



**CHEVY CHASE  
VILLAGE  
POLICE  
DEPARTMENT**

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Police Chief: John Fitzgerald

**GENERAL ORDER: 5-60; OVERDOSE INTERVENTION PROGRAM**

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CALEA: 41.2.4, 41.3.2

**I. POLICY**

In order to prevent opioid overdose deaths, officers who are confronted with a person suspected of suffering from an opioid overdose will summon EMS, administer the drug according to training, and will provide rescue breathing or CPR as needed until EMS arrives and takes over.

**II. BACKGROUND**

Heroin (and other opioid drugs) overdoses and overdose deaths have risen sharply in Montgomery County recently. For years, EMS providers have successfully used naloxone to treat overdoses of heroin and other opiates (morphine, fentanyl, oxycodone, Percocet, Percodan and hydrocodone). The drug is effective at reversing the effects of an overdose when administered in time, and it has minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm.

During an opiate overdose, a patient may suffer a disruption in normal breathing. In some cases, breathing may stop altogether, quickly leading to death. Police officers often arrive on the scene of overdoses before EMS personnel have arrived. Your quick actions—performing rescue breathing as needed and administering naloxone in accord with your training—may help to save a life.

**III. PROCEDURE**

When a patrol officer arrives on the scene of a medical emergency prior to the arrival of Fire Department personnel, and determines that a patient is suffering from an opiate overdose, the officer will follow the below procedures: (CALEA 41.2.4)

- A. Ensure that EMS is en route. If the officer is uncertain if EMS has been requested, the officer will immediately request EMS to respond.
- B. Officers shall use universal precautions (medical gloves, mask with 1-way valve for rescue breathing, avoid contact with blood and body fluids) when dealing with any ill or injured person (to include suspected overdose patients).

- C. Officers shall conduct a medical assessment of the patient, to include statements made by witnesses regarding drug use.
- D. If the officer makes a determination that the patient is likely suffering from an opiate overdose, the naloxone kit should be utilized in accordance with training. (spray ½ of the naloxone vial into each nostril.)
- E. Officers should be aware that reversal of an opiate overdose may cause projectile vomiting and/or violent behavior.
- F. Officers will remain with the patient and will continue to observe and monitor the patient until relieved by Fire/EMS personnel.
- G. If the patient is not breathing but has a pulse, officers will perform rescue breathing. The rescue facemask will be utilized whenever practical.
- H. If the patient has no pulse, officers will perform CPR.
- I. The treating officer shall inform incoming Fire/EMS personnel about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with an equal or higher level of medical training.
- J. Officers will help ensure the patient is transported to the hospital. If the patient is revived by the administration of naloxone and then refuses to go to the hospital voluntarily, then the emergency evaluation petition process will be initiated (under these circumstances, the on-scene officer would have reason to believe that the patient has just experienced a life-threatening overdose and that their refusal to be transported for follow-up care is a threat to themselves due in part to the patient’s mental health condition at the time).
- K. Officers will complete a preliminary investigation into any suspected criminal conduct that is related to the overdose (possession or distribution of CDS) and

the report will include the details of that investigation.

#### **IV. REPORTING**

- A. Officers will complete an incident report to document their response to an overdose call. If an officer administers naloxone, that fact, along with any other relevant details, will be captured in the report.
- B. The classification will usually be 1848-2 (overdose, non-fatal) or 2914-2 (sudden death, undetermined), however, officers will clear the call using the most appropriate clearance based upon the circumstances known to them.

#### **V. CARRYING, STORAGE AND REPLACEMENT (CALEA 41.3.2)**

- A. Each patrol officer will be equipped with a storage container containing a 2 milligram dose of Naloxone Hydrochloride and a nasal atomizer. Officers must carry the medication with them (either on their person or in their vehicle) when they are on duty.

**NOTE:** It is recommended that officers keep the medication in their rifle soft bag so that it will be routinely placed in the car at the start of a tour of duty and removed at the end of the tour of duty.

- B. Officers shall immediately notify the Lieutenant whenever they need to replace the medication and atomizer (after they use it; if the items are lost or damaged; etc.). The Lieutenant will replace the items as promptly as is practical.
- C. The Department will replace all medication and atomizers every two years before expiration.
- D. The medication is temperature sensitive. Officers must not leave the medication in any vehicle for extended periods of time in cold or hot weather. Officers will not leave the medication in any vehicle when they are off duty.

#### **VI. TRAINING**

- A. Prior to carrying or administering naloxone, officers will be trained.
- B. Training will be provided by the Montgomery County Department of Health and Human Services under the medical supervision of an HHS physician.