



LOUISIANA FRATERNAL ORDER OF POLICE

MODEL POLICY FOR LAW ENFORCEMENT FIELD-USE OF NALOXONE

00.1 POLICY

This policy provides departmental definitions and guidelines for the appropriate field administration of **Naloxone 2mg** ("Narcan®") kits by law enforcement officers in suspected opiate/opioid overdose incidents.

00.2 PURPOSE AND SCOPE

Effective **XX/XX/2017** and pursuant to requisite training, all commissioned personnel of this agency are authorized to carry and administer approved Naloxone 2mg kits (pre-filled syringe with adaptor for nasal administration and auto-injector for intramuscular or subcutaneous dosing) for use in suspected opiate/opioid overdose incidents. (The Louisiana Fraternal Order of Police suggests that with the institution of this policy all commissioned officers and support personnel (i.e. crime lab) that would have a contact with opioids have access to Naloxone) In response to the precipitous national increase in opiate/opioid overdose deaths, as law enforcement officers are frequently the first responders to medical, suspected medical, and overdose incidents, this agency has adopted **Policy XX.X** with the following objectives;

- (a) To provide a framework for training in the field-use of Naloxone,
- (b) To provide a framework on the proper field-administration of Naloxone,
- (c) To facilitate life-saving intervention in suspected opiate/opioid overdose incidents where law enforcement personnel are first-to-arrive.

00.3 DEFINITIONS

ADMINISTRATION – Nasal administration of approved Naloxone 2mg kits WITH atomizer; 1mg (1/2 dose) to be administered in each nostril.

NALOXONE – A narcotic analgesic antagonist, $C_{19}H_{21}NO_4$, used in the reversal of acute narcotic analgesic respiratory depression. Naloxone is effectively an antidote to opioid overdose and may completely reverse the effects of an opioid overdose if administered in time.

NALOXONE KIT – Agency-approved Naloxone 2mg pre-filled syringe with atomizer adaptor for nasal administration.

OPIATE – Alkaloid compounds found naturally in the opium poppy plant *Papaver somniferum*. The psychoactive compounds found in the opium plant include morphine, codeine, and thebaine. The term *opiate* should be differentiated from the broader term *opioid*, which includes all drugs with morphine-like effects, including opiates and semi-synthetic opioids derived from opiates.

OPIOID – Any of a group of endogenous neural polypeptides (as an endorphin or enkephalin) that bind especially to opiate receptors and mimic some of the pharmacological properties of opiates — called also *opioid peptide*.

Examples of Opiates and semi-synthetic Opioids include;

- Heroin (various forms)
- Codeine (only available in generic form)
- Fentanyl (Actiq, Duragesic, Fentora)



Hydrocodone (Hysingla ER, Zohydro ER)
Hydrocodone/acetaminophen (Lorcet, Lortab, Norco, Vicodin)
Hydromorphone (Dilaudid, Exalgo)
Meperidine (Demerol)
Methadone (Dolophine, Methadose)
Morphine (Astramorph, Avinza, Kadian, MS Contin, Ora-Morph SR)
Oxycodone (OxyContin, Oxecta, Roxicodone)
Oxycodone and acetaminophen (Percocet, Endocet, Roxicet)
Oxycodone and naloxone (Targiniq ER)

OPIATE/OPIOID OVERDOSE AND SYMPTOMS – An acute condition due to excessive ingestion/co-ingestion of opioids. Due to their effect on the part of the brain which regulates breathing, opioids in high doses can cause respiratory depression and death. An opioid overdose can be identified by a combination of three signs and symptoms referred to as the “opioid overdose triad”. The symptoms of the triad are:

Pinpoint pupils
Unconsciousness
Respiratory depression

Combining opioids with alcohol and sedative medication increases the risk of respiratory depression and death, and combinations of opioids, alcohol and sedatives are often present in fatal drug overdoses. Death following opioid overdose is preventable if the person receives basic life support and the timely administration of the opioid antagonist Naloxone. Naloxone, which is effectively an antidote to opioid overdose, will completely reverse the effects of an opioid overdose if administered in time. Naloxone is effective when delivered by intravenous, intramuscular, subcutaneous, and intranasal routes of administration. Naloxone has virtually no effect in people who have not taken opioids.

00.4 NALOXONE TRAINING

All commissioned personnel of this agency shall attend approved **XX hour training** provided **by XXXX** in Naloxone kit use prior to carrying or administering Naloxone kit(s) while on-duty, while acting within his/her scope of employment, or while operating city-owned vehicles.

00.5 DOSE AND CONSECUTIVE ADMINISTRATION

Field officers shall initially administer a single approved Naloxone 2mg dose (1 mg [1/2 dose] in each nostril). In the event no response is achieved and emergency medical personnel have not arrived, one additional 2mg kit may be administered.

00.6 APPLICABLE STATE LAW

Louisiana Revised Statute Title 37, Article 1732

Immunity from liability for emergency medical assistance or first aid;

A. Any fireman, policeman, or member of an ambulance or rescue squad who holds a valid current certification by the American Red Cross, L.S.U. Fireman Training Rescue Program, United



States Bureau of Mines, or any equivalent training program approved by the Department of Health and Hospitals who renders emergency care, first aid, or rescue while in the performance of his duties at the scene of an emergency or moves a person receiving such care, first aid, or rescue to a hospital or other place of medical care shall not be individually liable to such person for civil damages as a result of acts or omissions in rendering the emergency care, first aid, rescue, or movement of such person receiving same to a hospital or other place of medical care except for acts or omissions intentionally designed to harm or grossly negligent acts or omissions that result in harm to such person, but nothing herein shall relieve the driver of an ambulance or other emergency or rescue vehicle from liability arising from the operation or use of such vehicle.

B. The immunity herein granted to a fireman, policeman or member of an ambulance or rescue squad in accordance with Subsection (A) of this section shall be personal to him and shall not inure to the benefit of any employer or other person legally responsible for the acts or omissions of such fireman, policeman or member of an ambulance or rescue squad nor shall it inure to the benefit of any insurer, except that no parish governing authority engaged in rendering ambulance services nor its insurer with respect to such ambulance services shall be liable for the act or omission of any member of any ambulance squad employed by it unless such individual would be personally liable therefor under the provisions of Subsection (A) hereof.

C. In order for any fireman, policeman, or member of an ambulance or rescue squad to receive the benefit of the exemption from civil liability provided for herein, he must first have taken, successfully completed, and hold a valid certificate of completion of the standard first aid course recognized or approved by the American Red Cross, the United States Bureau of Mines, the L.S.U. Fireman Training Rescue Program, or any equivalent training program approved by the Department of Health and Hospitals, and further he shall have a valid certification from the Red Cross, the United States Bureau of Mines, the L.S.U. Fireman Training Rescue Program, or the Department of Health and Hospitals that he has successfully completed any necessary training or refresher courses. Any such certification or refresher courses shall have standards at least equal to the standard first aid course recognized or approved by the American Red Cross, United States Bureau of Mines, or the L.S.U. Fireman Training Rescue Program.

Added by Acts 1972, No. 339, §1. Acts 1984, No. 411, §1.

Louisiana Revised Statute Title 14, Article 403.11
Administration of opiate antagonists; immunity

A. First responders shall have the authority to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate overdose.

B. For the purposes of this Section, a first responder shall include all of the following:

- (1) A law enforcement official.
- (2) An emergency medical technician.
- (3) A firefighter.
- (4) Medical personnel at secondary schools and institutions of higher education.

C.(1) Before administering an opioid antagonist pursuant to this Section, a first responder shall complete the training necessary to safely and properly administer an opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose. The training, at a minimum, shall cover all of the following:

- (a) Techniques on how to recognize symptoms of an opioid-related overdose.
- (b) Standards and procedures for the storage and administration of an opioid antagonist.
- (c) Emergency follow-up procedures.

(2) Any first responder administering an opiate antagonist in a manner consistent with addressing opiate overdose shall not be liable for any civil damages as a result of any act or omission in rendering such care or services or as a result of any act or failure to act to provide or arrange for further medical treatment or care for the person involved in said emergency, unless the damage or injury was caused by willful or wanton misconduct or gross negligence.

D. The deputy secretary of public safety services of the Department of Public Safety and Corrections shall develop and promulgate, in accordance with the Administrative Procedure Act, a set of best practices for use by a fire department or law enforcement agency in the administration and



enforcement of this Section including but not limited to the training necessary to safely and properly administer an opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose, the standards and procedures for the storage and administration of an opioid antagonist, and emergency follow-up procedures.

Acts 2014, No. 392, §1.

00.7 APPROPRIATE FIELD-USE OF NALOXONE 2mg KIT

Personnel encountering any medical condition consistent with opiate/opioid overdose shall summon emergency medical services for stabilization, comprehensive care, and transport to hospital.

Personnel encountering a medical emergency consistent with opiate/opioid overdose **shall** use a *Probable Cause* standard when deciding on the appropriate administration of Naloxone, such as a witness to opiate/opioid use, paraphernalia (needles, spoons/lighters, cutting agents ["Kool-Aid" or generic packaging] bundled cigarette filters and other ephemera, opiate/opioid prescription bottles), or a known history of opiate/opioid abuse or dependence.

Personnel encountering a medical emergency consistent with opiate/opioid overdose absent any witness(es) or paraphernalia **may** determine appropriate administration of Naloxone by identification of the "opioid overdose triad;" pinpoint pupils, unconsciousness, and respiratory depression.