


Haverford Township Police Department Operations Manual		
Issue Date February 2021	Review Date February 2022	Directive Number 6.2.8
Accreditation Index:		Rescinds: Directive 6.2.8 of November 2019
Chapter: Six – General Procedures	Section: Two – Law Enforcement Function	
Chief of Police: <i>John F. Viola</i>		

SUBJECT: NALOXONE ADMINISTRATION

I. PURPOSE

Opioid overdose affects not just the overdose victim but also the family and friends of that victim. The implementation of a Naloxone overdose program can reduce the number of deaths associated with opioid overdose. The purpose of this directive is to provide all sworn personnel with procedures for the proper administration of Naloxone for the reversal of opioid-associated overdose emergencies.

POLICY

It shall be the policy of this department that all sworn personnel be trained in the procedures and administration of Naloxone for the reversal of opioid-associated overdose emergencies. Sworn Officers of this department shall administer Naloxone in accordance with state law, this directive, the Agreement between the Township of Haverford EMS and the Office of the District Attorney of Delaware County (Appendix “A”) and the “Standing Orders” jointly issued by the District Attorney John J. Whelan and the Township of Haverford’s Emergency Medical Services Medical Director, Dr. Edward Dickinson (Appendix “B”).

II. DEFINITIONS

- A. **Drug overdose event -** An acute medical condition, including, but not limited to, severe physical illness, coma, mania, hysteria or death, which is the result of consumption or use of one or more controlled substances causing an adverse reaction. A patient's condition shall be deemed to be a drug overdose if a prudent layperson,

possessing an average knowledge of medicine and health, would reasonably believe that the condition is in fact a drug overdose and requires immediate medical attention.

Law enforcement officer - A person who by virtue of the person's office or public employment is vested by law with a duty to maintain public order or to make arrests for offenses, whether that duty extends to all offenses or is limited to specific offenses, or a person on active State duty under 51 Pa.C.S. § 508 (relating to active duty for emergency).

III. LEGAL AUTHORITY

A. Title 35 P.S. § 780-113.8 Drug overdose medication

(a) The department, in carrying out its duties under 28 Pa. Code Ch. 1023 (relating to personnel), shall have the following duties:

(1) By December 31, 2014, amend the prehospital practitioner scope of practice of emergency medical services providers to include the administration of naloxone.

(2) In consultation with the Pennsylvania Emergency Health Services Council, implement training, treatment protocols, equipment lists and other policies and procedures for all types of emergency medical services providers.

(3) In consultation with the Department of Drug and Alcohol Programs, develop or approve training and instructional materials about recognizing opioid-related overdoses, administering naloxone and promptly seeking medical attention. The training and instruction materials shall be provided free of charge on the Internet.

(b) A law enforcement agency, fire department or fire company may enter into written agreements with emergency medical services agencies, with the consent of that agency's medical director or a physician, to do the following:

(1) Obtain a supply of naloxone.

(2) Authorize a law enforcement officer or firefighter who has completed training under subsection (a)(2), or who has received the training and instructional materials under subsection (a)(3), to administer naloxone to an individual undergoing or believed to be undergoing an opioid-related drug overdose.

(c) Notwithstanding any other law to the contrary, a health care professional otherwise authorized to prescribe naloxone may dispense, prescribe or

distribute naloxone directly or by a standing order to an authorized law enforcement officer or firefighter in accordance with an agreement under subsection (b) or to a person at risk of experiencing an opioid-related overdose or family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related overdose.

(d) The provisions of the act of September 27, 1961 (P.L. 1700, No. 699), known as the "Pharmacy Act," shall not apply to a law enforcement officer or firefighter who stores naloxone pursuant to an agreement under subsection (b), and in accordance with directions from the health care professional that prescribed, dispensed or distributed the naloxone, or to a person or organization acting at the direction of a health care professional authorized to prescribe naloxone so long as such activities are undertaken without charge or compensation.

(e)(1) A licensed health care professional who, acting in good faith, prescribes or dispenses naloxone shall not be subject to any criminal or civil liability or any professional disciplinary action for:

(i) such prescribing or dispensing; or

(ii) any outcomes resulting from the eventual administration of naloxone.

(2) The immunity under paragraph (1) shall not apply to a health professional who acts with intent to harm or with reckless indifference to a substantial risk of harm.

(f)(1) A person, law enforcement agency, fire department or fire company under subsection (b)(2) or (c) who, acting in good faith and with reasonable care, administers naloxone to another person whom the person believes to be suffering an opioid-related drug overdose:

(i) Shall be immune from criminal prosecution, sanction under any professional licensing statute and civil liability for such act.

(ii) Shall not be subject to professional review for such act.

(iii) Shall not be liable for any civil damages for acts or omissions resulting from such act.

(2) Receipt of training instructional materials and that meet the criteria of subsection (a) and the prompt seeking of additional medical assistance shall create a rebuttable presumption that the person acted with reasonable care in administering naloxone.

(g) Nothing in this section shall be interpreted to limit any existing immunities for emergency response providers and others provided for under 42 Pa.C.S. § 8332 (relating to emergency response provider and bystander good Samaritan civil immunity).

IV. PROCEDURES

A. Training

1. Pursuant to Title 35 P.S. § 780-113.8 Drug overdose medication, the Agreement between the Township of Haverford EMS and the District Attorney of Delaware County and this directive only a trained “Law Enforcement Officer” shall be provided and authorized to administer Naloxone.
 - a) All sworn officers of the Haverford Township Police Department shall complete the online training course for opioid overdose emergencies and the administration of Naloxone as identified by the Pennsylvania Department of Drug and Alcohol Programs.
 - b) Upon successful completion of the online training course sworn officers shall forward the completion letter and certificate to the designated Patrol Division Commander.
 - (1) If a sworn officer does not successfully complete the online training they shall notify their immediate supervisor in a timely manner. That supervisor shall notify the designated Patrol Division Commander.
 - (2) The designated Patrol Division Commander shall contact the appropriate authorities to ensure that the sworn officer is remedially trained and able to successfully complete the administration of Naloxone and opioid overdose emergency training.
2. Only sworn members of the Haverford Township Police Department who successfully completed the online training course in the administration of Naloxone and opioid overdose emergencies shall be authorized to administer Naloxone.

B. Storage

1. Naloxone Kits have been placed in the AED carrying case in each marked patrol vehicle.
 - a) Special Operations vehicles will have the kits stored in the glove box.
 - b) If a patrol vehicle’s AED is out of service the Naloxone Kit shall be placed in the patrol vehicle’s glove box until the AED is returned to service.
2. The kits have been marked with the vehicle number. Officers will be required to make a daily inspection of the kit to ensure it is in the

AED case and has not been damaged. Officers will note on their daily log that the kit was checked.

- a) Should an officer determine that the kit is missing or it has been damaged, he/she will inform the on-duty supervisor.
 - b) The on-duty Watch Commander, will be notified by the on-duty supervisor and a spare kit will be issued.
3. Naloxone Kit contents
- a) Each kit should contain the following items;
 - (1) 1 box of Naloxone Hydrochloride (2 dose per box);
 - (a) 1 box contains two (2) Atomization devices (1 dose per device)

C. Administration

1. A sworn officer, who has successfully completed the online training course, and is presented/ finds a victim who is experiencing a drug overdose (suspected opioid overdose) with respiratory depression, respiratory arrest or is unresponsive shall be authorized to administer the nasal naloxone when available.
2. The administration of nasal naloxone shall be in accordance with the online training course and the “Standing Orders” jointly issued by the District Attorney John J. Whelan and the Township of Haverford’s Emergency Medical Services Medical Director, Dr. Edward Dickinson (Appendix “B”).

D. Reporting

1. When a Naloxone kit has been administered at the scene of an overdose, an ALERT report will be generated for the original incident, if that incident is not a Medical Emergency then a Medical Emergency – Opiate Overdose UCR will be added. The report supplement will include information about the administration of Naloxone to document its usage. If the administering officer is different from the reporting officer it shall be the responsibility of the administering officer to add a supplement about the Naloxone usage.
 - a) The supplement shall indicate how many doses were administered (1 device = 1 dose);
2. The administering officer will complete the Naloxone Utilization Questionnaire form (Appendix “C”), which is located in the “Everyone” folder under Department Forms on the network drive.

- a) The completed questionnaire form shall be submitted to the on-duty supervisor for approval and upon completion forwarded to the Divisional Commander.
- b) The Divisional Commander will be responsible to forward completed questionnaires to the Office of the District Attorney and requesting resupply of the used Naloxone.

BY ORDER OF THE CHIEF OF POLICE



**Agreement between Township of Haverford EMS and the
Office of the District Attorney of Delaware County**

Pursuant to Act 139 of 2014 ("Act"), this agreement with the consent of the Township of Haverford Emergency Medical Services Agency and its Medical Director, Dr. Edward Dickinson permits the Delaware County Office of the District Attorney to obtain and use a supply of naloxone. The Delaware County District Attorney's Office along with the Criminal Investigation Division is a recognized and authorized law enforcement agency under the laws of the Commonwealth of Pennsylvania.

The naloxone will be prescribed to the Delaware County District Attorney's Office by Dr. Edward Dickinson using a standing order for nasal naloxone as the method of administration.

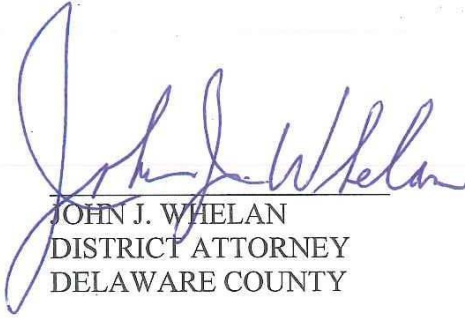
The naloxone will be obtained from a licensed medical supply company or hospital which may change from time to time and stored at the Delaware County District Attorney's Office temporarily to be distributed to the various police departments that are attached here to marked Exhibit "A" and incorporated herein by reference. The naloxone will be stored pursuant to the Delaware County District Attorney's Office naloxone protocol for proper storage. The Office of the District Attorney will be distributing the naloxone in accordance with the below stated paragraph.

Pursuant to the Act and this Agreement, it is understood and agreed that naloxone can only be provided to and administered by officers that have received Pennsylvania Department of Health approved online training and materials about recognizing Opioid related overdoses, administering naloxone and properly seeking medical attention.

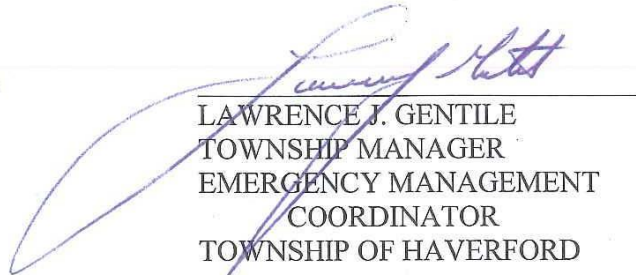
It is the intent of this Agreement that the Office of the District Attorney and the Criminal Investigation Division of said office will be providing each police department listed on the attached addendum with a supply of naloxone. The Office of the District Attorney will supervise and monitor the use by providing protocol to the police chief of each department and specific instructions that only officers that received the Pennsylvania Department of Health approved online training will be permitted to administer naloxone. Nothing in this Agreement shall restrict the police department from contacting a different EMS agency or physician and entering into a separate agreement to administer and obtain a supply of naloxone. If this is the case the Office of the District Attorney will inform the Haverford Township Emergency Medical Services Agency and will remove the police department as a participant under this Agreement. The Office of the District Attorney by and through its agents and or Criminal Investigation Division will regularly identify and verify for the Haverford Township Emergency Medical Services Agency the officers that have received the appropriate training and instruction materials thereby permitting them to administer naloxone.

The Office of the District Attorney will maintain administrative records and will track the training of the officers, the storage and distribution of the supply of naloxone and deployment.

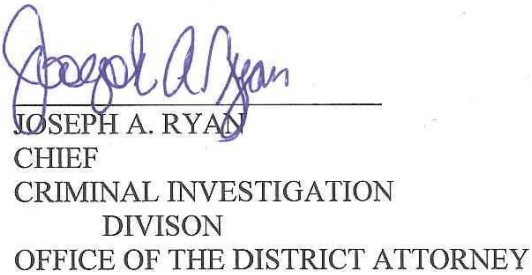
The Office of the District Attorney will also periodically check with each police department identified on Exhibit "A" and request updated information pertaining to training and certification as well as any naloxone administered in the field.



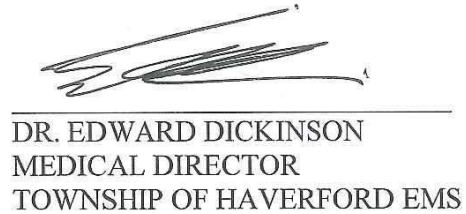
JOHN J. WHELAN
DISTRICT ATTORNEY
DELAWARE COUNTY



LAWRENCE J. GENTILE
TOWNSHIP MANAGER
EMERGENCY MANAGEMENT
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TOWNSHIP OF HAVERFORD



JOSEPH A. RYAN
CHIEF
CRIMINAL INVESTIGATION
DIVISION
OFFICE OF THE DISTRICT ATTORNEY



DR. EDWARD DICKINSON
MEDICAL DIRECTOR
TOWNSHIP OF HAVERFORD EMS



**Delaware County Office of the District Attorney
Naloxone Distribution/Administration in Overdose Prevention Program**

STANDING ORDERS

Naloxone is indicated for reversal of opioid overdose in the setting of respiratory depression, respiratory arrest, or unresponsiveness. It may be delivered intra-nasally with a mucosal atomizer device.

1. This standing order authorizes registered agencies to maintain adequate supplies of naloxone kits for the purpose of distributing them as part of the Overdose Prevention Program.
2. This standing order authorizes the Office of the District Attorney to distribute naloxone kits to approved and trained opioid overdose responders.
3. This standing order authorizes approved and trained responders to possess and administer naloxone to a person who is experiencing a drug overdose.
4. Administration of naloxone: administer naloxone to a person suspected of an opioid overdose with respiratory depression, respiratory arrest, or unresponsive as follows:

Nasal naloxone administration:

- a) Assess for the presence of a pulse. If no pulse is present begin CPR and apply defibrillator per normal protocol.
- b) If pulse is present, but patient is not breathing, begin mouth to mask ventilation while preparing naloxone.
- c) Pop off two yellow caps from the naloxone delivery syringe and one purple cap from the naloxone vial.
- d) Screw the naloxone vial gently into the delivery syringe.
- e) Screw the mucosal atomizer device onto the top of the syringe.
- f) Spray half (1ml) of the naloxone in one nostril and the other half (1ml) in the other nostril.
- g) Provide continued mouth to mask ventilations if patient is not breathing. Assess for pulse and begin chest compressions and apply AED if pulse is lost.
- h) Remain with the person until he or she is under the care of a medical professional, such as an EMT, Paramedic, Nurse or Physician.

Do NOT administer naloxone to a person who is conscious or who has a known allergy to naloxone.

Edward T. Dickinson, MD

EDWARD DICKINSON, M.D.

EMERGENCY MEDICINE

MD - 063589-L (PA)

MD063589L

PA License #

11/20/14

Date

Expires 12/31/2015



Delaware County District Attorney's Office Naloxone Utilization Questionnaire

Date of use: ___ / ___ / ___

Agency Incident #: _____

Municipality of Overdose: _____

Gender: Male Female Age: _____

If you DID give Naloxone/Narcan, how many doses did you give? _____

How long did it take for Narcan to work? < 1 min 1-3 min 3-5 min > 5 min

What was the result of this person's overdose? (Check ONLY ONE)

- Woke up without any help Woke up because of my help Don't know
- Paramedics came/person revived Paramedics came/don't know what happened next
- They died Other (specify) _____

Were there any negative consequences of the overdose/treatment? (Check ALL THAT APPLY)

- Harassment Anger Violence Vomited Seizure
- Felt sick/withdrawal
- Arrest of overdosing person or witnesses Other (specify) _____

Did you have any trouble putting together the Narcan or using it? (Specify)

Officer/ Badge #: _____