

Nasal Narcan and First Responders in Stoughton, MA



CONTEXT AND HISTORY



READINESS & BARRIERS



POLICY & LEGAL OPINION FOR CARRYING NARCAN

POLICY CHANGE: NASAL NARCAN & FIRST RESPONDERS IN STOUGHTON, MA

Context & History

In the summer of 2013, the Town of Stoughton experienced a spike in opiate-related overdoses. In response to this, the OASIS (Organizing Against Substances in Stoughton) Coalition hosted an Overdose Prevention Training for the community, in collaboration with the local Police and Fire Departments and BAMSI, a local nonprofit that provides Overdose and Narcan trainings. At this event, BAMSI trained family members of individuals struggling with opiate addiction in how to utilize Nasal Narcan and provided Nasal Narcan kits to those who were trained. A question was raised: “If it was safe for family members with no medical training, why couldn’t the Police Department carry Nasal Narcan as well?” As a result, in the weeks following the Community Overdose Prevention Training, the Stoughton Police Department hosted a meeting between OASIS, the Stoughton Fire Department and the Fire Department’s Medical Director, to explore the possibility of the Police Department carrying Nasal Naloxone (Narcan). In Stoughton, the Fire Department provides local ambulance services and utilizes intravenous Narcan in the ambulances. However, because of their mobility and proximity, the Stoughton Police Department was responding to medical calls 1-3 minutes before the ambulance arrived and was seeking an additional tool to manage overdoses. The Massachusetts Department of Public Health was already equipping two police departments in the Commonwealth with Nasal Narcan as part of a 4-year old pilot project to explore the role of first responders in preventing overdose deaths. Stoughton was interested in pursuing Nasal Narcan outside of the pilot project as a more sustainable model. To explore this possibility, OASIS



“In a game where minutes count, this might give us the ability to save..lives,”
Deputy Police Chief Robert Devine

worked with Attorney John Sofis Scheft to obtain a legal opinion on police department’s carrying Narcan. With Attorney Scheft’s favorable legal opinion and a willing Medical Director, the Police Department began to pull together the critical pieces necessary to implement a protocol for Nasal Narcan at the Stoughton Police Department. By January 2014, the Stoughton Police Department completed the new Nasal Narcan protocol, trained all of the officers in the Department and all Stoughton Police cruisers were equipped with Nasal Narcan.

Community Readiness

Stoughton has a strong history of community collaborations. The Narcan project was no exception.

Key Factors for Implementation of Nasal Narcan by First Responders in Stoughton:

- Research, data and legal opinion on first responders carrying Narcan coordinated by OASIS coalition.
- Strong community and police partnerships in place, particularly through the Stoughton OASIS Coalition.
- Police leadership that was not afraid of confronting controversial issues head-on, especially for the purpose of saving lives.
- Stoughton Police Department staff are trained first responders and typically respond to medical emergencies. Therefore, the use of Nasal Narcan in a medical emergency did not represent a significant change in working conditions.
- Medical Director for the Stoughton Fire Department was willing to train, provide support and write standing order for

Narcan Kit Costs:

- Narcan: \$30.89/unit*
- Nasal Atomizer: \$45 / case of 25 (\$1.80 per kit)*
- Fitpack Needle Disposal Kits (for Narcan kits & Outreach materials): \$83.25/per 100 (.83 per kit)**

Total Cost for “kit” with 2 doses of Narcan: \$66.21

*Moore Medical

“I want to recognize the great work of Chief Paul Shastany and members of the Stoughton Police Department for their bold leadership combating the scourge of drugs and impact of addiction.”
 Norfolk District Attorney
 Michael Morrissey

Nasal Narcan for Stoughton Police Department.

- Police Department offered trainings five times in the course of a week, alternating shift change times. Trainings were provided by the Medical Director and the Sergeants.
- Support from Norfolk County District Attorney's Office.
- Outreach kits for families developed by OASIS for distribution by the Police.



Challenges / Barriers for Other Communities Seeking to Replicate:

- Police Department typically does not respond to medical calls and therefore would require significant additional training.
- Union issues: If the use of Nasal Narcan is perceived as a change in working conditions.
- Community may not be ready to call attention to a highly stigmatized behavior like opiate abuse.
- Police Department and community support is lacking.
- Locating a Medical Director to write the standing order for the Narcan.
- On-going costs of purchasing Nasal Narcan.

Stoughton Steps to Implementation:

- 1) Planning meetings with coalition, Police, Fire Department, Medical Director
- 2) Discussion with Norfolk District Attorney
- 3) Development of Department protocols for Narcan administration, storage and reporting
- 4) Standing order / prescription for Narcan for Police Department
- 5) Training of all officers in Narcan protocol by Stoughton Sergeants and Medical Director
- 6) Launch of carrying Narcan in all Police Cruisers

Nasal Naloxone Trainings

The following is an excerpt from the Stoughton Police Nasal Naloxone training lesson plan.

Subject: Nasal Naloxone Administration

Duration: 60 minutes. **The length of the training is directly related to the fact that Stoughton Police Officers receive regular first responder trainings. Police Departments without this level of training will require a longer Nasal Naloxone Training to incorporate training in first responder skills.*

Timing: Trainings will take place at shift change, outgoing shift to be held over

Instructors: Dr. Daniel Muse, ED Director, Brockton Hospital
Sgt. McNamara, Sgt. Holmes

Support staff: Lt./Paramedic Jay McNamara, Stoughton Fire Department
Stephanie Patton, Town of Stoughton (OASIS) Substance Abuse Prevention Coordinator

Objective: At the conclusion of the lesson, the participant will be familiarized with the indicators for use of and appropriate administration of nasal naloxone for the pre-hospital treatment of opiate overdoses.

Content:

- 1) Impact of opiates on the brain, nervous system & respiratory system (Dr. Muse).
- 2) Review applicable MA Good Samaritan Laws (Sgt, McNamara, Sgt. Holmes).
- 3) Review Nasal Naloxone Department protocols (Sgt. McNamara, Sgt. Holmes).
- 4) Demonstrate response, assessment, field precautions (Sgt, McNamara, Sgt. Holmes).
- 5) Practical application (Sgt, McNamara, Sgt. Holmes)

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Legal Opinion

Excerpt from Legal Opinion (John Sofis Scheft, Esq., 11/7/2013)

While the DPH program is effective, police agencies may legally choose to implement their own Narcan program. In 2012, the Massachusetts legislature enacted G.L. c. 94C, § 34A. Specifically, Section 34A(e) states:

“A person acting in good faith may receive a naloxone prescription, possess naloxone and administer naloxone to an individual appearing to experience an opiate-related overdose.”²

This statute imposes no limitation on who may possess and administer Narcan. The only restrictions in Massachusetts are: (1) Narcan must be obtained with a prescription; and (2) it must be administered in good faith. Needless to say, trained officers will be able to adhere to these conditions.

G.L. c. 94C, § 7 provides additional legal support for an independent Narcan program administered by Stoughton health officials and law enforcement officers. G.L. c. 94C, § 7 outlines the process by which numerous medical, health and associated professionals lawfully possess and dispense controlled substances. Within this statute, it states:

“(d) The following persons shall not require registration and may lawfully possess and distribute controlled substances:

[various exemptions listed] . . .

(3) any public official or law enforcement officer acting in the regular performance of his official duties.”

In short, Section 7(d)(3) authorizes officials and officers to possess and distribute any controlled substance in the course of their regular duties. To be covered under this exemption, the activities of police and public health officials do not have to be approved by, monitored by, or even reported to DPH.

The ability to use Narcan in a police sanctioned program would certainly qualify as part of an officer’s regular duties. Aside from their role as law enforcers, police officers are currently utilized as “first responders” who provide basic treatment or summon emergency services during medical or mental health emergencies.³ Basic interventions include administering CPR, applying various bandages, and using Automatic Emergency Defibrillators (AED) for citizens suffering from cardiac arrest. These accepted, longstanding police practices are no less invasive or complicated than administering Narcan.

Stoughton Police Department - Narcan Protocol: Implemented January 2014

Purpose

To reduce the number of fatalities which occur as a result of opiate overdose by the proper pre-hospital administration of nasal naloxone.

Scope

The Stoughton Police Department will train and equip its members to prepare for opiate overdose emergencies. The department will keep and maintain a professional affiliation with a Medical Control Physician for medical oversight for the use and emergency administration of naloxone. The Medical Control Physician shall be Licensed to practice Medicine within the Commonwealth of Massachusetts. The Medical Control Physician, at his or her discretion may make recommendations to the policy, oversight and administration of the nasal naloxone program.

Definitions

Opiate – An opiate is any controlled substance containing or compounded to be a derivative of morphine, morphine sulfate. The term opiate describes any of the narcotic opioid alkaloids found as natural products in the opium poppy plant, *Papaver somniferum*. Commonly encountered opiates in police service include heroin, morphine, oxycontin, percocet, percodan.

Opiates belong to the large biosynthetic group of benzylisoquinoline alkaloids, and are so named because they are naturally occurring alkaloids found in the opium poppy. The major psychoactive opiates are morphine, codeine, and thebaine. Papaverine, noscapine, and approximately 24 other alkaloids are also present in opium but have little to no effect on the human central nervous system, and as such are not considered to be opiates. Semi-synthetic opioids such as hydrocodone, hydromorphone, oxycodone, and oxymorphone, while derived from opiates, are not opiates themselves.

While the full synthesis of opiates from naphthoquinone (Gates synthesis) or from other simple organic starting materials is possible, they are tedious and uneconomical processes. Therefore, most of the opiate-type analgesics in use today are either directly extracted from *Papaver somniferum* or synthesized from the natural opiates, mainly from thebaine.

Naloxole -Naloxone is an opioid antagonist drug developed by Sankyo in the 1960s. Naloxone is a drug used to counter the effects of opiate overdose, for example heroin or morphine overdose. Naloxone is specifically used to counteract life-threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including **Narcan**, **Nalone**, and **Narcanti**, and has sometimes been mistakenly called "naltrexate". It is not to be confused with naltrexone, an opioid receptor antagonist with qualitatively different effects, used for dependence treatment rather than emergency overdose treatment.

Medical Control Physician – The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical Doctor who is licensed to practiced medicine in Massachusetts. The Stoughton Police department shall maintain an affiliation with the MCP. The Chief of Police or his designee shall periodically consult with the MCP to review overall training, equipment, procedures, changes to applicable laws and regulations and/or the review of specific medical cases. At his discretion, the MCP may partake in training members of the Stoughton Police Department.

Body substance isolation – Body substance isolation, herein after referred to as BSI shall mean, in the context of a First Responder responding to a medical emergency, equipment that is provided to members of the Stoughton Police Department which is including, but not limited to nitrile or vinyl protective gloves, eye protection, respirator masks and tyvek suits.

Legal premises for implementation

-MGL Ch. 94C, s34A

-MGL Ch. 94C s.7

-MGL Ch. 258C, s. 13

The Stoughton Police department relies upon MGL Ch. 94c, s34A which states in part “A person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose.” The statute imposes no limitation on who may possess and administer narcan [naloxone]. The statute further indicates that narcan [naloxone] must be (1) obtained with a prescription and (2) administered in good faith [paraphrased].

MGL Ch 94C, s.7 outlines parameters under which Narcan [naloxone] programs may be administered by public health officials and law enforcement officers. This statute states in part, “the following persons shall not require registration and may lawfully possess and dispense controlled substances; (3) any public official or law enforcement officer acting in the regular performance of his official duties.”

MGL Ch. 258C, s. 13 states, “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 for 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.

Equipment and maintenance

It shall be the responsibility of personnel assigned EMS equipment to inspect assigned equipment prior to the start of each shift. An inspection of nasal naloxone kits will be performed to insure that syringes are intact.

Damaged equipment shall be reported to the shift supervisor promptly.

Response to suspected opiate overdose

Prior to the assessment of a patient, body substance isolation shall be employed by responding officers.

Members of the Stoughton Police Department who have been issued EMS equipment for preparedness to responses to medical emergencies shall appropriately assess the patient

Prior to leaving the scene of a suspected overdose, family members of the involved will be provided with resources for assistance and support.

Administration of naloxone during opiate overdose emergencies

Members of the Stoughton Police Department shall appropriately assist member of the Stoughton Fire Department or incoming EMS team at the scene of a medical emergency when dispatched to such calls for service as determined by Dispatch and/or the Shift Supervisor.

When responding members of the Stoughton Police Department have arrived at the scene of a medical emergency prior to the arrival of EMS and have made a determination that the patient is encountering an opiate overdose based upon an initial assessment or witness accounts of the consumption of an opiate by the patient prior to the emergency, responding members of the Stoughton Police Department may administer 2 milligrams of Naloxone to the patient by way of the nasal passages. One milligram should be administered to each nostril.

The following steps should be taken:

- Body substance isolation should be employed
- A medical assessment of the patient, as proscribed by the National Safety Council's First Responder Guidelines should be conducted.
- Secondary responding Officers should take information from witnesses and/or family members.
- If conditions indicate a suspected opiate overdose, the nasal naloxone kit should be deployed.
- A nasal mist adapter that should be pre-attached to the Narcan should be administered to deliver a one milligram intra-nasal dose of naloxone to each nostril for a complete dosage that shall not exceed 2 milligrams.
- The patient should be observed for improvements.
- Caution should be taken for the rapid reversal of opiate overdose. Conditions of rapid reversal of opiate overdose include **projectile vomiting** by the patient and **violent behavior**.

Signs of improvement of the patient's condition should be noted.

It is imperative that incoming EMS be updated as to the treatment and condition of the patient.

Reporting

A complete offense report of the event shall be completed by the primary responding Officer prior to the end of his or her shift.

A written inventory documenting the quantities and expirations of naloxone replacements supplies shall be kept. A separate log documenting the issuance of replacement units shall also be kept. Both logs will be stored with the replacement supplies.

Replacement

Shift supervisors shall replace naloxone units that are used during the course of a response to an opiate overdose.

Duration

This policy shall be subject to changes or amendments that shall be consistent with the most current statutory, legislative or executive requirements.

