




RICHMOND POLICE DEPARTMENT  
GENERAL ORDER



Subject: <b>NALOXONE (NARCAN®)</b>	Chapter 7	Number 33	Pages 6
References: CALEA Standards:	Related Orders:	Effective Date: <b>08/17/2022</b> Revised By: Review Prv. Rev. 09/26/2019	
Chief of Police: <div style="text-align: center;"></div>			

I. PURPOSE

The purpose of this directive is to establish the guidelines governing the administration of intranasal Naloxone (Narcan) by certified officers. The objective is to reduce fatalities from opiate overdoses.

II. SUMMARY OF CHANGE

***This policy is due for triannual review, and revisions have been made. The equipment used for naloxone (NARCAN) has been updated. A Naloxone Coordinator has been added. The procedures for responding to a possible opiate overdose, and when and how you may use the product are listed. All new language is bold and italicized throughout the document.***

III. POLICY

It is the policy of the Richmond Police Department to prepare all first responders to respond appropriately and efficiently in the event of a medical emergency. As first responders, the first responsibility of a police officer at the scene of a crime, accident involving injuries or medical emergency, is scene safety, then to render assistance, medical aid or otherwise. This responsibility must be performed immediately, even if it means that a suspect will escape or valuable clues will be destroyed. The preservation of human life is the most important consideration. However, if there are other persons on the scene who are able to render medical assistance, the police officer should arrange for them to take care of the injured parties.

The Richmond Police Department understands the substance abuse issues within the community and strives to implement practices that can increase community awareness of substance abuse issues and decrease injury or death resulting from such issues. Naloxone (Narcan) may be used when responding to a call of such nature.

It is the policy of the Richmond Police Department that officers will be trained in the use of the Nasal Naloxone.

#### IV. ACCOUNTABILITY STATEMENT

All employees are expected to fully comply with the guidelines and timelines set forth in this general order. Responsibility rests with the Division Commander to ensure that any violations of policy are investigated and appropriate training, counseling and/or disciplinary action is initiated.

This directive is for internal use only, and does not enlarge an employee's civil liability in any way. It should not be construed as the creation of a higher standard of safety or case in an evidentiary sense, with respect to third party claims. Violation of this directive, if proven, can only form the basis of a complaint by this Department, and then only in a non-judicial administrative setting.

#### V. DEFINITIONS

- A) OFFICER – A Certified Law Enforcement Officer who is a sworn employee of the Richmond Police Department
- B) OPIOIDS - A class of drugs that may be derived naturally from the poppy plant or from synthetically produced chemicals. The most common opioids are the street drug heroin and prescription pain medications, including morphine, codeine, methadone, oxycodone(Percocet, OxyContin), hydrocodone (Vicodin), hydromorphone, buprenorphine, and fentanyl. Opioids bind to specific receptors in the brain, spinal cord, and gastrointestinal tract that can affect a person's mood, blood pressure, breathing, and pain sensations.
- C) OPIOIDS OVERDOSE - A serious medical condition that may lead to decreased or loss of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.
- D) NALOXONE - Commonly known by the brand name Narcan, naloxone is a drug that counteracts the effects of opioid overdose. The drug restores an overdose victim's ability to breath, frequently allowing him or her to survive a potentially fatal overdose.
- E) NALOXONE COORDINATOR – The Naloxone Coordinator (NC) shall be an individual designated by the Richmond Police Department to collect, review and track all reports of naloxone usage and who shall be responsible for any subsequent reporting necessary to any state or federal agency as required by law in connection with the use of naloxone by the department.

F) NALOXONE KIT – The Naloxone kit provided consist of:

1. Two vials of Naloxone
2. *Carrying case*

## VI. PROCEDURE

Officers may encounter extremely high-potency synthetic opioids, including fentanyl and the even more potent carfentanil, at some overdose scenes.

A) Training:

Officers shall receive a standard two-hour training course administered by the Richmond Police Department naloxone trainers prior to authorization to utilize naloxone. The Department shall provide refresher training every two years.

B) Issuance and Maintenance:

1. Naloxone kits will be dispensed through the Richmond Police Department naloxone trainers. Officers will be equipped with a storage container containing *four (4) milligrams doses*.
2. Officers will inspect their kits prior to each shift. Missing, damaged, or expired medication will be reported to the officer's supervisor.
3. The officer will contact the Naloxone Coordinator for replacements as soon as practicable after the use of their Naloxone.
4. Naloxone is temperature sensitive. It shall not remain in a vehicle for extended periods in cold or hot weather. Officers will remove the Naloxone kit from their vehicle during these times (i.e. off-duty parking of the vehicle).
5. A quarterly maintenance inspection shall be conducted on each Naloxone Kit.

The Naloxone Inspection Report (PD-053A) shall be used to document the inspection. The maintenance inspection will include:

- a. Current date;
  - b. Condition of kit;
  - c. Medicine expiration date;
  - d. Supervisors' signature.
6. Documentation of this inspection will be filed with and maintained by the Naloxone Coordinator.

- C) *Officers may administer naloxone (NARCAN) to themselves, other officers, other first responders, and if necessary to members of the public when; based upon their training, they reasonably believe that the intended recipient is experiencing adverse health effects caused by an opioid-induced overdose.*
- D) Responding to a possible Overdose Scene: When an officer of the Richmond Police Department is advised by the Department of Emergency Communications prior to the arrival that a person is suffering from ***a possible*** opiate overdose the following steps should be taken once the officer is on the scene:
1. Notify the Communication Center that the subject is in a potential overdose state and request EMS.
  2. Officers should exercise extreme caution when dealing with substances that may contain fentanyl, using protective clothing and equipment to avoid accidental exposure.  
  
**NOTE:** Inhalation or skin contact with fentanyl can cause serious injury and even death. If fentanyl is exposed to skin, it can subsequently be transferred by inadvertent touching of the mouth, nose, or other mucous membranes.
  3. *Officers should assess the patient to determine unresponsiveness and other indicators of an opioid-induced overdose such as: reduced respiration, slow heart rate/pulse, possible blue lips and/or fingertips, and possibly the patient could make deep snoring or gurgling sounds.*
  4. If the officer makes a determination that there has been an opiate overdose, the naloxone kit should be utilized. Always utilize universal precautions while rendering first aid.
  5. The officer ***may*** use the nasal spray ***naloxone*** to administer ***four*** milligrams intra-nasal dose of naloxone as directed in training. ***A second dosage can be given in only one of two circumstances:***
    - ***If the person does not respond to the first dose of naloxone,***  
***or***
    - ***If the person relapses into an overdose again after the naloxone wears off.***
- No more than two doses should be administered to any person.***
6. If there is no breathing or breathing continues to be shallow, continue to perform CPR for them while waiting for the Naloxone to take effect or EMS arrives.
  7. Officers should be aware that a rapid reversal of an opiate overdose might cause projectile vomiting by the patient and/or violent behavior.

8. The patient should continue to be observed and treated as the situation dictates.
9. The treating officer shall inform incoming EMS about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with a higher level of training.

E) Post Usage:

1. Immediately after administration of Naloxone and the patient has been treated by EMS, the officer must contact his immediate supervisor.
2. The officer must complete PD-053 Naloxone Administrative Report and IBR.

F) *Naloxone Coordinator*

1. *Property and Evidence Lieutenant or designee*
2. *Controls the inventory of naloxone (NARCAN) administration devices*
3. *Ensure adequate supplies of naloxone administration devices are available for issue to officers*
4. *Facilitate the replacement of issued naloxone administration devices for officers*
5. *Collaborating with the Virginia Department of Health on any occupational health issues related to the program*

G) Responsibilities of the Immediate Supervisor

Upon receipt of notification that Naloxone has been administered the supervisor will review the incident report to ensure that the responding officer has documented the incident appropriately and in accordance with the requirements provided by the Naloxone Coordinator as instructed during training.

VII. FORMS

- PD-053 Naloxone Administrative Report
- PD-053A Naloxone Kit Inspection

# FENTANYL<sup>†</sup>

## SAFETY RECOMMENDATIONS FOR FIRST RESPONDERS

<sup>†</sup> For the purposes of this document, fentanyl, related substances, and synthetic opioids (herein after referred to as fentanyl<sup>†</sup>) includes fentanyl analogues e.g., acetylfentanyl, acrylfentanyl, carfentanil, furanylfentanyl), novel synthetic opioids (e.g., U-47700), and other drugs that may be laced with these substances.

- **The abuse of drugs containing fentanyl<sup>†</sup> is killing Americans. Misinformation and inconsistent recommendations regarding fentanyl<sup>†</sup> have resulted in confusion in the first responder community.**
- You as a first responder (law enforcement, fire, rescue, and emergency medical services (EMS) personnel) are increasingly likely to encounter fentanyl<sup>†</sup> in your daily activities (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).
- This document provides scientific, evidence-based recommendations to protect yourself from exposure.

## WHAT YOU NEED TO KNOW

- Fentanyl<sup>†</sup> can be present in a variety of forms (e.g., powder, tablets, capsules, solutions, and rocks).
- Inhalation of airborne powder is MOST LIKELY to lead to harmful effects, but is less likely to occur than skin contact.
- Incidental skin contact may occur during daily activities but is not expected to lead to harmful effects if the contaminated skin is promptly washed off with water.
- Personal Protective Equipment (PPE) is effective in protecting you from exposure.
- Slow breathing or no breathing, drowsiness or unresponsiveness, and constricted or pinpoint pupils are the specific signs consistent with fentanyl<sup>†</sup> intoxication.
- Naloxone is an effective medication that rapidly reverses the effects of fentanyl<sup>†</sup>.

### Actions to take . . .

#### To protect yourself from exposure

- Wear **gloves** when the presence of fentanyl<sup>†</sup> is suspected.
- **AVOID actions that may cause powder to become airborne.**
- Use a properly-fitted, NIOSH-approved **respirator (“mask”)**, wear **eye protection**, and minimize skin contact when responding to a situation where small amounts of suspected fentanyl<sup>†</sup> are visible and may become airborne.
- Follow your department guidelines if the scene involves large amounts of suspected fentanyl<sup>†</sup> (e.g., distribution/storage facility, pill milling operation, clandestine lab, gross contamination, spill or release).

#### When exposure occurs

- Prevent further contamination and notify other first responders and dispatch.
- Do not touch your eyes, mouth, nose or any skin after touching any potentially contaminated surface.
- Wash skin thoroughly with cool water, and soap if available. **Do NOT use hand sanitizers as they may enhance absorption.**
- Wash your hands thoroughly after the incident and before eating, drinking, smoking, or using the restroom.
- If you suspect your clothing, shoes, and PPE may be contaminated, follow your department guidelines for decontamination.

#### If you or other first responders exhibit

- **Slow Breathing or No Breathing**
- **Drowsiness or Unresponsiveness**
- **Constricted or Pinpoint Pupils**
- Move away from the source of exposure and call EMS.
- Administer naloxone according to your department protocols. Multiple doses may be required.
- If naloxone is not available, rescue breathing can be a lifesaving measure until EMS arrives. Use standard basic life support safety precautions (e.g., pocket mask, gloves) to address the exposure risk.
- If needed, initiate CPR until EMS arrives.



#### Collaborative Support From:

- American College of Emergency Physicians
- American College of Medical Toxicologists
- American Industrial Hygiene Association
- Association of State and Territorial Health Officials
- Association of State Criminal Investigative Agencies
- Fraternal Order of Police

- International Association of Chiefs of Police
- International Association of Fire Chiefs
- International Association of Fire Fighters
- Major Cities Chiefs Association
- Major County Sheriffs of America
- National Alliance of State Drug Enforcement Agencies

- National Association of Counties
- National Association of County and City Health Officials
- National Association of Emergency Medical Technicians
- National Association of EMS Physicians
- National Association of State EMS Officials

- National Governor's Association
- National HIDTA Directors Association
- National Narcotic Officers' Associations' Coalition
- National Sheriffs' Association
- National Volunteer Fire Council
- Police Executive Research Forum
- Police Foundation