

Opioid Overdose and Intranasal Naloxone Training for Law Enforcement

Trainer's Guide



Prepared by

NYS Division of Criminal Justice Services

NYS Department of Health

NYS Office of Alcoholism and Substance Abuse Services

Albany Medical Center

Harm Reduction Coalition

August, 2014

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Using this Trainer's Guide

Overview of this Trainer's Guide

This Trainer's Guide contains all of the information that a trainer would need to deliver the 75 minute Law Enforcement Naloxone Training. For a list of the contents of the Trainer's Guide, please see the Table of Contents.

The training is organized in two parts:

Part One: Law Enforcement Naloxone Overview

Part Two: Administration of Naloxone

Detailed Training Agenda: You will find a Detailed Training Agenda for each part of the training. This detailed agenda is further divided in specific subsections. Key learning points for each subsection are provided. The detailed agenda is an important resource for trainers as they prepare for and deliver the training. **It outlines the timeframe for each part and subsection of the training.**

Slideset: The training is delivered using a standardized Powerpoint slideset which is provided electronically.

Brief Video: A brief video comprised of NYS law enforcement officers sharing their experience with naloxone is included in the training. A link to this on-line video is included on slide 4.

Trainer Directions: Trainer Directions are provided that include guidance on how to present each training slide. Key points to be made are outlined in the Trainer Directions. Trainers are encouraged to have the Trainer Directions on the podium or table to help guide the trainer through the session.

Equipment: Computer with a recent version of Powerpoint; a projector, screen and speakers.

Who May Use This Training Guide? This guide was developed for use by any individual or organization that will train law enforcement officers on the use of naloxone. It is intended for use by:

- Approved DCJS General Topics Instructors who have completed the "Opioid Overdose and Intranasal Naloxone Training for Law Enforcement."
- Health care practitioners authorized by the DOH or DCJS to deliver the training
- Qualified individuals from NYS-registered Opioid Overdose Prevention Programs

Obtaining Training Materials: Copies of these training materials may be obtained by emailing the NYS Division of Criminal Justice Services at OPS.GeneralPolicing@dcjs.ny.gov and requesting a course CD. A mailing address and contact name must be provided in order to send the training materials.

Training Rationale and Objectives

According to the federal Centers for Disease Control and Prevention, someone dies every 19 minutes from a drug overdose, and nearly three out of four prescription drug overdoses are caused by prescription painkillers. When prescription medication is no longer available, individuals often turn to illicit drugs, such as heroin.

Drug overdose is a significant problem in New York State. As a direct consequence of drug use, 1,848 persons died in New York in 2012. Based on post-mortem toxicologies, 478 of these deceased New Yorkers had heroin in their systems. In 879 of these deaths, opioid analgesics were involved.

The New York State Opioid Overdose Prevention Program authorizes community based organizations to prepare lay-responders to administer naloxone in cases of known or suspected opioid overdose. Between April 2006 and December 2013, lay-responders were responsible for over 850 overdose reversals as reported to the State by registered programs. As of April 2014, there are more than 130 registered programs across the State. While the NYSDOH has made significant progress promoting Opioid Overdose Prevention Programs, some areas of the state are without adequate overdose program coverage. In these areas, law enforcement officers and emergency responders are likely to be the first on the scene with the potential to play a role in reversing an opioid overdose.

Equipping law enforcement officers in NYS with intranasal naloxone is highly desirable for the following reasons:

1. The life-saving benefits of naloxone in reversing opioid overdose are clearly documented;
2. These individuals are frequently the first to arrive at the scene of an overdose placing them in the best position to administer this time-sensitive, life-saving intervention;
3. Delay in administering naloxone can lead to avoidable death and injury;
4. EMTs who can administer naloxone do not always arrive on the scene quickly enough to reverse an overdose;
5. Administration of naloxone via nasal atomizer by emergency response staff has become standard in other states and cities;
6. Use of a nasal atomizer reduces the potential for occupational exposure to HIV and viral hepatitis via needlestick;
7. Intranasal naloxone has comparable efficacy to injected naloxone;
8. No negative health outcomes have been reported after years of experience in several states and cities.

Training Objectives:

By the end of this training, the student will be able to:

1. Identify the reasons that law enforcement should be aware of community naloxone programs;
2. Explain the purpose of syringe access programs and the Good Samaritan 911 Law;
3. Identify the characteristics of an opioid overdose;
4. Identify the steps in care of a person who has overdosed on an opioid; and
5. Demonstrate how to use intranasal naloxone to treat an opioid overdose.

Training Day Logistics and Materials

Training Registration and Provision of Materials

Each training participant should receive the following materials upon arrival.

- Participant Manual with training rationale, agenda, slides and handouts
- Pre – Post Assessment Form
- Prescription for naloxone
- Naloxone kit for use after the training

Demonstration Kits

This training includes an opportunity for participants to practice assembling and using the mucosal atomizer device. Law enforcement agencies and trainers should ensure that a small supply of demonstration kits are available for participants to share during the practice session.

Note: Expired naloxone kits may be utilized for demonstration purposes.

Note About Re-using Demonstration Materials: Intra-nasal naloxone delivery devices that have become low or empty can be refilled with water to continue their usefulness for training practice. To do this: Dip the tip of the device in water and pull back on the vial, sucking water into it. Stop when the back end of the grey plug (next to the water that is gradually filling up the vial) lines up with the E of the word **NALOXONE** on the pale orange label along the side of the vial. Unscrew the vial as it is removed. If the vial is not unscrewed, the grey plug will stay stuck in the barrel of the syringe. It is very common in the course of passing an intra-nasal device around for practice, for someone to pull the vial out without unscrewing it. Often the grey plug, now separated from the vial and stuck in the barrel, will be unscrewed and inserted back into the vial. Almost always this is done the wrong way, with the narrow, threaded end first. At this point the trainer is usually notified that it does not work. The plug should actually be inserted into the vial with its wide end first. It is now ready to be refilled with water.

Prescription

Participants will learn during the training that naloxone is not a controlled substance but it is a regulated drug. A prescription signed by the authorizing physician, nurse practitioner or physician assistant associated with a registered Opioid Overdose Prevention Program is required and the prescription also serves to meet the requirement for a label for the medication.

Allot Adequate Time Between Training Sessions

If offering multiple sessions in a day, it is important to allow at least 30 minutes between sessions in order to ensure time for preparing the demonstration kits, registering participants for the subsequent session and distributing materials.

Part One:

Law Enforcement Naloxone Overview

Detailed Agenda and Trainer Directions

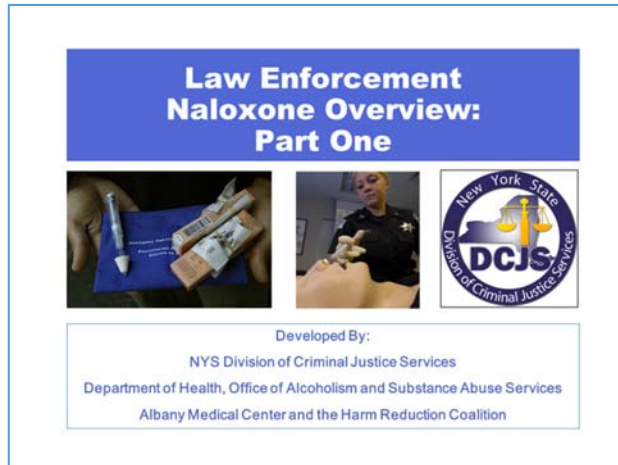


Detailed Training Agenda:

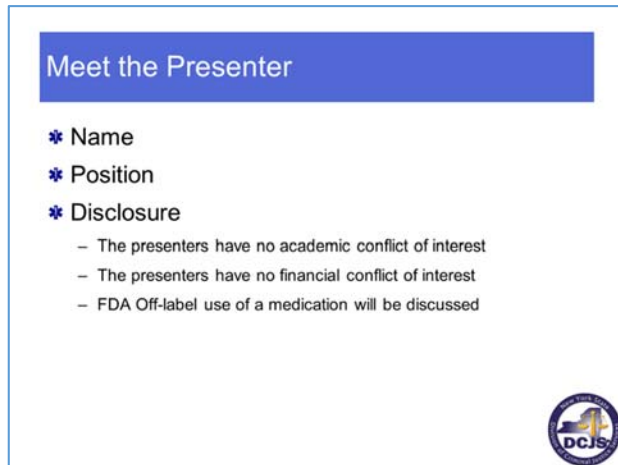
Part One: Law Enforcement Naloxone Overview

| Activity | Purpose | Time | Slides |
|--|---|---------------------------------|--------|
| Participants sign in and provision of training materials and practice kits | <ol style="list-style-type: none"> 1. Document participant attendance 2. Ensure every participant has written materials and access to a practice kit | 15-30 minutes prior to training | None |
| Pre-Training Assessment | <ol style="list-style-type: none"> 1. Evaluate the learning experience | 5 minutes | None |
| Lecture and Discussion: Purpose of the training | <ol style="list-style-type: none"> 1. Introduce trainer 2. Review objectives of the training 3. Raise awareness about the range of people who are at risk of overdose | 10 minutes | 1-6 |
| Lecture: Opioids and Opioid Overdose | <ol style="list-style-type: none"> 1. Identify names of drugs that are opioids 2. Identify the signs and symptoms of an opioid overdose 3. Explain how an overdose occurs | 5 minutes | 7-9 |
| Lecture: Medications for opioid dependence and Naloxone | <ol style="list-style-type: none"> 1. List names of medications used to treat opioid dependence 2. Identify how naloxone works to reverse an opioid overdose | 5 minutes | 10-12 |
| Lecture: Review of NYS Law | <ol style="list-style-type: none"> 1. Explain the purpose of NYS law that protects arrest victims of overdose, and those who help them 2. Explain that non-medical people who administer naloxone are protected from liability 3. Identify the laws allowing drug users to possess syringes and the public health benefits of these laws | 5 minutes | 13-17 |
| Lecture: Community Access naloxone in NYS | <ol style="list-style-type: none"> 1. Identify community programs that prepare people to administer naloxone 2. Know that it is appropriate for law enforcement to allow a citizen to administer naloxone if the citizen arrives at the scene first | 5 minutes | 18-23 |
| Time for Part One | | 35 minutes | |

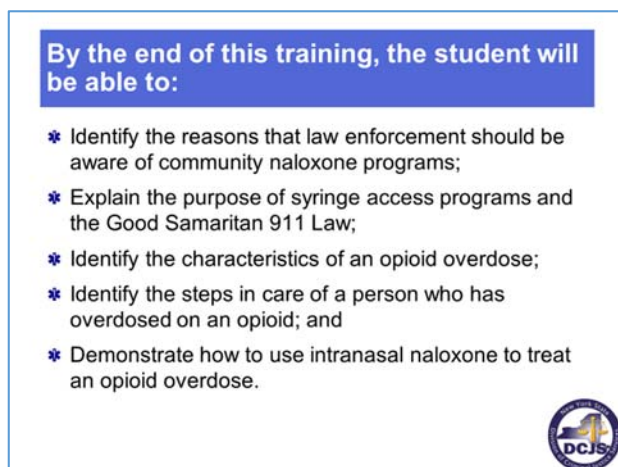
Part One – Trainer Directions



Slide 1



Slide 2



Slide 3

I. Lecture and Discussion: Purpose of the training (Slides: 1-6, Time: 10 minutes)

Welcome participants to the training.

Acknowledge that this training is sponsored by the NYS Division of Criminal Justice Services (DCJS) and was developed by a team that included staff from DCJS, the Department of Health, Albany Medical Center and the Harm Reduction Coalition. Explain that participants completing the training will receive a training certificate issued from the DCJS and the participant's training record documented in the Police and Peace Officer Registry will be updated.

Introduce yourself and your position.

If you are a prescriber trainer, review the disclosure statements. Note: DCJS Training officers may delete from this slide the bullets on disclosure.

Share any work or personal experience you have had with opioid overdose, for example, share if you had an experience reversing an overdose or if you were present at an overdose in the past and wished you could have done something.


Review the objectives of the training as outlined on the slide.

Part One – Trainer Directions

Why are police officers reviewing this topic?

- * Often the first on the scene at an overdose
- * To be better prepared to assist the public
- * To assure we are prepared to deal with opioid users in crisis
- * To improve interactions with the public

Click here for link to: [Video on Law Enforcement Experience with Naloxone](#)




Slide 4

Opioid Overdose Impacts all Socio-Economic Groups and Regions

Who is at risk of overdose?

| | | |
|---|---|--|
| People who use opioids for pain control | Young people who are experimenting with drugs or who have drug dependence | Long time drug users, often after a period of abstinence (rehab, prison, recovery) |
|---|---|--|


Opioid overdoses occur in urban, rural and suburban areas of the state



Slide 5

**OPIOID OVERDOSE:
CAN YOU RECALL?**

- Any experience you have had on the job with overdose?
- Cases that have been in the news locally or nationally?



Slide 6

Key Point: Establish relevance of the training to the work of law enforcement officers

Trainers should anticipate that some officers may believe that addressing opioid overdose is not the responsibility of law enforcement. Review each bullet on the slide and gauge the reaction of the group. Emphasize the point about improving interactions with the public. **Explain that to illustrate these points you are going to show a brief video. Click on the link on the slide to play the embedded video. If this does not work, play the video directly from the CD.**

Key Point: There is no stereotype of who overdoses.

Help officers understand that many different people are at risk for overdose, including possibly their friends, young people in the community and other respected people, who may be using legally prescribed or illegal drugs. Review the list of who is at risk for overdose. This effort may help long time drug users and it may also help anyone who has been prescribed painkillers or young people who experiment with drugs.

Pose the following questions to the group:

Has anyone had any on the job experience with opioid overdose (please avoid using names)? Can anyone recall any cases of overdose that were reported in the news in our community, or nationally?

If the group does not come up with any responses, the trainer may refer to a case he or she knows about. Well known overdose cases include Phillip Seymour Hoffman, Bon Jovi's daughter and others.

Wrap up this section by pointing out that by attending this training, officers may have a chance to do something very special: save a life.

Part One – Trainer Directions


What are opioids?

Drugs derived from, or similar to, opium

- * Heroin
- * Morphine (named after Morpheus - Greek god of sleep)
- * Methadone
- * Oxycotin (long acting oral opioid)
- * Oxycodone (Percocet)
- * Hydrocodone (Lortab, Vicodin)
- * Fentanyl
- * Many others

NOT Opioids:


- Cocaine
- Methamphetamines
- Valium
- Xanax



Slide 7

Signs and Symptoms of Opioid OD

- Unresponsive or minimally responsive
- Not breathing or respiratory arrest
- Slow breathing (< 10 per minute)
- Snoring with gurgling
- Blue or ashen color (cyanosis)




Slide 8

How overdose occurs

- * Opioids repress the urge to breathe
- * Carbon dioxide levels increase
- * Oxygen levels decrease
- * Process takes time
- * There is time to respond, but no time to waste

- 1 • Slow breathing
- 2 • Breathing stops
- 3 • Lack of oxygen may cause brain damage
- 4 • Heart stops
- 5 • Death



Slide 9

II. Lecture: Opioids and Opioid Overdose (Slides: 7-10, Time: 5 minutes)

Explain that since this program prepares officers to reverse opioid overdose, it can be helpful to know which drugs are opioids. Review the list of drugs. Point out that some are prescription medications that may be used appropriately or inappropriately and others are illicit drugs. Point out the names of some commonly mis-used drugs that are not opioids.

Key Point: It is not important to know what drug a person has taken. What is important is to be aware of the signs and symptoms of overdose.

Carefully review the signs and symptoms of overdose.

Key Point: Opioid overdose takes time as breathing slows and oxygen levels decrease. Officers should be aware that there is time to respond but not time to waste.

It is often helpful to ask questions of anyone who was present at the scene to gain more information about what has happened.

In some cases, you may not be able to determine what caused the person's condition or how long the person has been in that condition.

Part One – Trainer Directions

Drug treatment – opioid dependence

- * Methadone and buprenorphine (Suboxone, Zubsolv) are medications used to treat opioid dependence
- * If taken daily these medications reduce the risk of overdose death by as much as 80%
- * Both may be diverted and sold on the street for recreational use and for self administration to avoid withdrawal
- * Incorrect use of methadone has a much higher risk for overdose than does buprenorphine



Slide 10

Naloxone (Narcan)

- * Opioid antagonist which reverses opioid overdose
 - Can be administered intravenous, injectable or intranasal
- * Blocks opioids from acting on the body
- * Works for about 30-90 minutes
- * Analogy: "Steals the parking place"
 - Naloxone prevents opioids from going where they want to go
 - It steals the "parking place"



Slide 11

Naloxone in action

- * Causes sudden withdrawal in the opioid dependent person – an unpleasant experience
- * Doesn't get a person "high" and is not addictive
- * Has no effect if an opiate is not present
- * Routinely used by EMS for over 40 years
- * Available for use as first aid on another person in many states, including New York



Slide 12

III. Lecture: Medications for opioid dependence and Naloxone (Slides: 10-12, Time: 5 minutes)

This slide lists medications that may be prescribed, or obtained on the street, to reduce opioid dependence – meaning the body/ brain physical addiction to opioids. Review the information on the slide but feel free to point out that this is supplemental information. Law enforcement officers do not need to remember this information but may find it generally helpful to understand.

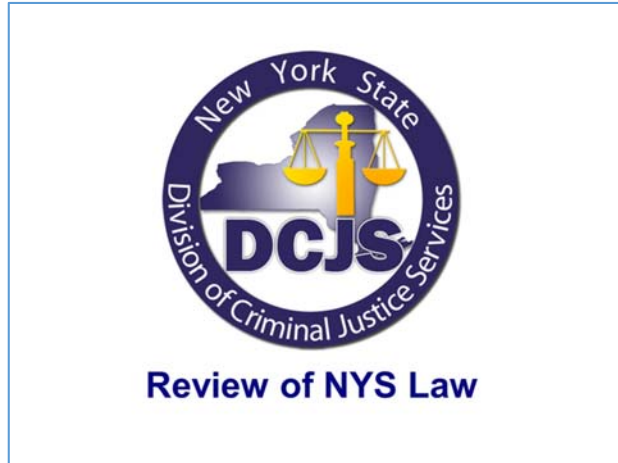
Key Point: Naloxone reverses opioid overdose by blocking opioids from acting on the body.

Naloxone takes up the space on the cell receptors where opioids would otherwise go. The effect of naloxone lasts for about 30-90 minutes which is generally enough time to allow the levels of opioid to reduce to prevent the person from going back into overdose. Naloxone serves as a road block. It steals the "parking place" and prevents naloxone from going where it wants to go.

Key Point: Since naloxone displaces the opioid fairly rapidly, the result feels the same as if the person went quickly into withdrawal.

Point out that naloxone does not get a person "high" and it is not addictive. Review the other points on the slide. By definition, if a person is experiencing opioid overdose he or she would not be capable of self-administering the medication. Generally, a person cannot give a medication to another adult for whom a medication was not specifically prescribed. However, NYS law allows a person to administer naloxone as first aid on another person for whom the medication was not specifically prescribed.


Part One – Trainer Directions



Slide 13

911 Good Samaritan Law

- * Encourage those present at an overdose to do the right thing and call for help
- * Offers protection from charge and prosecution for possession of:
 - Drugs up to an A2 felony offense (possession of up to 8oz of narcotics);
 - Alcohol (for underage drinkers);
 - Marijuana (any amount);
 - Paraphernalia offenses;
 - Sharing of drugs (in NYS sharing constitutes a "sales" offense).²



Slide 14

Good Samaritan Law: Limitations

- * Does not offer protection for drug offenses involving:
 - Sales for consideration or other benefit or gain
 - People in possession of A1 felony amounts of narcotics (not marijuana), meaning 8oz or more of narcotics
 - 1st degree criminal possession of a controlled substance
 - 1st degree criminal sale of a controlled substance
 - Operating as a major trafficker
 - Arrest or charge for drug or alcohol possession for individuals with an open warrant for their arrest or are currently on probation/parole.²
- * Does not extend to outstanding warrants, probation or parole violations, or other non-drug related crimes



Slide 15

III. Lecture: Review (Slides: 13-18, Time: 5 minutes)

Explain that for the next 10 minutes or so you will review NYS laws that pertain to opioid overdose and administration of naloxone.

Point out that it is important for law enforcement to be fully versed in these laws because they guide what officers can and cannot do when addressing an opioid overdose.

Key Point: NYS law protects from arrest and prosecution on drug possession charges, an overdose victim or others involved in summoning EMS to address an overdose.

This law makes it safe for people to call for help when an overdose may have occurred.

Otherwise, fear of prosecution may prevent people from doing the right thing to save a life. Review the protections. Ask if participants are familiar with the case of Bon Jovi's daughter who was arrested in upstate NY after the officer reversed her overdose. The charges were later dropped and the case brought unnecessary attention to law enforcement for not being aware of the NYS Good Samaritan 911 law.

Key Point: There are important limitations to the Good Samaritan Law.

Review the details of the exceptions to the law outlined in the slide

Part One – Trainer Directions

Overdose Law in NYS (PHL 3309)

- * Protects the non-medical person who administers naloxone in setting of overdose from liability
 - “shall be considered first aid or emergency treatment”
 - “shall not constitute the unlawful practice of a profession”
- * Allows the medical provider to provide naloxone for use as first aid on another person



Key Point: NYS law protects from liability, non-medical people who administer naloxone to reverse an opioid overdose. This law applies to law enforcement as well, meaning officers cannot be held liable should anything go wrong in the process of trying to reverse an overdose. In addition, point out that officers do not have liability if, for any reason, they are not able to administer naloxone.

Slide 16

Syringe Possession: Amendment to Section 220.45 of the Penal Law – October, 2010

Amended to state that persons do not act unlawfully by possessing a syringe without a prescription if they participate in one the these three public health programs

Public Health Programs

- * Syringe Exchange Programs
- * Expanded Syringe Access Program (ESAP pharmacies)
- * Opioid Overdose Prevention Program



Key Point: As per amendment to 220.45, NYS has three programs that allow for lawful possession of a syringe without a prescription. Syringe Exchange programs furnish and exchange syringes. Pharmacies registered in the Expanded Syringe Access Program (ESAP) may sell up to 10 syringes per transaction to persons 18 and older without a prescription. Some Opioid Overdose Prevention kits include a syringe (though not one used for injecting street drugs). As per amendment to 220.45, it is legal for drug users to carry syringes obtained through these programs and no proof of participation in the program is required.

Slide 17

More About Syringe Access Laws

PUBLIC HEALTH BENEFITS

1. Protects users from infections from sharing needles
2. Protects public safety personnel and the public from dirty needles
3. Gets dirty syringes off the street
4. Chance to enroll people in drug treatment programs

IMPORTANT NOTE

Section 220.03 of Penal Law was amended to state that residual amounts of a controlled substance on syringes obtained via public health programs is not unlawful



Key Point: Expanding access to sterile syringes promotes health for drug users, their partners and the general community. In support of this, amendments to section 220.03 made residual amounts of controlled substance not unlawful. Review the list of benefits outlined on the slide. Point out that studies show that syringe exchange does not increase drug use. However, it does dramatically decrease rates of HIV infection. In the early 1990s there were almost 10,000 new cases a year in NYS and almost 50% of those were among injection drug users. In 2011, there were 3,732 new cases of HIV and less than 4% of them were among injection drug users.


Slide 18

Part One – Trainer Directions

Community access naloxone in NYS

Well over 130 locations registered including:


- * Syringe exchange/syringe access sites
- * Drug treatment programs
- * HIV treatment programs
- * Homeless shelters
- * Public health departments
- * Hospitals
- * Law enforcement agencies



Slide 19

Community Overdose Education

- * Call 911 if there is a problem!
- * Use with others who know what to do if an overdose happens – make a plan
- * Be aware of companions at all times when using
- * Be careful if using alone, especially if:
 - Mixing different classes of drugs
 - Using after abstinence
 - (And watch out for others in these situations)




Slide 20

Community access naloxone

- * Individuals authorized to carry and administer naloxone to overdose victims
 - May not have any identification of this on them
- * Kits are generally blue and marked
- * In one study, the more community members that carried naloxone, the more the overdose death rate decreased

Don't stop someone if they say they are giving naloxone or Narcan to an overdose victim



Slide 21

V. Community access naloxone in NYS (Slides 19-24, Time: 5 minutes)

NYS registers Opioid Overdose Prevention Programs that train overdose responders to administer naloxone in cases of suspected overdose. Many of these programs also educate drug users, their family members, friends and others about how to avoid overdose.

Community access naloxone sites are located in many different types of settings, as listed on the slide.

This slide reviews key messages that health and human services providers share with drug users to help them avoid opioid overdose.

Law enforcement officers may benefit from being aware of these strategies which can be shared with drug users, their families and friends.

While law enforcement officers are not counselors, sharing these strategies with drug users and others may help prevent situations where naloxone is required to reverse an overdose.

Key Point: Law enforcement officers should be aware of the presence of trained overdose responders in the community. Having overdose responders present in a community appears to help reduce the overdose death rate. Law enforcement officers who come to the scene of an overdose where a community responder is administering naloxone should allow the community responder to proceed administering the medication.

Part One – Trainer Directions

Intramuscular naloxone



Depending on the area of the state and the specific overdose responder, he or she may possess **intramuscular or intranasal naloxone**.

This is an image of the intramuscular naloxone which is injected into an easily accessible muscle, usually the upper arm muscle (the deltoid) or the outer thigh.

Slide 22

Intranasal naloxone



This is a picture of intranasal naloxone that law enforcement officers will use to reverse opioid overdose.

Intranasal naloxone has the benefit of easy administration and no needle which affords less risk to officers or bystanders than administration of intramuscular naloxone.

Slide 23

Bottom line

- * If at an aided call and someone has overdosed:
 - Prioritize officer and EMS safety and treat the overdose victim as soon as possible
 - Remember the Good Samaritan 911 Law
- * If someone says they are treating an overdose victim with naloxone or Narcan—let them!
 - You are not responsible for the administration of naloxone by someone else
 - The naloxone will be in a commercially prepared vial and may be intranasal or intramuscular



Summarize this section by reviewing the key points of this slide.

Prioritize officer and EMS safety and then treat the overdose as soon as possible

If a community responder is on the scene and administering naloxone, allow them to proceed.

This completes Part One of the training.

Slide 24

**Part Two:
Administration of Naloxone**

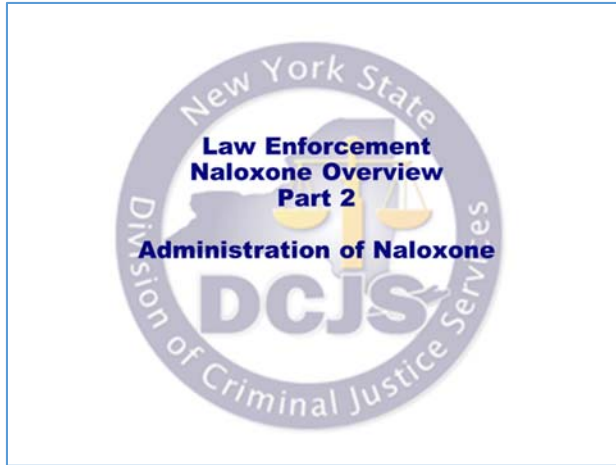
Detailed Agenda and Trainer Directions



Detailed Agenda: Part Two: Administration of Naloxone

| Activity | Purpose | Time | Slides |
|---|---|-------------|---------------|
| Lecture: Administration of Naloxone | <ol style="list-style-type: none"> 1. Explain that naloxone is a regulated medicine that must be obtained from a licensed provider 2. Explain the importance of checking medication shelf life and avoiding exposure to extreme temperatures 3. Identify advantages of intranasal administration of naloxone 4. Know when to use naloxone | 10 minutes | 24-30 |
| Practice Session | <ol style="list-style-type: none"> 1. Learn how to assemble and administer naloxone 2. Gain experience and confidence assembling the device and administering the medication | 10 minutes | 31- 38 |
| Lecture: Post Administration Considerations | <ol style="list-style-type: none"> 1. Be prepared for victim nausea, vomiting and possible combativeness 2. Know how to complete the required reporting form 3. Explain the importance of becoming familiar with your law enforcement agency's specific policies regarding naloxone | 5 minutes | 39-41 |
| Question and Answer Period | <ol style="list-style-type: none"> 1. Opportunity to ask any final questions | 5 minutes | 42-43 |
| Lecture: Final Review | <ol style="list-style-type: none"> 1. Final opportunity to review key facts about administering naloxone to reverse opioid overdose | 4 minutes | 44-47 |
| Closing | <ol style="list-style-type: none"> 1. Provide trainer contact information to address any future questions | 1 minute | 48 |
| Post-Training Assessment | <ol style="list-style-type: none"> 1. Evaluate the learning experience | 5 minutes | None |
| Time for Part 2 | | 40 minutes | |
| TOTAL TIME | | 75 minutes | |


Part Two – Trainer Directions



Slide 25

Logistics of naloxone program

- * It is regulated but not a controlled substance
- * Needs to be obtained from a licensed prescriber
- * Should be stored at room temperature and away from direct light
 - Avoid extremes of temperature
- * Has a limited shelf life—note expiration date



Side 26

Intranasal naloxone



Slide 27

Part Two:

I. Lecture: Administration of Naloxone (Slides 25-31, Time: 10 minutes)

Explain to participants that during Part 2 of the training they will learn how and when to administer naloxone and have an opportunity to practice with the demo kits that they were provided when they arrived.

Reassure participants that administering naloxone does not require any prior medical training.

Key Point: Naloxone is a regulated substance that must be obtained from a licensed prescriber. The medication has an expiration date and is sensitive to extreme temperatures

It may be helpful to explain that later in the training the trainer will review how to obtain a new supply of medication after the officer uses the initial supply or in the event that the medication expires.


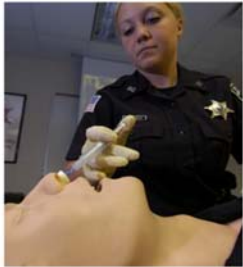
Explain to participants that this is how the final product looks when the mucosal atomizer device (white soft item at the end) is attached to the syringe (the plastic middle component) and the medication is inserted and ready for administration.

Point out that there is no exposed sharp (needle) but that there is a protected sharp located within the tube to which the prefilled medication vial is inserted.

Part Two – Trainer Directions

Advantages of intranasal administration


- * Nose is easy access point for medication and delivery
- * Painless
- * Eliminates risk of a contaminated needle stick



Review the points on the slide that describe the advantages of administering naloxone using the intranasal method.

Important Note: This picture shows the person administering naloxone wearing latex gloves. Unless there is reason to anticipate possible contact with body fluids, the use of latex gloves would not be required (optional).

Slide 28



Review with participants the contents of the kit they will walk away with after the training.

Point out that the kits includes:


- Two mucosal atomizer devices in a plastic bag
- Two doses of medication
- Directions for use

Key Point: The second box of medication is provided in case the person does not respond after one dose.

Slide 29

The scene

- * You may be responding to a suspected overdose, or you may discover one
- * Scene safety / body substance isolation is a top priority
- * Ask bystander(s) what and when the patient injected, ingested, or inhaled, or if a transdermal patch has been used
 - Was more than one substance used?

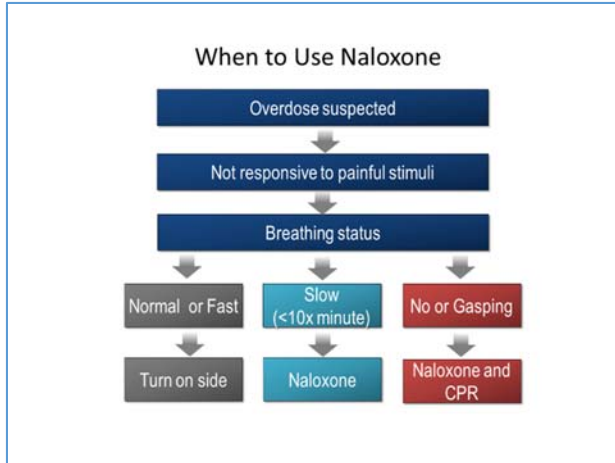


Review the bullets on this slide that describe how to approach the scene of a suspected overdose.

Acknowledge that bystanders can be a helpful source of information.

Slide 30


Part Two – Trainer Directions



Slide 31

Administration

- * Wipe the nose if it is messy
- * Hold the patient's head with one hand
- * Keep the head tilted backward (this prevents the medication from running out of the nostril)
- * Place the atomizer within one nostril
- * Gently, but firmly, spray half the vial (about 1 ml) into that nostril
- * Spray the rest of the medication into the other nostril



Slide 32



STEPS TO ASSEMBLE – OPEN BOX



Slide 33

Key Point: This slide walks through the process that an officer should take when deciding whether or not to administer naloxone.

(Note: This slide is animated) Overdose is suspected when a person is not conscious, often slumped over. Call out loudly first and if no response, perform the sternal (chest) rub by making a fist and rubbing your knuckles up and down the person's sternum. If there is no response, check breathing status. In cases where the person is non-responsive and there is slow breathing, administer naloxone. If there is no breathing, also administer CPR.

Review the steps to administering naloxone as outlined on the slide.

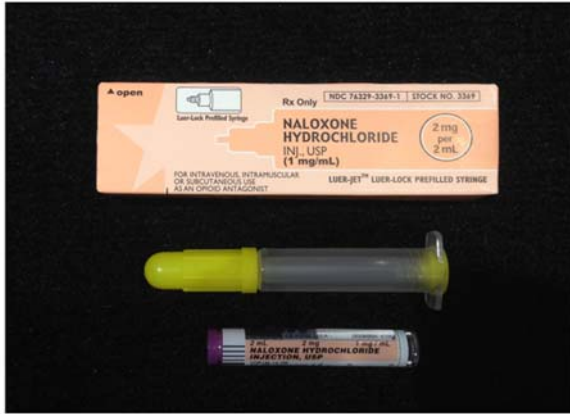
Explain that since the nose is where the medication is administered, if there is a significant visible quantity of mucus or any other barrier to entry, this should be wiped away. Holding the patient's head is important to keep it stationary. Spray 1 ml or about half the vial, into each nostril. Point out that the aided does not have to breathe in the medication. It is absorbed by the membrane of the nose.

II. Practice Session (Slides 32-39, Time: 10 minutes)

Explain to participants that they should now take out the practice kits and the trainer will review the process for assembly, step by step. Encourage participants to watch the presentation first and then practice.

Point out that when it is time to practice there will be people with experience doing this in the room who will walk around to assist.

Part Two – Trainer Directions



Key Point: Check the expiration date on the top of the box and be sure it has not expired.

Note: Explain that each agency or department should establish a process to periodically check the expiration date so that they will always have unexpired medication ready for use.

Begin by checking the expiration date on the top side of the box, where the medication is opened.

Remove the medication from the box

Slide 34



The syringe has yellow caps on both ends that should be gently removed.

Slide 35



Remove the cap from the medication.

Slide 36

Part Two – Trainer Directions



Remove the cone-shaped atomizer from its plastic bag.



While holding on to the wings, attach the atomizer to the syringe with a gentle twist.



Gently twist or screw the medication into the other side of the syringe or holder.

Note: Screw until you feel resistance which occurs when the needle meets the gray plug. Do not press down too hard, or you will start to spray the medication.

Point out that the glass medication vial will break if it is dropped. After use, at the scene, the medication vial can be provided to EMS for safe disposal.

Part Two – Trainer Directions

Post-administration considerations

- * Use **CAUTION** when administering naloxone to narcotic dependent patients!
- * Rapid opiate withdrawal may cause nausea and vomiting and may cause **combativeness**
- * Roll patient to their side after administration to keep airway clear
- * If patient does not respond within 3-5 minutes, administer second dose



Slide 40

Reporting Form

- * Law enforcement must report activities using the DCJS approved reporting form
- * Data elements to be completed include:
 - Status of overdose victim before administration of naloxone
 - Details regarding administration of naloxone, such as number of vials used, how long it took for the naloxone to work
 - Outcomes of the administration of naloxone
- * Brief review of form (included in training manual)



Slide 41

Know Your Law Enforcement Agency's Policies

- * After the June 11, 2014 MPTC meeting, the Council will have approved a model policy
- * It will be important for law enforcement officers to be familiar with their specific agency's policies and procedures



Slide 42

III. Lecture: Post- Administration (Slides 40-42, Time: 5 minutes)

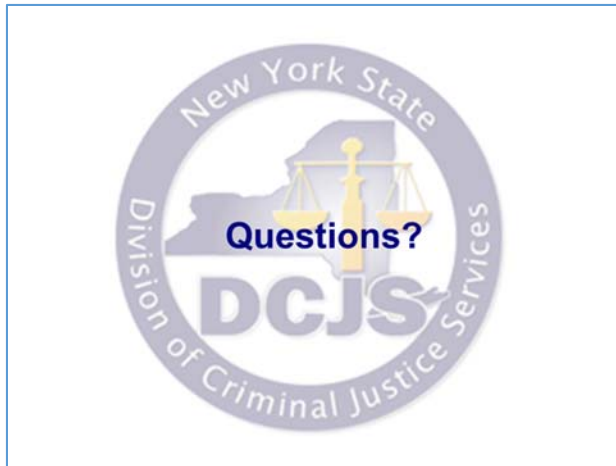
Key Point: When the person becomes conscious, he or she may be in opiate withdrawal. The person may develop nausea or vomiting and may be irritable, angry or combative. Be prepared for these responses. Second dose: In some cases, a second dose may be required to revive the person. Generally speaking, the response should be seen within a couple of minutes. If a response is not seen within 3-5 minutes, administer the second dose provided in the kit.

Key Point: After each administration of the medication, the officer must complete the designated reporting form.

Explain to participants that a copy of the report form is included in the training handouts. Review with participants the form and the information that must be submitted.

Review points on the slides. Point out that Model Policies and Procedures are included as Appendix E.


Part Two – Trainer Directions



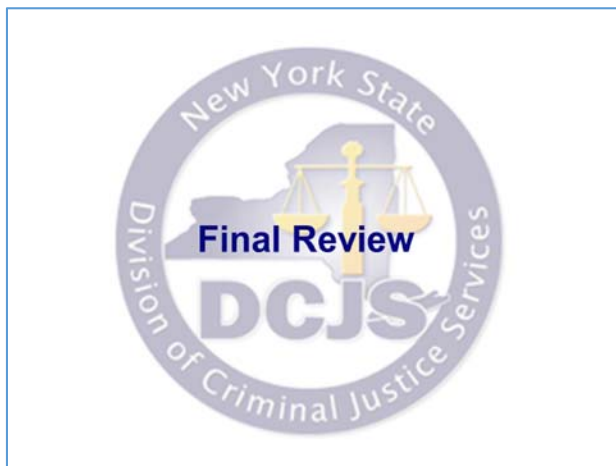
Slide 43

Questions from other officers:

- * What if we give it to someone who hasn't taken opioids?
 - Nothing. They get a wet nose.
- * What about accidental spraying in the air near others?
 - Won't hurt anyone else or you.
- * Can we get in trouble for administering?
 - No. It is considered "first aid or emergency treatment" and PHL protects the person administering the medication.



Slide 44



Slide 45

IV. Question and Answer Period (Slides 43-44, Time: 5-8 minutes)

Key Point: Avoid asking “Do you have any questions” because participants will usually respond by shaking their heads and saying “no”.

Rather ask participants, “What questions do you have?” and encourage or draw out questions.

If the questions on this slide are not asked, take a moment to review the answer because these are common questions.

Point out that included in the participant’s manual there is also a frequently asked questions document addresses a number of common questions.


V. Lecture: Final Review (Slides 45-48, Time: 5 minutes)

Explain to participants that you will take a few minutes now to review the key points from the training.

Part Two – Trainer Directions

Why law enforcement naloxone?

- * Why watch someone die?
- * Early treatment improves outcomes for victim
 - Reduced cost in medical care
 - Increased potential for seeking rehab
- * Improves community relations
- * About 250 officers were trained in Albany at the end of April—the first deployment was within 48 hours!




Slide 46

Review the rationale for this program by briefly going over each point on the slide.

Resuscitation

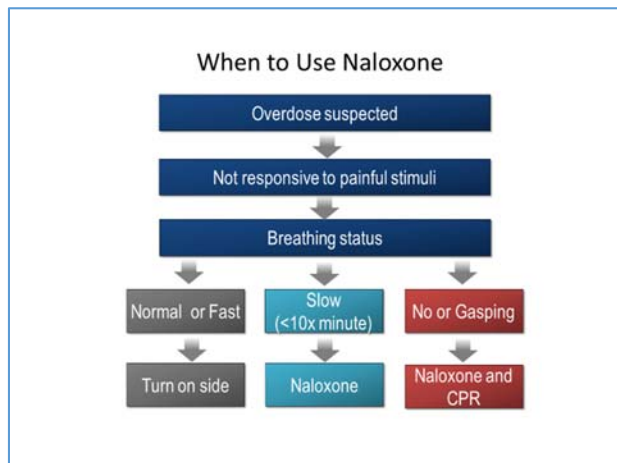
- * Use of naloxone should be incorporated into standard procedures used for an unconscious person
- * Resuscitation may include full CPR, chest compressions only or rescue breathing with adjuncts
- * Rescue breathing may depend on availability of equipment



Slide 47

Key Point: Use of naloxone should be incorporated into standards procedures used when encountering an unconscious person.

Review the points on the slide



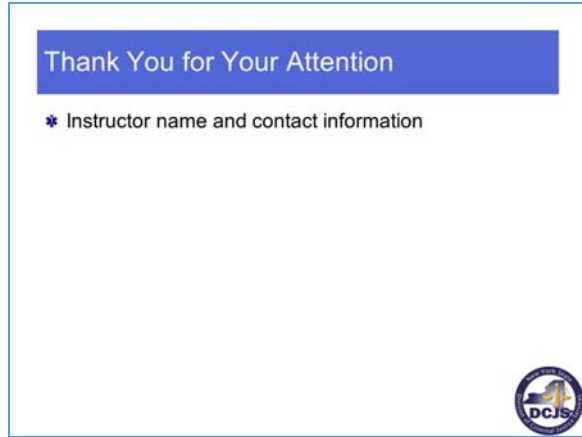
Slide 48

Review the protocol for administering naloxone.

Note: This slide is animated and with each forward click, it will advance along the process.

Key Point: In cases where overdose is suspected, the person is non-responsive and there is slow breathing, administer naloxone. If there is no breathing, administer naloxone and CPR.

Part Two – Trainer Directions



Slide 49

VI. Closing (Slide 49, Time: 2 minutes)

Thank participants for taking part in the training.

Acknowledge that they now have an important tool that may allow them to save a life.

Provide your name and contact information and encourage officers to contact you if any questions come up.

This concludes the training.

Appendix A: Pre-Post Training Assessment Form

A pre and post training assessment should be completed by each training participant in each training session.

Trainers should instruct participants to be sure to complete the required information at the top of the form. All pre and post assessments are anonymous but provision of the information will allow evaluators to match pre and post forms to assess the degree of learning that took place as a result of the training.

Trainers should return completed form to:

**NYSDOH
Office of Program Evaluation and Research
Room 359
Corning Tower
Empire State Plaza,
Albany NY, 12237-0658**

LAW ENFORCEMENT NALOXONE TRAINING: PRE-TRAINING ASSESSMENT

Last four digits of your phone number: ____ ____ ____ ____

Indicate whether the statement is true or false by filling in the corresponding circle.

| | True | False |
|---|-----------------------|-----------------------|
| In an opioid overdose, the individual becomes sedated and loses the urge to breathe. | <input type="radio"/> | <input type="radio"/> |
| Opioid overdoses are more dangerous when individuals are using alone. | <input type="radio"/> | <input type="radio"/> |
| Opioid overdose is most common among new users. | <input type="radio"/> | <input type="radio"/> |
| In order to safely administer naloxone (Narcan) in an overdose situation, one needs to have advanced medical training. | <input type="radio"/> | <input type="radio"/> |
| Naloxone (Narcan) works by blocking heroin (or other opioids) in the brain for 24 hours. | <input type="radio"/> | <input type="radio"/> |
| The 911 Good Samaritan Law provides significant legal protection against criminal charges and prosecution for possession of controlled substances in overdose situations. | <input type="radio"/> | <input type="radio"/> |

Indicate your level of agreement with each of the following statements by filling in the corresponding circle.

| | 1 Strongly Disagree | 2 Disagree | 3 Not Sure | 4 Agree | 5 Strongly Agree |
|---|---------------------------|-----------------------|-----------------------|-----------------------|------------------------|
| I come upon a person who is stumbling while he walks and is obviously high. I should administer naloxone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I come upon a person turning blue in a car at a stop-sign. I should administer naloxone? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am called to a domestic dispute and the wife says, "He did some drugs and now he is aggressive and going crazy". After he is secured, I should give him naloxone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel confident in my ability to recognize the signs of an opioid overdose. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am capable of responding to an opioid overdose. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am willing to carry naloxone and treat an overdose if needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you were to respond to an overdose yesterday (before getting naloxone) and the person was turning blue and breathing slowly, what would you do?

Please circle one of the following: Bag Valve Mask Mouth to Mask Nothing Other: _____

LAW ENFORCEMENT NALOXONE TRAINING: POST-TRAINING ASSESSMENT

Last four digits of your phone number: ____ ____ ____ ____

Indicate whether the statement is true or false by filling in the corresponding circle.

| | True | False |
|---|-----------------------|-----------------------|
| In an opioid overdose, the individual becomes sedated and loses the urge to breathe. | <input type="radio"/> | <input type="radio"/> |
| Opioid overdoses are more dangerous when individuals are using alone. | <input type="radio"/> | <input type="radio"/> |
| Opioid overdose is most common among new users. | <input type="radio"/> | <input type="radio"/> |
| In order to safely administer naloxone (Narcan) in an overdose situation, one needs to have advanced medical training. | <input type="radio"/> | <input type="radio"/> |
| Naloxone (Narcan) works by blocking heroin (or other opioids) in the brain for 24 hours. | <input type="radio"/> | <input type="radio"/> |
| The 911 Good Samaritan Law provides significant legal protection against criminal charges and prosecution for possession of controlled substances in overdose situations. | <input type="radio"/> | <input type="radio"/> |

Indicate your level of agreement with each of the following statements by filling in the corresponding circle.

| | 1 Strongly Disagree | 2 Disagree | 3 Not Sure | 4 Agree | 5 Strongly Agree |
|---|---------------------------|-----------------------|-----------------------|-----------------------|------------------------|
| I come upon a person who is stumbling while he walks and is obviously high. I should administer naloxone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I come upon a person turning blue in a car at a stop-sign. I should administer naloxone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am called to a domestic dispute and the wife says, "He did some drugs and now he is aggressive and going crazy". After he is secured, I should give him naloxone. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I feel confident in my ability to recognize the signs of an opioid overdose. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am capable of responding to an opioid overdose. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| I am willing to carry naloxone and treat an overdose if needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

If you were to respond to an overdose yesterday (before getting naloxone) and the person was turning blue and breathing slowly, what would you do?

Please circle one of the following: Bag Valve Mask Mouth to Mask Nothing Other: _____

Appendix B:

DCJS Administrative Guide

DCJS Administrative Guide

Opioid Overdose and Intranasal Naloxone Training for Law Enforcement

Introduction

In-service training programs for law enforcement personnel and their civilian partners is a key element in increasing the effectiveness and efficiency of law enforcement and public safety organizations. These programs are intended to promote continued instruction and study in the attitudes, knowledge, skills and procedures involved in carrying out the duties and responsibilities of law enforcement work beyond the fundamentals covered in basic training programs.

This guide is designed to facilitate training professionals who would like to conduct in-service Opioid Overdose and Intranasal Naloxone Training for Law Enforcement which will be recorded by the New York State Division of Criminal Justice Services (DCJS).

Naloxone training and deployment should be performed in conjunction with the development of an agency “naloxone use and administration” policy. This will allow for optimal deployment of naloxone for the use by officer to treat overdose, the safe use and handling of naloxone, the reporting requirements and the training and credentialing requirements for each department. A model policy is included in the Trainer’s Guide found in Appendix E.

Establishing a Law Enforcement Naloxone Training School

An Opioid Overdose and Intranasal Naloxone Training for Law Enforcement course may be established by a police or peace officer employer or by a regional law enforcement academy. All approvals are at the discretion of DCJS and are governed by the rules established and codified in Title 9 of the Official Compilation of Codes, Rules, and Regulations of the State of New York, Part 6022 (9 NYCRR 6022).

Employers may utilize a third party to deliver training. However, for the purposes of recording training with DCJS, only a police or peace officer employer or regional training academy may sponsor training. All documentation shall reflect the name and address of the sponsoring agency.

Each school must appoint a school director. The school director serves as the administrator of the course and is responsible for a variety of important tasks that will be explained in this guide. It is preferable for the school director to be a certified Municipal Police Training Council (MPTC) instructor and possess a high level of administrative skill and the ability to work with a diverse student population. All contact regarding the training is conducted through the school director. The school director is expected to be an administrator who is available to students, instructors, and DCJS staff during school operational hours. Students and instructors should direct all questions or inquiries through the school director. Accordingly, the director must have the level of authority equal to this responsibility.

Instructor Selection and Requirements for Law Enforcement Naloxone Training

All instructors must meet the Standards and Qualifications established by 9 NYCRR 6023 for certification. There are two categories of instructor approvals: certified and approved. Certified instructors have completed an Instructor Development Course approved by the MPTC; this is the most common method of instructor certification. Instructors in this category may instruct Opioid Overdose and Intranasal Naloxone Training for Law enforcement if the following prerequisites are met:

1. Complete an Instructor Development Course approved by the MPTC;
2. Complete an approved Opioid Overdose and Intranasal Naloxone Training for Law Enforcement.

The regulation also provides for Special Certification of instructors, or waiver of the Instructor Development Course. This occurs when an applicant can demonstrate technical expertise and has advanced academic credentials or a unique qualifying experience. The applicant must also be evaluated in the classroom and found to have acceptable instructional skills. Applicants who have earned a Bachelor's Degree in Education (or equivalent), a Master's Degree, a Juris Doctorate (JD), or other doctorate (PhD) are deemed to have advanced academic credentials. All waivers are issued at the discretion of DCJS.

Approved, or Non-certified Special Topics Instructors, possess advanced academic credentials and a unique qualifying experience. Instructors in this category have not attended an Instructor Development Course and may instruct topics, such as law enforcement naloxone training, for which they are uniquely qualified only. They are not eligible to obtain advanced certification in specialty topics, such as firearms or defensive tactics without first successfully completing an approved Instructor Development Course. Applicants must be evaluated in the classroom and found to have acceptable instructional skills. For example, individuals with formal medical training such as a physician, nurse, physician assistant or paramedics may be approved to provide naloxone instruction.

To become an approved instructor, a candidate must submit an Instructor Personal History Form accompanied by an acceptable Instructor Evaluation, performed by an MPTC certified Instructor Evaluator, to DCJS for consideration. All approvals are issued at the discretion of DCJS. A copy of the Instructor Personal History Form is available on our website at: <http://www.criminaljustice.ny.gov/ops/docs/index.htm>.

All instructors shall be responsible for disseminating the information in the modules assigned them according to the standards established. Instructors may be called upon to provide documentation of their status, and DCJS may require any additional information to establish the competence of an instructor or for any other pertinent purpose.

Course Planning

Law enforcement naloxone training reported to DCJS must meet the requirements for the administration of in-service training courses and the rules governing attendance/completion of such courses as established in 9 NYCRR 6022. Law enforcement agencies seeking to offer training on opioid overdose and intranasal naloxone should use the DCJS/DOH approved training materials. Law enforcement agencies are encouraged to add material to the training to ensure that law enforcement officers are fully versed on the agency's specific policies and procedures. Law enforcement agencies that do not use the DCJS/DOH-approved training materials will have their course reviewed against the DCJS and NYS Department of Health (DOH) approved law enforcement naloxone training to ensure the course contains the topics, hours, and instructor qualifications approved by DCJS and DOH in order to receive certification.

Pursuant to 9 NYCRR 6022, training must be conducted as a single and cohesive unit. In practical terms, this means that a student must complete all units of the law enforcement naloxone training during one session, at one school. Under no circumstances may a student split the training among multiple schools.

It is the school director's responsibility to ensure each instructor is provided with a complete copy of the approved law enforcement naloxone training materials. School directors do not have the authority to disregard or waive any policy, procedure, rule, or regulation established by either the MPTC or by DCJS. Violations may result in revocation of school approval and render any training provided invalid. The DCJS Office of Public Safety is available to provide any technical assistance required by the school director. Students and instructors should direct all questions or inquiries through the school director.

Law Enforcement Naloxone Training Curriculum Content Form

Pursuant to 9 NYCRR 6022.5(a), a school director proposing a course shall file with DCJS, at least 45 days in advance of the designation of the school a curriculum content form containing the course title (Opioid Overdose and Intranasal Naloxone Training for Law Enforcement), the location of the school, a chronological listing of the dates times and instructors for each session, and shall include all subjects prescribed by the training materials. A school must receive DCJS approval to be offered. The form is located under the "In-Service Training" heading at the following link: <http://www.criminaljustice.ny.gov/ops/docs/index.htm>

Once a curriculum content form is received, DCJS will make written notification to the school director upon approval of the form. It is recommended that school directors maintain a copy of the approval letter in the course file. Courses must be approved to be certified by DCJS. The form can be sent to OPS.CourseApprovals@dcjs.ny.gov for approval.

Obtaining and Equipping Law Enforcement Officers with Naloxone

Although naloxone is not a controlled substance, it is still a prescribed drug. All prescribed drugs require a prescription, and all prescriptions must come from someone who is legally authorized to provide them. Health Care professionals – who are defined in Public Health Law 3309 as persons “licensed, registered, or authorized pursuant to title eight of the education law to prescribe prescription drugs,” may prescribe naloxone to law enforcement officers by either a patient-specific prescription or a non-patient specific prescription. **A non-patient specific prescription eliminates the need for law enforcement officers to have unique, personal overdose kits dispensed to them under a patient-specific prescription. Law enforcement officers can instead have shared access to – and use of – naloxone dispensed to the organization for which they work under a non-patient specific prescription (i.e. equip each patrol car with naloxone instead of each officer).** The advisability of shared versus individual overdose kits is determined by the prescription of the practitioner who authorized the medication to be dispensed.

In order to furnish naloxone kits to law enforcement officers, three requirements must be met: 1) the officers must have completed a training which conforms with DCJS and DOH approved instructional materials; 2) a patient-specific or non-patient specific prescription must be issued for the medicine by a prescriber affiliated with a NYS DOH-registered opioid overdose prevention program; and 3) the naloxone should be furnished either by the prescriber personally or by someone designated by the prescriber in a non-patient specific prescription.

Below is a list of the currently acceptable options for obtaining naloxone kits for agency use following approved training.

- Submit the curriculum content form designed specifically for the law enforcement naloxone training at least 45 days in advance of the training. The form can be found here:
http://www.criminaljustice.ny.gov/ops/docs/training/pubs/inservice/curriculumcontentform_le_naloxone_training.doc

This form must be utilized by agencies requesting naloxone kits. It contains the necessary fields that must be completed in order for naloxone kits to be shipped at no cost to agencies utilizing the approved law enforcement naloxone training materials and meeting the instructor requirements. An agency must identify in the delineated fields: **medical provider name; DOH registered opioid overdose program with which the prescriber is affiliated; and number of kits needed** (The number of kits may be less than the projected number of officers to be trained if the agency contemplates having officers share them consistent with a non-patient specific prescription and the agency’s operational plan.) Agencies not requesting kits may continue to submit the standard curriculum content form for general course approvals.

It is imperative that the specified naloxone curriculum content form mentioned above is submitted to DCJS for approval at least 45 days in advance of the training. This will ensure naloxone kits are received by the provider prescribing the naloxone prior to the commencement of the course.

- Law enforcement agencies can work with DCJS and DOH and participate in the trainings being conducted by DCJS/DOH. For these trainings, trainers and prescribers will be arranged by DCJS/DOH, and naloxone will be provided as needed to officers at no cost.
- Law enforcement agencies can work directly with DCJS/DOH to arrange for a specific training for their officers. DOH would arrange for a trainer/prescriber and furnish the naloxone.
- Law enforcement agencies can work with entities currently registered with DOH as opioid overdose prevention programs. Eligible entities include individual prescribers, drug treatment programs, health care facilities, county health departments, EMS agencies and community-based organizations. These trainings would need to be arranged in conjunction with the approved program with regard to having their prescriber agree to write the prescriptions and have the prescriber order the naloxone. DOH provides the naloxone to registered programs at no cost.
- If law enforcement agencies have someone affiliated with them who could serve as the prescriber (physician, physician assistant or nurse practitioner), that prescriber could request approval from DOH to register as an overdose prevention program or that prescriber could request status as an affiliated prescriber with a currently registered program. Once approved, they would be eligible to obtain naloxone at no cost. Information on registering to become an opioid overdose program is available at: http://www.health.ny.gov/diseases/aids/providers/prevention/harm_reduction/opioid_prevention/index.htm

Law enforcement agencies should be aware that prescribers are required to maintain a record of individuals to whom naloxone prescriptions have been written. The Class Roster/Notification of Completion form discussed below can serve as the record for the medication that will be used as shared access medication within an agency under a non-patient specific prescription. Additionally, it is also advisable that all DOH-registered programs maintain a log of individuals whom they have trained to be overdose responders.

Class Roster/Notification of Completion

Once a course has been completed, the school director has ten (10) days in which to submit a Class Roster/Notification of Completion to the Division. This form must be typed and contain all required information, including the approved course title (Opioid Overdose and Intranasal Naloxone Training for Law Enforcement), the school sponsor (must be a law enforcement agency or academy), the school location, school date(s), student information (name, social security number, sex, date of birth, employer, rank, status (full-time/part-time) and whether or not each student satisfactorily completed the course (S) or unsatisfactorily completed the course (U). A Class Roster/Notification of Completion is not valid unless it bears the school

directors original signature. In order to maintain accurate records, incomplete or inaccurate forms will be returned to the school director for completion/correction, thus delaying the posting of records and the dissemination of certificates. A copy of this form is available on our website at <http://www.criminaljustice.ny.gov/ops/docs/index.htm> or by contacting our office at (518) 457-4135.

Certificates of Completion

DCJS will issue a certificate of attendance for successful completion of law enforcement naloxone training, upon certification by a director that a candidate has satisfactorily completed all course requirements. Certificates may be issued to civilians (non-sworn personnel) that are employed or that work in conjunction with law enforcement agencies or academies. A letter from the law enforcement employer or partner approving the civilian for training must accompany the Class Roster/Notification of Completion. This includes members of law enforcement agencies outside of New York State to include the federal government. In instances where a civilian has completed the training, DCJS does not maintain records of attendance, however will issue the certificate. Each law enforcement naloxone training course completed by a peace or police officer and reported to DCJS is posted to that officer's official training record.

Forms

For copies of the most current versions of our forms or publications, please visit our website at: <http://www.criminaljustice.ny.gov/ops/docs/index.htm> or by contacting our office at (518) 457-2667.

Questions

If, after reviewing this guide, school directors or instructors have any questions or concerns, please contact the Division prior to commencing any training:

NYS Division of Criminal Justice Services
Office of Public Safety
80 South Swan Street, 3rd Floor
Albany, NY 12210
www.criminaljustice.ny.gov

Appendix C: Contents of Naloxone Kit

Each naloxone kit consists of a zip bag or pouch containing:

- Two vials of naloxone
- Two mucosal atomization devices for nasal administration
- One pair of latex gloves
- Guide on the use of naloxone.

**Appendix D:
Reporting Form**



New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form
Version: 05/23/2014

Date of Overdose: / / Arrival Time of Officer: : AM PM Arrival Time of EMS: : AM PM

Agency Case # Gender of the Person Who Overdosed: Female Male Unknown Age:

Zip Code Where Overdose Occurred: County Where Overdose Occurred:

Aided Status Prior to Administering Naloxone: (Check one in each section)

Responsiveness: Unresponsive Responsive but Sedated Alert and Responsive Other: (specify)

Breathing: Breathing Fast Breathing Slow Breathing Normally Not Breathing

Pulse: Fast Pulse Slow Pulse No Pulse Did not check pulse

Aided Overdosed on What Drugs? (Check all that apply)

Heroin Benzos/Barbiturates Cocaine/Crack Buprenorphine/Suboxone Pain Pills Unknown Pills

Unknown Injection Alcohol Methadone Don't Know Other: (specify)

Administration of Naloxone

Number of vials of naloxone used:

If naloxone worked, how long did naloxone take to work? Less than 1 minute 1-3 minute(s) 3-5 minutes >5 minutes Don't Know

Aided's Response to Naloxone:

Combative Responsive and Angry Responsive and Alert Responsive but Sedated No Response to Naloxone

Post-Naloxone Symptoms: (Check all that apply)

None Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) Respiratory Distress

Seizure Vomiting Other: (specify)

What else was done by officer? (check all that apply)

Yelled Shook Them Sternal Rub Recovery Position Bag Valve Mask Mouth to Mask Mouth to Mouth

Defibrillator: (If checked, indicate status of shock) Defibrillator - no shock Defibrillator - shock administered

Chest Compressions Oxygen Other: (specify)

Was naloxone administered by anyone else at the scene? (check all that apply)

EMS Bystander Other: (specify)

Disposition: (check one) Care transferred to EMS Other (specify)

Did the person live? YES NO Do not know

Hospital Destination Transporting Ambulance

Comments:

Administering Officer's Information: Agency Shield #

Last Name First Name

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.state.ny.us
Fax: (518) 402-6813

Mail: Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza CR342
Albany, New York 12237

Appendix E:
Model Policies and Procedures

Municipal Police Training Council

Administration and Maintenance of Intranasal Naloxone

Model Policy

I Purpose

The purpose of this policy is to establish broad guidelines and regulations governing the utilization of naloxone by trained personnel within a law enforcement agency. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when law enforcement is the first to arrive at the scene of a suspected overdose. Each agency is encouraged to modify these protocols to conform to their specific needs, while being mindful of the intent of the procedures.

II Policy

Law enforcement personnel and civilians may possess and administer naloxone so long as they have been trained consistent with New York State Public Health Law §3309 and the regulations in §80.138 of Title 10 of the New York Codes, Rules and Regulations. The New York State Division of Criminal Justice Services and the New York State Department of Health training curriculum meets this standard. New York State Public Health Law §3309 provides protection for non-medical individuals from liability when administering naloxone to reverse an opioid overdose.

III Definitions

- A. **Opioid:** A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet®, and Percocet®), and hydrocodone (Vicodin®).
- B. **Naloxone:** A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.
- C. **Overdose Rescue Kit:** At minimum should include the following:
 - 1. Two (2) prefilled luer-lock syringes, without needles, each containing 2mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates.
 - 2. Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.

Municipal Police Training Council
Administration and Maintenance of Intranasal Naloxone
Model Policy

IV Procedures

A. Deployment:

1. Each agency will identify an individual to be the coordinator for the naloxone administration program: Responsibilities will include:
 - a. Maintaining training records for personnel;
 - b. Assuring the supply, integrity and expiration dates of the Overdose Rescue Kits and;
 - c. Assuring the maintenance of the administration records.
2. Each agency will ensure the officers carrying or having access to the Overdose Rescue Kits are trained in the use of the naloxone.
3. Refresher training should occur at minimum biennially and consist of familiarity with the assembly of the Overdose Rescue Kit and the effective administration and maintenance of naloxone.

B. **Naloxone Use**

1. Officers will request an ambulance to respond to scene where the aided is in a potential overdose state.
2. Officers should use universal precautions and protections from blood borne pathogens and communicable diseases when administering naloxone.
3. Officers will determine need for treatment with naloxone by evaluating the aided: if the aided is unresponsive with decreased or absent respirations they should administer naloxone following the established training guidelines.
4. Once the assessment of the aided is complete; which should include, but may not be limited to determining unresponsiveness and other indicators of opioid involved overdose, each officer will administer the medication from the Overdose Rescue Kit following the established training guidelines.
5. Officers will use proper tactics when administering naloxone; aided individuals who are revived from an opioid overdose may regain

Municipal Police Training Council

Administration and Maintenance of Intranasal Naloxone

Model Policy

consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.

6. Officers will remain with the aided until EMS personnel arrive.
7. Officers will inform EMS personnel upon their arrival that naloxone has been administered.
8. Officers will complete a naloxone administration/restock form.

C. Maintenance/Replacement of Naloxone:

1. Overdose Rescue Kits will be carried in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
2. Used, lost, damaged, or expired Overdose Rescue Kits will be replaced according to agency policy.
3. Expired naloxone will be:
 - a. Maintained by the agency for use in training; or
 - b. Properly disposed of according to agency policy.

D. Documentation:

1. Following naloxone administration, the officer shall submit a New York State Public Safety Naloxone Quality Improvement Usage Report to the New York State Department of Health.
2. Appendix A contains the New York State Public Safety Naloxone Quality Improvement Usage Report.

Appendix A

New York State Public Safety Naloxone Quality Improvement Usage Report



New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form

Version: 05/23/2014

Date of Overdose:

/ /

Arrival Time of Officer:

: AM PM

Arrival Time of EMS:

: AM PM

Agency Case #

Gender of the Person Who Overdosed:

Female Male Unknown

Age:

Zip Code Where Overdose Occurred:

County Where Overdose Occurred:

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Defibrillator: (If checked, indicate status of shock) Defibrillator - no shock Defibrillator - shock administered

Chest Compressions Oxygen Other: (specify)

Was naloxone administered by anyone else at the scene? (check all that apply)

EMS Bystander Other:(specify)

Disposition: (check one) Care transferred to EMS Other (specify)

Did the person live? YES NO Do not know

Hospital Destination

Transporting Ambulance

Comments:

Administering Officer's Information:

Agency

Shield #

Last Name

First Name

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.state.ny.us

Fax: (518) 402-6813

Mail:

Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza CR342
Albany, New York 12237

Appendix F:
Frequently Asked Questions

LAW ENFORCEMENT PERSONNEL IN NEW YORK STATE AS OPIOID OVERDOSE RESPONDERS QUESTIONS AND ANSWERS

What is New York State's opioid overdose prevention program?

Since April 2006, New York State has had a program regulated by the Department of Health through which eligible, registered entities provide training to individuals in the community on how to recognize an overdose and how to respond to it appropriately. The applicable law is Public Health Law Section 3309 and the regulations are in 10 NYCRR 80.138. The appropriate responses to an opioid overdose include calling 911 and administering naloxone (Narcan), an opioid antagonist which reverses the potentially life-threatening consequences of an overdose. Eligible entities for these programs include individual prescribers (physicians, physician assistants and nurse practitioners), drug treatment programs, health care facilities, local and state government agencies, community-based organizations, secondary educational institutions, pharmacies and public safety agencies. Public safety agencies do not need to be registered programs in order for their officers to be trained.

Is this program successful?

Over 150 programs have registered with the Department of Health, and more than 20,000 overdose responders have been trained. These individuals have successfully administered naloxone more than 900 times according to reports that have been submitted to the State. The actual number of reversals these responders have been responsible for is likely to be substantially higher.

Why can't we rely solely on EMS to respond to overdoses?

We can and should continue to rely on EMS to respond to overdoses—but not to the exclusion of others who may be the first on the scene. Every second counts in an overdose. It is a medical emergency. With appropriate training, administering naloxone is relatively simple. Having trained individuals in the community makes saving lives easier for EMS.

Why are we training law enforcement officers?

Law enforcement personnel are often the first to arrive on the scene of an overdose. Sometimes they are responding to an EMS call; and sometimes, in the course of their work, they just happen to encounter someone who has overdosed. We want to ensure that these officers have the training and the necessary tool, naloxone, to make a difference when it matters most. Many law enforcement officers are already trained in using AEDs (automated external defibrillators) or in administering CPR (cardiopulmonary resuscitation). Adding naloxone to their set of tools will help save lives.

How does one get trained to save the lives of people who have overdosed?

A simple, single session generally lasting less than one hour is all that is necessary for an officer to be trained in recognizing and responding to an opioid overdose. The training is likely to be a joint effort between one of New York State's registered opioid overdose prevention programs and either a single law enforcement agency or a group of agencies, perhaps as part of a regional training. A standard curriculum has been developed to guide

LAW ENFORCEMENT PERSONNEL IN NEW YORK STATE AS OPIOID OVERDOSE RESPONDERS QUESTIONS AND ANSWERS

these trainings. If your agency is a certified basic life support emergency medical service and if you are either a certified first responder or an emergency medical technician at the basic level, you should receive a specialized EMS training.

How will I know when training sessions will be offered?

The New York State Division of Criminal Justice Services utilizes a statewide email directory known as DCJS Contact to announce the availability of training courses. DCJS has already announced many opioid overdose training opportunities and will continue to announce them as soon as they are available for release. To enroll, click [here](#) to access the enrollment form. You may also view upcoming training opportunities by visiting the DCJS training calendar <http://calendar.dcjs.state.ny.us/>

Can a general topics instructor train other law enforcement officers?

Yes. General topics instructors who have successfully completed an approved opioid overdose and intranasal naloxone training for law enforcement are appropriate for training other law enforcement officers. Instruction should be coordinated with a New York State Department of Health registered Opioid Overdose Prevention Program and one of its affiliated prescribers.

Are there training materials available for use by law enforcement instructors?

The New York State Division of Criminal Justice Services, the New York State Department of Health, Albany Medical Center, the Harm Reduction Coalition and other local partners have collaborated to develop instructional materials for distribution to law enforcement agencies. The materials can be obtained by attending a train-the-trainer session or by emailing DCJS at OPS.GeneralPolicing@dcjs.ny.gov and requesting a course CD. A mailing address and contact name must be provided in order to send the compact disc. The training materials were developed for use by any individual or organization that will train law enforcement officers on the use of naloxone. Approved instructors must read through the Administrative Guide located in Appendix B of the instructor manual before conducting the training, so that they can receive the free kits and their students can receive a DCJS certification upon completion.

How do I get naloxone?

In order to furnish naloxone to law enforcement officers, three requirements must be met: 1) the officers must have completed a training which conforms with DCJS and DOH approved instructional materials; 2) a patient-specific or non-patient specific prescription must be issued for the medicine by a prescriber affiliated with a NYS DOH-registered opioid overdose prevention program; and 3) the naloxone should be furnished either by the prescriber personally or by someone designated by the prescriber in a non-patient specific prescription.

LAW ENFORCEMENT PERSONNEL IN NEW YORK STATE AS OPIOID OVERDOSE RESPONDERS QUESTIONS AND ANSWERS

Why is a prescription necessary for naloxone?

Although naloxone is not a controlled substance, it is still a prescribed drug. All prescribed drugs require a prescription, and all prescriptions must come from someone who is legally authorized to provide them. Health Care professionals – who are defined in Public Health Law 3309 as persons “licensed, registered, or authorized pursuant to title eight of the education law to prescribe prescription drugs”—may prescribe naloxone to law enforcement officers by either a patient-specific prescription or a non-patient specific prescription.

Can naloxone be shared among officers in the same agency?

A non-patient specific prescription eliminates the need for law enforcement officers to have unique, personal overdose kits dispensed to them under a patient-specific prescription. Law enforcement officers can instead have shared access to – and use of – naloxone dispensed to the organization for which they work under a non-patient specific prescription (i.e. equip each patrol car with naloxone instead of each officer). Your agency’s policies and procedures should address this sharing.

Does my agency need to do anything special so that I and my colleagues can get naloxone?

Yes. Your agency should develop policies and procedures that address its officers intervening in overdoses and administering naloxone. The Municipal Police Training Council has adopted a Naloxone Administration and Maintenance Model Policy for agencies to utilize when developing their own policies and procedures. The model policy can be downloaded from the eJusticeNY Integrated Justice Portal via accessing resources > reference library > law enforcement > MPTC.

How should naloxone be maintained?

As a general rule, naloxone should be kept as close to room temperature as possible. It should also be kept out of direct sunlight. Your agency’s policies and procedures should address the maintenance of naloxone.

How long can naloxone be kept?

Naloxone should be within the expiration date that appears on its packaging. Your agency’s policies and procedures should address maintaining naloxone consistent with its expiration date.

Will I have to use a needle to administer naloxone?

No. All of the naloxone being provided to law enforcement officers will be for intranasal (up-the-nose) administration. You will receive hands-on training on how this is done.

**LAW ENFORCEMENT PERSONNEL IN NEW YORK STATE AS OPIOID OVERDOSE RESPONDERS
QUESTIONS AND ANSWERS**

Can the naloxone harm me or others around me?

No.

How do I get refills?

This will be addressed at your training. Generally the refills will come from the medical provider dispensing the naloxone to your agency.

Will a certificate of completion be issued by the NYS Division of Criminal Justice Services?

Yes. Individuals completing the training will receive a training certificate issued from the NYS Division of Criminal Justice Services and the individual's training record documented in the Police and Peace Officer Registry will be updated.

How do I obtain naloxone when my instructor(s) train members of my agency utilizing the DCJS and DOH approved training materials?

Included within the training materials is an administrative guide containing a list of currently acceptable options to equip trained opioid overdose responders with naloxone in your agency.

Appendix G:
DCJS January 2013 Memorandum
on Good Samaritan 911 Law



MEMORANDUM

TO: New York State Law Enforcement Agencies

FROM: Gina L. Bianchi *Gina L. Bianchi*
Deputy Commissioner and Counsel

DATE: January 28, 2013

SUBJECT: Good Samaritan 911 Law

As you know, pursuant to Chapter 154 of the Laws of 2011, a person who in good faith seeks health care for himself or another, or is the subject of a good faith request, and who is experiencing a drug or alcohol overdose or other life threatening medical emergency, shall not be charged or prosecuted for a controlled substance or marihuana offense, or possession of alcohol or drug paraphernalia if the controlled substance, marihuana, alcohol or paraphernalia was obtained as a result of the person seeking or receiving health care. In his approval message, Governor Cuomo directed that the Division of Criminal Justice Services work with law enforcement to ensure that appropriate training and guidance is provided to law enforcement personnel who may be expected to determine whether someone was suffering from an overdose and whether the person who sought aid acted in good faith since failure to promptly seek medical care or assistance for overdoses can result in avoidable loss of life. The intent of this law is to encourage people, who otherwise may refuse to do so for fear of criminal prosecution, to seek medical attention.

It should be noted that the immunity from being charged and prosecuted does not apply to drug offenses involving sales for consideration or other benefit or gain,¹ or class A-I drug felonies, such as Penal Law §220.21, criminal possession of a controlled substance in the first degree; Penal Law §220.43, criminal sale of a controlled substance in the first degree; and Penal Law §220.77, operating as a major trafficker.² Additionally, the protections do not extend to outstanding warrants, probation or parole violations, or other non-drug crimes. The law also makes it clear that evidence recovered in a situation involving seeking health care for an overdose victim may be admitted into evidence against a person who does not qualify for the exemption and, for the person who does qualify, evidence may be admitted in the prosecution of a non-covered crime. Finally, the law established an affirmative defense to a criminal sale of a controlled substance or marihuana offense when the defendant, in good faith, seeks health care for someone, or for him or herself, who is experiencing a drug or alcohol overdose or other life

¹ For instance, criminal sale of a controlled substance offense or criminal sale of marihuana offense.

² There are A-I felonies in Penal Law Article 220, which pertains to controlled substances offenses, but there are no class A-I felonies in Penal Law Article 221, which pertains to offenses involving marihuana.

threatening medical emergency; and the defendant has no prior conviction for the commission or attempted commission of a class A-I, A-II or B felony.³ However, the affirmative defense cannot be used for class A-I or A-II felonies.

The law is not intended to interfere with the protocols of law enforcement to secure the scene of an overdose and the law does not prevent the detention of a person while police investigate the facts of the particular case to determine if the person should be charged and prosecuted.⁴ Although the statute does not provide how long a person may be detained, the United States Supreme Court has held that where an agent diligently pursued his investigation and no delay unnecessary to the investigation was involved, a 20-minute detention of a suspect met the Fourth Amendment's standard of reasonableness (U.S. v. Sharpe, 470 U.S. 675, 105 S.Ct. 1568 [1985]). As noted, the law requires that medical attention be sought “in good faith.” As such, criminals who attempt to use this law to manipulate the exemptions to avoid prosecution when such prosecution is warranted can be charged and prosecuted.

In sum, if an overdose or life threatening emergency exists, and health care for this condition is sought in good faith, then the “Good Samaritan” or victim shall not be charged or prosecuted for a controlled substance or marijuana offense, or possession of alcohol or drug paraphernalia. However, because this law was recently enacted, there has been no judicial interpretation of its provisions. Thus, application of this law may raise questions and create challenges for the law enforcement community which must be determined on a case-by-case basis and will depend on the unique facts of each particular case. Therefore, law enforcement agencies should consult their local prosecutors with respect to specific enforcement questions.

If you require additional information, please contact the Division of Criminal Justice Services’ Office of Legal Services at (518) 457-8413.

³ This pertains to Penal Law Article 220; there are no class A-I, A-II, or B felonies in Penal Law Article 221.

⁴ As Governor Cuomo stated in his approval memo, “removal of the word ‘arrest’ from an earlier version of this bill was meant to give these responding officers the ability to detain individuals who may or may not be entitled to the statutory exemption from prosecution conferred by this bill in order to investigate all the facts and circumstances of any criminal conduct and seek guidance from the appropriate officials.”