



Eric Hawkins
Chief of Police

ALBANY, NEW YORK
POLICE DEPARTMENT
165 HENRY JOHNSON BOULEVARD
ALBANY, NEW YORK 12210



1789

ADMINISTRATION AND MAINTENANCE OF INTRANASAL NALOXONE
GENERAL ORDER NO: 3.1.65

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PURPOSE: The purpose of this policy is to establish broad guidelines and regulations governing the utilization of naloxone by trained personnel. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses

POLICY: It is the policy of the Albany Police Department to train personnel in the use and administration of naloxone in compliance with [New York State Public Health Law §3309](#) and the regulations in [§80.138 of Title 10 of the New York Codes, Rules and Regulations](#). New York State Public Health Law §3309 provides protection for non-medical individuals from liability when administering naloxone to reverse an opioid overdose.

DEFINITIONS: **Opioid** – Opioid means a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet®, and Percocet®), and hydrocodone (Vicodin®).

Naloxone – Naloxone means 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®.

Overdose Rescue Kit – Overdose rescue kits should at a minimum include the following: One (1) prefilled luer-lock syringes, without needles, each containing 2mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates. And one (1) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.

I. PROCEDURES

A. Deployment

1. The Commander of Administrative Services shall be the coordinator for

the naloxone administration program. Duties and responsibilities shall include:

- a. Maintaining training records for personnel;
 - b. Assuring the supply, integrity and expiration dates of the Overdose Rescue Kits; and
 - c. Assuring the maintenance of the administration records.
2. Personnel shall only carry and administer Overdose Rescue Kits after successfully completing department administered training in the use of the kits.
 - a. Refresher training should occur at minimum biennially and consist of familiarity with the assembly of the Overdose Rescue Kit and the effective administration and maintenance of naloxone.
3. Overdose Rescue Kits shall be maintained by each unit and deployment of such shall be recorded in the unit blotter.

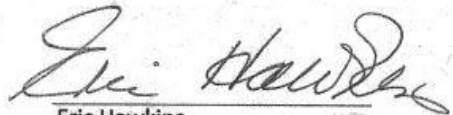
II. NALOXONE USE

- A. AFD/EMS will be dispatched to all potential overdoses and medical emergencies. If a police unit arrives prior to the arrival of AFD/EMS the responding officer will notify the dispatcher of the circumstances and physical state of the victim so that EMS has the most up to date status.
- B. Officers should use universal precautions and protections from blood borne pathogens and communicable diseases when administering naloxone.
- C. Officers will determine need for treatment with naloxone by evaluating the aided: if the aided is unresponsive with decreased or absent respirations they should administer naloxone following the established training guidelines.
- D. Once the assessment of the aided is complete; which should include, but may not be limited to determining unresponsiveness and other indicators of opioid involved overdose, each officer will administer the medication from the Overdose Rescue Kit following the established training guidelines.
- E. Officers will use proper tactics when administering naloxone; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
- F. Upon EMS arrival, officers shall inform EMS that naloxone has been administered.
- G. Officers shall complete a [New York State Public Safety Naloxone Quality Improvement Usage Report](#) shown on page 4 of this general order and forward it to the NYS Department of Health using the submission information on the bottom of the form. The original copy will then be forwarded to Central Records through departmental mail.

1. A copy of the form shall also be faxed to Albany Medical Center Staff at 518-262-5362 upon the officer's completion of the report.

III. MAINTENANCE/REPLACEMENT OF NALOXONE

- A.** Overdose Rescue Kits will be carried in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
- B.** Used, lost, damaged, or expired Overdose Rescue Kits will be replaced through the Training Unit.
- C.** Expired naloxone will be:
 1. Maintained by the department for use in training; or
 2. Properly disposed of according to agency policy.



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New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form
Version: 3/10/2015

Date of Overdose: / / : : AM PM

Arrival Time of Responder: : AM PM

Arrival Time of EMS: : AM PM

Agency Case #: Gender of the Person Who Overdosed: Female Male Unknown Age:

ZIP Code Where Overdose Occurred: County Where Overdose Occurred:

Aided Status Prior to Administering Naloxone: (Check one in each section.)

Responsiveness: Unresponsive Responsive but Sedated Alert and Responsive Other (specify):

Breathing: Breathing Fast Breathing Slow Breathing Normally Not Breathing

Pulse: Fast Pulse Slow Pulse Normal Pulse No Pulse Did not Check Pulse

Aided Overdosed on What Drugs: (Check all that apply.)

Heroin Benzos/Barbiturates Cocaine/Crack Buprenorphine/Suboxone Pain Pills Unknown Pills

Unknown Injection Alcohol Methadone Don't Know Other (specify):

Administration of Naloxone Number of naloxone vials used: 1 vial 2 vials 3 vials 4 vials > 4 vials

How long did 1st dose of naloxone take to work: < 1 minute 1-3 minutes 4-5 minutes >5 minutes Don't Know Didn't Work

Aided's response: Combative Responsive & Angry Responsive & Alert Responsive but Sedated Unresponsive but Breathing No Response

If 2nd dose given, was it: IN (intranasal) IM (intramuscular) IV (intravenous)

How long after 1st dose was 2nd dose administered: < 1 minute 1-3 minutes 4-5 minutes >5 minutes Don't Know

Aided's response: Combative Responsive & Angry Responsive & Alert Responsive but Sedated Unresponsive but Breathing No Response

Post-naloxone symptoms: (Check all that apply.)

None Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) Respiratory Distress

Seizure Vomiting Other (specify):

What Else was Done by the Responder: (Check all that apply.)

Yelled Shook Them Sternal Rub Recovery Position Bag Valve Mask Mouth to Mask Mouth to Mouth

Defibrillator (if checked, indicate status of shock): Defibrillator - no shock Defibrillator - shock administered

Chest Compressions Oxygen Other (specify):

Was Naloxone Administered by Anyone Else at the Scene: (Check all that apply.)

EMS Bystander Other (specify):

Disposition: (Check one.) Transported by EMS EMS Transport Refused Other (specify):

Did the Person Live: Yes No Don't Know

Hospital Destination: **Transporting Ambulance:**

Comments:

Administering Responder's Information: Agency: Police Fire EMS Badge #:

Last Name: First Name:

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.ny.gov
Fax: (518) 402-6813

Mail: Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza CR342
Albany, New York 12237