
	GAITHERSBURG POLICE DEPARTMENT		
	Opiate Overdose Response Program		
	GENERAL ORDER 603.10	Related CALEA Standards:	
Effective Date 12/05/2016	None		
Authorized by: Mark P. Sroka CHIEF OF POLICE	SIGNATURE <i>Mark Sroka</i>	DATE 12/05/2016	

I. PURPOSE

Drug overdoses are a serious public health challenge in Maryland and in Montgomery County. During the past decade, increases in the number of fatal drug overdoses have been driven primarily by an epidemic of pharmaceutical opioid abuse. Common opiate drugs often abused by users include morphine, heroin, fentanyl, oxycodone, and hydrocodone.

The administration of the nasal Naloxone spray (trade name Narcan®), by first responders is a response to this growing opiate overdose epidemic. Changes in Maryland state law (Md. Health-General Code Ann. § 13-31 OJ through § 13-3109) have recently been made to allow trained and certified police officers to carry and administer the nasal Naloxone spray, which can quickly and safely reverse the effects of an opiate overdose.

This opiate overdose response program will allow officers to carry and administer Naloxone in order to reduce the number of fatal overdoses and save lives.

II. DEFINITIONS

- A. **Opiate**- Within the context of this directive, the term “opiate” refers to a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, and oxycodone (OxyContin®, Percocet® and Percodan®).
- B. **Naloxone**- Within the context of this directive, the term “Naloxone” hydrochloride refers to an opioid antagonist that can be used to counter the effects of an opiate overdose. Specifically it can displace opioids from the receptors in the brain that control the central nervous system and respiration system. It is a scheduled drug but it has no euphoric properties and minimal side effects. It is marketed under various trademarks including, but not limited to “Narcan®.”
- C. **Psychiatrist and Registered Nurse** – Within the context of this directive, the term “psychiatrist and registered nurse” refers to a Maryland licensed Psychiatrist and Registered Nurse from the Montgomery County

Department of Health and Human Services (HHS) who will provide program oversight. Required training and certifications will be provided and controlled by the Health and Human Services Psychiatrist and Registered Nurse.

- D. Overdose Response Unit Coordinator:** Within the context of this directive, the term “Overdose Response Unit Coordinator” refers to the MCPD Crisis Intervention Team Coordinator who will serve as the Coordinator for the Overdose Response Unit.

III. POLICY

- A.** Naloxone hydrochloride kits will be issued to sworn officers as selected by the department.
1. Those officers will be part of the MCPD Overdose Response Unit (O.R.U.).
- B.** Those officers assigned to the program must attend a training class in order to obtain certification to carry the scheduled drug Narcan® or Naloxone hydrochloride.
1. The instruction will consist of training on recognizing the symptoms of an opiate overdose, the proper administration of nasal Naloxone, the importance of contacting emergency medical services, and care of the individual after the administration of Naloxone.
- C.** O.R.U. officers will monitor calls for service and, when not assigned as a primary officer, may self-dispatch to calls for service involving a suspected opiate drug overdose.
1. The response will be routine.
 2. Officers may respond outside of the City and surrounding MCP Districts upon request from a MCP supervisor and when approved by a GPD supervisor.

IV. PROCEDURE

- A.** Steps to follow when handling an overdose call:
1. The O.R.U. officer will consider/ensure officer safety and use universal precautions upon responding to the scene of an overdose.
 - a. In accordance with the training described below, the officer will provide immediate assistance via the use of Naloxone,

provide treatment to the patient, and assist EMS/MCFRS personnel on the scene.

- b. This does not prohibit the officer from handling any criminal investigations that may arise from the incident.
2. The O.R.U. officer will conduct an initial assessment of the patient and scene, to include statements from witnesses and/or family members regarding drug use.
 - a. The officer will make a determination regarding the administration of Naloxone.
3. If the administration of Naloxone is indicated, the O.R.U. officer will use the pre-filled Naloxone nasal mist adaptor and administer the Naloxone to the patient.
 - a. Officers should use caution and be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
4. The O.R.U. officer will advise ECC that the Naloxone kit has been utilized and the condition of the patient for relay to incoming EMS and/or MCFRS personnel.
 - a. O.R.U. officers will not relinquish care of the patient until someone of a higher medical authority relieves them (i.e. MCFRS personnel).
5. The Naloxone reversal effects will last between 30 – 90 minutes, while the effects of the opiates may last much longer.
 - a. It is possible that after the Naloxone wears off, the overdose could recur. O.R.U. officers will encourage the patient to be transported to the hospital.
 - b. If the patient will not go to the hospital voluntarily:
 - i. If there is evidence that the patient attempted suicide by their ingestion of opiates or expresses suicidal thoughts or ideations, or there are other criteria for evaluation under the emergency petition process – the emergency evaluation process will be initiated.

- ii. If the patient continues to refuse transport in all other cases, and he or she reasonably appears to have the capacity to make medical decisions, as determined by MCFRS and/or the O.R.U. officer, the patient may legally refuse further medical assistance.
- 6. When a Naloxone kit is utilized, the O.R.U officer will complete a GPD 603.10 (Use of Naloxone Report) prior to the end of his/her tour of duty and forward copies of the form to the appropriate Bureau Commander and the Overdose Response Unit Coordinator for tracking the statistical data on the nasal naloxone deployment.
 - a. An incident report must also be completed when a Naloxone kit is utilized.
 - i. The report should describe the nature of the incident, the care the patient received, and the fact that the Naloxone kit was deployed.
 - ii. The GPD 603.10 Form must be completed in order to receive a replacement Naloxone kit from the Department of Health and Human Services.
- 7. The appropriate Bureau Commander will be notified when the Naloxone kit is utilized.

V. DEPARTMENT OF HEALTH AND HUMAN SERVICES

- A. The HHS Psychiatrist and Registered Nurse will maintain a written inventory documenting the quantities and expirations of the naloxone replacement supplies, and a log documenting the issuance of replacement units.
- B. The Psychiatrist and Registered Nurse will also maintain certificate numbers and a log of officers who are trained and certified to carry and administer Naloxone.
- C. The Naloxone certificate log will be available and forwarded to the Overdose Response Unit Coordinator.

VI. TRAINING

- A. The HHS Psychiatrist and Registered Nurse will provide O.R.U officers with the initial training, valid for two years, in order to obtain certification to carry and administer Naloxone.

- B. To maintain their certification, O.R.U. officers must attend refresher training when notified by HHS.

VII. EQUIPMENT

- A. It is the responsibility of the O.R.U. officer to inspect and maintain his or her own naloxone kit.

1. Naloxone kits are sensitive to temperature extremes and expire every two years.
2. Expired kits should be replaced prior to their expiration date.
3. It is not recommended that officers administer Naloxone if the medication is expired.
4. The kits should not be left in a vehicle for extended periods of time or stored in extreme high or low temperatures (i.e. storing the kits in a PPV when an officer is off-duty is not recommended).

- B. Each Naloxone kit will contain:

1. One set of disposable synthetic gloves;
2. Nasal atomizer;
3. Two milligram dose of Naloxone hydrochloride;
4. Overdose Response Program laminated instruction card; and
5. One yellow PELICAN© case provided to GPD personnel.