



<b>University of Pennsylvania Police Department</b> 4040 Chestnut Street, Philadelphia, Pa 19104		 
<b>Directive:</b> 108	<b>Subject:</b> Naloxone Administration Protocols	<b>Effective Date:</b> 08/01/2016
<b>Order of:</b> Gary Williams, Chief of Police		<b>Amended Date:</b> 08/01/2023

## I. Purpose

The purpose of this directive is to provide guidelines for the University of Pennsylvania Police Department (UPPD) employees trained in the use of nasal naloxone for the treatment of suspected opioid overdoses. Nasal naloxone, commonly known by the brand name Narcan, is an opioid antagonist and may reverse the effects of 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. UPPD personnel will be trained in the proper pre-hospital administration of nasal naloxone.

UPPD personnel are permitted to provide basic level life support not to exceed that of an Emergency Medical Technician.

## II. Policy

Pennsylvania Act 139 of 2014 became effective on November 29, 2014. This legislation allows law enforcement personnel the ability to obtain, carry and administer naloxone to individuals experiencing an opioid overdose. The UPPD will establish and maintain a professional affiliation with a Medical Control Physician through the University of Pennsylvania Health System through written agreement. The Medical Control Physician will provide medical oversight over the use and administration of nasal naloxone by the UPPD.

It is the Policy of the University of Pennsylvania Police Department (UPPD) to provide immediate assistance to drug overdose victims through the use of nasal naloxone when appropriate in accordance with PA Act 139 of 2014.

## III. Scope

This directive shall affect all sworn members of the UPPD.

## IV. Definitions

- A. Naloxone: is a prescription medication used to reverse the effects of an opioid overdose by reducing respiratory depression, respiratory arrest or unresponsiveness. Specifically, it

displaces opioids from the receptors of the brain that controls the central nervous and respiratory systems.

- B. Opioid: A medication or drug that is derived from opium poppy or synthesized to mimic the effect of an opiate. Opiate drugs are narcotic medications that depress activity of the central nervous system, reduce pain, and induce sleep; an overdose may cause an individual to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone OxyContin, Percocet and Percodan and hydrocodone (Vicodin).
- C. Opioid Withdrawal: The wide range of symptoms that can occur after stopping (or reversing) opiate drugs after heavy or prolonged use. These symptoms may include: agitation, nausea, vomiting, muscle aches, yawning, diarrhea, and goose bumps.
- D. Naloxone Device: is used for delivery of atomized naloxone intra-nasally.
- E. Nasal Naloxone Coordinator: is a sworn UPPD Officer, designated by the **Chief of Police** who reports directly to the nasal naloxone program manager (the Captain of Staff and Administrative Services) for the administration of the program. The nasal naloxone coordinator shall ensure nasal naloxone kits are maintained and made available to trained UPPD personnel.
- F. Medical Control Physician: is a licensed Board-Certified Emergency Medicine Physician who authorizes the University of Pennsylvania Police Department (UPPD) employees to administer nasal naloxone oversees training and is the prescribing authority for naloxone.

## V. Procedures

- A. Medical Response:
  - 1. When a UPPD officer has arrived at the scene of a medical emergency prior to the arrival of Emergency Medical Personnel (Philadelphia Fire Department Rescue Unit, Penn MERT), and has determined that the patient is suffering from an opiate overdose, the following procedures shall be followed:
    - a. Use universal precautions (i.e. gloves, avoiding bodily fluids, etc.);
    - b. Conduct a medical assessment of the patient to determine the level of unresponsiveness; check for the absence of breathing and/or pulse; take into account statements from witnesses or family members; ensure Medical Emergency Personnel are dispatched.
  - 1) If the patient is breathing adequately and there are no signs of trauma, place patient in the recovery position.

- 2) If the patient has no pulse or is not breathing, initiate CPR and utilize the AED in accordance with UPPD Directive 31, "Hospital Cases" and UPPD Directive 65, "Automated External Defibrillators".
  - (i) A non-breathing patient, or a patient in respiratory arrest, necessitates that rescue breathing takes priority over the administration of naloxone. Responding officers must ensure it is safe to perform rescue breathing via bag valve mask or pocket mask prior to initiating either. If possible, naloxone can be administered while performing rescue breathing.
- 3) If the patient has decreased breathing or is displaying signs of low oxygen (cyanosis) AND an overdose is suspected (based upon history, evidence on scene, bystander reports, and/or physical examination) responding officers shall notify PennComm and initiate the use of nasal naloxone consistent with training as follows:
  - (i) Administer 4mg of the medication into the patient's nostril using a quick burst to ensure that it is fully atomized. Slow administration will cause the liquid to trickle in the without being properly atomized.
  - (ii) If respiratory rate is less than 8 breaths per minute or absent, initiate breathing support with pocket mask or bag-valve mask; oxygen is preferable if available.

Note: Patients who are resuscitated from opioid overdose may regain consciousness in a confused, combative, or otherwise agitated state and may exhibit symptoms associated with withdrawal.

Vomiting often occurs with the acute reversals of an opiate overdose. Officers are cautioned to be prepared to protect the patient's airway by turning them on their side and /or placing them in the recovery position to allow secretions to clear if vomiting occurs.

- (iii) If there is no response from the patient after 3-5 minutes and a second dose of nasal naloxone is available, repeat the administration.
  - (iv) Continue to monitor breathing and pulse; if breathing increases and there is no evidence of trauma, place in the recovery position.
  - (v) If at any time the patient is found to no longer have a pulse, initiate CPR and utilize the AED in accordance with UPPD Directive 31, "Hospital Cases" and UPPD Directive 65, "Automated External Defibrillators".
- 4) Notify arriving Emergency Medical Personnel about the condition of the patient and treatment provided; and notify PennComm of patient status.

#### B. Signs and Symptoms of Opioid Overdoses:

1. History or suspicion of current narcotic/opioid use, fentanyl patches on skin, or needle in body.

2. Unresponsiveness or Unconsciousness
3. Absent, slow, or shallow respirations
4. Snoring or gurgling sounds with respirations
5. Blue lips and/or nail beds (cyanosis)
6. Pinpoint Pupils
7. Clammy skin

Note: Patients in cardiac arrest from all causes exhibit many similar symptoms as patients with opioid overdose. If no pulse is present these patients are in cardiac arrest and require CPR. Nasal naloxone may be administered if opioid overdose is suspected as the reason for the cardiac arrest but high-quality CPR takes precedence over nasal naloxone administration.

C. Drug Overdose Response Immunity:

1. Pennsylvania Act 139 provides limited immunity from charge and prosecution for possession of drugs and drug paraphernalia for individuals who experience a drug overdose and are in need of medical care.
  - a. Immunity is also provided to a Good Samaritan who seeks medical care for the individual experiencing an overdose. This is consistent with Pennsylvania's Medical Amnesty Law and the University of Pennsylvania Medical Amnesty Policy.
2. Immunity only applies for the use, purchase and/or possession, and non-sale delivery of the following:
  - a. Any controlled or counterfeit substance or drug paraphernalia;
  - b. Thirty (30) grams or less of marijuana or eight (8) grams or less of hashish; Thirty (30) doses labeled as a dispensed prescription or more than three (3) trade packages of anabolic steroids.
3. The provisions of the law **do not** protect a person from being charged or prosecuted for selling drugs and drug paraphernalia.
4. A law enforcement officer or prosecuting attorney who, acting in good faith, charges a person who is later determined to be entitled to immunity cannot be sued for filing those charges.

D. Naloxone-related civil immunity:

1. PA Act 139 provides immunity from criminal prosecution and civil liability to law enforcement agency personnel who administer naloxone as permitted under the act, while acting in good faith and exercising reasonable care.

E. Maintenance and Replacement of Equipment:

1. Each patrol shift will have a minimal of two (2) nasal naloxone kits available for immediate deployment.
2. An inspection of nasal naloxone kits shall be the responsibility of the personnel assigned the equipment and they will be conducted each shift.
3. Missing or damaged nasal naloxone kits will be reported directly to the on-duty Shift Commander or Shift Supervisor who shall notify the Captain of Staff and Administrative Service (nasal naloxone program manager) and ensure that a UPPD Incident Report (UPPD-10) is completed documenting the loss/damage.
4. Where any condition that necessitates the nasal naloxone kit to be taken offline or be submitted for replacement this information shall be directed to the UPPD nasal naloxone program manager (Captain of Staff and Administrative Services) and the UPPD nasal naloxone coordinator. Naloxone has a manufacturer's recommended expiration date; as such, all personnel assigned naloxone shall be responsible for checking the expiration date of the product. If expired, the UPPD nasal naloxone program manager and coordinator should be notified as soon as possible.
5. The Department's nasal naloxone coordinator shall be responsible for replacing the naloxone and related equipment and ensure an adequate supply is available for patrol deployment.
6. Nasal naloxone kits will not be left in vehicles during extreme temperatures or weather.
7. Nasal naloxone kits must be signed in and out at the beginning and end of every shift.
8. Shift supervisors shall submit a request to the program manager and coordinator in order to obtain a replacement for used kits.
9. Disposal of used nasal naloxone kits may be accomplished through ordinary means. However; used kits will not be left at the scene of use and disposed of by administering personnel.
  - a. Damaged kits shall not be disposed; the kits shall be left for inspection and disposal by the nasal naloxone coordinator.
10. The nasal naloxone coordinator will maintain a written inventory documenting the quantities and expiration dates of naloxone supplies and a log documenting issuance of replacement units.

**F. Reporting:**

1. All responses for the use of nasal naloxone require the preparation of an Incident Report (UPPD-10) and a Naloxone Deployment Reporting Form (UPPD- 117).
2. Both reports shall be completed and submitted prior to the end of the officer's shift. The reports shall contain a detailed report of the nature of the incident, the care the patient received and the fact that the nasal Naloxone was deployed including the number of doses given.
3. A copy of both reports will be forwarded to the nasal naloxone program manager (the Captain of Staff and Administrative Services) for review; the program manager will then forward copies of the Naloxone Deployment Reporting Form (UPPD-117) to the nasal naloxone coordinator and the Medical Control Physician.

**G. Training:**

1. UPPD personnel shall receive a standard course of training and approved by the assigned UPPD Medical Control Physician and in accordance with PA Act 139, prior to being allowed to carry and administer nasal Naloxone.
2. The UPPD shall provide refresher training on an annual basis in conjunction with First Aid/CPR and AED training/certification.

**H. Program Manager:**

1. The Captain of Staff and Administrative Services is the designated nasal naloxone program manager.
  - a. The nasal naloxone coordinator shall report to the program manager for policy modifications, supplies, training and other activities related to the administration of the nasal naloxone program.

**VI. Compliance**

Violations of this directive, or portions thereof, may result in disciplinary action.

**VII. Officers Assigned to Other Agencies**

Officers of this department assigned to or assisting other law enforcement agencies will be guided by this directive.

**VIII. Application**

This directive constitutes department policy, and is not intended to enlarge the employer's or employee's civil or criminal liability in any way. It shall not be construed as the creation of a higher

legal standard of safety or care in an evidentiary sense with respect to third party claims insofar as the employer's or employee's legal duty as imposed by law. Violations of policy will only form the basis for departmental administrative sanctions.

Violations of law will form the basis for civil and criminal sanctions in a recognized judicial setting.