

	KENOSHA POLICE DEPARTMENT				
	POLICY AND PROCEDURE				
	83.2 Administration of Naloxone				
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I. PURPOSE

The purpose of this policy is to guide officers in the administration of Naloxone which is a medication used to counter the effects of opiate and opioid overdoses.

II. POLICY

The Kenosha Police Department will train its members in the proper administration of Naloxone should an exposure occur while processing evidence or Police Canine exposure.

- A. Officers of the Kenosha Police Department shall be trained in cardiopulmonary resuscitation (CPR) and the administration of Naloxone to an officer suspected of experiencing an opioid overdose or Police Canine if applicable.
- B. Officers shall preserve evidence for any resulting criminal or non-criminal investigation.

Note: According to Wis. Stat. § 256.40(3)(b), a law enforcement officer or fire fighter who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers naloxone or another opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person, if the law enforcement officer or fire fighter is acting pursuant to an agreement and any training obtained under Wis. Stat. § 256.40(3)(a).

III. DEFINITIONS

A. OPIATE/OPIOID

Opiates and opioids (hereinafter referred to as “opioids”) are drugs that are derived from opium or its derivatives, or other classes of drugs that mimic opium derivatives. Legally administered opioids, such as morphine, methadone, oxycodone, and hydrocodone, are narcotics most often used to treat pain and opioid addiction. Some commonly encountered opioid trade names include Methadone, Demerol, Vicodin, OxyContin, Percocet, and Percodan. Overdoses of opioids and illicit street drugs, such as heroin, can result in severe depression of central nervous system activity and lead to death.

B. OPIOID OVERDOSE

According to Wis. Stat. § 256.40(1)(d), an opioid-related drug overdose is “a condition including extreme physical illness, decreased level of consciousness, respiratory depression,

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coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.”

C. NALOXONE

Is a medication that acts as an opioid antagonist and counters the effects of opioid overdoses. It is marketed under the trade name Narcan.

IV. PROCEDURES FOR ADMINISTERING NALOXONE

- A. Officers shall assess for available indicators of a potential opioid overdose, including but not limited to, a witnessed event in the Property/Evidence room.
- B. Officers trained in CPR and the administration of Naloxone shall assess potential overdose victims or K9 to determine if they are in respiratory/circulatory distress related to opioid use, and should administer Naloxone if they reasonably believe a person or K9 to be undergoing an opioid overdose. Respiratory/circulatory distress is characterized by the presence of one or more of the following: shallow, ineffective, or labored breathing, blue or purple (cyanotic) skin coloration, and faint, ineffective, or absent pulse.
- C. Officers believing that a person or K9 is undergoing an opioid overdose shall use universal precautions to protect themselves from pathogens and communicable diseases. Applicable precautions include:
 1. Wearing gloves to prevent contact with bodily fluids or potentially contaminated items.
 2. Using protective equipment such as an airway mask and safety glasses to protect against airborne exposure to synthetic opioids such as “Fentanyl” and “Carfentanil”.
 3. Using caution when handling needles and sharp instruments.
 4. Washing hands immediately after gloves are removed.
 5. Thoroughly and immediately washing skin if contaminated with bodily fluids or other potentially harmful materials.
 6. Contacting a supervisor and seeking medical care upon experiencing a significant exposure to bodily fluids or other potentially harmful substances.

WARNING

Since fentanyl can be ingested orally, inhaled through the nose or mouth, absorbed through skin or eyes any substance suspected to contain fentanyl should be treated with extreme caution as exposure to a small amount can lead to significant health-related complications, respiratory depression or death.

D. Officers administering Naloxone should:

- **C**all for KFD Rescue.
- **S**timulate- Try and arouse the subject by shouting, shaking, or a sternum rub.
- **A**irway- Check mouth and throat for visual obstruction and remove as necessary. Open airway utilizing head tilt/chin lift and look, listen, and feel for breathing and chest rise.
- **R**escue CPR- If the individual is not breathing, assess for a pulse. If no pulse is detected, perform chest compressions in accordance with American Heart Association guidelines.

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- **Evaluate**- If the person has responded/begun breathing, place in the recovery position; if not, proceed to next step.
 - **Mucosal-Nasal Injection** - Assemble syringe and mucosal atomizers, and administer approximately a 0.5 milliliter dose of naloxone in one nostril.
 - **Evaluate Again**- If there is no change in responsiveness and breathing, continue chest compressions for 3-5 minutes. If still no change, administer second dose of naloxone.
- D. Upon the arrival of other EMS personnel (e.g., emergency medical technician, paramedic), officers shall immediately report that they have administered Naloxone, the approximate time of dosage, and the number of doses administered.
- E. Used naloxone syringes, vials, and nasal atomizers are considered hazardous materials and should be disposed of in hazardous materials containers, which can be found in the Property/Evidence packaging area, ambulances and medical facilities.

V. **DOCUMENTATION AND REPORTING**

- A. Officers shall notify a supervisor as soon as practicable that they have administered Naloxone and a supervisor shall respond to the scene.
- B. Officers who have experienced an exposure shall document the nature of the incident, the use of Naloxone, and their observations of the officer before and after the administration of the drug. Officers shall also complete the Law Enforcement Report to the Prescription Drug Monitoring Program form. The Kenosha County Health Department shall be contacted so a First Responder Naloxone Use Field Report can be completed.

VI. **STORAGE, MAINTENANCE, AND REPLACEMENT (Specific to Canine Officers)**

Naloxone is perishable and, therefore, must be stored properly to maintain its effectiveness.

- A. Naloxone kits shall be stored in suitable locations as determined by commanding officers. The drug must maintain a consistent temperature when not in use, between 58-86 degrees Fahrenheit, and unboxed vials cannot be stored in direct light.
- B. Officers shall notify a supervisor of any damaged Naloxone vials or syringes that are rendered unusable. Supervisors shall document and photograph the damaged units, and contact the Kenosha County Health Department for replacements and notification. The damaged vials can properly be disposed in hazardous materials containers, which can be found in ambulances and medical facilities.