

Geneva Police Department GENERAL ORDERS		Administration and Maintenance of Intranasal Naloxone	
<input type="checkbox"/> new: <input checked="" type="checkbox"/> rescinds: Policy & Procedure <input type="checkbox"/> amends:		cross-reference Accreditation/Recognition standards: C.A.L.E.A.: NYS L.E.A.P.:	
effective date: 12.1.14	issue/amend date: 4.30.20		

I. PURPOSE	The purpose of this General Order is to establish and describe guidelines and regulations governing the utilization of naloxone by trained personnel within the Geneva Police Department. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when the Geneva Police Department is the first to arrive at the scene of a suspected overdose.
II. POLICY	Members of the Geneva Police Department may possess and administer naloxone as long as they have been trained consistent with New York State Public Health Law §3309 and the regulations in §80.138 of Title 10 of the New York Codes, Rules and Regulations. The New York State Division of Criminal Justice Services and the New York State Department of Health training curriculum meet this standard. New York State Public Health Law §3309 provides protection for non-medical individuals from liability when administering naloxone to reverse an opioid overdose.
III. DEFINITIONS	<p>A. 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 activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone, OxyContin®, Percocet®, and hydrocodone (Vicodin®).</p> <p>B. 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®.</p> <p>C. Overdose Rescue Kit-At minimum should include the following:</p> <ol style="list-style-type: none"> 1. One (1) single use prefilled 4mg Naloxone Nasal Spray dose, within their manufacturer package with their assigned expiration date. <p>D. Personal Overdose Rescue Kit-At minimum should include the following:</p> <ol style="list-style-type: none"> 1. One (1) single use prefilled 4mg Naloxone Nasal Spray dose, within their manufacturer package with their assigned expiration date. 2. One (1) single use prefilled 4mg Naloxone Nasal Spray dose, within their manufacturer package with their assigned expiration date will be kept in the glove box of each patrol vehicle.

IV. PROCEDURES

A. Deployment

1. The Chief of Police will identify an individual to be the coordinator for the naloxone administration program: Responsibilities will include:
 - a. Maintaining training records for personnel;
 - b. Assuring the supply, integrity and expiration dates of the Overdose Rescue Kits and;
 - c. Assuring the maintenance of the administration records.
2. The Geneva Police Department will ensure the officers carrying or having access to Overdose Rescue Kits are trained in the use of the naloxone.
3. Refresher training should occur at minimum biennially and consist of familiarity with the assembly of the Overdose Rescue Kit and the effective administration and maintenance of naloxone.

B. Naloxone Use

1. Officers will request an ambulance to respond to scene where the aided is in a potential overdose state.
2. Officers should use universal precautions and protections from blood borne pathogens and communicable diseases when administering naloxone.
3. Officers will determine need for treatment with naloxone by evaluating the aided: if the aided is unresponsive with decreased or absent respirations they should administer naloxone following the established training guidelines.
4. Once the assessment of the aided is complete; which should include, but may not be limited to determining unresponsiveness and other indicators of opioid involved overdose, each officer will administer the medication from the Overdose Rescue Kit following the established training guidelines.
5. Officers will use proper tactics when administering naloxone; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
6. Officers will remain with the aided until EMS personnel arrive.
7. Officers will inform EMS personnel upon their arrival that naloxone has been administered.
8. Dispose of the used Narcan device (plastic tube, Narcan ampule, nasal cone) into trash receptacle, unless the individual being aided passed away and, if that should occur, preserve the Narcan device and submit as evidence.

**IV. PROCEDURES
(cont.)**

C. Maintenance/Replacement of Naloxone

1. Overdose Rescue Kits will be carried in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
2. Used, lost, damaged, or expired Overdose Rescue Kits will be replaced according to policy.
3. Expired naloxone will be:
 - a. Maintained by the agency for use in training; or
 - b. Properly disposed of according to agency policy

D. Documentation

1. Following naloxone administration, the officer shall **WILL** fax a NYS Public Safety Naloxone Quality Improvement Usage Report to the New York State Department of Health.
2. In addition to the NYS Quality Usage Report, officers will complete an incident report outlining the facts and circumstances surrounding the event.

Approved By

MICHAEL J. PASSALACQUA
CHIEF OF POLICE