

UNIVERSITY OF NEW HAVEN  
DEPARTMENT OF POLICE SERVICES  
WEST HAVEN, CONNECTICUT 06516

ORDER NO.: G.O. 6.8

DATE: SEPTEMBER 19, 2019

**POLICY TITLE:** INTRANASAL NALOXONE

**RESPONSIBLE OFFICE:** UNHPD

**RESPONSIBLE OFFICIAL:** Chief of Police

DISTRIBUTION: ALL

AMENDED: NEW

SUPERSEDES: NEW

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## GENERAL ORDER 6.8

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### **PURPOSE/SCOPE**

The purpose of this policy is to participate, together with multiple agencies, in a statewide initiative focused on public health issues regarding opioid-related drug overdose persons. In an effort to reduce statewide fatalities resulting from opioid overdoses, the University of New Haven Police Department (UNHPD) shall establish procedures for police officers to:

1. Identify the symptoms of a person suffering from an opioid overdose; and
2. Administer Intranasal Naloxone.

### **POLICY STATEMENT**

It is the policy of the UNHPD to provide assistance to any person(s) who may be suffering from an opioid overdose. Officers may administer Intranasal Naloxone provided he/she have been trained in accordance with UNHPD policies and procedures.

Intranasal Naloxone shall be issued to officers for the treatment of opioid-related drug overdose persons. When an on-duty officer is dispatched to any call that relates to a drug overdose, the responding officer shall:

1. Provide immediate assistance up to and including the administration of Intranasal Naloxone, when appropriate;
2. Provide treatment commensurate with his/her responder training;
3. Assist other EMS personnel on scene; and
4. Handle any criminal investigation that may arise.

UNHPD shall train all police officers in the proper administration of Intranasal Naloxone. Training will be provided by Connecticut Department of Public Health (CT DPH) certified instructors. UNHPD shall establish and maintain a professional affiliation with UNH Health Services who shall provide medical oversight in training, use and administration of Intranasal Naloxone (Program Medical Advisor). The Program Medical Advisor shall be licensed to practice medicine within the State of Connecticut and may make recommendations regarding the policy, oversight, and administration of the UNHPD Intranasal program according to manufacturer guidelines. Information for all students, faculty and staff regarding the location of all Intranasal Naloxone Kits is located on the University of New Haven, Public Safety website.

## **DEFINITIONS**

**Drug Intoxication** - impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e.: euphoria, dysphoria, apathy, sedation, attention impairment.

**EMS** - “Emergency Medical Services” that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with illnesses or injury.

**Intranasal Naloxone Kit** - the kit shall be the CT DPH overdose kit. Each kit has a state ID number on the carry bag. The kit shall contain:

1. Instructions for administering Intranasal Naloxone (pre-printed card);
2. Two (2) prefilled luer-lock syringe, without a needle, 2 mg of Naloxone in 2ml of solution, within manufacturer assigned expiration date; and
3. Two (2) mucosal atomizer device (MAD) tip, compatible with standard luer-lock syringe.

**Mucosal Atomization Device (MAD)** - a device used to deliver a mist of atomized medication that is absorbed directly into a person’s blood stream and directly into the brain and cerebrospinal fluid via the nose to brain pathway. This method of medication administration achieves medication levels comparable to injections.

**Intranasal Naloxone** - an opiate receptor antagonist and antidote for opiate overdose produced in intranasal form.

**Opioid Overdose** - an acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opiate, or another substance with which an opiate was combined, or that a layperson could reasonably believe to be an opiate-related drug overdose that requires medical assistance.

**Acute Opioid Withdrawal** - a withdrawal state that may occur as a result of Intranasal Naloxone Administration. This state may be associated with vomiting, agitation, and combativeness.

**Patient** - a person who may be experiencing an opioid overdose.

**Universal Precautions**- an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infection for HIV, HBV and other blood borne pathogens.

- Intranasal Naloxone shall be administered utilizing universal precautions.

**Program Medical Advisor**- a person licensed to practice medicine in the State of Connecticut who shall be responsible for reviewing the medically-related components of the UNHPD Intranasal Naloxone program on a regular basis to identify any issues and make recommendations for change to the program on a timely basis.

## **PROCEDURES**

### **1. ADMINISTRATION OF INTRANASAL NALOXONE**

- A. When a police officer has arrived on scene or is dispatched to a medical emergency prior to the arrival of EMS, and has made a determination that a person is suffering from a possible opioid overdose, the following steps should be taken:
1. The police officer should contact the dispatcher to advise of possible opioid overdose and request EMS response. Dispatch personnel shall then contact the appropriate EMS personnel.
  2. The officer shall use universal precautions and protection from blood borne pathogens and communicable diseases when administering Intranasal Naloxone.
  3. Prior to the administration of Intranasal Naloxone, the officer on scene shall ensure the victim is in a safe location and remove any object(s) from the patient's immediate reach that could be used as a dangerous instrument(s).
  4. The officer shall assess the patient's Airway, Breathing, and Circulation, and provide medical care commensurate with the officer's training. The officer shall determine the victim's responsiveness, identify symptoms of opioid overdose and

when appropriate, administer the medication from the Intranasal Naloxone Kit following the training guidelines.

5. The officer shall administer the Intranasal Naloxone as follows:
  - a. For adults and children, one (1) milligram (mg) of Intranasal Naloxone per nostril;
  - b. For infants and toddlers, half (½) a milligram (mg) of Intranasal Naloxone per nostril; and
  - c. If the victim does not respond within 3-5 minutes of the first Intranasal Naloxone dose, the officer shall re-assess the victim for responsiveness, pulse and status of breathing and a second dose may be administered by EMS personnel or the officer on scene, when appropriate.
6. The officer shall be aware that treated victims who are revived from an opioid overdose may regain consciousness and may experience an acute opioid withdrawal. A rapid reversal of an opioid overdose may cause projectile vomiting and suctioning of the mouth may be necessary.
7. The patient shall continue to be observed and treated as the situation dictates, as the Intranasal Naloxone dose is only effective for approximately twenty (20) minutes.
8. The administering police officer shall inform EMS about the treatment and condition of the victim, and shall not relinquish care of the victim until relieved by a person with an equal or higher level of training.
9. Once used, the Intranasal Naloxone device is considered bio-hazardous material and shall be turned over to EMS personnel, or shall be disposed of in accordance with our policy.
10. After clearing the call, the officer will complete a Naloxone usage report (see attached) and case report.

## **2. NARCOTICS AND DRUG PARAPHERNALIA**

- A. The officer shall seize any illegal and/or non-prescribed narcotics, including drug paraphernalia that is found on the victim, or in the immediate area, and process the evidence.
- B. In accordance with C.G.S. §§ 21a-279, a police officer cannot charge a victim with possession of drugs or drug paraphernalia based solely on discovery of evidence resulting from medical assistance for a drug overdose. Connecticut General Statutes do not bar prosecution for possession of drugs and/or drug paraphernalia with intent to sell or dispense.
- C. C.G.S. §§ 21a-279 and 21a-267 prohibit prosecuting any person who seeks or receives medical assistance in “good faith” under the following scenarios: when a person seeks

assistance for someone else based on a reasonable belief that the person needs medical attention for himself/herself, when a person seeks medical attention based on a reasonable belief that he or she is experiencing an overdose, or when another person reasonably believes that he or she needs medical attention.

1. "Good faith" does not include seeking medical assistance while law enforcement officers are executing an arrest or search warrant or conducting a lawful search.

### **3. CERTIFICATION AND RE-TRAINING**

- A. Only police officers who have completed the approved training course in the use and proper administration of Intranasal Naloxone shall be authorized to administer Intranasal Naloxone.
- B. Re-training is required annually to maintain certification to carry and administer Intranasal Naloxone.

### **4. ISSUE OF INTRANASAL NAXOLONE KIT**

- A. Each police officer shall be issued a numbered CT DPH Intranasal Naloxone Kit to be carried while on duty.
- B. The Chief of Police or his/her designee will be charged with the tracking and dissemination of all Intranasal Naloxone Kit to department members.
- C. Additional Intranasal Naloxone Kits will be made available through the University of New Haven Health Services Department.

### **5. STORAGE**

- A. Officers shall be required to maintain the Intranasal Naloxone Kit within his/her brief case at all times.
  1. In accordance with manufacturer's instruction, Intranasal Naloxone must be kept out of direct light and stored at room temperature (between 59 and 86 degrees Fahrenheit).
  2. Intranasal Naloxone should not be left in a vehicle for extended periods of time and should not be subjected to extreme temperatures (heat or cold since it will freeze) as it may impact the effectiveness of the medication.
  3. In addition to Intranasal Naloxone Kits being stored at UNHPD, additional kits will be stored at the University of New Haven Health Services Department. The Health Services Director will be responsible for the tracking, storage, and dissemination of all Intranasal Naloxone Kits assigned to their department.

## 6. REPLACEMENT

- A. Replacement Intranasal Naloxone Kits shall be stored at the UNHPD and disseminated by the Chief of Police or his/her designee and replaced as needed.
  - 1. All Intranasal Naloxone Kits that have been opened, whether or not Intranasal Naloxone was administered, shall be replaced with a new kit.
  - 2. In the event that an Intranasal Naloxone Kit is expired or has been used, the officer shall notify their UNHPD Shift Supervisor for immediate replacement.
  - 3. Additional replacement kits will be obtained from UNH Health Services.
  - 4. The purchase of all Intranasal Naloxone Kits will be through grant funding or by the University of New Haven.
- B. Intranasal Naloxone Kits that are lost, damaged, or exposed to extreme temperatures, shall be reported to the Shift Supervisor.

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James T. Gilman  
Chief of Police