

NASAL NALOXONE

POLICY & PROCEDURE NO.  1.21	ISSUE DATE: February 21, 2017
	EFFECTIVE DATE: August 1, 2025
MASSACHUSETTS POLICE ACCREDITATION STANDARDS REFERENCED: None	REVISION DATE: 09/03/2019; 08/01/2025

I. Background

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin®, Percocet® and Percodan®, and hydrocodone as found in Vicodin®.

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. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s but was recently developed as a nasal spray.

To reduce the number of fatalities which can result from opiate overdoses, the Ashfield Police Department will train its officers in the proper pre-hospital administration of nasal naloxone. In order to implement a safe and responsible nasal naloxone plan, the Department will establish and maintain a professional affiliation with a Medical Control Physician (MCP) who will provide medical oversight over its use and administration. The Medical Control Physician shall be licensed to practice medicine within the Commonwealth of Massachusetts. At his or her discretion, he or she may make recommendations regarding the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Department.

Chief of Police:  _____

Select Board:  _____

In order to implement this policy, the Ashfield Police Department relies upon the following statutes:

M.G.L. c. 94C, § 34A which states that “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 nasal naloxone and only requires that it is (1) obtained with a prescription and (2) administered in good faith.

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 official duties” shall not require registration and may lawfully possess and distribute controlled substances.

M.G.L. 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 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.”

II. Definitions

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, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) and hydrocodone (Vicodin®).

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®.

Medical Control Physician: The Medical Control Physician, herein after referred to as MCP, shall be a designated Medical Doctor who is licensed to practice medicine in Massachusetts. The Ashfield Police department shall maintain an affiliation with the MCP.

III. Policy

Naloxone will be deployed in all marked Department vehicles for the treatment of drug overdose victims. A patrol unit shall be dispatched to any call that relates to a drug overdose. The goal of the responding officers shall be to provide immediate assistance via the use of naloxone where appropriate, to provide any treatment commensurate with their training as first responders, to assist other EMS personnel on scene, and to handle any criminal investigations that may arise.

IV. Procedure

When an officer of the Ashfield Police Department arrived at the scene of a medical emergency prior to the arrival of EMS and has made a determination that the patient is suffering from an opiate overdose, the responding officer should administer two 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:

1. Officers shall use universal precautions.
2. Officers should conduct a medical assessment of the patient as prescribed by Department Policies and Procedures, to include take into account statements from witnesses and/or family members regarding drug use.
3. If the officer makes a determination that there has been an opiate overdose, the naloxone kit should be utilized.
4. The officer shall use the nasal mist adapter that is pre-attached to the naloxone to administer a one milligram intra-nasal dose of naloxone to each nostril for a complete dosage of two milligrams. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.
5. The patient should continue to be observed and treated as the situation dictates.
6. The treating officer shall inform incoming 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 training.

V. Reporting

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

VI. Equipment and maintenance

It shall be the responsibility of officers to inspect naloxone kits stored in the AED/First Aid case prior to the start of each shift to ensure that the kits are intact.

Damaged equipment shall be reported to a shift supervisor immediately.

The Department's Medical Services Officer, Chief of Police, will maintain a written inventory documenting the quantities and expirations of naloxone replacement supplies, and a log documenting the issuance of replacement units.

VII. Replacement

Shift supervisors shall immediately replace naloxone kits that have been used during the course of a shift.

VIII. Training

Officers shall receive a standard two-hour training course administered through standardized training prior to being allowed to carry and use naloxone. The Department shall provide refresher training every two years or maybe included in yearly mandatory first aid.