
	Ithaca Police Department 120 East Clinton Street Ithaca, New York 14850	
	General Order Number:332	Administration and Maintenance of Intranasal Naloxone
Issuing Authority: Chief John Barber 		Effective Date: May 11, 2015
Rescinds/Supersedes: All previously issued directives		Review Date: May 2016
Applicable NYSLEA Standards: 33.1;33.2;33.3		Number of Pages: 7

I. Purpose

The purpose of this policy is to establish guidelines and regulations governing the utilization of naloxone by trained personnel within the Ithaca Police Department. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when the Ithaca Police Department Officers are the first to arrive at the scene of a suspected overdose.

II. Policy

Ithaca Police Department personnel may possess and administer naloxone so long as they have been trained consistent with New York State Public Health Law §3309 and the regulations in §80.138 of Title 10 of the New York Codes, Rules and Regulations. The New York State Division of Criminal Justice Services and the New York State Department of Health training curriculum meet this standard. New York State Public Health Law §3309 provides protection for non-medical individuals from liability when administering naloxone to reverse an opioid overdose.

III. Definitions:

- A. Opioid: A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin® and Percocet®), and hydrocodone (Vicodin®).

B. Naloxone: A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.

C. Overdose Rescue Kit: At minimum should include the following:

1. Two (2) prefilled luer-lock syringes, without needles, each containing 2mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates.
2. Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.

IV. Procedures

A. Naloxone Use:

1. Officers will request an ambulance to respond to the scene where the aided is in a potential overdose state.
2. Officers should use universal precautions and protections from blood borne pathogens and communicable diseases when administering naloxone.
3. Officers will determine need for treatment with naloxone by evaluating the aided: if the aided is unresponsive with decreased or absent respirations, the officers should administer naloxone following the established training guidelines.
4. Once the assessment of the aided is complete; which should include, but may not be limited to, determining unresponsiveness and other indicators of opioid involved overdose, each officer will administer the medication from the Overdose Rescue Kit following the established training guidelines.
5. Officers will use proper tactics when administering naloxone; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
6. Officers will remain with the aided until EMS personnel arrive.
7. Officers will inform EMS personnel, upon their arrival, that naloxone has been administered.

8. Officers will notify their supervisor of the use of naloxone and document the use as described in section C of this policy.

B. Maintenance/Replacement of Naloxone:

1. Overdose Rescue Kits will be assigned to each officer with proper storage guidelines for temperature and sunlight exposure.
2. Used, lost, damaged, or expired Overdose Rescue Kits will be replaced by the department, utilizing medical supply vendors.
3. Expired naloxone will be:
 - a) Maintained by the agency for use in training; or
 - b) Properly disposed of in accordance with the department's policy for disposal of prescribed drugs.

C. Documentation

1. Following naloxone administration, the officer shall submit a New York State Public Safety Naloxone Quality Improvement Usage Report (Appendix B). This report will be forwarded to the Records Division and then submitted to the New York State Department of Health.
2. The on-duty supervisor will be responsible for notifying the Training Unit and the Chief's Office regarding the incident and the use of naloxone.
3. Each quarter, the Training Coordinator will submit an electronic "COP Quarterly Data Submission" to the Attorney General COP Program (Appendix A). This report allows for continued funding of naloxone through the Attorney General.

V. Training

A. The training unit will be responsible for the following:

- 1. Certifying officers in the use and care of naloxone and maintaining those training records;**
- 2. Managing the supply, integrity and expiration dates of the Overdose Rescue Kits and;**
- 3. Assuring the maintenance of the administration records.**

B. Yearly refresher training will include familiarity with the assembly of the Overdose Rescue Kit and the effective administration and maintenance of naloxone.



COP Quarterly Data Submission Page

Please complete the following form to submit quarterly data to the OAG in relation to the naloxone kits that have been purchased through COP funds. Please email any questions or problems to cop.program@ag.ny.gov.

Agency Information

Agency Name:	Ithaca Police Department
Originating Agency Identifier Number (OIA#):	NY0540100
Contact Person:	Sgt. Jacob A. Young
Agency Address:	120 E Clinton St
County:	Tompkins
City/Town/Village:	Ithaca
Zip:	14850
Phone:	607-256-3225
Fax:	null
Email Address:	jyoung@cityofithaca.org
Data Submission Quarter:	1.14
Data Submission Year of Quarter:	1.14

Note: Please enter zero for any line where you don't have data to report.

Breakdown of Naloxone Inventory Used in Treating Suspected Overdose Victims This Quarter

Kits Used Resulting in Reversal(s):	<input type="text"/>
Kits Used Resulting in Death(s):	<input type="text"/>
Kits Used Resulting in Non-Opioid-Related Emergency(ies):	<input type="text"/>
Total Kits Used in Treatment of Suspected Overdoses:	<input type="text"/>

Information About Treated Overdose Victims This Quarter

** Please be sure these figures add up to the Total Kits Used in Treatment of Suspected Overdoses field from the previous section.*

Treated Overdose from Prescription Opioids:	<input type="text"/>
Treated Overdose from Heroin:	<input type="text"/>
Unknown:	<input type="text"/>
Treated Overdose Involving a minor (under 18):	<input type="text"/>

Breakdown of Other Naloxone Inventory Used This Quarter

For Training:	<input type="text"/>
Expired:	<input type="text"/>
Other:	<input type="text"/>

Optional Questions

Under Your Jurisdiction (Regardless of Naloxone Administration) Breakdown Of:

Prescription opioid-related deaths:

Heroin-related deaths:

911 calls relating to drug overdoses:

Opioid-related aided cases:

COP Program & Naloxone Feedback:

Where are you storing the naloxone?

Utility Belt
Vehicle
Other

What problems, if any, have you had with the use/storage of naloxone?

How are your police officers documenting the use of naloxone?

Paperwork
Command Log
Memo Book Entries
Notified Supervisor
Other

What other comments/feedback/advice do you have about the COP program or naloxone?



New York State Public Safety Naloxone Quality Improvement Usage Report

Version: 05/23/2014

Date of Overdose: / / Arrival Time of Officer: : AM PM Arrival Time of EMS: : AM PM

Agency Case # Gender of the Person Who Overdosed: Female Male Unknown Age:

Zip Code Where Overdose Occurred: County Where Overdose Occurred:

Aided Status Prior to Administering Naloxone: (Check one in each section)

Responsiveness: Unresponsive Responsive but Sedated Alert and Responsive Other: (specify)

Breathing: Breathing Fast Breathing Slow Breathing Normally Not Breathing

Pulse: Fast Pulse Slow Pulse No Pulse Did not check pulse

Aided Overdosed on What Drugs? (Check all that apply)

Heroin Benzos/Barbiturates Cocaine/Crack Buprenorphine/Suboxone Pain Pills Unknown Pills

Unknown Injection Alcohol Methadone Don't Know Other: (specify)

Administration of Naloxone

Number of vials of naloxone used:

If naloxone worked, how long did naloxone take to work? Less than 1 minute 1-3 minute(s) 3-5 minutes >5 minutes Don't Know

Aided's Response to Naloxone:

Combative Responsive and Angry Responsive and Alert Responsive but Sedated No Response to Naloxone

Post-Naloxone Symptoms: (Check all that apply)

None Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) Respiratory Distress

Seizure Vomiting Other: (specify)

What else was done by officer? (check all that apply)

Yelled Shook Them Sternal Rub Recovery Position Bag Valve Mask Mouth to Mask Mouth to Mouth

Defibrillator: (if checked, indicate status of shock) Defibrillator - no shock Defibrillator - shock administered

Chest Compressions Oxygen Other: (specify)

Was naloxone administered by anyone else at the scene? (check all that apply)

EMS Bystander Other: (specify)

Disposition: (check one) Care transferred to EMS Other (specify)

Did the person live? YES NO Do not know

Hospital Destination Transporting Ambulance

Comments:

Administering Officer's Information: Agency Shield #

Last Name First Name

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.state.ny.us

Fax: (518) 402-6813

Mail: Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza C1342
Albany, New York 12237

Faint, illegible text, possibly bleed-through from the reverse side of the page. The text is arranged in several paragraphs and appears to contain technical or scientific information. Some words are difficult to discern but may include terms like "analysis", "results", and "conclusion".