



Carrboro Police Department

Subject: Chapter 23: Naloxone Training Policy and Use Procedures		Number: VIII. Subsections
Issued: 07-01-2014	Revised: 3/15/2022	Pages: 1 of 6

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I. PURPOSE

To establish guidelines governing utilization of naloxone (Narcan) used by Carrboro Police Department personnel pursuant to NCGS 90-12.7. The objective is to reduce fatalities from opiate overdoses.

II. POLICY

- A. It is the policy of the Carrboro Police Department that all sworn personnel are required to be initially trained in the use of naloxone by appropriately trained personnel.
- B. It is the policy of the Carrboro Police Department that all officers are recommended to complete periodic in-service training in the use of naloxone.
- C. No officer will carry or administer naloxone under this policy without first attending the initial training.
- D. A “Standing Order” covering naloxone use will be on file with Orange County EMS or the Orange County Health Department.
- E. The Police Chief will designate a naloxone program coordinator. The program coordinator will be responsible for overseeing the program and making sure that officers are documenting naloxone use as required by this policy.

III. TRAINING

- A. Initial Training



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1. All sworn personnel will receive initial training that will include the requirements of NCGS 90-12.7(d) that permits use of naloxone. This initial training will include subject assessment (e.g., signs/symptoms of overdose), universal precautions, seeking medical attention, and the use of intra-nasal and/or intra-muscular naloxone as directed in the standing order.
2. Upon completion of training, officers will have their training recorded by the In-Service Training Coordinator.

B. Continuing Education

All sworn officers are encouraged to refresh periodically on the naloxone protocol for law enforcement and to review the naloxone kit assembly video. Both items are on the G: Drive → PD → Naloxone.

IV. NALOXONE DEPLOYMENT

- A. The Carrboro Police Department will initially deploy its naloxone kits in the following locations:
 1. Patrol Division vehicles
 2. Community Services vehicles
 3. School Resource Officers
- B. Location and/or vehicle deployment may be added or decreased as need or budget allows.

V. NALOXONE USE

- A. When an officer decides to deploy the naloxone kit, the officer should follow the “Naloxone for Law Enforcement” protocol from EMS and:
 1. Maintain universal precautions;



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2. Perform subject assessment;
3. Speak with bystanders, if appropriate, and scan the area for indications of opiate use by the subject;
4. Determine subject's level of alertness, look for signs of life, and determine if depressed breathing is occurring;
5. Notify the dispatcher that the subject is in a potential overdose state and request Fire and EMS response if they are not already enroute; and
6. Use naloxone as outlined in the Department's standing order and the "Naloxone for Law Enforcement" protocol. This protocol is included at the end of this policy for reference.

- B. Once medical personnel arrive, officers will inform the medical personnel of all steps taken prior to Fire Department or EMS arrival.

VI. MAINTENANCE/REPLACEMENT

First Line Maintenance

- A. An inspection of the naloxone kit shall be the responsibility of the personnel assigned the equipment and should be done each shift.
- B. Missing, damaged, or expired naloxone kits will be reported to the department naloxone coordinator and replaced or pulled out of service as appropriate. The naloxone program coordinator will be responsible for replacing the kits.
- C. It is recommended that Naloxone kits not be left in off-duty police vehicles when the ambient outside temperature will drop below freezing or rise above 90 degrees Fahrenheit.



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VII. DOCUMENTATION/NALOXONE REPORT

- A. Upon completing the medical assist and use of naloxone, the officer will submit an incident report detailing the nature of the incident, the care the subject received and the fact that the naloxone was deployed. The officer will also complete an Orange County Law Enforcement Overdose Reversal and Naloxone Administration Reporting Form at the following link:
<https://redoak.orangecountync.gov/redcap/surveys/?s=KLA8CTNMPF>
- B. These records must be completed for statistical value of the naloxone program. The document should be retrievable electronically and should be attached to the incident report in RMS.

VIII. EMS NALOXONE PROTOCOL

See next two pages.

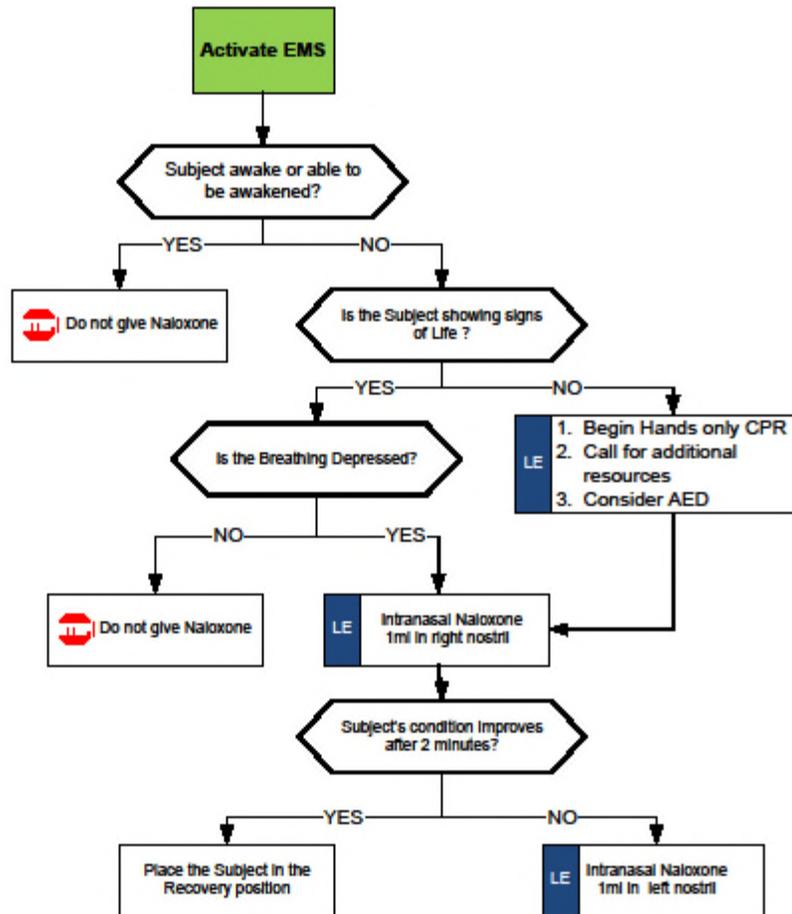


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Naloxone for Law Enforcement

History <ul style="list-style-type: none"> • Previous Drug History • Paraphernalia • Known Access to Narcotics 	Signs and Symptoms <ul style="list-style-type: none"> • Altered Mental Status • Unconscious • Depressed breathing • Pin Point Pupils • Blue Lips • Pale Skin • Track Marks 	Differential <ul style="list-style-type: none"> • Narcotic Overdose • Trauma/Assault • Mixed Overdose • Alcohol Intoxication • Obvious Death
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Adult General Section Protocols



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Naloxone for Law Enforcement



Procedure for Intranasal Naloxone Administration:

1. Confirm the correct medication, expiration date, and dosage.
2. Naloxone is typically packaged in 2mg in 2ml volume.
3. Attach the MAD (Mucosal Atomizer Device) nasal atomizer.
4. Place the atomizer 1.5 cm into the patient's nostril.
5. Briskly compress the syringe to administer ½ of the medication.
6. Remove and repeat into the other nostril until all of the medication has been administered.
7. Volumes greater than 1ml are too large and will lead to failure because the drug cannot be absorbed by the nasal mucosa quickly enough.
8. Monitor the subject for signs of improvement, such as increased respiratory effort, improving level of consciousness, and purposeful movements.

Adult General Section Protocols

Pearls

- Subjects may become combative after naloxone administration.
- Subjects may vomit after naloxone administration, be quick to move subject to left side if signs of improvement or vomiting
- Make sure subject is not carrying other medications
- The nare can only absorb 1 ml of fluid.
- Factors that negatively affect mucosal absorption of medication may include recent use of vasoconstrictors, i.e. cocaine, Afrin, nosebleeds, nasal congestion and/or discharge.
- Initial Training on Naloxone indications and intranasal administration must be conducted prior to naloxone administration
- All naloxone administrators should attend annual refresher training for the administration of naloxone

Protocol 11

This protocol has been altered from the original 2012 NCCEP Protocol by the local EMS Medical Director