



**BURLINGTON POLICE DEPARTMENT
DEPARTMENT DIRECTIVE
[DD41, Naloxone]**

PURPOSE: The purpose of this policy is to establish guidelines governing the utilization of Intranasal Naloxone by sworn officers of the Burlington Police Department. The objective is to reduce the fatal Opioid overdoses.

POLICY: It is the policy of the Burlington Police Department that all sworn officers will be trained in the use of Intranasal Naloxone through the curriculum approved by the Vermont Department of Health. Officers will carry Intranasal Naloxone while on duty and in the manner approved by the department and in compliance with the manufacturer's recommendations.

CONTENTS:

- I. Definitions
 - II. Training
 - III. Issuance of Intranasal Naloxone
 - IV. Use of Intranasal Naloxone
 - V. Storage and Replacement
 - VI. Documentation
-

I. DEFINITIONS

- A. Naloxone: Also known under the trade name **Narcan** among others is a pure opioid antagonist. Naloxone is a medication used to counter the effects of opioids especially in overdose. It will usually reverse the depression of the central nervous system, respiratory system, and hypotension.
- B. Universal Precautions: An approach to infection control whereby all human blood and human body fluids are treated as if they were known to be infectious for any and all blood-borne 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 another substance with which an opioid was combined, or that a layperson would reasonably believe to be caused by an opioid-related drug overdose that requires medical assistance.
- D. Opioids: Heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, oxycodone.

II. TRAINING

All officers shall receive Department approved and authorized training on responding to persons suffering from an apparent opioid overdose and the use of Naloxone prior to being issued an intranasal Naloxone kit and /or being authorized to administer Naloxone. The approved training will be in accordance with the Vermont Department of Public Health Guidelines.

III. NALOXONE KITS

The kits will be stored and maintained by the Equipment Supply Officer, until issuance. Upon completing the required training for the deployment of Intranasal Naloxone, in accordance to the Vermont Department of Public Health Guideline; Intranasal Naloxone kits will be distributed to sworn personnel by the Equipment Supply Officer or a member of the department's supervisory staff.

IV. INTRANASAL NALOXONE USE

- A. When using the Intranasal Naloxone kits, officers will maintain universal precautions, perform patient assessment, determine unresponsiveness, absence of breathing and/or a lack of a pulse.
- B. Officers will notify dispatch that they are dealing with a potential overdose situation.
- C. Dispatch will notify the Burlington Fire Department (BFD) to respond if not already en-route.
- D. Prior to the administration of the Naloxone, Officers shall ensure that the victim is in a safe location and shall remove any sharp or heavy objects from the victim's immediate reach, as the sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures and difficulty breathing.
- E. Officers shall follow the protocol for administering Naloxone as outlined in the Intranasal Naloxone training they receive in accordance with the Vermont Department of Public Health Guidelines.
- F. Officers will remain with the subject to whom the Naloxone was administered in order to render appropriate first aid as necessary until rescue personnel arrive.
- G. Once used, the Intranasal Naloxone device is considered a bio-hazard, and shall be turned over to EMS, deposited in an approved Sharps container or provided to hospital personnel for proper disposal as soon as practicable following administration.
- H. Officers shall brief BFD and/or EMS personnel on Naloxone administration.
- I. Officers shall notify an OIC and dispatch as soon as possible after the administration of Naloxone.

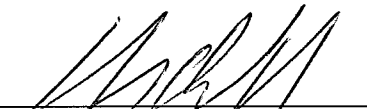
V. KIT STORAGE AND REPLACEMENT

- A. Each Officer will be responsible for inspecting the Naloxone kit assigned to him/her, for signs of damage and to ensure the kit has not expired.
- B. The Equipment Supply Officer will have an inventory of Naloxone kits stored at the police department. The Naloxone kits will be stored in accordance with the manufacturer's instructions, avoiding extreme cold, heat and direct sunlight, and in a secure Department approved storage container. These kits shall be used to equip new members and replace any kits that are expired, damaged or when a kit is administered.
- C. Replacement kits will be available through the department Equipment Supply Officer or any OIC on shift.
- D. Missing, damaged, or expired Intranasal Naloxone kits will be reported to the officer's chain of command with a brief explanation of why a new kit is required. Arrangements will be made by the OIC or Equipment Supply Officer to replace the Naloxone kit as soon as practical.
- E. In the event Naloxone is administered, the appropriate documentation shall be completed as outlined in paragraph VI below.

VI. DOCUMENTATION

- A. When Naloxone is administered, Officers will complete an incident report documenting the event with all pertinent case information. Dispatch shall enter "Naloxone administered" in the dispatch narrative.
- B. Officers will also complete a Naloxone Administration Form (Naloxone Use by VT Law Enforcement (LE) Report-Back Form – provided by the Vermont Department of Health), to include our department's incident number, then scan and e-mail that form to DPS.Naloxone@state.vt.us . Also copy the Lt Group on this email.

Reviewed and approved by the Burlington Police Commission on December 22, 2015



Brandon del Pozo, Chief

12/23/2015
Effective Date