


NORTHAMPTON POLICE DEPARTMENT		
Administration & Operations Manual		
Policy: Nasal Naloxone ('Narcan')		AOM: O-106
Massachusetts Police Accreditation Standards Referenced:		Issuing Authority <hr/> John D. Cartledge Chief of Police
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I. Introductory Discussion

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and nonfatal overdose 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.

This policy establishes utilization of the Nasal Naloxone (hereinafter 'Narcan') administered by the Northampton Police Department. The objective is to treat opioid overdoses and reduce fatal opioid overdoses.

II. Policy

It is the policy of the Northampton Police Department that all officers are required to be trained in the use of the Nasal Narcan by the Department of Public Health or designee and have a Controlled Substance Registration issued by the (DPH) Massachusetts Department of Public Health, per guidelines of the (OEMS) Office of Emergency Medical Services and supporting M.G.L.'s as amended.

III. Deployment

- A. The Northampton Police Department will deploy the Nasal Narcan kit in the following primary locations:
1. Desk area/Detention area.
 2. One kit in each marked front line cruiser, in the defibrillator case.
 3. One kit in each assigned Bike Patrol bag when active.
 4. One kit in evidence room.
 5. One kit attached to drug safe in temporary evidence locker.
- B. Supervisors and Northampton DART Officers can provide a requesting party two doses of Nasal Narcan upon request or on a DART Outreach. The officer must complete the log which will be in the 1st floor supply closet with the Narcan supply.

IV. Narcan Use

When using the Nasal Narcan kit, officers will maintain universal precautions, perform patient assessment, and determine unresponsiveness, absence of breathing and/or pulselessness. Officer(s) will update the dispatcher that the patient is in a potential overdose state. Dispatcher will then update the Fire Department and the EMS/Ambulance Service. Officers shall follow the protocol as outlined in the Nasal Narcan training in accordance with the Massachusetts Office of Emergency Medical Services Pre-Hospital Emergency Treatment, Massachusetts Department of Public Health Guidelines and First Responder Guidelines in compliance with Massachusetts General Law Chapter 111, Sec. 201.

V. Transportation to the Hospital

- A. In July 22, 2016, Governor Baker signed into Law a bill creating a new provision of the protective custody Law MGL. (c11EsA). This Act relative to protective custody grants expanded authority to Massachusetts Police Officers to act to protect vulnerable citizens under the influence of substance other than alcohol (reference AOM Chapter 0-213).

- B. Based on the lethality of heroin and other opiates, persons found to be under the influence of them, to the point where an overdose needs to be reversed with Narcan meet the standards for protective custody under MGL. (c11EsA).
- C. Therefore, after the deployment of Narcan by Northampton Fire Rescue/Northampton Police, the patient should be transported by ambulance to the hospital as a voluntary transport or placed in protective custody per this policy and follow procedures as described in AOM O-213.
- D. Nothing in these procedures shall be construed to require or permit a police officer to hold a person in protective custody against their will beyond the time required to complete the person's immediate transport to an acute care hospital or satellite emergency facility.

VI. Maintenance/Replacement

- A. An inspection of the Nasal Narcan kit shall be the responsibility of the personnel assigned the equipment and will be conducted each shift.
- B. Missing or damaged Nasal Narcan kit(s) will be reported directly to the Officer in Charge, and then forwarded to the Department's Narcan Training Coordinator.
- C. Any condition that necessitates the Nasal Narcan kit to be taken off line or be submitted for replacement shall be directed to the Narcan Training Coordinator.
- D. Replacement: Upon administering Nasal Narcan and/or supporting documentation:
 - 1. If Narcan is used and the patient is transported to the hospital, the used Narcan should be replaced on scene or at the hospital by the Northampton Fire Department.
 - 2. If Narcan is used and the patient is not transported, or a unit is found to be defective, the Narcan can be replaced by the OIC.

VII. Storage

The Northampton Police Department will store the Nasal Narcan kits in the 1st floor supply closet.

VIII. Documentation/Nasal Narcan Report

Upon completing the medical assist, the officer shall submit: [*AOM O106.a Narcan Usage Form*](#) detailing the nature of the incident, the care the patient received, and the fact that the Nasal Narcan was deployed. The report will be forwarded to the Narcan Training Coordinator for review/approval, who will then forward a copy to the Medical Control Officer. These records must be completed for

statistical value and tracking of the Nasal Narcan. The document shall be retrievable via hardcopy and/or electronically in the report room.