



MILWAUKEE POLICE DEPARTMENT

STANDARD OPERATING PROCEDURE

175 - ADMINISTRATION OF NALOXONE

GENERAL ORDER: 2016-44
ISSUED: July 25, 2016

EFFECTIVE: July 25, 2016

REVIEWED/APPROVED BY:

Captain Mark Stanmeyer

DATE: June 27, 2016

ACTION: Amends General Order 2016-04 (January 28, 2016)

WILEAG STANDARD(S): NONE

175.00 PURPOSE

The purpose of this policy is to guide members in the administration of Naloxone, which is a medication used to counter the effects of opiate and opioid overdoses.

175.05 POLICY

The department will regularly train its members in the proper administration of Naloxone.

- A. Members below the rank of captain shall be trained in cardiopulmonary resuscitation (CPR) and the administration of Naloxone to a person suspected of experiencing an opioid overdose in accordance with Wisconsin state statutes, Milwaukee Police Department policy, and Milwaukee County Emergency Medical Systems (EMS) guidelines.
- B. Members shall preserve evidence for any resulting criminal or non-criminal investigation.

Note: According to Wis. Stat. § 256.40(3)(b), a law enforcement officer or fire fighter who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers naloxone or another opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person, if the law enforcement officer or fire fighter is acting pursuant to an agreement and any training obtained under Wis. Stat. § 256.40(3)(a).

175.10 DEFINITIONS

A. OPIATE/OPIOID

Opiates and opioids (hereinafter referred to as "opioids") are drugs that are derived from opium or its derivatives, or other classes of drugs that mimic opium derivatives. Legally administered opioids, such as morphine, methadone, oxycodone, and hydrocodone, are narcotics most often used to treat pain and opioid addiction. Some commonly encountered opioid trade names include Methadone, Demerol, Vicodin, OxyContin, Percocet, and Percodan. Overdoses of opioids and illicit street drugs, such as heroin, can result in severe depression of central nervous system activity and lead to death.

B. OPIOID OVERDOSE

According to Wis. Stat. § 256.40(1)(d), an opioid-related drug overdose is “a condition including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.”

C. NALOXONE

A medication that acts as an opioid antagonist and counters the effects of opioid overdoses. It is marketed under the trade name Narcan.

175.15 NALOXONE COORDINATOR

- A. The director of the Police Academy, or a designee, shall be the Naloxone coordinator. The Naloxone coordinator shall schedule biennial training to coincide with cardiopulmonary resuscitation (CPR) certification.
- B. The Naloxone coordinator shall notify Milwaukee County EMS or the department’s medical officer within one week of the administration of Naloxone.
- C. The Naloxone coordinator shall review injured/sick person reports filed in the automated reporting system related to the administration of Naloxone.
- D. The Naloxone coordinator is responsible for maintaining an adequate inventory of the drug at the Police Academy. Upon receiving information from a work location supervisor indicating that Naloxone has been deployed or a kit has been damaged, the Naloxone coordinator shall provide replacement items as necessary to maintain an adequate supply in the field. The coordinator shall cause regular inspections to be conducted to monitor expiration dates and compliance with sign-out and storage procedures.

175.20 PROCEDURES FOR ADMINISTERING NALOXONE

- A. Members shall assess available indicators of a potential opioid overdose, including but not limited to, statements by persons with recent knowledge of the victim’s habits and activities, previous knowledge of opioid use or abuse, and the presence of drugs, medicine containers, or drug paraphernalia.
- B. Members trained in CPR and the administration of Naloxone shall assess potential overdose victims to determine if they are in respiratory/circulatory distress related to opioid use, and should administer Naloxone if they reasonably believe a person to be undergoing an opioid overdose. Respiratory/circulatory distress is characterized by the presence of one or more of the following: shallow, ineffective, or labored breathing, blue or purple (cyanotic) skin coloration, and faint, ineffective, or absent pulse.
- C. Members believing that a person is undergoing an opioid overdose shall use universal precautions to protect themselves from pathogens and communicable diseases. Applicable precautions include:

1. Wearing gloves to prevent contact with bodily fluids or potentially contaminated items.
2. Using barrier protection, such as the issued CPR mask, to prevent contact with mucous membranes and bodily fluids.
3. Using caution when handling needles and sharp instruments.
4. Washing hands immediately after gloves are removed.
5. Thoroughly and immediately washing skin if contaminated with bodily fluids or other potentially harmful materials.
6. Contacting a supervisor and seeking medical care upon experiencing a significant exposure to bodily fluids or other potentially harmful substances.

D. Members administering Naloxone shall respond using the acronym SCAREME:

- **S**timulate

Shout, shake, rub chest with knuckles.

- **C**all EMS

State what you see. State your location.

- **A**irway

Check mouth and throat for visual obstruction and remove as necessary. Open airway utilizing head tilt/chin lift and look, listen, and feel for breathing and chest rise.

- **R**escue CPR

If the individual is not breathing, assess for a pulse. If no pulse is detected, perform chest compressions and rescue breaths in accordance with American Heart Association guidelines.

- **E**valuate

If the person has responded/begun breathing, place in the recovery position; if not, proceed to next step.

- **M**ucosal-Nasal Injection

Assemble syringe and mucosal atomizers, and administer approximately a 0.5 milliliter dose of naloxone in one nostril.

- **Evaluate Again**

If there is no change in responsiveness and breathing, continue rescue breathing for 3-5 minutes. If still no change, administer second dose of naloxone.

- E. Upon the arrival of other EMS personnel (e.g., emergency medical technician, paramedic), members shall immediately report that they have administered Naloxone, the approximate time of dosage, and the number of doses administered.
- F. Used naloxone syringes, vials, and nasal atomizers are considered hazardous materials and should be disposed of in hazardous materials containers, which can be found in ambulances and medical facilities.

175.25 DOCUMENTATION AND REPORTING

- A. Members shall notify a supervisor as soon as practicable that they have administered Naloxone and a supervisor shall respond to the scene.
- B. A supervisor responding to a scene in which Naloxone was administered shall file a report in the Administrative Investigations Management (AIM) system prior to the end of his or her shift to notify the Naloxone coordinator that a unit or units have been deployed. The AIM report shall be tracked to the training director at the Police Academy.
- C. Department members shall file an injured/sick person report (in the automated reporting system (ARS)) when they administer Naloxone. Members shall document the nature of the incident, the use of Naloxone, and their observations of the sick/injured person before and after the administration of the drug. Members shall also complete the *Law Enforcement Report to the Prescription Drug Monitoring Program* form in accordance with SOP 172 Sick and Injured Persons.
- D. After the administration of Naloxone to an individual undergoing an opioid overdose, members shall assess the need to take the person into protective custody. If the established criteria for an emergency detention are evident, pursuant to Wis. Stat. § 51.15(1) and SOP 160.15, members shall complete emergency detention procedures and have the subject medically cleared at a hospital prior to transportation to another facility. Nothing in this policy is intended to alter or supersede any procedures established in SOP 160.15, Mentally Ill Persons, Legal Standards for Emergency Detention.

175.30 STORAGE, MAINTENANCE, AND REPLACEMENT

Naloxone is perishable and, therefore, must be stored properly to maintain its effectiveness.

- A. Naloxone kits shall be stored in suitable locations as determined by commanding officers. The drug must maintain a consistent temperature when not in use, between 58-86 degrees Fahrenheit, and unboxed vials cannot be stored in direct light.

- B. Both the supervisor and the member receiving the kit shall properly complete the *Naloxone Tracking Sheet* (form PN-27). Naloxone kits shall be returned to a supervisor, who shall indicate on the tracking sheet that the medication has been returned.
- C. Members shall notify a supervisor of any damaged Naloxone vials or syringes that are rendered unusable. Supervisors shall document and photograph the damaged units, and forward a *Department Memorandum* (form PM-9E) through their chain of command with photographs to the Naloxone coordinator. Vials that are intact shall be hand delivered to the Police Academy. Work locations can properly dispose of damaged vials in hazardous materials containers, which can be found in ambulances and medical facilities.



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