prefilled syringes compatible with the intranasal mucosal automation device (MAD) for nasal rescue.

Opioids- Heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, oxycodone.

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.

### **Procedures**

#### **A. Training**

1. Prior to issue, all members of the Hamden Police Department shall be trained in the use of intranasal Naloxone.
2. The Field Training Officer (FTO) in conjunction with the Commander of the Professional Standards Division shall ensure that all recruits/probationary Officers receive training pertaining to responding to persons suffering from an apparent opioid overdose and the use of intranasal Naloxone.
3. The Commander of the Professional Standards Division shall ensure that personnel receive refresher training every two years, which may be done in conjunction with First Aid/CPR training.

#### **B. Issue of Intranasal Naloxone**

1. Each intranasal Naloxone kit shall include:
  - a. Instructions for administering intranasal Naloxone; prefilled syringe system.

## **Hamden Police Department General Orders**

---

2. All Hamden Police Department Officers are required to keep the intranasal Naloxone kit on their person at all times while on duty.
3. An intranasal Naloxone kit shall be kept in booking/detention.
4. An intranasal Naloxone kit shall be kept in the property storage area.
5. An intranasal Naloxone kit shall be kept in the vicinity of the front desk.

### **C. Use of Intranasal Naloxone**

1. If a member of the Hamden Police Department encounters the victim of what appears to be a drug intoxication from an apparent opioid overdose (excessive sleepiness, not responding to loud voices, inadequate or absent breathing, and cyanosis (patient appears blue) in a patient who possesses paraphernalia consistent with opioid use, has a history of overdose and/or a medical history consistent with opioid use, and shows symptoms of an overdose), the Officer shall:
  - a. Maintain universal precautions throughout the overdose incident.
  - b. Contact the Hamden Central Communications Division via police radio, and advise personnel of a possible opioid overdose and request a Hamden Fire Department/Emergency Medical Service response if a Hamden Fire Department/ Emergency Medical Service unit isn't already assigned to the incident.
  - c. Perform a patient assessment- check for unresponsiveness and vital signs, to include breathing and a pulse.
  - d. Check for medical alert tags (around wrist, neck or ankle; indicating pre-existing medical conditions).
  - e. Prior to the administration of intranasal Naloxone, Officer(s) on scene shall ensure the subject is in a safe location and remove any weapons, and any sharp or heavy objects, from the patient's immediate reach.

## **Hamden Police Department General Orders**

---

- f. Administer Naloxone using the approved MAD device. For adults and children, one (4) milligram of intranasal Naloxone per nostril. For infants and toddlers, half (1/2) a milligram of intranasal Naloxone per nostril.
  - g. If after five minutes of administering Naloxone, there is no improvement (victim remains unresponsive, no signs of breathing) and if available, one (1) additional dose of Naloxone may be administered.
  - h. Officers shall seize all illegal and/or non-prescribed narcotics / drug paraphernalia found on the victim or around the area of the overdose, and process the potential crime scene in accordance with Evidence and Property Management Section 16-02. All drug evidence / paraphernalia, including any drugs found or seized for destruction, require the completion of a JD-CR-18, unless seized pursuant to a search and seizure warrant.
2. Once used, the intranasal device is considered bio-hazardous material and shall be turned over to the Hamden Fire Department/Emergency Medical Service or hospital personnel for proper disposal, immediately following administration.

### **D. Reporting**

1. After Utilization of Naloxone, Officers shall:
  - a. Prepare an "Drug Overdose" case incident report that includes a description of the individual's condition, behavior, the fact Naloxone was administered, medical response, hospital transport and any narcotics seized. The case incident report should be classified as "Drug Overdose".
  - b. Supervisors will forward a copy of the case incident report to the Commander of the Professional Standards Bureau for tracking purposes.
  - c. The Commander of the Professional Standards Bureau will forward these reports to the appropriate governing body as needed.

## **Hamden Police Department General Orders**

---

- d. A written report will be submitted to the Hamden Fire Department for inclusion in the patients' medical record. The report shall contain the following information: arrival time, vitals, time and date Naloxone was administered, officer that administered the Naloxone and Call For Service number.

### **E. Storage and Replacement**

1. Inspection of the intranasal Naloxone kit shall be the responsibility of the officer and shall be conducted on each scheduled shift.
2. Officers shall check the expiration date found on either the box or vial;
3. Intranasal Naloxone, when feasible, will be stored in accordance with the manufacturer's instructions to avoid extreme cold, heat, and direct sunlight.
4. During periods of adverse weather temperatures, Naloxone kits will be stored in designated areas within the police facility.
5. Naloxone kit(s) that are missing, damaged, or expired will be reported to the Training Officer.
6. Requests for replacement intranasal Naloxone kit(s) shall be made to the Training Officer.

### **F. Provisions**

1. In accordance with (C.G.S 52-557b(b) Connecticut Good Samaritan Law:
  - a. A paid or volunteer firefighter or police officer, a teacher or other school personnel on the school grounds or in the school building or at a school function, a member of a ski patrol, a lifeguard, a conservation officer, patrol officer or special police officer of the Department of Environmental Protection, or emergency medical service personnel, who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health

## **Hamden Police Department General Orders**

---

offering the course, and who renders emergency first aid to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency first aid, which may constitute ordinary negligence. No paid or volunteer firefighter, police officer or emergency medical service personnel who forcibly enters the residence of any person in order to render emergency first aid to a person whom such firefighter, police officer or emergency medical service personnel reasonably believes to be in need thereof shall be liable to such person for civil damages incurred as a result of such entry. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

2. In accordance with C.G.S. 21a-279 and 21a-267, the provisions of subsections (a) to (c), inclusive, of that section shall not apply to any person any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the possession or control of a controlled substance in violation of subsection (a), (b) or (c) of this section was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search.