

UW Whitewater Police



Administration of Pharmaceuticals (Naloxone)

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Special Instructions: CALEA 41.2.8			
Approved By: Chief Kiederlen	Effective Date: 1/1/2015	Revised Date: 4/10/24	Revision number: 1

I. Purpose

The purpose of this General Order is to establish guidelines and procedures governing the use of Naloxone administered by officers of the UW-Whitewater Police Department. The objective of administering Naloxone is to treat opioid overdoses and minimize overdose deaths caused by opioids.

II. Definitions

Opiate-Related Drug Overdose: A condition including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.

Naloxone: 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 marked under various trademarks including Narcan®.

Medical Control Physician: A Medical Doctor licensed to practice medicine in the State of Wisconsin. The UW-Whitewater Police Department has entered into a written agreement with the UW-Whitewater Health & Counseling Center who provides UWWPD a supply of naloxone or another opioid antagonist.

III. Policy

It is the policy of the UW-Whitewater Police Department (UWWPD) for trained officers to administer Naloxone to persons suffering from opioid overdoses at the earliest possible time in an effort to reduce permanent physical impairment or death. This general order is promulgated pursuant to Sec. 256.01 through 256.40, Wisc. Statutes.

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IV. Procedure

- A. Training in the administration of Naloxone
 - 1. As part of the New Officer Training Program, officers are trained on the use and administration of Naloxone.
- B. Field Use of Nasal Narcan Kit
 - 1. When a police officer has arrived at the scene of a medical emergency prior to the arrival of EMS, and has made the determination that the patient is suffering from an opiate overdose, the responding officer shall administer the Naloxone as prescribed in training. The following steps should be taken:
 - a. Officers should conduct a medical assessment of the patient as prescribed during training. Officers shall also consider statements from witnesses regarding drug use and evidence of drug use observed at the scene.
 - b. If the officer determines that there has been an opiate overdose, the Naloxone kit should be utilized. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
 - c. The patient should continue to be observed and treated as the situation dictates.
 - 2. The treating officer shall inform incoming/arriving EMS about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with a higher level of medical training. A patient receiving a Naloxone dosage shall be transported to a medical care facility for advanced treatment. Patients refusing transport shall be placed into protective custody and transported by EMS to a medical care facility pursuant to Wisconsin Statutes, Chapter 51.15 until a complete examination can be conducted by a medical physician.
- C. Administration
 - 1. Utilizing available information, determine if the person needs the Naloxone and provide rescue breathing, as necessary.
 - 2. Place atomizer with Naloxone within the nostril.
 - 3. Aim tip of atomizer downward and towards the septum.
 - 4. Briskly compress to administer the pre-filled dose.
 - 5. Evaluate the patient for response to the medication.
 - 6. Repeat steps above, if patient is not responding.
 - 7. Brief responding medical on patient's condition, dosage provided, and any remaining dosages.
 - 8. Exchange used Narcan package for new Narcan package.
- D. Reporting Nasal Narcan Kit Use: Officers administering a Nasal Narcan Kit application shall complete an Incident Report documenting the event, prior to the end of shift.