





POLICIES AND PROCEDURES MANUAL

	NALOXONE HYDROCHLORIDE (NARCAN)	
	POLICY NUMBER: 41-8	ISSUING AUTHORITY 
	EFFECTIVE DATE: January 1, 2025	Christine A. Elow Police Commissioner

I. GENERAL CONSIDERATIONS AND GUIDELINES

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and non-fatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone, and hydrocodone.

Naloxone, commonly known by the brand-name Narcan®, is an opioid antagonist, which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. It is generally safe in most settings, but in rare instances can trigger serious complications such as acute pulmonary edema or acute withdrawal. Naloxone has been available as an injectable since the 1960s but was recently developed as a nasal spray.

To reduce the number of fatalities that can result from opiate overdoses, the Cambridge Police Department will train its officers in the proper pre-hospital administration of nasal Naloxone. To implement a safe and responsible nasal Naloxone plan, the department will establish and maintain a professional affiliation with the MPTC's designated Medical Director, who will provide medical oversight and administration, as well as any authorization, oversight and assistance with trainings and curriculum related to Narcan administration. The Medical Director shall be licensed to practice medicine within the Commonwealth of Massachusetts. At their discretion, the Medical Director may make recommendations regarding the policy, oversight, and administration of the nasal Naloxone program developed and implemented by the department.

To implement this directive and guidelines, the Cambridge Police Department relies upon the following statutes:

M.G.L. c. 94C, § 34A, which states that "a person who, in good faith, seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance under sections 34 or 35 if the evidence for the charge of possession of a controlled substance was gained as a result of seeking medical assistance."

M.G.L. c. 94C, § 19 which states that "Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend, or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For

purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.”

M.G.L. c. 94C, § 7 which states that “any public official or law enforcement officer acting in the regular performance of his duties” shall not require registration and may lawfully possess and distribute controlled substances.

M.G.L. c. 258C, § 13 which states that “No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit or damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct.”

M.G.L. c. 112, § 12FF which states that “Any person who, in good faith, attempts to render emergency care by administering Naloxone or any other opioid antagonist, as defined in section 19B of chapter 94C, to a person reasonably believed to be experiencing an opiate-related overdose, shall not be liable for acts or omissions resulting from the attempt to render this emergency care; provided, however, that this section shall not apply to acts of gross negligence or willful or wanton misconduct.”

II. POLICY

It is the policy of the Cambridge Police Department to:

- A. acquire, maintain, and deploy nasal Narcan, when appropriate, in order to provide immediate assistance and treatment when called to persons who may have overdosed on opiates;
- B. train officers to standards set by the Commonwealth of Massachusetts;
- C. keep and maintain a professional affiliation with a Medical Control Physician for medical oversight; and
- D. follow all record-keeping and reporting requirements as set forth in this policy as well as other regulating directives.

III. DEFINITIONS

- A. *Medical Director*: The Medical Director shall be a designated Medical Doctor pursuant to Massachusetts General Laws and relevant regulations.
- B. *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. It is marketed under various trademarks including Narcan®.
- C. *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 officers often

encounter opiates in the form of morphine, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) and hydrocodone (Vicodin®).

IV. PROCEDURES

- A. Deployment of Nasal Narcan Kits: A Nasal Narcan Kit and holder will be issued to all sworn members of the department.
 - 1. During normal business hours, officers can replenish their Narcan directly through the Property/Evidence Unit. A surplus supply will be available in the surplus equipment storage container in the Evidence Staging Room for access when the Property/Evidence Unit is closed.
 - 2. A small number of Nasal Narcan Kits will also be maintained in the Holding Facility area for use by the assigned booking officers.
- B. Responsibilities of Narcan Coordinators: The Operations Division Commander will identify officers who will serve as designated Narcan Coordinators who will perform the following duties.
 - 1. Act as Liaison Between Medical Director & DPH: Serve as the primary liaison between the Cambridge Police Department, the MPTC's Designated Medical Director, and the Department of Public Health.
 - 2. Maintain Adequate Supplies: Ensure there are adequate supplies of nasal Narcan maintained within the surplus equipment storage container in the Evidence Staging Room and, in the Property/Evidence Unit.
 - 3. Report to the Medical Director & DPH: Compile all documentation submitted by officers who administer nasal Narcan and submit these documents to the Department of Public Health.
 - 4. Follow Training Requirements: Remain current in the training requirements associated with the use of Narcan.
 - 5. Conduct Audits & Inspections: Conduct regular audits and inspections to ensure that the Narcan Kits are maintained in each of the described locations.
 - 6. Quality Assurance: Ensure compliance with the department's guidelines, statewide treatment protocol, and documentation requirements.
 - a. All deviations will be reported to the MPTC's designated Medical Director, after conferring with the Operations Division Commander.
 - b. An appropriate corrective action plan will be implemented under the direction of the Medical Director.
 - c. The Cambridge Police Department will comply with requests from the Medical Director for information.
 - d. Quarterly data will be reported to the Medical Director, which includes summary data, as well as all reports on individual cases.

- C. Deployment Protocol for Officers: Each officer shall ensure that their personally issued Narcan Kit is intact, and they have it as part of their duty equipment when reporting for duty.
 - 1. All officers are required to have the Narcan Kit readily available while on duty, including while performing private paid details while in uniform.
 - 2. The Narcan Kit shall be brought to calls for service for cardiac arrest, unconscious/unresponsive, unknown medical, or at the discretion of the officer on other medical calls.
 - 3. The Narcan Kit should not be exposed to extreme heat or cold, over 100 degrees Fahrenheit for a period of several hours or allowed to freeze.
- D. Initial Response Protocol: Whenever there is a report of a possible drug overdose, the following protocols should be observed.
 - 1. Typically, a two-person sector car, or at least two single-person units, will be immediately dispatched to the scene.
 - 2. As a normal protocol, an EMS unit will be dispatched as well.
- E. Arrival Protocol: If officers arrive before EMS, the officers shall assess the condition of the patient and, when practical, report their initial findings to ECD. The officers should always take universal precautions to protect themselves; perform patient assessment; and determine unresponsiveness, whether there is an absence of breathing and/or lack of a pulse. Depending on the patient's level of responsiveness, officers should respond appropriately per the approved AHA First Responder Protocols received during annual training.
 - 1. When assessing the patient, the responding officers should be alert for the signs of an opioid overdose, which may include blue skin tinge, usually lips and fingertips show first; the body is very limp; the face very pale; the pulse (heartbeat) slow or erratic, or not present at all; vomiting; passing out; unconsciousness; choking sounds or a gurgling/snoring noise; breathing is very slow, irregular, or has stopped; unable to respond.
 - 2. Officers will consider statements from witnesses and/or family members regarding the patient's current drug use.
 - 3. Consider possible indications for not administering intranasal Naloxone, such as facial trauma, nasal obstruction, and bloody nose.
 - 4. Check the *4-Rights* for medication administration.
 - a. Right patient (does the patient need the medication?);
 - b. Right medication (check to make sure it is Naloxone);
 - c. Right date (check expiration, medication clarity); and
 - d. Right dose (administer until return of spontaneous respirations, up to maximum dose allowed by applicable statewide treatment protocols).

- F. Administration of Nasal Naloxone: After assessing the patient, if the officer determines that an individual is most likely experiencing an opioid overdose and that it is appropriate to administer Nasal Naloxone in accordance with the AHA First Responder Protocols, the administering officer is to adhere to the following steps.
1. Officers shall follow the AHA First Responder Protocol for nasal Naloxone as outlined in the department-issued training materials and attached Naloxone Administration addendum approved by the Medical Director, and in accordance with the Massachusetts Department of Public Health guidelines.
 2. The officer should be aware of the possible effects of administering Nasal Narcan which include violent behavior by the patient.
 3. In all instances of medical assists and rescues of this nature, the continued care for the patient must be transferred by the officer to EMS personnel once they arrive at the scene. The officer must notify the EMS personnel of the condition of the patient upon arrival and the steps taken by the officer. Once this transfer of care is performed the officer will assist EMS personnel in further caring for the patient but will be under EMS direction.
 4. The Department of Public Health recognizes that an individual who is rescued from an opiate overdose through the administration of Nasal Narcan should be brought to a medical facility for further evaluation and recommends that such action be taken after each rescue. Consistent with this protocol, the MPTC's Medical Director has advised that "all individuals who have received Nasal Naloxone must be transported to an emergency department." See also M.G.L. c. 111E, § 9A (providing police officers with the authority to place into protective custody a person who is incapacitated by the consumption of any drug).
 - a. EOPSS Protective Custody Directive: "Any person receiving Naloxone by law enforcement agents or in the presence of law enforcement agents should be transported to an appropriate facility preferably by EMS. If the person wishes to refuse transportation, law enforcement shall place the person under protective custody."
 - b. Officers should refer to department policy on protective custody.
- G. Follow up Investigation: Once the officers have attended to the needs of the patient, and the patient has been turned over to EMS personnel, the officer shall conduct a thorough investigation into the circumstances leading to the overdose situation. This will mean conducting the preliminary interviews and documenting observations of how the patient was discovered to help determine if there is any indication of criminal activity requiring further criminal investigation.
1. Continue to update the sector supervisor if the supervisor is not already on scene.
 2. Arrange through the supervisor to make appropriate notifications.
 3. Assess whether protective custody, pursuant to M.G.L. c. 111E, § 9A, is appropriate.
 4. If the patient is pronounced deceased at the scene, officers are required to follow the sudden death protocols.

H. Required Documentation

1. Completion of an Incident Report: Upon completion of the administration of nasal Narcan, the assigned officer will complete an Incident Report including:
 - a. all of the actions that the officers took upon arrival;
 - b. how the officers made the decision to administer Nasal Narcan;
 - c. all observations made of the victim in response to administration of the Nasal Narcan;
 - d. the circumstances under which the transfer of the medical care was turned over to EMS personnel;
 - e. all observations and interviews conducted in determining the circumstances that led up to the overdose incident;
 - f. observations and security measures taken to preserve any evidence that might be discovered on scene;
 - g. any determination made if there are any possible criminal violations involved in the situation;
 - h. notation as to whether the case was turned over to investigators.
2. Completion of the Department of Public Health Form: In addition to completing an Incident Report, the assigned officer is required to complete the Department of Public Health's Overdose Prevention Program Report-Back form.
3. Once the DPH form is completed by the officer and reviewed by the supervisor it shall be emailed to the Narcan Coordinators at PDnarcancoordinators@cambridgepolice.org, along with the report number for the incident and any other pertinent information.
4. Narcan Coordinators shall compile these forms; ensure they are complete and forwarded to the Department of Public Health; and maintain a monthly statistical data report, which is to be submitted to the Operations Division Commander.

I. Training Requirements

1. Initial Training Requirements: Commencing in 2016, all sworn officers of the Cambridge Police Department will meet the training requirements for the use of nasal Narcan as has been authorized by the Medical Director prior to being permitted to administer nasal Narcan.
 - a. Only those personnel who have been authorized by the MPTC designated Medical Director and the Department of Public Health may instruct officers on the use of nasal Narcan.
 - b. Any officer who becomes a member of the department after the initial training will be required to meet the training requirements as authorized by the Medical Director prior to being permitted to administer Nasal Narcan.

- c. Unless certified as part of their academy training, new officers graduating from the academy shall meet the training requirements as authorized by the Medical Director during their Orientation Training upon graduation from the academy.
2. Annual Retraining Requirements: After completion of the initial training requirements, all officers shall undergo an annual refresher training. Typically, this annual refresher training will be done as part of the Cardio-Pulmonary Resuscitation in-service training cycle.
3. Content of the Training: Training on the proper techniques for administering Nasal Narcan shall include:
 - a. recognition of an opioid overdose;
 - b. procedures to be followed both before and after the administration of Nasal Narcan;
 - c. recognition of indications for not administering Narcan and a course of action to be followed upon recognition of those signs;
 - d. proper aftercare of a patient for whom Nasal Narcan has been administered, including assessment for protective custody pursuant to M.G.L. c. 111E, § 9A; and
 - e. required documentation that must be completed anytime Nasal Narcan is administered.
4. Approval of the Training Curriculum: All initial and refresher training must first be approved by the Medical Director.
5. Recording the Completion of Training: The Training/Certification Unit shall maintain a record on the completion of the administration of Nasal Narcan by all personnel within the department.