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| <b>FRAMINGHAM POLICE DEPARTMENT</b>                      |                                                                                                  | Next Review Date:<br>Annually                                                        |
| <b>Subject: Nasal Naloxone</b>                           |                                                                                                  | Effective Date:<br>02/02/18; Rev. 12/01/22                                           |
| <b>Category: 100 - Operations</b>                        |                                                                                                  | Expiration Date:<br>Indefinite                                                       |
| MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: |                                                                                                  | <b>POLICY</b><br><b>100-37</b>                                                       |
| Distribution:<br><br>Police Department                   | <b>Issuing Authority</b><br><i>Lester Baker</i><br><b>Lester Baker</b><br><b>Chief of Police</b> |  |

## Background

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and nonfatal overdose can result from the abuse of opiates. Naloxone, commonly known by the brand-name Narcan®, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug with minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. To reduce the number of fatalities which can result from opiate overdoses, the Framingham Police Department will train its officers in the proper pre-hospital administration of nasal naloxone.

In order to implement a safe and responsible nasal naloxone plan, the Department will establish and maintain a professional affiliation with a Medical Control Physician (MCP) who will provide medical oversight over its use and administration. The Medical Control Physician shall be licensed to practice medicine within the Commonwealth of Massachusetts. At his or her discretion, he or she may make recommendations regarding the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Department. In order to implement this policy the

Framingham Police Department relies upon the following statutes:

- A. M.G.L. c. 94C, § 34A which states that "a person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose." The statute imposes no limitation on who may possess and administer nasal naloxone, and only requires that it is (1) obtained with a prescription and (2) administered in good faith.
- B. M.G.L. c. 94C, § 19 which states that Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice."
- C. M.G.L. c. 94C, § 7 which states that "any public official or law enforcement officer acting in the regular performance of their official duties" shall not require registration and may lawfully possess and distribute controlled substances.
- D. M.G.L. 258C, § 13 which states that "No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or emissions constitute willful, wanton or reckless conduct."

## Definitions

Opiate: An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depresses activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) and hydrocodone (Vicodin®).

Naloxone: Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan®.

Medical Control Physician: The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical Doctor who is licensed to practice medicine in Massachusetts. The Framingham Police Department shall maintain an affiliation with the MCP.

# Policy

Naloxone will be contained within each AED pelican case or equivalent authorized container that will be placed in all marked Department vehicles for the treatment of drug overdose victims between April 1-October 31 and handed out by supervisor with cruiser keys between November 1- March 31 at the start of the shift. Two officers shall be dispatched to any call that relates to a drug overdose. The goal of the responding officers shall be to provide immediate assistance via the use of naloxone where appropriate, to provide any treatment commensurate with their training as first responders, to assist other EMS personal on scene.

## I. Procedure

A. When an officer of the Framingham Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS, and has made a determination that the patient may be suffering from an opiate overdose, the responding officer should administer two milligrams of naloxone to the patient by way of the nasal passages. One milligram should be administered to each nostril.

The following steps should be taken:

1. Officers shall use universal precautions.
2. Officers should conduct a medical assessment of the patient, to include taking into account statements from witnesses and/or family members regarding drug use.
3. If the officer makes a determination that there may have been an opiate overdose, the naloxone kit should be utilized.
4. When using the 4mg single dose naloxone nasal spray the officer shall tilt the person's head back, hold the naloxone device with their thumb on the bottom of the plunger, and put their first and middle fingers on either side of the nozzle. They then gently insert the tip of the nozzle into one nostril. Press the plunger firmly with their thumb to give the dose, then remove the device from the nostril.
5. When using the 4mg single dose naloxone nasal mist naloxone device the officer should assure the mist adapter is attached to the naloxone to administer a one-milligram intro-nasal dose of naloxone to each nostril for complete dosage of two milligrams.
6. The patient should continue to be observed and treated as the situation dictates. After administering naloxone, the officer should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and or violent behavior.

7. The treating Officer shall inform incoming EMS 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 training,
8. Persons who have suffered an opiate overdose who have been administered Naloxone shall be transported by EMS to a medical facility.

## **II. Reporting**

- A. A complete incident report of the event shall be completed by the treating officer or the primary responding officer prior to the end of his/her shift.
- B. The Massachusetts Department of Public Health (MDPH) First Responder Naloxone Report Form must also be completed and turned in with report.

## **III. Equipment and Maintenance**

- A. It shall be the responsibility of officers to inspect naloxone kits stored in the AED case (April 1-October 31) and when given out with cruiser keys between (November 1-March 31) prior to the start of each shift to ensure that the kits are intact. Damaged equipment shall be reported to a shift supervisor and/or commanding officer immediately.
- B. The Department's Naloxone instructor will maintain a written inventory documenting the quantities and expirations of naloxone placement supplies, and a log documenting the issuance of replacement units.

## **IV. Replacement**

- A. In the event naloxone needs to be replaced see a member of the CPR/First Aid training unit. The department has replacement naloxone within the building under CPR/First Aid training unit control.

## **V. Training**

- A. Officers shall receive a standard training course administered by the Department prior to being allowed to carry and use naloxone. The Department shall provide refresher training every two years.

## **VI. Good Samaritan**

- A. Pursuant to G.L. c. 94C § 34A, officers shall not arrest, summons, or otherwise charge any person for possession of a controlled substance if the evidence for the charge was gained as a result of a subject seeking medical assistance in

good faith for a drug-related overdose. This includes the subject who is:

1. Experiencing the drug-related overdose, and/or
2. Requesting the medical assistance. However, officers are not prohibited from charging anyone with trafficking, distribution, or possession with intent to distribute offenses.