

Department of
Veterans Affairs

Memorandum

Date: May 30, 2018

From: Chief of Police

Subj: VA Police Service Issuance and Use of Nasal Naloxone

To: Police Service Employee, VA Puget Sound

1. **PURPOSE:** To establish the procedure and policy for VA Puget Sound Police Officers to carry and use the Nasal Naloxone.
2. **SCOPE:** This policy applies to all VA Police Officers working in the Police Service at the VA Puget Sound Health Care System.
3. **BACKGROUND:** Opiate overdose is one of the leading causes of accidental death in the United States. Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin®, Percocet® and Percodan®, and hydrocodone as found in Vicodin®.

Naloxone, commonly known by the brand-name NARCAN®, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose resulting in the possible saving of a life. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

To reduce the number of fatalities which can result from opiate overdoses, the VA Puget Sound Police Service will train its officers in the proper pre-hospital administration of nasal naloxone. In order to implement a safe and responsible nasal naloxone plan, the Service will establish and maintain a professional affiliation with the VA Puget Sound Chief of Staff who will provide medical oversight over its use and administration. At his or her discretion, he or she may make recommendations regarding the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Service.

4. DEFINITIONS:

- a) Opiate: An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) and hydrocodone (Vicodin®).

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- b) Naloxone: Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan®.
- c) VA Puget Sound Chief of Staff Chief of Staff: The Chief of Staff is a Medical Doctor currently employed by the Department of Veterans Affairs. The Police Service shall maintain an affiliation with the Chief of Staff.

5. POLICY

It is the policy of the VA Puget Sound Police Service that Naloxone will be issued to all VA police officers. All VA police officers will possess and carry issued naloxone when on duty and will be required to complete annual training. The Naloxone kit may be carried on the officer's duty belt in a pouch, or in the pocket of the vest / jacket.

Officers responding to a call may choose, but are not required, to administer the naloxone if opioid overdose is suspected or known (Per National AFGE / VA MOU). The goal of the responding officers shall be to provide immediate assistance via the use of naloxone where appropriate, to provide any treatment commensurate with their training as first responders, to assist other Emergency Medical personnel on scene, and to handle any criminal investigations that may arise.

6. PROCEDURE

- a) When an officer of the VA Puget Sound Police Service has arrived at the scene of a medical emergency prior to the arrival of Emergency Medical personnel, and has made a determination that the patient may be suffering from an opiate overdose, the responding officer should administer one dose of naloxone to the patient by way of the nasal passages.
- b) The following steps should be taken:
 - (1) Officers shall use universal precautions.
 - (2) Officers should conduct an assessment of the situation in an effort to determine if the individual is actively overdosing. The presence of drugs or drug paraphernalia, evidence of drug use on the individual and statements from witnesses and/or family members regarding the individual's history of drug use and/or abuse are to be utilized as part of this assessment.
 - (3) Opiate overdose symptoms may include:
 - (a) Difficult to arouse the patient
 - (b) Shallow breathing, snoring, raspy or gurgling sounds
 - (c) Bluish or grayish lips, fingernails or skin

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- (d) Clammy or sweaty skin
- (4) If the officer makes a determination that there may be an opiate overdose, the naloxone should be utilized.
- (5) The officer shall
 - (a) Peel back the package to remove the device. Hold the device with thumb on the bottom of the plunger and 2 fingers on the nozzle.
 - (b) Place and hold the tip of the nozzle in either nostril until fingers touch the bottom of the patient's nose.
 - (c) Press the plunger firmly to release the dose into the patient's nose.
 - (d) The officer should initiate the appropriate emergency medical response procedures for the particular incident location per local policy.
 - (e) Officer should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
- (6) The patient should continue to be observed and treated as the situation dictates.
- (7) The administration of Naloxone may be repeated after 2-5 minutes if there is no response or the patient loses consciousness again.
- (8) The treating officer shall inform incoming Emergency Medical Personnel about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with a higher level of training.

7. REPORTING

- a) A complete investigative report of the event shall be completed by the treating officer, or the primary responding officer, prior to the end of the shift.
- b) The Naloxone Rescue Report must be completed by the treating officer, or the primary responding officer, prior to the end of the shift. This form must be submitted to Pharmacy Service for reporting to the national OEND program.

8. EQUIPMENT AND MAINTENANCE:

- a) The Naloxone must be carried on the officer's belt or in the trained officer's vest at all times when on duty. The Naloxone will be secured in the officer's locker at the end of his or her shift.
- b) The Naloxone must be stored at room temperatures.
- c) It shall be the responsibility of the officer to inspect their issued naloxone at the start of each shift to ensure that the device is intact. Naloxone shall be returned to the VA police supervisor when damaged and/or expired and forwarded to the pharmacy for destruction.

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- d) The VA police supervisor will maintain a written inventory documenting the quantities and expirations of naloxone replacement supplies, and a log documenting the issuance of replacement units. The VA police supervisor will be issued two spare boxes (2-packs) to have on hand for rapid replacement in the case of used or expired devices. The VA police supervisor must conduct a quarterly inventory of all naloxone issued to the officers within the area of responsibility and unannounced spot checks to ensure compliance

9. REPLACEMENT:

- a) Shift supervisors shall immediately replace naloxone that has been used during the course of a shift.

10. TRAINING:

- a) Officers shall be trained on the use of Naloxone prior to being allowed to carry and use Naloxone. The Department shall provide refresher training every year hands on, in person and via TMS, that will be documented on the VA Police Continuing In-Service Training (CIST) Form. The training is included in the mandatory competencies. This training shall be documented in TMS.

Edward O. Brown
Chief, VA Police Service

REFERENCE:

AFGE / VA NATIONAL MOU DATED: 11/16/2017

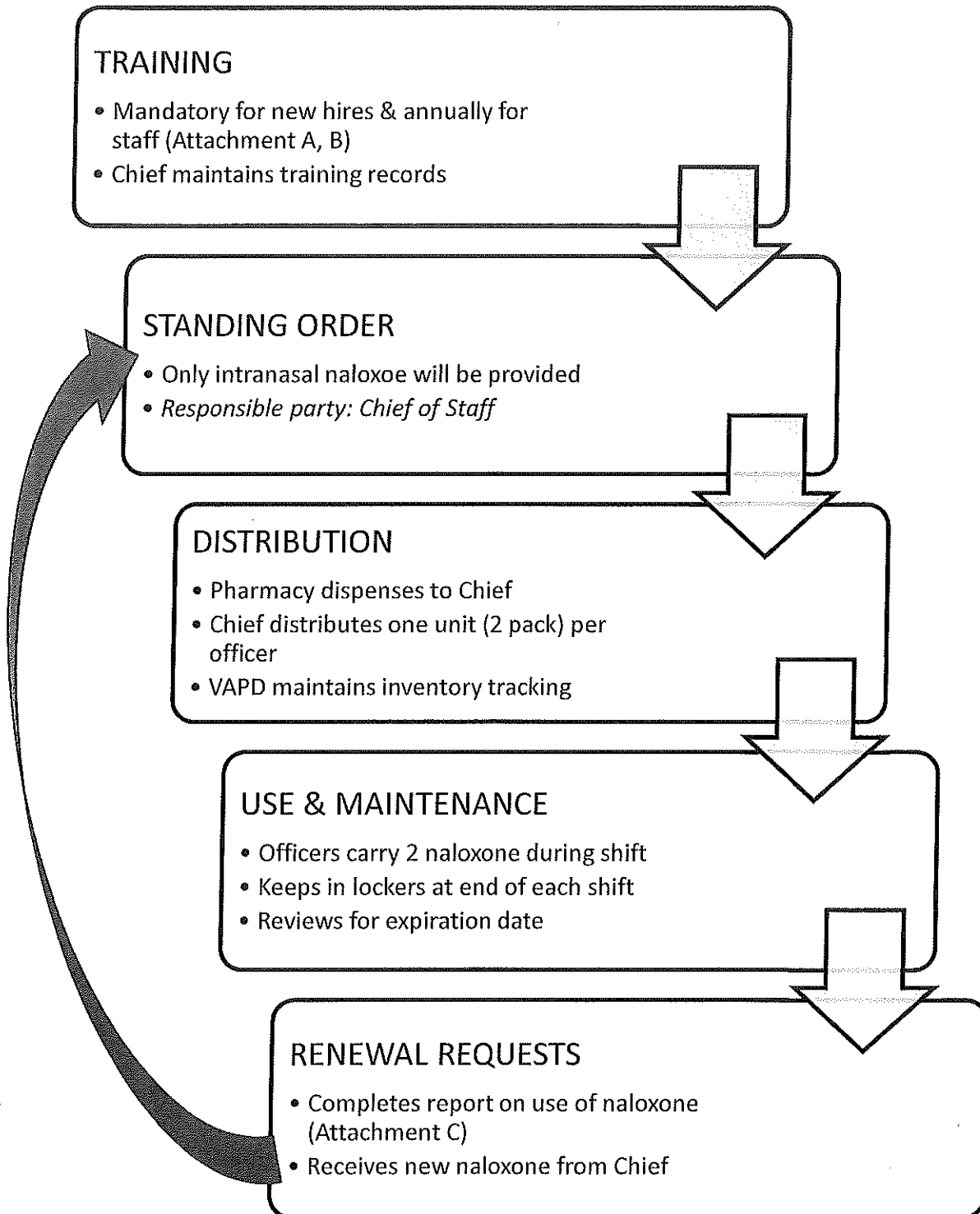
ATTACHMENTS:

Attachment A: Naloxone Procedure Flow Chart
Attachment B: VA Police Training SOP
Attachment C: Training on Providing Naloxone Education to VA Police Officers
Attachment D: VA Police Naloxone Rescue Report
Attachment E: VA Police Naloxone Inventory List

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ATTACHMENT A: Naloxone Procedure Flow Chart

VA Puget Sound Police Service Naloxone Rescue Standard Operating Procedure



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ATTACHMENT B - VA Police Training SOP

1. Group training of all VAPD staff by Naloxone champions will be ~20-30 minutes, and will include
 - PowerPoint presentation on overdose awareness, prevention and treatment provided
 - Demonstration of naloxone nasal use
 - Training completion recorded in TMS
 - Competency evaluation (must pass the competency test at 100%, can be taken until passed)
2. PowerPoint training is an annual requirement for all police officers to maintain sustainability, and will be part of their mandatory competencies.
3. New staff will receive training during service line orientation by Naloxone champions in groups or individually (as appropriate), following request of VA Police Chief

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ATTACHMENT C – Training on Providing Naloxone Education to VA Police Officers

1. Review PowerPoint presentation on overdose awareness, prevention and treatment provided
2. Ensure the officer can demonstrate an awareness/understanding of all elements:
 - Overdose awareness
 - Check: Appears sleepy, heavy nodding, deep sleep, hard to arouse, or vomiting
 - Listen: Slow or shallow breathing (less than 1 breath every 6-8 seconds), snoring, raspy, gurgling, or choking sounds
 - Look: Bluish, grayish lips, fingernails, or skin
 - Touch: clammy, sweaty skin
 - Basic life support
 - Give naloxone
 - Call 911
 - Airway open: rescue breathing, chest compressions
 - Consider naloxone again within 3-5 minutes
 - Recovery position: side lying
 - How to give intranasal naloxone
 1. Peel back the tab with the circle to open the naloxone nasal spray
 2. Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle
 3. Do not prime or test the spray device
 4. Tilt the persons head back and provide support under the neck with your hand.
 5. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose
 6. Press the plunger firmly to give the entire dose of naloxone nasal spray. Remove the device from the patient's nostril after giving the dose
 7. If no reaction in 3-5 minutes, or the person stops breathing again, give the second dose of naloxone in the other nostril.
 - Storage and Maintenance
 - Proper storage of naloxone
 - Keep readily accessible, at room temperature, in a dry place, protected from light, and used within expiration date on product.
3. Instruct officer to return naloxone if used or expired
4. Instruct officer on report completion following use of rescue naloxone

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**ATTACHMENT D – VA Police Naloxone Rescue Report
(Please submit to Pharmacy Service for reporting to national OEND program)**

Has the Naloxone been used for a rescue?

- No. Reason for renewal: _____
 Yes. *Please answer the following questions:

1. Date of use:

2. Who administered the Naloxone?

3. Who overdosed?

4. Where did the overdose occur?

5. Which opioid was associated with the overdose?

6. What was the victim's condition when found?

Responsive: Yes No

Pulse: Present Absent

Breathing rate: _____

Skin color: _____

7. Yes No Did the Naloxone work?

8. How many doses were given? 1 2

9. Yes No Was 911 called?

10. Yes No Did you provide rescue breathing or chest compression?

11. Yes No Did you place the victim in a rescue position?

12. Yes No Did police, EMTs, and/or firefighters arrive?

13. Yes No Did you stay with the person until the Naloxone wore off or until
the person got medical attention?

14. Yes No Did the person live?

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ATTACHMENT E – VA Police Naloxone Inventory List

POLICE NALOXONE OPIOID REVERSAL KITS RECORD (FY17)

MEDICATION: Naloxone Intranasal Opioid Reversal Kit

VA Puget Sound per Police SOP for OEND initiative

BALANCE CARRIED FORWARD:

Date	Officer's name or Inventory Event (lot#/exp)	Quantity dispensed	Quantity expired	Quantity received	Balance

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