



OVERDOSE RESPONSE PROGRAM

Directive: 13-116

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I. PURPOSE

The purpose of this directive is to outline the protocols for the tracking and administration of the prescription medication Naloxone as part of the Department's overdose response program.

II. POLICY

It is the policy of the Maryland Capitol Police (MCP) to train and equip designated sworn personnel to administer Naloxone to an individual experiencing, or believed to be experiencing, opioid overdose to help prevent a fatality when medical services are not immediately available.

MCP will also establish policies and procedures for the dispensing, tracking and reporting of the Naloxone prescriptions within the Department.

III. DEFINITIONS

- A. Fentanyl: A synthetic opioid that is used in medical practice as a pain medication and anesthetic and is approx. 100 times more potent than morphine. Overdoses involving fentanyl can occur more suddenly and may be more likely to result in death. Because of this, fentanyl poses a threat to anyone coming into contact with it and first responders must take appropriate precautions when responding to suspected opioid overdoses.
- B. Naloxone: A medication which blocks or reverses the effects of opioid overdose, including extreme drowsiness, slowed breathing, or loss of consciousness.
- C. Naloxone Kit: A portable kit consisting of a hard style case containing the Naloxone medication in the nasal format, disposable gloves and mask.

IV. PROCEDURES

A. GENERAL INFORMATION

1. The Department has been approved by the Maryland Department of Health (MDH) to administer an overdose response program.

2. In accordance with COMAR 10.47.08, selected members of the department have been certified by MDH to train personnel in the administration of Naloxone as part of the overdose response program.
3. All sworn employees, holding the rank of Sergeant and below, will be trained and certified for use of Naloxone and will be recertified every two years.
4. A pre-determined number of Naloxone kits will be deployed for use by patrol officers.
5. The kits contain a dose of Naloxone and as such will be closely tracked for accountability.
6. Naloxone Kits will be distributed as follows:
 - a. Each detachment will dispensed a predetermined amount of Naloxone kits.
 - b. Special Services Division (SSD) will maintain a supply of replacement kits which will be distributed when a kit is utilized or expires.
 - c. The kits will be signed in and out on an equipment sign-out log (MCP Form 10).

B. DETACHMENT COMMANDER RESPONSIBILITIES

1. The detachment commander will:
 - a. Sign for receipt of all kits issued to the command;
 - b. Designate a secure location for storage of kits;
 - c. Retain records of all kits assigned to the detachment for a period of 3 years;
 - d. Ensure that the equipment sign out logs are maintained for each kit;
 - e. Conduct monthly audits to ensure all kits are accounted for, intact and not expired;
 - f. Requisition replacements for expired or deployed kits:
 - 1) A copy of the incident report concerning the administration of Naloxone will be attached to the requisition; and
 - 2) The used or expired kit will be return to SSD.

C. OFFICER RESPONSIBILITIES

1. Patrol officers assigned to mobile patrol will sign out a Naloxone kit for their tour of duty and will return the kit at the end of their assigned shift.
2. When an officer encounters or is dispatched to the scene of a suspected overdose, the officer will ensure that the PCO notifies EMS.
3. The officer will conduct an assessment of the patient, to include gathering statements obtained from witnesses regarding drug use.
4. If the officer makes a determination there may have been an opioid overdose, Naloxone should be administered.
5. Officers administering Naloxone to an individual will:
 - a. Possess current certification in the administration of Naloxone;
 - b. Administer the Naloxone in accordance with the training received;
 - c. Use the appropriate personal protective equipment (e.g., gloves, mask);
 - d. Consider the need for an additional dose if the individual does not adequately respond to the Naloxone, or if the patient responds, but symptoms reappear;
 - e. If additional doses are required, notify EMS providers when they arrive or request an additional officer who has a Naloxone kit;
 - f. Monitor the individual closely until EMS arrives; and
 - g. Notify their shift supervisor of the incident.
6. Post administration, officers will:
 - a. Contact the Maryland Poison Center at 1-800-222-1222 **within 2 hours** of administering Naloxone. The Maryland Poison Center is responsible for tracking Naloxone administration throughout the state;
 - b. Complete an Incident Report for "Sick or Injured Person";
 - c. Record the following information in their case report:
 - 1) Date and time the naloxone was dispensed;
 - 2) The identification number off the kit;
 - 3) Manufacturer, lot number, and expiration date of medication;

- 4) Number of dose(s) dispensed;
 - 5) Events leading up to the decision to administer Naloxone;
 - 6) Results (patient regained consciousness, breathing returned, etc.); and
 - 7) Date and time of the contact with the Maryland Poison Center.
- d. Submit the online “**Narcan Use Report**” available on the MCP Department Forms page.
 - e. Return the used kit to their supervisor.

D. SHIFT SUPERVISOR RESPONSIBILITIES

1. Each shift supervisor will:

- a. Ensure that the officer(s) assigned to the mobile unit signs out a Naloxone kit for their tour of duty.
- b. Ensure that the Form 10 is completed and sign the log confirming that the kit is returned and intact at the end of the shift.
- c. Account for all kits signed out during the shift and ensure that the kits are returned to the designated storage location.
- d. When notified by an officer of an administration of Naloxone:
 - 1) Notify the commander of the deployment;
 - 2) Ensure that contact is made with Maryland Poison Control within the prescribed time frame;
 - 3) Ensure that the administering officer completes the Incident Report by the end of their tour of duty;
 - 4) Note the incident on the daily report;
 - 5) Make a notation on the equipment sign out log that the kit was utilized; and
 - 6) Submit a copy of the approved Incident Report and used kit to commander for replacement.

E. SPECIAL SERVICES DIVISION (SSD) RESPONSIBILITIES

1. SSD Training Unit will:

- a. Be responsible for acquisition of Naloxone kits;
- b. Ensure that the medication expiration date for kits are documented;
- c. Ensure that the medication identification required by the Health Occupations Article §12-505 is affixed to the kits, to include:
 - 1) The date the kit was issued;
 - 2) The name and strength of medication;
 - 3) The month and year the medication expires;
 - 4) Any appropriate handling instructions;
- d. Track the distribution of kits within the agency;
- e. Recall kits which have expired;
- f. Maintain the following records and report it annually to MDH in accordance with COMAR 10.47.08.10.C:
 - 1) Number of individuals who have completed educational training and refresher training programs;
 - 2) Number of individuals who have been issued certificates;
 - 3) Form of Naloxone dispensed;
 - 4) Number of initial doses of Naloxone dispensed;
 - 5) Number of Naloxone refills dispensed and reason given for each refill dispensed;
 - 6) Number and location of Naloxone administrations and overdose reversals;
- g. Maintain all dispensing records (logs, medication acquisition and expiration records, etc.) for five (5) years.