

# PORTLAND POLICE DEPARTMENT

## STANDARD OPERATING PROCEDURE

	<b>Subject:</b>	Overdose / Naloxone / ODMAP	<b>Policy #:</b>	40H
	<b>Distribution:</b>	All Personnel	<b>Effective Date:</b>	09/26/2016
	<b>Standards:</b>		<b>Revision Date:</b>	10/15/2020
	<b>By Order Of:</b>	Chief of Police	<b>Review:</b>	Biennially

### I. PURPOSE:

To provide guidelines for handling overdose incidents so as to reduce fatal opiate overdoses of civilians, as well as accidental exposures to law enforcement officers and police canines.

### II. POLICY:

In accordance with our mission objective of preserving life, it is the policy of this department to train officers to properly handle overdose incidents, to include the use of Naloxone in accordance with the Maine EMS training module for law enforcement.

### III. DEFINITIONS:

- A. **Intranasal Atomizer:** Used to deliver a mist of atomized medication that is absorbed directly into a person's blood stream and directly into the brain and cerebrospinal fluid via the nose to brain pathway.
- B. **Naloxone / Narcan:** An opiate / opioid receptor antagonist and antidote for opiate / opioid overdose produced in intramuscular, intranasal or intravenous forms. Narcan is the trade name for Naloxone.
- C. **Opiates / Opioids:** Narcotic analgesic drugs derived from opium, including but not limited to heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone, oxycodone and oxycontin.
- D. **Opiate / Opioid Overdose:** An acute condition, including but is not limited to extreme physical illness, decreased level of consciousness, respiratory depression or coma that a layperson would reasonably believe to be due to the consumption or use of an opiate / opioid.

### IV. PROCEDURES:

#### A. Scene / Naloxone Use:

1. When an officer arrives at the scene of a medical emergency possibly related to an opiate / opioid overdose in advance of EMS and finds a person who is unconscious, unresponsive and not clearly deceased, the officer should:
  - a. Utilize universal precautions, and notify dispatch, requesting a second officer and MedCU response, if not already assigned;
  - b. Assess the subject, to include their level of alertness or responsiveness, whether they are breathing or have a pulse, and whether they show any physical signs of drug use or medical issues (e.g., medical alert tags on their wrist, necklace or ankle).
    - 1) The sudden onset of immediate opiate / opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, and difficulty breathing.
    - 2) CPR or Rescue breathing should be administered, as appropriate, if the person is not breathing or there is no pulse.

- c. Assess the situation, to include the presence of drugs, paraphernalia or other evidence indicating drug use, and / or statements of witnesses or others present regarding the subject's drug use;
  - d. If the officer, after evaluating all available information, forms a reasonable belief that the person may be experiencing an opiate / opioid overdose, the Naloxone kit should be administered, as trained. With the idea of starting low and going slow, these steps may be repeated approximately every five minutes until recovery or MedCU arrival.
2. Whether or not Naloxone results in resuscitation, officers should monitor the individual and continue to provide first aid, as trained and appropriate (e.g., CPR / Rescue breathing if the person is not breathing or there is no pulse), until MedCU arrives, providing any updates to a supervisor and via the Portland Regional Communications Center.
  3. Any officer who administers Naloxone shall inform incoming EMS personnel about the condition of the person and the number of known Naloxone doses by officers or others.

**B. Investigation:**

1. To the extent possible, officers will investigate non-fatal overdose scenes, wherein a crime, specifically illegal drug furnishing or trafficking, is believed to have been committed.
2. Officers will investigate all suspected overdoses resulting in a fatality in accordance with SOP #50B, DEATH INVESTIGATIONS.
3. This will include the seizure of all illegal and / or non-prescribed drugs found on the subject, or around the area of the overdose in accordance with existing policies.
4. All such investigations will be coordinated with the department's criminal investigation division and the Maine Drug Enforcement Agency, who will consult with prosecutorial authorities for charging purposes.

**C. Reporting:**

1. CAD notes or an incident report of the event shall be completed by the officer who administered the Naloxone prior to the end of the shift, with the Shift Commander also noting its use in the shift pass on report.
2. The Shift Commander or designee will complete an electronic report regarding any suspected drug overdose to the HIDTA Overdose Detection Mapping Application Program (ODMAP)<sup>1</sup> as close in time to the incident as possible, but no later than before the end of the tour of duty in which the incident occurred. ODMAP data will be used locally and by state and federal resources to identify spikes, trends and needs for enhanced enforcement, public health, or other mitigation resources.

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<sup>1</sup> <https://odmap.hidta.org>