

**LANCASTER POLICE DEPARTMENT
GENERAL ORDERS MANUAL**

<i>Effective Date</i> August 14, 2023		<i>Amended Date</i>		<i>Directive</i> 7.27.1	
<i>Subject</i> Deployment of Narcan (Naloxone)					
<i>Reference</i>			<i>Approved</i>  Chief of Police		
<i>Distribution</i> All Personnel City Manager City Attorney		<i>TPCA Best Practices Recognition</i> <i>Program Reference</i>		<i>Review Date</i>	
				<i>Pages</i> 5	

This Operations Directive is for internal use only and does not enhance an officer's civil or criminal liability in any way. It should not be construed as a creation of a higher standard of safety or care in an evidentiary sense, with respect to third party claims. Violations of this Operations Directive, if proven, may only form the basis for a complaint by this Department, and only in a non-judicial administrative setting.

SECTION 1 PURPOSE

The Lancaster Police Department has established a Naloxone program in an effort to treat and reduce serious injury or fatality resulting from opioid/opiate overdoses. The Lancaster Police Department will provide its officer's access to Naloxone (also known as Narcan) in the form of a nasal spray for the purpose of treating another officer who may inadvertently be exposed to opioids, or for any person they may encounter suffering from a possible opioid drug overdose or exposure.

SECTION 2 POLICY

It is the policy of the Lancaster Police Department that officers may administer Naloxone in accordance with Senate Bill 1462 and departmental policy. All officers are required to be initially trained in the use of naloxone by an instructor as required by the Texas Health and Safety Code. The Chief of Police shall appoint an individual to the position of Naloxone Program Coordinator. This person shall be responsible for the ordering, assigning, replacement, maintenance and record retention for the program.

SECTION 3 DEFINITIONS

- A. **Opioid:** means containing or derived from opium, including but not limited to heroin and morphine.
- B. **Opioid Antagonist:** means a drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist for the purpose of this policy is limited to naloxone.
- C. **Naloxone:** Naloxone is the generic name for the medication Narcan or Evizo(2). This medication reverses the effect of opioid medication, such as hydrocodone or morphine, as well as the drug heroin. The medication is administered as an injection or nasal spray.

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SECTION 4 INFORMATION

- A. Naloxone is a safe medication that counteracts the harmful effects of opioids, including fentanyl and its analogues.
- B. If an officer suspects fentanyl exposure to himself, to another officer, or to a citizen, he should not delay the administration of naloxone.
- C. Individuals exposed to fentanyl may require more than one dose of naloxone, since it is only effective for a limited period of time. If signs and symptoms reappear, naloxone should be re-administered.
- D. Naloxone is not definitive medical care. If an officer suspects an opioid overdose or administers naloxone he should immediately call for emergency medical assistance so the patient can be transported to the hospital for additional care.
- E. If naloxone is NOT available, the officer should provide rescue breathing or life-saving efforts (CPR) until emergency services arrive.
- F. The signs and symptom of fentanyl overdose are the same as for all opioid overdoses: slow breathing or not breathing, drowsiness or unresponsiveness, constricted or pinpoint pupils.
- G. Signs and symptoms like dizziness, rapid heart rate, nausea and vomiting, or "feeling ill" can be seen with heat injuries, dehydration, or other unrelated medical conditions. When in doubt, officer should administer naloxone and call for emergency medical assistance.

SECTION 5 TRAINING

- A. Training for officers for the usage of Naloxone will be administered through OSS Academy (TCOLE#2024).
 - a. Initial training will include:
 - i. Patient assessment of overdose.
 - ii. Universal precautions.
 - iii. Seeking medical attention.
 - iv. Administering the intranasal naloxone.

SECTION 6 STORAGE

- A. Officers are responsible for maintaining the Naloxone kit assigned to them. Officers that have been assigned a Naloxone kit shall carry it on their person or in their vehicle while on duty.
- B. When not working, officer shall remove their Naloxone kit from their vehicle where it would be subjected to the extreme hot or cold temperatures.

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SECTION 7 PROCEDURES

- A. When responding to or discovering a possible overdose, officers should contact dispatch and request or ensure emergency medical personnel are dispatched as soon as possible.
- B. When an officer responds to the scene of a possible overdose involving another officer or citizen, prior to emergency medical personnel arrival, the officer should:
 - a. First ensure their safety and the safety of the scene
 - b. Determine if the victim is exhibiting signs an opioid overdose, or if the evidence suggests a possible overdose. Signs/evidence of an opioid overdose include, but are not limited to:
 - i. Pale or blue face
 - ii. Breathing slow / shallow or stopped
 - iii. Heartbeat slow or stopped
 - iv. Gurgling noises
 - v. Vomiting
 - vi. Unable to awake or speak
 - vii. Pinpoint pupils
 - viii. Presence of drugs and/or drug paraphernalia
 - ix. Witnesses statements
 - x. Loss of Consciousness
 - c. The officer should administer Naloxone if the officer believes the victim:
 - i. Has overdosed on opioids;
 - ii. Has overdosed on opioids in combination with other drugs;
 - iii. Is unresponsive from apparent drug use but uncertain if opioids were involved; or
 - iv. Appears to have symptoms consistent with opioid exposure.
- C. Naloxone will be administered into the nostrils of the victim via an atomizer attached to the Naloxone vial. Naloxone dosages should be administered in 4.0 mg increments.
- D. An initial dose of 4.0 mg will be given to the victim in one nostril. If the victim does not show a positive response within 3 to 5 minutes, an additional dose of 4.0 mg should be administered into the other nostril.
- E. The maximum does for each nostril is 4.0 mg.
- F. If the victim is not breathing and has no pulse, the officer should start CPR.
- G. If the victim is breathing, or starts to breathe; the officer should place them in a recovery position.
- H. The officer should remain with and monitor the victim until medical personnel arrive and assume responsibility for the victim.

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- I. The officer should notify medical personnel of any observations and actions taken prior to their arrival, including the number of doses administered and approximate time each dose was given.

SECTION 8 SAFETY

- A. When interacting with any overdose victim, officers should exercise universal precautions, utilizing PPE (personal protective equipment), ensuring the victim is in a safe location, and removing any potential weapons or dangerous items from within the victim's reach. Officers should remain alert when interacting with an overdose victim in the event the victim becomes combative and/or violent.
- B. After a Naloxone kit has been used, it should be disposed of in a designated bio-hazard container.

SECTION 9 REPORTING

- A. When an officer administers a dose of Naloxone to any person, whether the person ultimately recovers or not, the officer should complete an "Information Report." The incident shall be also notated on the "shift pass along report".
- B. The officer should document in the incident report:
 - a. The signs or any observations or evidence of opioid overdose;
 - b. The amount and frequency of Naloxone the officer administered to the person;
 - c. Whether the victim responded to the Naloxone, including response symptoms;
 - d. Any other relevant information.
- C. The Naloxone Coordinator will utilize the report to monitor, evaluate and analyze Naloxone usage.

SECTION 10

- A. In the event an officer discovers a Naloxone kit is expired or damaged, or uses a Naloxone kit in the field, the officer should notify their supervisors and complete an "Incident Report." The officer's immediate supervisor will coordinate with the Naloxone Coordinator for a replacement cartridge.
- B. When a Naloxone kit has been used, damaged or expired, the expended kit should:
 - a. Be placed into a biohazard container (Sharps) in the on scene ambulance, or:
 - b. Be taken to the Police Department and placed into the biohazard container (Sharps) located outside the Property and Evidence room.

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SECTION 11

- A. The Naloxone Coordinator will be assigned the responsibility of administration of the Naloxone program, to include:
- a. Ensuring all trained officer are assigned a Naloxone kit;
 - b. Replacing expired, damaged or used Naloxone kits;
 - c. Maintaining a sufficient quantity of replacement Naloxone kits;
 - d. Ordering Naloxone kits as needed; and
 - e. Tracking, distribution, and assignment of Naloxone kits.

A. SCOPE OF RESPONSIBILITY

- 1. All members of the department shall know and comply with all aspects of this directive.
- 2. All Division Commanders and supervisory personnel are responsible for ensuring compliance with the provisions and intent of this directive.