



CITY OF AKRON, OHIO
POLICE DIVISION
KENNETH R. BALL II, CHIEF OF POLICE

NUMBER P-2020-006	EFFECTIVE DATE June 22, 2020	RESCINDS P-2017-006 Issued 1-01-2017
SUBJECT Narcan Nasal Spray – Naloxone Procedure		ISSUING AUTHORITY Chief Kenneth R. Ball II

I. POLICY:

Officers will deploy Naloxone or Narcan Nasal Spray for emergency treatment of opioid overdoses.

II. DEFINITIONS

- A. Opiate - An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep.
- B. Naloxone Narcan Nasal Spray - Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system.

III. PROCEDURE

- A. Nasal Narcan Use - When an officer has arrived at the scene of a medical emergency prior to the arrival of EMS, and has made a determination that the patient is suffering from an overdose, the responding officer should administer one dose of Naloxone to the patient by way of nasal passages.

The following steps should be taken:

1. Officers should be aware of safety considerations (PPE, exposed needles, other suspects, weapons, etc.).
2. Officers should conduct a medical assessment of the patient as prescribed by the initial training, taking into account statements from witnesses and/or family members regarding drug use.
3. If the officer makes a determination that there has been a probable opiate overdose, the Naloxone kit should be utilized.

4. The officer shall use the nasal mist applicator that is included with the Naloxone kit to administer an intra-nasal dose of Naloxone. Officers should be aware that the rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
 5. The patient should continue to be observed and treated as the situation dictates.
 6. The treating officer shall inform incoming EMS about the Naloxone, other treatment, and condition of the patient.
 7. The patient is the responsibility of EMS when they arrive and begin treatment.
- B. Reporting - An incident report of the event shall be completed by the treating officer, or the primary responding officer, prior to the end of their shift. Patrol Operations personnel will be notified that Naloxone was administered by completing a Project Dawn report located in templates and then forwarding it to Patrol Operations.
- C. Equipment and Maintenance - It shall be the responsibility of officers to inspect Naloxone kits stored in the plastic bag/pouch daily. Each bag contains two (2) Naloxone prefilled nasal applicators.

Naloxone should be kept in the pouch and should not be left in direct sunlight and should be kept from extreme cold. Do not place or store the kits in the trunk. Vehicles out of service for extended periods of time shall have their Naloxone kits removed.

Damaged equipment shall be reported to a shift supervisor immediately.

Patrol Operations personnel will assign and maintain a written inventory documenting the quantities and expirations of Naloxone replacement supplies and a log documenting the issuance of replacement units.

- D. Replacement - Shift Supervisors shall replace Naloxone kits that have been used during the course of a shift. Replacement kits will be available in the Patrol Operations office.
- E. Training
1. Initial Training - All participating officers will receive initial training that will include any and all requirements in accordance with the State of Ohio that permits law enforcement use of Naloxone, patient assessment (e.g., signs/symptoms of overdose), safety considerations and the use of intra-nasal Naloxone. Initial training will be conducted during the APD basic or fast-track academies. The Training Bureau Commander will maintain a list of names and dates that officers received the initial training.

2. Additional Follow-up Training - Officers who have received the initial training will receive follow-up training as necessary. This follow-up training may be included as part of regular in-service training. The follow-up training will reinforce the initial training and address any new changes or issues that arise through the use of Naloxone by officers.

By Order Of,

Kenneth R Ball II
Chief of Police

Date _____