



**Maryland-National Capital Park Police
Prince George's County Division**



DIVISION DIRECTIVE

TITLE MEDICAL PROCEDURES NALOXONE/NARCAN		PROCEDURE NUMBER PG413.1	
SECTION Operational Procedures	DISTRIBUTION A	EFFECTIVE DATE 06/15/16	REVIEW DATE 05/01/21
REPLACES N/A			
RELATED DIRECTIVES	REFERENCES	AUTHORITY <i>S.R. Johnson</i> Chief Stanley R. Johnson	

I. PURPOSE

The Maryland Overdose Response Program is to establish guidelines and regulations governing utilization of the Naloxone/ Narcan administered by the Maryland-National Capital Park Police Department. The objective is to reduce fatal opioid overdoses and to comply with Health-General Article, Title 13, Subtitle 31, Annotated Code of Maryland Sections 13-3101 – 3109 Code of Maryland Regulations, Title 10, Subtitle 17, Chapter 08, Regulations .01-.11

II. POLICY

It is the policy of this Division that all sworn officers are required to be trained in the use of the Naloxone/Naloxone by a trainer certified through the Maryland Alcohol & Drug Abuse Administration Department of Health & Mental Hygiene and that all officers will carry the Naloxone kit in their assigned cruisers or stationary assignment at all times while on duty.

III. DEFINITIONS

A. Naloxone: A prescription medication used to treat the side effects of opioids, opioid overdose, and septic shock. Naloxone hydrochloride is a narcotic antagonist, which works by blocking the effects of opiates in the body.

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IV. STORAGE

The Maryland-National Capital Park Police Department will store the Nasal Naloxone kit in the following primary locations:

1. Holding cell at Maryland-National Capital Park Police
2. One kit in each Maryland-National Capital Park Police Patrol cruiser
3. K-9 Units
4. Harbor Unit when in operation
5. All Detective/Narcotics/RDT Units
6. All Command & Staff vehicles

V. PROCEDURE

Naloxone may be used when responding to a call of such nature, or while the officer is off duty, when the officer reasonably believes that a person is in overdosed state based on the following observations/information;

1. When advised by the Communications Center, or of being advised of such upon arrival, or;
2. When observing drugs, drug paraphernalia or any other drug instruments associated with the subject and;
3. Where the victim is observed to be unresponsive, there is an absence of breathing and or the victim has no pulse. Other signs of overdose include: lack of response to sternal rub, shallow breathing and bluish lips or nail beds.
4. Officers who are on duty shall; notify the Communications Center that the subject is in a potential overdose state to ensure that advanced medical care (i.e. Prince George's County Fire Department) is requested.
5. Officers who are off duty shall; notify Communications to request an ambulance and ensure that the subject whom Naloxone was utilized is transported to the appropriate medical facility for further treatment.
6. Officers shall deploy Naloxone in accordance with training protocol and in compliance with Maryland Alcohol & Drug Abuse Administration Department of Health & Mental Hygiene.
7. Officers shall maintain universal precautions and continue to render first aid until relieved by rescue personnel.
8. Anytime Naloxone is used it shall be reported by the officer and documented in an incident and commanders report.

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VI. MAINTENANCE/REPLACEMENT

An inspection of the Naloxone kit shall be the responsibility of the personnel assigned the equipment and shall be conducted each shift.

Missing or damaged Naloxone kit(s) will be reported in writing directly to the officer's immediate supervisor who will then enter it into Blue Team. This information shall then be forwarded to the Nasal Naloxone Coordinator.

When any condition necessitates that the Naloxone kit be taken off line or be submitted for replacement, request shall be directed to the Naloxone coordinator.

Replacement: Upon administering Naloxone and submitting supporting documentation. A replacement will be completed through the Naloxone coordinator.

VII. DOCUMENTATION/NASAL NALOXONE REPORT

Upon completing the medical assist, the officer shall submit an Incident Report detailing the nature of the incident, the care the patient received and the fact that the Naloxone was deployed. The report shall be forwarded to records and, to the Naloxone coordinator. All deployment reports shall be forwarded to the Maryland Alcohol & Drug Abuse Administration Department of Health & Mental Hygiene. These records must be completed for statistical value and tracking of the Naloxone. The document shall be retrievable and available via hard copy and/or electronically.

VIII. NALOXONE PROGRAM COORDINATOR'S RESPONSIBILITIES

The program coordinator will:

1. Identify a Maryland State-licensed physician to oversee the clinical aspects of the opioid overdose prevention program (Naloxone) prior to the initiation of the program; in compliance with State of Maryland Over Dose Response Program Health-General Article, Title 13, Subtitle 31, Annotated Code of Maryland Sections 13-3101 – 3109 Code of Maryland Regulations, Title 10, Subtitle 17, Chapter 08, Regulations .01-.11.
2. Develop a training curriculum, which meets the approval of Dr. B.T. Braswell and Maryland Alcohol & Drug Abuse Administration Department of Health & Mental Hygiene.
3. Ensure that each sworn officer of the Maryland-National Capital Park Police Department is qualified as a trained overdose responder (TOR);

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4. Ensure that all trained overdose responders successfully complete all components of training program;
5. Issue certificates of completion to trained overdose responders who have completed the training program; must be approved and signed by the Prince George's County Health Department clinical director.
6. Maintain Naloxone program records including trained overdose responder training records, Naloxone usage records and inventories of Naloxone supplies and materials;
7. Provide liaison with Dr. B.T. Braswell and Maryland Alcohol & Drug Abuse Administration Department of Health & Mental Hygiene., where appropriate;
8. Assist clinical director with review of all overdose reports, particularly those including Naloxone administration; and
9. Report all administrations of Naloxone to Dr. B.T. Braswell and Maryland Alcohol & Drug Abuse Administration Department of Health & Mental Hygiene;
10. Ensure that the TOR certification remain up-to-date, with no lapse in the program's ability to operate;

IX. CLINICAL DIRECTOR'S RESPONSIBILITIES

The clinical director, who must be a Medical State-licensed physician, will...

1. Provide clinical consultation, expertise and oversight of medical issues related to the Naloxone program;
2. Provide training program content and protocols as needed, in consultation with Maryland-National Capital Park Police Department program coordinator;
3. Approve and provide ongoing supervision of the trainers;
4. Approve of affiliated prescribers;
5. Review reports of all administration of Naloxone with the Maryland-National Capital Park Police program coordinator; and
6. Oversee procurement of Naloxone.

X. INDIVIDUALS TO BE TRAINED AS OVERDOSE RESPONDERS

Each sworn officer of the Maryland-National Capital Park Police Department shall be qualified as a trained overdose responder (TOR). Other civilian personnel who are interested in becoming TORs are eligible to be trained.

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TRAINERS

Trainers shall be Maryland-National Capital Park Police officers and must train under the auspices of a licensed health professional, who shall be appointed by the clinical director. Each trainer will meet with or be supervised at least once by the clinical director or by an affiliated prescriber who has specifically been delegated the responsibility of supervising trainers.

AFFILIATED PRESCRIBERS

Affiliated prescribers must be Maryland State-licensed physicians, nurse practitioners or physician assistants. Each affiliated prescriber must be approved by the clinical director, who must keep a written record of such approval. The affiliated prescribers must be knowledgeable regarding the following: opioid overdose; administration and storage of naloxone; conducting the necessary brief medical assessment; and strongly encouraging TORs to report use or loss of naloxone. They must periodically report their program-related activities to the clinical director and must ensure that all reports of Naloxone administration are communicated to the clinical director as soon as practicable. Affiliated prescribers may be delegated the responsibility of supervising those individuals who train TORs.

TRAINING PROTOCOL

The Naloxone program must maintain an up-to-date training curriculum, which has been approved by the clinical director.

All training will address at a minimum;

1. Risk factors for opioid overdose:
 - a. Loss of tolerance
 - b. Mixing drugs
 - c. Using alone

2. Signs of an overdose:
 - a. Lack of response to sterna rub
 - b. Shallow or no breathing
 - c. Bluish lips or nail beds

3. Actions:
 - a. Call 911
 - b. Rescue breathing
 - c. Rescue position
 - d. Using Naloxone

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Training may take place in a variety of settings, including the Department of Health and Mental Hygiene or in a more conventional classroom setting. The training may be in small groups or conducted one-on-one. The duration and content of the training will be determined by the program coordinator, as approved by the clinical director and department training officer.

TRAINING CERTIFICATION

At the conclusion of training, each person who has demonstrated adequate understanding of the course material will receive a certificate of completion. This certification is valid for a period not to exceed two (2) years from the date of the training.

REFRESHER COURSE

TORs will be required to take a refresher training in order to retain their status if more than two (2) years have passed since their previous certification. Training records will be checked for currency of certification at a minimum when TORs request a new kit for loss, use or expiration date. Refresher courses may be offered prior to the expiration of two (2) years to ensure current knowledge regarding overdose protocols and seamless ability of the TOR to administer Naloxone.

NALOXONE KITS

The kits will include medication, for administering Naloxone, one (1) facemask for mouth-to-mouth resuscitation, and one (1) pair of gloves.

Instructions Regarding Use or Loss of Naloxone Kit: TORs shall report all use and loss of the kits to the Maryland-National Capital Park Police Department program coordinator who will forward the information to the clinical director

REFILL PROTOCOL

Naloxone will be refilled by the clinical director or affiliated prescriber. Each TOR's training record will be reviewed and refresher training will be scheduled consistent with the Refresher Course item above.

STORAGE OF NALOXONE (NASAL NALOXONE)

The Police Department program coordinator will ensure that the naloxone is stored safely consistent with the manufacturer's guidelines. TORs shall be furnished naloxone as needed.

RECORD KEEPING

The program coordinator must also maintain the name of the TOR and the date trained; a log of all trainings with the date of the training, the location of the training, the name of the trainer and the names of the TORs.

OVERDOSE REVERSALS

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A list of all overdose reversals will be kept by the program coordinator. The reports will be reviewed every six months with the clinical director.

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