



Effective: 07/29/2019
Last Revised: 12/02/2019

**CSU FULLERTON POLICE DEPARTMENT
GENERAL ORDER
NUMBER 5-16
ADMINISTRATION OF NALOXONE (NARCAN)]**

SUBJECT: Administration of Naloxone (Narcan)

PURPOSE: CSU Fullerton Police Department sworn personnel may potentially be the first responders to a person who is experiencing or suspected of experiencing an opioid-related overdose. The purpose of this Special Order is to establish procedures and to provide guidelines for the deployment of Naloxone by CSUF Police Department sworn personnel. The objective is to reduce opioid overdose related fatalities.

Only trained sworn personnel may administer Naloxone in accordance with state law and the guidelines as determined and established by the Orange County Health Care Agency (OCHCA) and the California Department of Public Health.

a) Sworn personnel who are trained may administer Naloxone to persons experiencing or suspected of experiencing an opioid-related overdose. There is no legal obligation to administer Naloxone.

b) Sworn personnel who administer Naloxone using reasonable care and in good faith are protected from civil and criminal liability.

I. DEFINITIONS:

A. Definitions related to this policy include

- a. **Intranasal** - Naloxone is a narcotic antagonist (blocker) which works by affecting opiate receptor sites within the brain. Naloxone is administered into the subject's nose via intranasal administration (spray). The nasal cavity is covered by a thin mucosa, which is extremely vascular and provides a direct route into the blood stream of the subject. This method of administration is noninvasive and quickly effective.
- b. **Opiate** - An opiate is any controlled substance containing or compounded to be a derivative of morphine, morphine sulfate. The term opiate describes any of the narcotic opioid alkaloids found as natural products in the opium poppy plant, Papaver Somniferum. Commonly encountered opiates in police services include heroin, morphine, Oxycotin, Percocet, and Percodan.
- c. **Opioid Overdose** - An opioid overdose is an acute, life threatening, medical condition caused by excessive intake of opiates, such as heroin, morphine, tramadol, and oxycodone. This serious medical condition causes the victim to suffer from an

altered level of consciousness, pinpoint pupils, respiratory arrest, and can lead to death.

- d. **Naloxone Hydrochloride** – Naloxone is an opioid antagonist drug. Naloxone is a drug used to counter the effects of opiate overdose, for example heroin or morphine overdose. Naloxone is specifically used to counteract life-threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including NARCAN, Nalone, and Narcanti; and has sometimes been mistakenly called “naltrexate.” It is not to be confused with naltrexone, an opioid receptor antagonist with qualitatively different effects, used for dependence treatment rather than emergency overdose treatment.

II. AUTHORIZED USE

Only trained sworn personnel may administer Naloxone in accordance with state law and the guidelines as determined and established by the Orange County Health Care Agency (OCHCA) 1st Responder Standing Orders and the California Department of Public Health.

- a) Sworn personnel who are trained may administer Naloxone to persons experiencing or suspected of experiencing an opioid-related overdose. There is no legal obligation to administer Naloxone.
- b) Sworn personnel who administer Naloxone using reasonable care and in good faith are protected from civil and criminal liability.

III. PROGRAM COORDINATOR

- A. The Chief of Police will designate the Operations Captain as the Department’s Program Manager and will work in collaboration with the Orange County Health Care Agency (OCHCA), the Solace Foundation of Orange County, and the California Department of Public Health. The Program Manager will appoint a Program Coordinator who will be responsible for training requirements, tracking, storage, maintenance, replacement of the opioid overdose medication kits, and reporting to the Program Manager.

IV. TRAINING

- A. Prior to administering Naloxone, sworn personnel must complete an Opioid Overdose Prevention Training conducted in accordance with the local health department and comply with the requirements in 22 CCR 100019 and any applicable POST standards (Civil Code § 1714.22). Training will include, but not limited to:
1. Overview of California Civil Code 1714.22 (law enforcement administration of Naloxone);
 2. Review of training video <https://youtu.be/nurz9qPGKws>
 3. Follow-up training through the Solace Foundation of Orange County <https://www.solacefoundationofoc.org>

V. OPIOID OVERDOSE MEDICATION & STORAGE

Opioid overdose medication should include at a minimum: gloves and two Naloxone nasal sprays. It is recommended the opioid overdose medication kits be kept on the officer's persons while on duty. Whenever possible the opioid overdose medication kits should not be stored or left unattended in a patrol vehicle. This is imperative since extreme temperature changes may reduce the effectiveness and integrity of the Naloxone medication. Opioid overdose medication should be returned and secured in the officer's assigned equipment storage lockers at the end of the shift.

VI. NALOXONE USE

- A. Sworn personnel who have completed mandated Naloxone training may administer Naloxone when they reasonably believe someone is experiencing an opioid-related overdose (Civil Code § 1714.22; Business and Professions Code § 4119.9).
- B. Personnel will treat the incident as a medical emergency and shall follow these precautions when performing this intervention:
 - a. Update Dispatch of the potential opioid overdose condition and request an emergency personnel response
 - b. Maintain universal safety precautions;
 - c. Perform patient assessment, to include take into account statements from witnesses and family members present regarding drug use and observations;
 - d. Follow Naloxone use protocol;
 - e. Immediately notify responding emergency medical personnel that Naloxone has been administered;
 - i. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/ or violent behavior.

VII. REPORTING RESPONSIBILITIES

Sworn personnel administering opioid overdose medication shall detail its use in the narrative portion of an incident or crime report and submit the report to their supervisor before the end of their shift. The supervisor shall notify the Program Coordinator.

VIII. MAINTENANCE AND REPLACEMENT

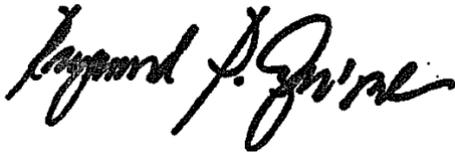
- A. After the Program Manager has issued the opioid overdose medication kits, the Inspection and maintenance of the kit shall be the responsibility of all sworn personnel. Sworn personnel should check the medication and associated equipment at the beginning of their shift to ensure it is serviceable and not expired. Any expired or unserviceable medication or equipment should be removed from service and given to the Program Coordinator. The Program Coordinator shall ensure any expired or unserviceable opioid overdose medication is properly disposed (Business and Professions Code § 4119.9).

IX. RECORD MANAGEMENT

Records regarding acquisition and disposition of opioid overdose medications shall be maintained and retained in accordance with the established records retention schedule and at a minimum of three years from the date the record was created (Business and Professions Code S 4119.9).

REVIEWED BY:

APPROVED:

A handwritten signature in black ink, appearing to read "Raymund J. Aguirre". The signature is written in a cursive style with a large initial 'R'.

Raymund Aguirre
Chief of Police