



TOWN POLICY

ADMINISTRATION POLICY:

Municipal Enforcement Naloxone (Narcan) Policy

DEPARTMENT: Municipal Enforcement

POLICY NUMBER: ME-115

APPROVAL:



EFFECTIVE DATE: June 1, 2018

SUPERSEDES: New

UP FOR REVIEW: June 1, 2023

Policy Statement:

It is the policy of the Town of Cardston for trained Community Peace Officers to administer Naloxone (Narcan), in accordance with their training and this policy, to persons suffering from opiate/opioid overdose at the earliest possible time to minimize injury or to prevent chances of death.

The purpose of this policy is to:

The purpose of this policy is to provide approved members with guidelines to utilize Naloxone (Narcan) in order to reduce fatal opiate/opioid overdose.

PROCEDURES

1. General

- 1.1. The Town of Cardston Chief Administration Officer shall appoint a Naloxone Coordinator to administer the law enforcement program. The Naloxone Coordinator's responsibilities will include:
 - 1.1.1. Ensuring that the Naloxone kits are current and not past expiration date.
 - 1.1.2. Ensure proper and efficient deployment of Naloxone for field use.
 - 1.1.3. Ensure that authorized Community Peace Officers are adequately trained in the use and storage of Naloxone.
 - 1.1.4. Ensure that any use of Naloxone on a subject is documented in a Case Report.
 - 1.1.5. Replace Naloxone kits that are damaged, unusable, expired or used.
- 1.2. Only Community Peace Officers trained in the proper deployment and use of Naloxone are authorized to administer Naloxone in the field.
- 1.3. Each Naloxone kit shall include:
 - 1.3.1. Instructions for administration of Naloxone;
 - 1.3.2. Three (3) single-use syringes;
 - 1.3.3. Three (3) vials of Naloxone,





TOWN POLICY

TITLE: Municipal Enforcement Naloxone (Narcan) Policy

POLICY NUMBER: ME-115

- 1.3.4. Nitril Gloves, CPR face mask/barrier device for rescue breathing, and
- 1.3.5. Two (2) 4mg intra-nasal administered Narcan Nasal Spray.

2. Indications and Use

- 2.1. Authorized Community Peace Officers shall utilize Naloxone on subjects believed to be suffering from an opioid overdose. Information that a subject is suffering from an opioid overdose includes, but is not limited to:
 - 2.1.1. Pinpoint pupils, even in darkened environment;
 - 2.1.2. Depressed or slow respirations;
 - 2.1.3. Difficulty breathing (labored breathing, shallow breaths);
 - 2.1.4. Blue skin, lips or fingernails;
 - 2.1.5. Decreased pulse rate;
 - 2.1.6. Low blood pressure;
 - 2.1.7. Loss of alertness or consciousness;
 - 2.1.8. Unresponsiveness;
 - 2.1.9. Evidence of ingestions, inhalation, and injection.
- 2.2. Officers shall follow protocols outlined in their Naloxone training.
- 2.3. When using Naloxone kits, officers will maintain universal precautions against pathogens, perform patient assessment, and determine unresponsiveness, absence of breathing and/or pulse.
- 2.4. Officers shall update radio communications that the patient is in a potential overdose state and Naloxone administration is intended, and immediately request Emergency Medical Services (EMS) to attend the scene.
- 2.5. Officers shall ensure accurate communication to EMS for proper patient record documentation before transport to the hospital emergency department.
- 2.6. Supervisor notification should be made as soon as practicable, in addition to formal documentation in a written Case Report.

3. Maintenance / Replacement

- 3.1. Officers authorized to use Naloxone kits are responsible for inspecting the kit at least once per week or whenever the kit has been deployed.
- 3.2. Missing or damaged Naloxone kits will be reported directly to the supervisor (Naloxone Coordinator).
- 3.3. The Naloxone Coordinator shall be promptly notified if a Naloxone kit is taken off-line or needs replacement/maintenance and shall replace the kit as soon as practicable.





TOWN POLICY

TITLE: Municipal Enforcement Naloxone (Narcan) Policy

POLICY NUMBER: ME-115

4. Documentation Requirements

- 4.1. Upon completion of a medical assist with Naloxone deployment, the officer shall submit a written report detailing the incident, the care the patient received, and that Naloxone was administered (intra-nasal or intra-muscular) and whether the Naloxone use was successful.
- 4.2. Additionally the officer shall complete the Cardston Municipal Enforcement (CME) Naloxone Usage Report (Appendix 1) and forward the completed copy via the chain of command to the Naloxone Coordinator.
- 4.3. The Naloxone Coordinator will ensure that a copy of the CME Naloxone Usage Report is forwarded to the Chief Administrative Officer. These records must be completed for program integrity, statistical value, and tracking of the Nasal Narcan deployment.





APPENDIX "A"

Cardston Municipal Enforcement Naloxone Usage Report

TITLE: Municipal Enforcement Naloxone (Narcan) Policy

POLICY NUMBER: ME-115

Case Number:	Officer:
Date of Overdose:	Time of Overdose: hrs
Location where overdose occurred:	
Gender of patient: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Age:

SIGNS OF OVERDOSE PRESENT (check all that apply)

<input type="checkbox"/> Unresponsive	<input type="checkbox"/> Breathing Slowly	<input type="checkbox"/> Not Breathing	<input type="checkbox"/> Blue Lips
<input type="checkbox"/> Slow Pulse	<input type="checkbox"/> No Pulse	<input type="checkbox"/> Pinpoint Pupils	<input type="checkbox"/> Other:

SUSPECTED OVERDOSE ON WHAT DRUGS (check all that apply)

<input type="checkbox"/> Heroin	<input type="checkbox"/> Benzos/Barbiturates	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Suboxone
<input type="checkbox"/> Fentanyl	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Methadone	<input type="checkbox"/> Unknown <input type="checkbox"/> Other

DETAILS OF NALOXONE DEPLOYMENT

Number of doses needed:	Did Naloxone work: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
If yes, how long did it take to work: <input type="checkbox"/> >1min <input type="checkbox"/> 1-3min <input type="checkbox"/> 3-5min <input type="checkbox"/> <5min	
Patients response to Naloxone: <input type="checkbox"/> Responsive and Alert <input type="checkbox"/> Responsive but sedated <input type="checkbox"/> No response	
Post-Naloxone withdrawal symptoms (check all that apply): <input type="checkbox"/> None <input type="checkbox"/> Irritable/Angry	
<input type="checkbox"/> Dope sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) <input type="checkbox"/> Physically Combative	
<input type="checkbox"/> Vomiting <input type="checkbox"/> Other (specify):	Did the person live: <input type="checkbox"/> Yes <input type="checkbox"/> No
What else was done: <input type="checkbox"/> Sternum Rub <input type="checkbox"/> Recovery Position <input type="checkbox"/> Rescue Breathing	
<input type="checkbox"/> Chest Compressions <input type="checkbox"/> Automatic Defibrillator <input type="checkbox"/> Yelled <input type="checkbox"/> Shook Them <input type="checkbox"/> Oxygen	
<input type="checkbox"/> EMS Naloxone <input type="checkbox"/> Bystander Naloxone <input type="checkbox"/> Other:	
Disposition: <input type="checkbox"/> Care Transfer to EMS <input type="checkbox"/> Other (specify):	

Officers Name : _____	Signature: _____
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