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| Policy #Use of Intranasal Naloxone | Related Policies:  |
| *This policy is for internal use only and does not enlarge an employee’s civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third-party civil claims against employees. A violation of this policy, if proven, can only form the basis for internal discipline and/or criminal charges.* |
| Applicable State Statutes:  |
| KACP Accreditation Standard:  |
| Date Implemented: | Revision Date: May 1, 2025 |

1. **Purpose:** The purpose of this policy is to provide sworn officers with guidelines, instructions, and procedures to utilize naloxone to reduce fatal opioid overdose.
2. **Policy:** It is the policy of this agency to provide assistance to any person (s) who may be suffering from an opioid overdose. Officers trained in accordance with this policy and the provisions of Kentucky law should make every reasonable effort to use naloxone to revive victims of any apparent drug overdose.
3. **Definitions:**
	1. **EMT:** Emergency Medical Technician (EMT) - Medical care rendered by EMT practitioners, which ensures the provision of emergency medical assistance in the field for those persons suffering from an illness or injury.
	2. **Naloxone:** An opioid receptor antagonist and antidote for opioid overdose which is produced in intramuscular, intranasal, or intravenous forms. Use NARCAN® (naloxone hydrochloride) nasal spray for known or suspected opioid overdose in adults and children.
	3. **Opioid:** An opioid is a psychoactive chemical pain medication such as fentanyl, morphine, heroin, buprenorphine, codeine, hydrocodone, methadone, or oxycodone.
	4. **Universal Precautions:** An approach to infection control whereby all human blood and human body fluids are treated as if they were known to be infectious for HIV, HBV, and other blood-borne pathogens. The use of PPE for the purposes of this policy is a highly recommended best practice.
4. **Signs of Overdose:** A person who has overdosed may:
	* 1. Be breathing very slowly or not breathing.
		2. Have blue or purplish lips or fingernails.
		3. Be limp.
		4. Pinpoint pupils.
		5. Be vomiting or gurgling.
		6. Not wake up or respond if you try to rouse him.
5. **Issuance of Naloxone:**
	1. Naloxone for intranasal use should be issued to designated personnel. Each kit will include:
		1. Instructions for administering intranasal naloxone.
		2. Two single-use dose delivery devices.
6. **Procedure:**
	1. Officers shall receive appropriate training, based upon the manufacturer’s recommendations, on responding to persons suffering from an apparent opioid overdose and the use of naloxone prior to being issued an intranasal naloxone kit and/or being authorized to administer naloxone.
	2. Officers will not discriminate against any person in the decision to use naloxone.
	3. With general officer safety considerations being paramount, whenever an officer encounters a person who appears to be the victim of a drug overdose, the officer should:
		1. Maintain universal precautions throughout the event.
		2. Contact and advise the dispatcher of a possible overdose and request an EMS response.
		3. Keep the dispatcher apprised of the condition of the overdose victim.
		4. Perform an assessment of the victim, checking for unresponsive and decreased vital signs.
		5. Check for Medic Alert tags or the like, which may indicate a pre-existing medical condition, around the wrist or neck of the victim.
		6. Ask witnesses, family, or friends of the victim what type of drug the victim ingested.
		7. Observe your surroundings for any evidence of drugs that may indicate what the victim ingested, such as prescription drug bottles, heroin packages, needles, and syringes.
		8. Prior to the administration of naloxone, officers should consider the victim’s location and remove any sharp or heavy objects from the victim’s reach, as the sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, and difficulty breathing.
		9. Administer naloxone.
		10. Seize all illegal and/or non-prescribed narcotics found on the victim or around the area of the overdose and process them in accordance with agency policy and inform medical personnel of the drugs recovered.
		11. Once used, the intranasal naloxone device is considered bio-hazardous material and should be properly disposed of.
	4. Reporting:After the utilization of naloxone, officers shall:
		1. Prepare an incident report to include a description of the individual’s condition, symptoms, and behaviors; the fact that naloxone was deployed; EMS response; the hospital to which the victim was transported; any narcotics seized; and the outcome of the agency and EMS response.
		2. The on-scene supervisor or the on-duty supervisor will review and approve the report.