


MELROSE POLICE DEPARTMENT		Department Manual: Policy No. 1.25
Subject: ADMINISTRATION OF NASAL NALOXONE by MPD Personnel		
• MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: Narcan Storage		GENERAL ORDER 16-01
Effective Date: August 12, 2016 Ref. M.G.L c94C, §34A, M.G.L. c.94C, §19, M.G.L. c.94C, §7, M.G.L. 258C, § 13. Revised: January 25, 2021	Issuing Authority <i>Michael L. Lyle</i> Michael L. Lyle Chief of Police	

BACKGROUND:

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and nonfatal overdoses can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin®, Percocet® and Percodan®, and hydrocodone as found in Vicodin®.

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, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

To reduce the number of fatalities which can result from opiate overdoses, the Melrose Police Department has made a commitment to train all sworn personnel in the proper 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) from the Melrose/Wakefield Hospital who will provide medical oversight regarding its use and administration. The Medical Control Physician (MCP) shall be licensed to practice medicine within the Commonwealth of Massachusetts. At his or her discretion the MCP may make recommendations regarding

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the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Department.

The Melrose Police Department shall adhere to the language outlined in the following statutes at all times:

- **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.
- **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.”
- **M.G.L. c. 94C, § 7** which states that “any public official or law enforcement officer acting in the regular performance of his official duties” shall not require registration and may lawfully possess and distribute controlled substances.
- **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 omissions constitute willful, wanton or reckless conduct.”

DEFINITIONS:

1. **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 depress activity of the central nervous system, reduce pain, and induces sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) and hydrocodone (Vicodin®).
2. **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®**.
3. **Medical Control Physician (MCP):** The Medical Control Physician, hereinafter referred to as MCP, shall be a designated Medical Doctor who is licensed to practice medicine in Massachusetts. The Melrose Police Department shall maintain an affiliation with the MCP.

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POLICY:

Naloxone will be deployed in all marked Melrose Police Department vehicles inside an insulated bag with specified cruiser number and attached to cruiser AED for the treatment of drug overdose victims. In accordance with a First Responder Response a Patrol Unit shall be dispatched to any call that relates to a drug overdose. The goal of the responding officer(s) shall be to provide immediate assistance via the use of naloxone when appropriate, to provide any treatment commensurate with their level of training as first responders, to assist other EMS personnel that may be on scene, and to handle any resulting criminal investigations that may exist.

PROCEDURE:

When an officer of the Melrose Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS and reasonably believes that a patient is suffering from a drug overdose that may include an opiate derivative the naloxone kit should be utilized and the responding officer(s) should administer four milligrams of naloxone to the patient by way of the nasal passages. Four milligram should be administered to one nostril. If after two to three minutes and there is no response, another four milligrams can be administered in the opposite nostril. If after two to three minutes and there is no response another four milligrams can be administered in the opposite nostril repeated every two-three minutes until the person responds or medical help arrives.

The following additional steps shall be taken:

1. Officers should use universal precautions wearing non-latex hypo-allergenic gloves or suitable substitute.
2. Officers shall conduct a medical assessment of the patient to include taking into account statements from witnesses and/or family members regarding prior or a history of drug use.
3. If the officer makes a determination that there has been an opiate overdose, the naloxone kit should be utilized.
4. Hold the Narcan Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle. Tilt the persons head back (providing support under the neck) gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the persons nose. Press the plunger firmly to give the dose of Narcan Nasal Spray.
 - a. Note: Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.

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5. The patient should continue to be observed and treated as the situation dictates.
6. 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 (i.e., EMT or Paramedic).

REPORTING:

A complete and accurate **INCIDENT REPORT** of the medical overdose event shall be completed by the treating officer, or the primary responding officer, prior to the end of his shift. Officers using naloxone shall fill out the **MDPH First Responder Naloxone Report Form**. In addition, a copy of the First Responder Form shall be submitted to the MSO and The Melrose Police Department liaison to The Melrose/Wakefield Hospital.

EQUIPMENT AND MAINTENANCE:

It shall be the responsibility of the officers assigned to their respective marked units on a given shift to inspect the naloxone kits to ensure their presence; to ensure the kits are intact and that they are attached to AED Unit prior to the start of each shift. Naloxone kits and AED shall be inspected and officers will ensure the green light is showing on the AED, which indicates that they have a proper charge. AED's shall be returned at the end of each shift with Naloxone Kits to the storage shelf/locker located in the main hallway of the police station.

Damaged, defective or used equipment shall be reported to the Patrol Supervisor by officers immediately upon discovering deficiencies.

The Department's Medical Services Officer will maintain a written inventory documenting the quantities and expirations of naloxone replacement supplies, and a log documenting the issuance of replacement units.

REPLACEMENT:

The Patrol Supervisors shall make every reasonable effort to immediately replace naloxone kits that have been used during the course of a shift.

TRAINING:

Officers shall receive a standard training course administered by the MCP prior to being allowed to carry and use naloxone. The Melrose Police Department shall provide refresher training to all personnel every two (2) years. This training can be done VIA "Video and Roll Call Training".