Law Enforcement Naloxone Training

Florida Department of Children and Families

Office of Substance Abuse and Mental Health
Learning Objectives

1. Learn how to recognize and respond to an opioid overdose

2. Identify overdose reversal products (naloxone)

3. Review Florida’s 911 Good Samaritan Law and Emergency Treatment & Recovery Act
Opioids

Natural Opiates
- opium
- morphine
- codeine

Semi-Synthetic Opiates
- heroin
- hydromorphone
- hydrocodone
- oxycodone

Fully Synthetic Opioids
- fentanyl
- methadone
Naloxone

- FDA approved Rx medication
- Safe and effective - reverses opioid overdose (opioid/opiate antagonist)
- Used by paramedics for 40+ years
- Cannot be abused or cause overdose, not psychoactive
- Does not work on other overdoses (cocaine, alcohol, benzodiazepines, etc.)
- If naloxone is administered to someone not overdosing opioids, it has no adverse effects
- **NOT** suboxone or naltrexone (Vivitrol), which are MAT medications
Naloxone

- Restores breathing and consciousness
- Onset: 2-3 minutes
- Duration: 30-90 minutes
  - Person can slip back into overdose after naloxone wears off, should be supervised under medical care, may need additional doses of naloxone
Narcan Nasal Spray
<table>
<thead>
<tr>
<th>Brand name</th>
<th>Injectable (and intranasal- IN) generic¹</th>
<th>Intranasal branded²</th>
<th>Injectable generic³</th>
<th>Injectable generic</th>
<th>Auto-injector branded</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Narcan Nasal Spray</td>
<td></td>
<td></td>
<td></td>
<td>Evzio Auto-Injector</td>
</tr>
</tbody>
</table>

**Ordering information**

<table>
<thead>
<tr>
<th>How supplied</th>
<th>Box of 10 Luer-Jet™ prefilled glass syringes</th>
<th>Two-pack of single use intranasal devices</th>
<th>Box of 10 single-dose flip-top vials (1 ml) OR Case of 25 multi-dose flip-top vials (10 ml)</th>
<th>Box of 10 single-dose flip-top vials</th>
<th>Two pack of single use auto-injectors + 1 trainer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manufacturer</td>
<td>IMS/Amphastar (IN adapter)</td>
<td>Adapt Pharma</td>
<td>Hospira</td>
<td>Mylan</td>
<td>kaléo</td>
</tr>
<tr>
<td>Web address</td>
<td>Amphastar.com</td>
<td>Teleflex.com</td>
<td>Hospira.com</td>
<td>Mylan.com</td>
<td>Evzio.com</td>
</tr>
<tr>
<td>Customer service</td>
<td>800-423-4136</td>
<td>866-246-6990</td>
<td>877-946-7747</td>
<td>724-514-1800</td>
<td>855-773-8946</td>
</tr>
<tr>
<td>NDC</td>
<td>76329-3369-01</td>
<td>DME-no NDC</td>
<td>00409-1215-01 (1 ml)</td>
<td>67457-0292-02</td>
<td>60842-030-01</td>
</tr>
</tbody>
</table>

¹ IMS/Amphastar has an additional naloxone product, which is **not recommended** for layperson and take-home naloxone use because it is too strong of a dose by injection only for laypersons. (Naloxone HCl Injection, USP, 2mg/2mL Min-I-Jet Prefilled syringe with 21 Gauge and 1 ½” fixed Needle NDC # 76329-1469-1 (10 pack) and 76329-1469-5 (25 pack)

² As of 1/12/16, Narcan Nasal Spray has been approved by the FDA, but is not yet publicly available.

³ Hospira has an additional naloxone product, which is **not recommended** for layperson and take-home naloxone use because it is complicated to assemble. (Naloxone Hydrochloride Injection, USP, 0.4 mg/mL Carpuject™ Luer Lock Glass Syringe (no needle) NDC# 0409-1782-69)
Naloxone Storage

- 2 year shelf-life
- Keep out of direct sunlight
- Store at 59-77°F (15-25°C)
  - Temperature “excursions” permitted up to 104°F

- For LEOS: Store naloxone kits in passenger compartment of vehicle, store on person (in shirt pocket), some make it a policy not to store in the trunk
Naloxone Disposal

- Treat used naloxone as “Sharps and Biomedical Waste”
- Can dispose in sharps container on Fire/EMS unit or hospital
- Talk with Fire/EMS
Naloxone Myth vs. Fact

Access to naloxone does not:

- Send the wrong message
- Encourage/increase drug use
- Cause violence
- Prevent people from going to treatment
Recognizing and Responding to Opioid Overdose
Opioids attaching to receptors

The brain has many, many receptors for opioids. An overdose occurs when too much of an opioid, such as heroin or oxycodone, fits in too many receptors slowing and then stopping the breathing.
Naloxone reversing an overdose

Naloxone has a stronger affinity to the opioid receptors than opioids, such as heroin or oxycodone, so it knocksthe opioids off the receptors for a short time (30-90 minutes). This allows the person to breathe again and reverse the overdose.
Side Effects of Naloxone

Withdrawal symptoms in opioid-dependent individuals:

- Fatigue
- Loss of bowel/bladder function
- Fever, sweating
- Upset stomach/vomiting
- Confusion, disorientation
- Increased heart rate/breathing
- Pain/aches
- Sometimes severe, but still alive
Signs of Opioid Overdose

- Unresponsive
- Blue/pale skin, lips, nails
- Slow heartbeat
- Slow/irregular breathing, or no breathing at all
  - Choking, gargling, snoring sound, “death rattle”
- GI issues, passed out
- Pinpoint pupils
Myths of Overdose Reversal

- Letting the person “sleep it off”
- Putting the person in cold shower/bath
- Induce vomiting
- Giving the person coffee or water
- Beating, punching, or kicking the person
- Injecting the person with other substances (saltwater, stimulants, milk, etc.)
Why Law Enforcement?

- LEOs may be the first to the scene of an overdose.
- LEOs have frequent interactions with high-risk populations.
- With the right tools, LEOs can make a positive public health impact.
- Overdose is a true crisis and LEOs can help.
- Potential for accidental exposure among LEOs during search/raids.
Responding to an OD: Steps 1-3

1. Ensure the safety of the scene.

2. Request ambulance be dispatched.

3. Assess subject and check for unresponsiveness. Use universal precautions to protect from blood-borne pathogens/other communicable diseases.
Check Responsiveness – Sternal Rub

- Lay person on their back
- Clear air passage
- Make a fist with your hand, and press on chest of unresponsive individual
- If no response, move to next step
CPR/Rescue Breathing

Rescue breathing:
- Clear air passage
- Tilt head back
- Pinch nose
- Open mouth
- 1 breath every 5 seconds (use PPE)
  - Chest should rise
  - Perform rescue breathing while preparing naloxone to administer and while waiting for naloxone to take effect
Administer Narcan

- Intranasal (IN) naloxone
  - Kit with 2 nasal spray devices pre-assembled
  - Spray 1 full dose into 1 nostril
  - 4mg/1mL
- 1 dose, support breathing for 2-3 min, 2nd dose if needed
- Narcan is stronger than other naloxone products, so 2 doses will be A LOT of naloxone - which is not necessary in a lot of cases
Recovery Position

Hand supports head

Knee prevents person from rolling onto stomach
Communication with EMS

- Work with Fire/EMS rescue on your naloxone program
  - Can have Fire/EMS sign on as medical director

- Immediately inform Fire/EMS that naloxone was administered and how much

- Transfer care of individual to EMS/Fire

- Follow agency protocols for reporting naloxone administration
Naloxone Policy / Procedure for LEOs

1.0 Purpose

1.1 To establish guidelines and regulations governing utilization of Intranasal Narcan administered by the Vermont State Police and the Vermont Department of Health. The objective is to treat Opioid/Opate overdoses.

2.0 Policy.

2.1 It is the policy of the Vermont State Police that all members will be trained in the use of the Intranasal Narcan through a curriculum approved by the Vermont Department of Health. Members will carry Narcan while on duty and in a manner approved by their division commander and in compliance with the manufacturer’s recommendations.

3.0 Deployment.

3.1 The Vermont Department of Health will supply the Intranasal Narcan kits to the Vermont State Police. The Quartermaster will store and distribute the kits to members.

4.0 Narcan Use.

4.1 When using the Intranasal Narcan kit members will maintain universal precautions, perform patient assessment, determine unresponsiveness, absence of breathing and or pulseslessness.

4.2 Member(s) will update dispatch that they are dealing with a potential overdose situation.

4.3 Dispatch will notify appropriate EMS to respond.

4.4 Members shall follow the protocol as outlined in the Intranasal Narcan training they received in accordance with the Vermont Department of Public Health Guidelines.

4.5 Member(s) will remain with the subject to whom the Narcan was administered in

5.0 Documentation

5.1 Each member will be responsible for inspecting the Narcan kit assigned to him/her, for signs of damage and to ensure the kit has not expired.

5.2 The Quartermaster will have an inventory of Narcan kits stored at Headquarters. These kits shall be used to equip new members and replace any kits that are found to be expired, damaged, or when a kit is administered.

5.3 Replacement kits will be available through the department Quartermaster.

5.4 If a kit is lost or found to be damaged or expired, the member shall report this to his/her supervisor and send an e-mail to the Staff Operations Captain (david.notte@state.vt.us) with a brief explanation of why they need a new kit. The Staff Operations Captain will notify the Quartermaster who will arrange for a new replacement kit to be provided immediately.

5.5 In the event Narcan is administered, the appropriate documentation shall be completed as outlined in 6.0. The member shall receive a replacement Narcan kit as soon as reasonably possible.

6.0 Documentation

6.1 When Narcan is administered, a case number will be generated to document the event. Members will complete the Spillman report and identify these cases with a circumstance code of NARC. All pertinent case information will be entered to include a narrative.

6.1 Members will also complete the Narcan Administration Form and e-mail the form to the Staff Operations Captain (david.notte@state.vt.us). This will also prompt the Staff Operations Captain to notify the Quartermaster to send the member a new kit.

Effective June 24, 2014
New York State Public Safety Naloxone Quality Improvement Usage Report

Version: 05/23/2014

Date of Overdose: 

Arrival Time of Officer: 

Arrival Time of EMS: 

Agency Case #: 

Gender of the Person Who Overdosed: 

Male
Female
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) blank line

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) blank line

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) blank line
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 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
Narcan® Usage Form

Date of Incident ____________________ Time of Incident ________________

Employee Name ______________________________________________________

Location of Incident _________________________________________________

Case Number _________________________________________________________

Victim Information

Name ________________________________________________________________

Age ____________ Sex [ ] Male [ ] Female

Was Narcan® Successful in Reviving Victim? [ ] Yes [ ] No

Responding Fire Rescue/Ambulance _______________________________________

Transported To _______________________________________________________

Please FAX the completed form to the Orange County Office of the EMS Medical Director.
What is Florida doing to prevent overdose deaths?
911 Good Samaritan Act

- 893.21, F.S.
- Encourages people to call for help during life-threatening overdose
- In the majority of overdose situations, an individual is at the scene who can intervene and call 911 and/or administer naloxone.
- In 50% of overdose cases, no one called 911 and the number one reason was fear of arrest/police involvement.
Florida 911 Good Samaritan Act

- In an overdose situation, protects the person who calls 911 (caller/help-seeker) and the overdose victim from...
  - Being charged, prosecuted, or penalized for possession of controlled substances (if found as result of seeking emergency medical care)
Florida Naloxone Law

- 381.887, F.S.
- Allows authorized health care practitioners to prescribe naloxone to anyone at risk of experiencing or witnessing an opioid-related overdose

- Third party Rx – prescribing a medication to someone with the intent that they will use it on someone else (friend/family of person overdosing)
  - Necessary component as no one can use naloxone on themselves
  - Prescribers are immune from any civil or criminal liability for prescribing naloxone, pharmacists are immune for dispensing
Emergency responders (law enforcement, paramedics, EMTs) and laypersons in the community are authorized to possess, store, and administer naloxone to someone believed in good faith to be experiencing an opioid overdose.
Florida Naloxone Law

Effective July 1, 2016

- Pharmacies can dispense naloxone via non-patient specific standing order (auto-injector, nasal spray)

- Call pharmacy and make sure they have naloxone in stock before driving there to buy it – some do not have in stock but will fill it within 24 hours upon request

- Reduces barriers to naloxone
I SAVED MY BEST FRIEND’S LIFE

SAVE SOME NALOXONE

NALOXONE CAN TEMPORARILY REVERSE THE EFFECTS OF OPIOID OVERDOSE

For more information on being supplied with and trained to use naloxone, ask at your local drug service or needle exchange.

WWW.NALOXONE.ORG.UK / WWW.SDF.ORG.UK

YOU CAN SAVE A LIFE WITH A SPRAY

Naloxone, given as a nasal spray, can reverse the effects of an opioid overdose and Save a Life.

Give someone a second chance... to recover and live.

Attend a free training session. Call 410-222-0100 for more information and to register.

www.AAHealth.org

Supported by SAMHSA and the Maryland Behavioral Health Administration
**Resources**

- SAMHSA Opioid Overdose Prevention Toolkit

- Law Enforcement Naloxone Toolkit *(Bureau of Justice Alliance)*

- Narcan Nasal Spray Website
Questions?

Amanda Muller, Overdose Prevention Coordinator, Florida Department of Children and Families

Amanda.Muller@myFLfamilies.com

(850) 717-4431