

SOUTH BURLINGTON POLICE DEPARTMENT
PR-324: NALOXONE

Effective: 12/23/2018

Updated: 12/13/2018

1. PURPOSE

- A. This General Order serves as an outline for the training, use, storage, and accounting of naloxone by sworn members of the South Burlington Police Department (SBPD). Naloxone is intended to block the effects of opioid overdoses which may otherwise be fatal.

2. POLICY

- A. It is the policy of the South Burlington Police Department that all sworn police personnel be trained in the use of nasal naloxone. All trained SBPD members will be issued and shall carry naloxone while working in a patrol function. All trained members of service should consider their exposure risk and duty assignment and when appropriate have access to naloxone.

3. DEFINITIONS

- A. Naloxone: A pure opioid antagonist know by trade names including Narcan. Naloxone is a medication used to counter the effects of opioids especially in an overdose situation. It will usually reverse the depression of the central nervous system, respiratory system, and hypertension.
- B. Universal Precautions: An approach to infection control whereby all human blood or other bodily fluids are treated as if they were known to be infectious for any and all bloodborne pathogens.
- C. Opioid Overdose: An acute condition indicated by symptoms including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death; resulting from the consumption or use of an opioid or other substance with which an opioid was combined, or that a layperson would reasonably believe to be caused by an opioid-related drug that requires medical assistance.
- D. Opioids: Heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone, oxycodone.

4. PROCEDURE

- A. Officers may be dispatched to or come upon a person experiencing an opioid overdose. Officers should attempt to confirm the report or their suspicion of an opioid overdose:
- i. Look for evidence of opioid drug use: needles, tourniquets, glassine bags.
 - ii. Attempt to communicate with the victim.

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- iii. Check the victim for Medic Alert tags, bracelets, or necklaces.
 - iv. Assess the victim:
 - 1. The victim may not wake to the touch, may have slow or depressed respiration, may display “pin point” pupils, or may have open injection site(s).
 - v. Ask direct questions of witnesses or bystanders.
- B. It is recognized that the scene of an overdose can be chaotic and that witnesses may not be completely cooperative. Officers must take measures to render the scene safe for themselves and additional first responders prior to administering victim care. Ensuring scene safety includes the safety of the victim. Officers should, when practical, make sure that the victim is a safe location away from sharp and heavy objects in the event the victim experiences sudden withdrawal effects as outlined below.
- C. If an Officer’s observations support their suspicion that the patient is suffering an opioid overdose, the Officer should request or confirm the response of EMS, notify the communication center of their current situation, utilize universal precautions, and administer naloxone consistent with their training as prescribed by the Vermont Department of Health and as offered by the Department. Once used, the naloxone device is considered bio-hazardous material and should be disposed of appropriately.
- D. Officers should make efforts to establish communication with the victim after administering naloxone. When naloxone begins to reverse the effects of the opioid the victim may suddenly “wake” from the overdose state and be confused, disoriented, or in some cases combative. Naloxone should not be administered to a person who is awake and coherent.

5. AFTER CARE

- A. EMS shall be summoned to all overdose scenes and will assume primary victim care and assessment.
- B. Opioid overdose victims should be offered resources to address their addiction. Victims should be urged to go to the hospital emergency department for medical and addiction assessment. Further, the emergency department can screen the victim and potentially offer low barrier medical assisted treatment and treatment referral.

6. REPORTING

- A. Officers who utilize Naloxone shall include in their incident report the victim’s condition, symptoms, and behaviors leading to the deployment of naloxone. The report shall also

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include the responding EMS entity, victim disposition, and any evidence which was observed / seized.

- B. A Naloxone Deployment Reporting Form shall be completed and forwarded to the SBPD Naloxone reporting e-mail group (naloxone@southburlingtonpolice.org) This e-mail group shall include the Command Staff, Vermont Department of Health, and the Vermont Intelligence Center.

7. MAINTENANCE / REPLACEMENT

- A. Officers are responsible for inspection of their issued naloxone for damage and expiration. Officers who find their issued naloxone kit damaged, expired, or lost shall notify the Officer in Charge without delay.
- B. The Department will maintain an inventory of naloxone kits for both initial issue and replacement. The Officer in Charge shall have access to the inventory of naloxone kits for replacement purposes.

8. TRAINING

- A. The Department shall offer training as technology or methodology changes in the future. Sources for training can include curriculum offered by the Vermont Department of Health or that developed in conjunction with the South Burlington Fire Department.

APPROVED BY: Shawn P. Burke



DATE: 12/13/2018