

**OVERDOSE PREVENTION AND EDUCATION PROGRAM**

**CODIFIED:** 104.1  
**EFFECTIVE:** 1/20/17  
**RESCINDS/AMENDS:** New  
**PAGES:** 4

**PURPOSE**

The purpose of this policy is to establish broad guidelines and regulations governing the utilization of Naloxone by trained officers within the Santa Fe Police Department under the medical authority of a standing order, a medical officer and licensed prescriber. The objective is to treat and reduce the severity of injuries and fatalities due to opioid-involved overdoses when officers are the first to arrive at the scene of a suspected opioid overdoses.

**DISCUSSION**

Officers responding to opioid emergencies tend to arrive on scene prior to Emergency Medical personnel approximately ten percent of the time. The ability to save one life while ensuring the safety of all citizens of the City of Santa Fe is a priority.

**POLICY**

It is the policy of the Santa Fe Police Department that all officers shall assist any person(s) who may be suffering from an apparent opioid overdose should officers arrive on site prior to emergency medical responders. Officers are required to complete a Santa Fe Police Department approved training on Naloxone for law enforcement and maintain current record of training completion. All usage of Naloxone shall be documented appropriately.

**REFERENCES**

- A. Sections 24-23-1 and 24-23-2, NMSA, 1978
- B. Rule 7.32.7 NMAC, "Authorization to Administer Opioid Antagonists"

**DEFINITIONS**

- A. **Opioid** – Means any substance containing or derived from opium including, but not limited to morphine and heroin, and any morphine-like synthetic narcotic that produces the same effects as substances derived from the opium poppy.
- B. **Opioid Antagonist** – Means a drug approved by the federal food and drug administration that, when administered, negates or neutralizes in whole or in part the pharmacological effects of an opioid in the body. "Opioid Antagonist" shall be limited to Naloxone or other like medications that are indicated for use in reversing an opioid overdose and are approved by the department for such purpose.
- C. **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®.
- D. **Licensed Prescriber** – Means any individual who is authorized by law to prescribe an opioid antagonist in the state. The Santa Fe Police are covered under a "Standing Order".
- E. **Standing Order** – Means a licensed prescriber's instruction or prescribed procedure that is either patient specific or non-patient specific that can be exercised by other persons until changed or cancelled by a licensed prescriber.
- F. **Overdose Prevention and Education program (OPE)** – Means any law enforcement agency that has registered with the department of health in accordance with department rules and uses an approved department curriculum to teach overdose prevention and opioid antagonist administration.

- G. **Overdose Response Educator** – The Santa Fe Police Department employee who manages the Overdose Prevention and Education program (OPE).
- H. **Trained Targeted Responder** – A person who is trained by overdose response educators to possess and administer an opioid antagonist to a person who is experiencing an opioid overdose, and has completed the trained targeted responder curriculum.
- I. **Intra-nasal Narcan® Kit:** Should include the following:
1. Two (2) prefilled nasal atomizer devices without needles, each containing 4 mg of Narcan® in .10 ml of solution, and within their manufacturer assigned expiration dates.
  2. Instructions on overdose response and Narcan® administration
- B. Narcan® will be provided in a clearly marked kit for intranasal administration. Each intranasal Narcan® kit shall include:
1. Two (2) prefilled nasal atomizer devices without needles, each containing 4 mg of Narcan® in .10 ml of solution, and within their manufacturer assigned expiration dates.
  2. Instructions on overdose response and Narcan® administration
- C. All officers are required to maintain the intranasal Narcan® kit and Cardiopulmonary Resuscitation (CPR) face mask in their assigned vehicle at all times while on duty.
- D. The Santa Fe Police Department will deploy its intra-nasal Narcan® kits in the following primary locations:
1. Each patrol unit (One)
  2. Police Headquarters

## PROCEDURE

### 104.1.1 Training:

- A. Prior to issuance of the Narcan® kit, officers shall be trained in opioid overdose recognition and response, including the administration of intra-nasal Narcan®, by a trainer approved by the New Mexico Department of Health.
- B. Officers shall receive a refresher training every year, which may be done in conjunction with First Aid/Cardiopulmonary Resuscitation (CPR).
- C. The Chief of Police shall designate a member of the department to serve as the Overdose Response Educator responsible for managing the SFPD Overdose Prevention and Education program.

### 104.1.2 Issuance:

- A. Narcan® kits will be issued to SFPD officers, as trained targeted responders, under the Standing Order of a Licensed Prescriber.

### 104.1.3 Overdose Response and Use of Narcan

- A. Ensure scene safety for yourself and other first responders. When Narcan® is administered, patients may become aggressive.
- B. When using the intra-nasal Narcan® kit, officers shall adhere to universal precautions and follow the overdose response procedure as directed by this policy and the trained targeted responder curriculum:
  1. Patient Assessment: Determine non-responsiveness, absence or difficulty breathing and/or pulse.
  2. Update dispatcher on potential overdose (Dispatcher will activate Emergency Medical Services).
  3. Administer first vial of intranasal Narcan® in one nostril.
  4. If after 2-3 minutes of administering first 4 mg dose of Narcan®, there is no improvement (victim remains unconscious, no independent breathing) administer second 4 mg dose of Narcan®.

5. If the individual remains non-responsive following administration of second vial of Narcan®, consider initiating CPR.
6. All subjects who are given Narcan® will require assessment by Emergency Medical Services (EMS) regardless of mental status.
7. The used intranasal Narcan® device(s) shall be properly disposed of by giving them to responding EMS personnel.

**104.1.4 The Overdose Response Educator shall:**

- A. Identify a licensed prescriber and medical officer to oversee the Overdose Prevention and Education program (OPE);
- B. Select and identify officers as trained targeted responders;
- C. Maintain Overdose Prevention and Education program (OPE) records for all trained targeted responders while they are active in the program, and for at least three (3) years thereafter;
- D. Maintain Overdose Prevention and Education program (OPE) records, including opioid antagonist inventory records, trained targeted responder training records, and opioid antagonist usage records;
- E. Ensure that all targeted responders complete the targeted responder curriculum, recommended by the Department of Health;
- F. Provide evidence of coordination of the Overdose Prevention and Education program (OPE) with local EMS services and emergency dispatch agencies, including 911 dispatch agencies;
- G. Register the Overdose Prevention and Education program (OPE) with the New Mexico Department of Health using the format outlined in *NMAC 7.32.7.12*;
- H. Report all administrations of an opioid antagonist to the New Mexico Department of Health, Santa Fe Prevention Alliance, and the medical officer using the reporting format outlined in the *Naloxone Use Report (Attachment A)*;
- I. Assist the medical officer with quality assurance review of all opioid antagonist administrations;
- J. Ensure that the opioid antagonist is maintained and stored in accordance with the manufacturer's guidelines;
- K. Notify the local EMS of the activation and existence of the opioid antagonist administration program. The notification shall include:
  1. The name of the Overdose Prevention and Education program (OPE) Overdose Response Educator;
  2. The name of the licensed prescriber;
  3. The location of the program;
  4. The telephone number to reach the Overdose Response Educator; and
  5. A copy of approved protocols.
- L. Notify the local EMS in the event that the Overdose Prevention and Education program (OPE) stops or cancels its operations;
- M. Maintain a list of trained targeted responders

**104.1.5 Trained Targeted Responders Shall:**

- A. Complete the approved, targeted responder curriculum which shall be recommended by the Department of Health;
- B. At least every year, in association with CPR training, complete a refresher training course from a Department of Health recommended training program;
- C. Activate the EMS during any response to a victim of suspected opioid overdose, and advise that an opioid antagonist is being used;
- D. Comply with this directive and approved protocols for response to victims of suspected opioid overdose;
- E. Educate victims and family at the scene of an opioid overdose about obtaining Naloxone through insurance and Medicaid if available.

- F. Report all responses to victims of suspected drug overdose to the agency’s Overdose Response Educator. After Narcan® has been administered; the trained targeted responder shall complete the *Naloxone Use Report* and forward it through their chain of command to the Overdose Response Educator and complete an Offense Incident Report; and,
- G. Ensure that the opioid antagonist drugs and other supplies are maintained and used in accordance with the manufacturer’s guidelines, and inspect the opioid antagonists’ drug expiration date at least monthly.

- C. Missing, damaged or expired Narcan® kit(s) will be reported directly to the on-duty commander. The on duty commander will then report the issue to the Overdose Response Educator for replacement.
- D. Requests for replacement Narcan® kit(s) will be submitted to the Overdose Response Educator.
- E. Supervisors shall conduct inspection of the Narcan® kits on a **monthly** basis and denote the equipment’s condition in the vehicle inspection report.
- F. If one (1) dose in a kit is administered during the normal course of duty a replacement kit will be requested. A complete kit will be considered a kit with two (2) full doses (Narcan® nasal atomizer devices) and instructions on overdose response and Narcan® administration.

**REPORTING**

**104.1.6 Reporting:**

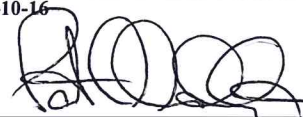
After utilization of Narcan®, officers will:

- A. Prepare a “Naloxone Usage Report” to include a description of the individual’s condition, behavior, and the deployment of Narcan®.
- B. The above reports shall be reviewed and approved according to standard operating procedures and a copy will be submitted for review by the Overdose Response Educator. A copy of the report shall be submitted to the Department of Health by the 10<sup>th</sup> day of the month following the month in which the opioid antagonist was administered
- C. Complete an Offense Incident Report.

**Attachments:**

- A. Santa Fe Police Department Naloxone Usage Report
- B. Overdose Response with Naloxone Flow Chart Graphic

DRAFTED(jdl)/11-10-16

APPROVED:   
**PATRICK GALLAGHER**  
 Chief of Police

**MAINTENANCE AND REPLACEMENT**

**104.1.7 Maintenance and Replacement**

- A. Inspection of the intranasal Narcan® kit shall be the responsibility of each officer and shall be conducted each **month**.
  - 1. Check the lot number and expiration date found on the box.
- B. Narcan® will be stored in their issued storage containers to avoid extreme cold, heat and direct sunlight.

DATE: 1/20/17



**Santa Fe Police Department  
NALOXONE USAGE REPORT**

<b>Incident Information</b>				
Date of overdose:		Arrival time of officer:		
Time naloxone administered:		Was EMS called?	Yes	No
Amount of naloxone used:		Arrival time of EMS:		
Was naloxone administered by anyone else at the scene?		Yes	No	
(check all that apply)		EMS	Bystander	Other (specify):
Was the individual resuscitated?		Yes	No	
Was rescue breathing performed?		Yes	No	
List all type(s) of drug(s) used by subject (if known):				
Estimated distance from nearest emergency department (Circle one of following):				
0 to 5 miles		5 to 10 miles		10-15 miles
				> 15 miles
Clinical disposition of overdose incident (if known):		Person OK		EMS
Emergency Room		Hospitalization		Deceased
				Unknown
Zip code where overdose occurred:				
County where overdose occurred:				
City where overdose occurred:				
<b>Subject Information (if known)</b>				
Name of person who was administered naloxone:				
Address:				
Date of birth:		Telephone #:		
Gender:		Male	Female	Unknown
On Medicaid?		YES	NO	
<b>Transportation of Subject</b>				
Was the person transported to a clinical facility?		Yes	No	
Transporting ambulance #:				
Destination clinical facility:				
<b>Agency Information</b>				
Name of Officer who administered naloxone:				
Officer Employee ID:				
Name of Agency: <i>Santa Fe Police Department</i>				
Agency case #:				

## **SFPD Overdose Response with Naloxone**

**Determine non-responsiveness,  
absence or difficulty breathing**

**Update dispatcher on potential  
overdose (Call for EMS)**

**Administer first vial of naloxone**

**Still non-responsive after 2-3 minutes,  
administer second vial of naloxone**

**If individual continues non-responsive,  
consider initiating CPR Protocol**

**Hand off to Emergency Medical Services  
for mandatory assessment and follow up**