



OPERATIONS ORDER

SUBJECT: PILOT PROGRAM - USE OF NALOXONE ON PERSONS SUSPECTED TO HAVE OVERDOSED ON OPIOID DRUGS - PATROL BOROUGH STATEN ISLAND	
DATE ISSUED:	NUMBER:
12-18-13	49

1. The Department of Health and Mental Hygiene (DOHMH) reports that Patrol Borough Staten Island has proportionately higher opioid drug overdose incidents than any other patrol borough in New York City. The use of naloxone, an intranasal prescription medication, has proven to be effective in providing medical care to persons who have overdosed on opioid drugs. Accordingly, this Department is implementing a pilot program on Staten Island in which members will be trained and equipped to administer naloxone to persons who appear to be suffering from an opioid overdose.

2. A properly trained uniformed member of the service may administer naloxone whenever he or she believes that an aided is the victim of an opioid drug overdose. Symptoms of an opioid overdose include unconsciousness, lethargy, and confusion, as well as shallow or no breathing. Additional symptoms may also include a change in one’s skin color, especially in the lips and fingernails. If left untreated, an opioid overdose may lead to death as these substances can inhibit a person’s autonomic breathing reflex and suppress cardiac function. Naloxone works by temporarily reversing the effects of the abused substance, allowing the victim to regain consciousness and resume normal breathing. Naloxone is safe to administer to anyone including children, pregnant women, and the elderly. If naloxone is administered to an individual whose condition was not caused by an opioid overdose, the drug will have no negative effect. Members of the service should be aware that naloxone is not effective on the class of drugs known as benzodiazepines (e.g., Xanax, Klonopin, Valium, etc.) nor is it effective on those who have abused non-opioid drugs such as bath salts, cocaine, methamphetamines, or alcohol.

3. To provide first aid at the scene of an aided case in which an individual appears to have suffered from an opioid overdose, uniformed members of the service equipped with naloxone will comply with the following procedure:

PURPOSE To inform members of the service of circumstances under which the use of naloxone is appropriate and to record instances where naloxone was administered.

DEFINITIONS NALOXONE – An intranasal prescription medication that can be used to reverse the effects of an opioid drug overdose.

OPIOIDS – Opioid drugs include, but are not limited to, heroin, morphine, oxycodone, methadone, hydrocodone, and codeine.

PROCEDURE When a uniformed member of the service believes that an individual is suffering from an opioid drug overdose:

- UNIFORMED MEMBER OF THE SERVICE**
1. Request the response of Emergency Medical Service (EMS).
 2. If the aided is unconscious, rub the sternum of the aided in attempt to regain consciousness.

**UNIFORMED
MEMBER OF
THE SERVICE
(continued)**

3. If the aided is not breathing and does not have a pulse, comply with *Patrol Guide 216-19*, “*Public Access Defibrillation Program*” and administer naloxone as per step “4” of this procedure.
4. Administer naloxone in the following manner, if aided is unresponsive:
 - a. Pry the yellow caps from the plastic tube
 - b. Remove the red cap from the naloxone ampule
 - c. Insert the nasal cone into the appropriate end of the plastic tube
 - d. Gently screw the naloxone ampule into the barrel of the plastic tube
 - e. Insert the nasal cone into a nostril while depressing the naloxone ampule into the tube
 - f. Spray one half of the naloxone into each nostril.
5. Request dispatcher to notify responding EMS personnel that naloxone was administered.
6. If the aided has not responded within three to five minutes after administering the first dose, administer a second dose.
7. Inform responding EMS of the circumstances in which the victim was found that led to the belief that the aided is suffering from an opioid drug overdose (i.e., physical signs, statements by witnesses, etc.).
 - a. Report any attempt to revive aided (e.g., CPR, AED, etc.).
 - b. It is generally not necessary to accompany an aided who has been administered naloxone to the hospital, unless aided is unconscious or unidentified.
8. Complete **AIDED REPORT WORKSHEET (PD304-152b)** in non-arrest situations, or **MEDICAL TREATMENT OF PRISONER FORM (PD244-150)** when naloxone is used on a prisoner.
 - a. Note in “Details” or “Remarks” section of appropriate report:
 - (1) Type of location (house, apartment, business, SRO, etc.)
 - (2) Type of controlled substances the aided had been using, include name of prescription drugs if known
 - (3) Condition of aided (i.e., if aided was conscious and breathing before administration of naloxone)
 - (4) If CPR was administered by members of the service
 - (5) If aided survived.
9. Dispose of the used naloxone device (plastic tube, naloxone ampule, nasal cone) into trash receptacle.

DESK OFFICER

10. Fax a copy of **AIDED REPORT WORKSHEET** or **MEDICAL TREATMENT OF PRISONER FORM** to the Office of the Supervising Chief Surgeon and Office of Management Analysis and Planning.
11. Obtain replacement naloxone device/kit, as necessary, from the Medical Division, Staten Island Health Care Unit.
 - a. Include a copy of **AIDED REPORT WORKSHEET** or **MEDICAL TREATMENT OF PRISONER FORM** when requesting replacement of a used naloxone device/kit.
 - b. Comply with *PG 219-20*, “*Loss or Theft of Department Property*,” if appropriate, and submit copy of **Typed Letterhead**.

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ISLAND
HEALTH CARE
UNIT
PERSONNEL**

12. Receipt for used, expired, damaged, lost, or stolen naloxone device/kit in an appropriate log.
 - a. Include date, requesting officer's name, tax number, command and the reason a new device/kit was requested.
 - b. Enter aided number in log. If **AIDED REPORT WORKSHEET** was not prepared, indicate **MEDICAL TREATMENT OF PRISONER** form or **Typed Letterhead** was prepared.

**ADDITIONAL
DATA**

TACTICAL CONSIDERATIONS

Naloxone is generally effective within five to ten minutes of administration. If an individual was suffering from an opioid drug overdose, naloxone will cause that person to regain consciousness and resume normal breathing. However, members of the service are reminded to use proper tactics when administering this drug; aids who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal. Additionally, naloxone will wear off after thirty to forty minutes. Therefore, it is critical that whenever this drug is administered the aided be immediately removed to the hospital.

OPERATIONAL CONSIDERATIONS

Members trained in the use of naloxone must carry the kit with their personal protective equipment when assigned to patrol duties in a Department vehicle. Members assigned to foot patrol may elect to carry naloxone on their person.

Members who have been trained in the use of naloxone and are subsequently transferred out of Patrol Borough Staten Island must return the kit to their training sergeant prior to transfer.

Members are to ensure that expired or damaged naloxone kits are returned to the desk officer who will obtain a replacement from the Medical Division, Staten Island Health Care Unit.

*A properly trained uniformed member of the service is permitted to carry his/her naloxone kit off-duty only within New York State. If used off-duty inside New York City and outside the precinct of assignment, the uniformed member of the service must immediately notify the desk officer, precinct of assignment. The desk officer will obtain sufficient information to complete an **AIDED REPORT WORKSHEET** as per step 8 and complete step 10. However, an **AIDED REPORT WORKSHEET** prepared in this situation will not be entered into the On Line Aided System and will be used for informational/notification purposes only.*

If member administers naloxone to an aided outside the City, the involved member will be guided by P.G. 212-32, "Off Duty Incidents Involving Uniformed Members of the Service."

**RELATED
PROCEDURES**

*Prisoners Requiring Medical/Psychiatric Treatment (P.G. 210-04)
Aided Cases General Procedure (P.G. 216-01)
Mentally Ill or Emotionally Disturbed Persons (P.G. 216-05)
Public Access Defibrillation Program (P.G. 216-19)
Loss or Theft of Department Property (P.G. 219-20)*

**FORMS AND
REPORTS**

**AIDED REPORT WORKSHEET (PD304-152b)
MEDICAL TREATMENT OF PRISONER FORM (PD244-150)
Typed Letterhead**

4. Desk officers will fax a copy of an **AIDED REPORT WORKSHEET** or **MEDICAL TREATMENT OF PRISONER FORM** completed to:

- Office of the Supervising Chief Surgeon at (718) 760-7621, and,
- Office of Management Analysis and Planning at (646) 610-8369.

5. Commanding officers will ensure that the contents of this Order are brought to the attention of members of their commands.

BY DIRECTION OF THE POLICE COMMISSIONER

**DISTRIBUTION
All Commands**