

NEW POLICY: Provides guidelines on the use of Nasal Naloxone (“Narcan”) in order to reduce the incidence of fatal opiate/opioid overdose.



NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY

SEC. VI—SAFETY 1.0
(UPD POLICY 1-11)

NASAL NALOXONE

Unit Policy – Business and Finance

I. PURPOSE

To provide North Carolina Agricultural and Technical State University Police Department (UPD) trained, commissioned personnel with guidelines on how to utilize Naloxone (Narcan) in order to reduce fatal opiate/opioid overdose.

II. POLICY STATEMENT

It is the policy of the UPD for trained personnel to administer Naloxone (Narcan), in accordance with State of NC law, to persons suffering from opiate/opioid overdose as soon as possible, in order to minimize chances of death.

III. DESCRIPTIONS/DEFINITIONS

- A. **EMS:** Emergency Medical Services dedicated to providing pre-hospital emergency medical care. EMS practitioners provide urgent, out-of-hospital care for those with an illness or injury.
- B. **IN:** Refers to the intranasal (IN) administration of Naloxone.
- C. **Naloxone (Narcan):** An opioid receptor antagonist and antidote for opiate/opioid overdose produced in intramuscular, intranasal, and intravenous forms. Narcan is the brand name for Naloxone.
- D. **Opiates:** Naturally derived from the poppy plant, such as heroin and opium.

- E. Opiate/Opioid Overdose:** An acute condition, 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 opiate/opioid, or another substance with which an opiate/opioid was combined, or that a layperson would reasonably believe to be an opiate/opioid-related drug overdose that requires medical assistance.
- F. Opioids:** Any psychoactive chemical that resembles morphine or other opiates in their pharmacological effects. Opioid refers to both natural (opiate) and synthetic substances. Synthetic opiate drugs include fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, and oxycodone.

IV. PROCEDURE

A. Naloxone Coordinator

The Chief shall appoint a Naloxone Coordinator to administer the law enforcement program. The Naloxone Coordinator's responsibilities will include:

1. Ensuring that the Naloxone kits are current and not past expiration date.
2. Ensuring proper and efficient deployment of Naloxone for field use.
3. Ensuring that authorized personnel are adequately trained in the use and storage of Naloxone.
4. Ensuring that any use of Naloxone on a subject is documented in an incident report.
5. Replacing Naloxone kits that are damaged, unusable, expired or used.

B. Training

1. Officers will receive initial training on how to administer the intranasal form of Narcan, and must complete annual refresher training on Opiate Overdose Prevention and Narcan administration.
2. Only personnel trained in the use of Naloxone are authorized to administer the antidote.
3. Officers will only use Naloxone in accordance with their training.
4. Training will only be conducted by personnel who are certified in the use and application of Naloxone.

C. Carrying Naloxone Kits

1. Officers must carry their issued Naloxone kits in one of three ways:

- a. In their cargo pants pocket, if applicable.
 - b. On their duty belt or carrier securing the device.
 - c. Secured in a patrol vehicle or mountain bike bag.
2. At the end of each shift, officers will secure their Naloxone kits.
 3. One Naloxone kit will be stored in the bag-and-tag area of property and evidence for use in the event of an emergency contamination of an opiate by officers.

D. Recognizing Possible Opioid Overdoses

1. Officers may use nasal Naloxone at a scene where, based on their training and experience, they reasonably believe a subject is in an opioid-induced overdose based on the possible observations:
 - a. Signs of recent opioid use (behavior, paraphernalia, witness statements, etc.)
 - b. Minimally responsive or unconscious
 - c. Constricted pupils
 - d. Abnormal or absent breathing
 - e. Blue lips, greyish complexion

E. Steps to Administer Naloxone

1. Request Emergency Medical Services (EMS) and/or Greensboro Fire Department (GFD).
2. Establish patient responsiveness and manage the airway.
3. Administer Nasal Naloxone to the patient in accordance with training.
4. Advise UPD communications that Naloxone has been administered.
5. Provide basic life support care, in accordance with training until (EMS) or (GFD) arrives:
 - a. Support the person's breathing.
 - b. Open the airway (head tilt, chin lift), if the person is not breathing.
 - c. Provide manual ventilation with mouth-to-mask breaths.
6. Officers will inform EMS and/or GFD personnel of the use of Nasal Naloxone upon their arrival.
7. Upon arrival of EMS and/or GFD, the following will apply:

- a. Patient care is the responsibility of EMS and/or GFD
 - b. Officers may assist as needed.
 - c. Provide a verbal report of findings and actions to EMS and/or GFD.
8. Officers will dispose of used nasal Naloxone kits only in a sharps container.
 9. Officers will document the use of nasal Naloxone in an incident report.
 10. Confidentiality
 - a. All records concerning persons who received Narcan administration and their services shall be held in the strictest confidence.
 - b. Information on individuals shall not be disclosed directly or indirectly except where authorized by the person or required by law.
 - c. All information, records and data collected in connection with these services shall be protected from unauthorized disclosure in accordance with applicable regulations set forth in the Code of Federal Regulations (42 CFR Part 2) and all federal HIPAA requirements and all applicable State privacy rules.

Approved by the Chancellor

Date policy is effective: upon approval

First approved: April ____, 2019

Revised: