

JACKSONVILLE POLICE DEPARTMENT

Policy: 10-25
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INTRANASAL NALOXONE PROGRAM

PURPOSE: To establish guidelines and regulations governing utilization of Intranasal Naloxone administered by the Jacksonville Police Department objective is to reduce the number of fatalities that occur as a result of opiate overdose by the proper pre-hospital administration of intranasal naloxone.

The purpose of the Intranasal Naloxone Program is to address the number of opioid-related drug overdoses in Arkansas by establishing protocols, best practices, and procedures for the administration of naloxone by certified personnel as it becomes necessary within the department's service area.

Naloxone* is an opioid antagonist, which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. 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 now it is commonly used as an intranasal spray to reverse the effects of opioids.

To reduce the number of fatalities that can result from opiate overdoses, the Jacksonville Police Department will train its officers in the proper pre-hospital administration of intranasal naloxone. To implement a safe and responsible intranasal naloxone plan, the Department will establish and maintain a professional affiliation with a Medical Control Physician (MCP) who will provide medical oversight of its use and administration. The MCP shall be licensed to practice medicine within the State of Arkansas. At his or her discretion, he or she may make recommendations regarding the policy, oversight, and administration of the intranasal naloxone program developed and implemented by the Department.

POLICY: Naloxone will be deployed with all Jacksonville Police Department CPR-certified sworn officers who have successfully completed the Intranasal Naloxone Training program and have become familiar with this policy. Intranasal Naloxone will be used for the treatment of drug overdose victims. A patrol unit shall be dispatched to any call that relates to a drug overdose. The goal of the responding officer(s) 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 EMS personnel on scene, and to handle any criminal investigations that may arise

DEFINITIONS:

- I. **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 often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (Oxycontin®), Percocet®, and Percodan®) and hydrocodone (Vicodin®).
- II. **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.

- III. Medical Control Physician: The Medical Control Physician, herein after referred to as MCP, shall be a designated medical doctor who is licensed to practice medicine in the State of Arkansas. The Jacksonville Police Department shall maintain an affiliation with the MCP. The Chief of Police or his/her designee shall periodically consult with the MCP to review equipment, procedures, changes to applicable laws and regulations, and/or the review of specific medical cases.
- IV. Body Substance Isolation: Body substance isolation shall mean equipment that is provided to members of the Jacksonville Police Department that may include but is not limited to nitrile protective gloves, eye protection, respirator masks, Tyvek® protective suits, and other personal protection equipment as available.

PROCEDURE:

- I. To implement this policy, the Jacksonville Police Department relies upon the following statute:

A.C.A. 20-13-1804: Naloxone Access Act

(a) A healthcare professional acting in good faith may directly or by standing order prescribe and dispense an opioid antagonist to:

- (1) A person at risk of experiencing an opioid-related drug overdose;
- (2) A pain management clinic;
- (3) A harm reduction organization;
- (4) An emergency medical services technician;
- (5) A first responder;
- (6) A law enforcement officer or agency;
- (7) An employee of the State Crime Laboratory; or
- (8) A family member or friend of a person at risk of experiencing an opioid-related drug overdose.

**For purposes of the Prescription Drug Overdose grant and State Targeted Response grant, CJI will purchase and distribute NARCAN, a naloxone 4 MG intranasal spray manufactured by ADAPT Pharma..*

(b) A person acting in good faith who reasonably believes that another person is experiencing an opioid-related drug overdose may administer an opioid antagonist that was prescribed and dispensed under section (a) of this section:

(c) The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, or dispensing an opioid antagonist under this section;

- (1) A healthcare professional who prescribes an opioid antagonist under subsection (a) of this section;
- (2) A healthcare professional or pharmacist who acts in good faith and in compliance with the standard of care that dispenses an opioid antagonist under subsection (a) of this section; and
- (3) A person other than a healthcare professional who administers an opioid antagonist under subsection (b) of this section.

II. ADMINISTRATION:

- A. When an officer of the Jacksonville Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS, and has made a determination that the patient is suffering from an opiate overdose, the responding officer should administer