

# VILLAGE OF WALDEN

## POLICE DEPARTMENT

ONE MUNICIPAL SQUARE  
WALDEN, NEW YORK 12586

Jeffry Holmes  
Chief of Police

### GENERAL ORDER

NO: 14.17

Issue Date: 9/02/2014	Effective Date: 9/02/2014
Revises:	CALEA:
Subject: Intranasal Naloxone Use Policy	
Distribution: All Personnel	STATE:
Reevaluation Date: 1/01/2017	Page: 1 of 3 Plus 1 Form
Issuing Authority: Chief Jeffry Holmes	

#### 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.

#### I. POLICY:

- A. 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.

#### II. 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 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.

**III. PROCEDURES:**

A **Deployment:**

1. This 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. This 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 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. Each officer will be responsible to report any expired, lost, damaged, or used Overdose Rescue Kits to the agency naloxone coordinator.
- 3. Used, lost, damaged, or expired Overdose Rescue Kits will be replaced according to the discretion of the naloxone coordinator.
- 4. Expired naloxone will be:
  - a. Maintained by the agency for use in training; or
  - b. Disposed of through the Department's evidence custodian.

**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.



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