



## **1-8 Naloxone Policy**

### **1-8-1 Purpose**

The purpose of this policy is to establish and create guidelines and procedures for the administration of Naloxone to reverse the effects of opioids.

### **1-8-2 Policy**

It is the policy of the Albuquerque Police Department that the officers who will be administering Nasal Naloxone are properly trained in the use and deployment of the Nasal Naloxone according to the laws of the State of New Mexico and the procedures of the department.

### **1-8-3 Definitions**

#### **A. Department**

The Albuquerque Police Department

#### **B. Naloxone Program Director**

Albuquerque Police Department's designated director who manages the Naloxone program (Opioid Antagonist Administration Program) for Trained Targeted Responders.

#### **C. Physician Medical Director**

The physician with board certification in emergency medicine with further fellowship training in emergency medical services who, by law, oversees the training and practice of the Trained Targeted Responders via written treatment protocols, case reviews, direct observation, and other training as applicable.

#### **D. Administration of Opioid Antagonist**

The administration of an opioid antagonist by a person authorized pursuant to law or regulation.

#### **E. Opioid**

Containing or derived from opium, including but not limited to morphine and heroin.

#### **F. Opioid antagonist**



ALBUQUERQUE POLICE DEPARTMENT  
GENERAL ORDERS

**SOP 1-8**

**OPA Draft as of 8/13/18**

A drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist is limited to Naloxone or other medications approved by the Department.

**G. Opioid Antagonist Administration Program**

A training program which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the Department for an Opioid Antagonist Administration Program.

**H. Trained Targeted Responder**

An officer who has completed an authorized Opioid Antagonist Training Program and who administer opioid antagonists.

**I. Officer**

A commissioned member of the Department.

**1-8-4: Rules and Responsibilities**

A. Naloxone shall only be administered when it is safe to do by a Trained Targeted Responder. The primary role of the officer is to provide a safe environment for themselves, the public, and emergency medical crews. The officer shall consider Naloxone administration as per the following guidelines:

1. A minimum of two officers shall be with the subject before administering Naloxone.
2. Assure the scene is safe.
3. Request EMS and advise that opioid antagonist was used.
4. The officer who is a Trained Targeted Responder shall be issued medical gloves, CPR mask and Naloxone.
5. The officer shall use medical gloves.
6. If the subject has no pulse, do NOT give Naloxone.
7. If the subject has a pulse but is not breathing, consider giving the Naloxone as prescribed.
8. Once the drug is given, the officer must be aware that the subject may soon wake up and be combative.
9. The officer must BE PREPARED to protect themselves as necessary.
10. The subject shall be evaluated by EMS personnel.

**B. The Physician Medical Director**





ALBUQUERQUE POLICE DEPARTMENT  
GENERAL ORDERS

**SOP 1-8**

**OPA Draft as of 8/13/18**

1. The Physician Medical Director allows for the administration of opioid antagonists. This includes overseeing training, emergency medical services coordination, protocol approval, quality assurance and reporting. This includes: providing for and ensuring the medical control of trained targeted responders, the development, implementation and evaluation of medical protocols, oversight of quality assurance activities, and compliance with the New Mexico Board of Pharmacy requirements.

**C. The Program Director**

1. Shall be or work with the Physician Medical Director to oversee the Opioid Antagonist Administration Program.
2. Select and identify officers as Trained Targeted Responders.
3. Maintain Opioid Antagonist administration training records for all the Trained Targeted Responders while they are active in the program, and for at least three years thereafter.
4. Maintain Opioid Antagonist Administration Program records including opioid antagonist inventory records, Trained Targeted Responder training records and Opioid Antagonist Administration Program usage records.
5. Ensure all Trained Targeted Responders are trained using an opioid antagonist.
6. Provide evidence of coordination of the Opioid Antagonist Administration program with local EMS services and emergency dispatch agencies including 911 dispatch agencies.
7. Register the Opioid Antagonist Administration Program with the New Mexico Department of Health.
8. Report all administrations of an opioid antagonist to the New Mexico Department of Health and the Physician Medical Director using the approved reporting format.
9. Assist the Physician Medical Director with quality assurance review of all opioid antagonist administration.
10. Ensure the opioid antagonist is maintained and stored in accordance with the manufacture's guidelines.
11. Maintain a list of trained targeted responders.
12. Maintain dates of training for Trained Targeted Responders.
13. Maintain copies of Physician Medical Director approved medical protocols.
14. Maintain copies of the Physician Medical Director contract/agreement.
15. Maintain copies of registration and EMS service notification forms.
16. Maintain copies of opioid antagonist usage reports/data collection forms.
17. Maintain quality assurance review documentation.
18. Maintain copies of opioid antagonist purchase and maintenance records.

**D. Trained Targeted Responders**



ALBUQUERQUE POLICE DEPARTMENT  
GENERAL ORDERS

**SOP 1-8**

**OPA Draft as of 8/13/18**

1. Shall complete an initial opioid antagonist administration training program with CPR training.
2. Every two years, Trained Targeted Responders shall complete a refresher opioid antagonist administration training course with CPR recertification.
3. Comply with Physician Medical Director Protocols for response to suspected drug overdose.
4. Report all responses to suspected drug overdose to the program director and Physician Medical Director and complete a report on the approved DOH form.
5. Ensure that the opioid antagonist drugs and other supplies are used in accordance with the manufacturer's guidelines, and inspect the opioid antagonist drug expiration date at least once a month.

**E. After Administration**

1. The officer shall fill out the administration sheet and contact the Physician Medical Director. Once the Physician Medical Director has been contacted, the Physician Medical Director will collect the form and restock Naloxone, gloves and mask if available based on funding.
2. Nothing in the policy shall be construed to impose civil or criminal liability on any Trained Targeted Responder pursuant to New Mexico statute 24-23-1.





**ALBUQUERQUE POLICE DEPARTMENT  
GENERAL ORDERS**

**SOP 1-8**

**Effective: 6/23/17 Review Due: 6/23/18 Replaces: xx/xx/xx**

**1-8 Naloxone Policy**

**1-8-1 Purpose**

The purpose of this policy is to establish and create guidelines and procedures for the administration of Naloxone to reverse the effects of opioids.

**1-8-2 Policy**

It is the policy of the Albuquerque Police Department that the officers who will be administering Nasal Naloxone are properly trained in the use and deployment of the Nasal Naloxone according to the laws of the State of New Mexico and the procedures of the department.

**1-8-3 Procedures**

**A. Definitions**

1. Department—The Albuquerque Police Department
2. Naloxone Program Director—Albuquerque Police Department's designated director who manages the Naloxone program (Opioid Antagonist Administration Program) for Trained Targeted Responders.
3. Physician Medical Director—The physician with board certification in emergency medicine with further fellowship training in emergency medical services who, by law, oversees the training and practice of the Trained Targeted Responders via written treatment protocols, case reviews, direct observation, and other training as applicable.
4. Administration of Opioid Antagonist—The administration of an opioid antagonist by a person authorized pursuant to law or regulation.
5. Opioid—Containing or derived from opium, including but not limited to morphine and heroin.
6. Opioid antagonist—A drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist is limited to Naloxone or other medications approved by the Department.
7. Opioid Antagonist Administration Program—A training program which prepares a person to administer an opioid antagonist as shown by best practices or recommended by the Department for an Opioid Antagonist Administration Program.
8. Trained Targeted Responder—An officer who has completed an authorized Opioid Antagonist Training Program and who administer opioid antagonists.



ALBUQUERQUE POLICE DEPARTMENT  
GENERAL ORDERS

SOP 1-8

Effective: 6/23/17 Review Due: 6/23/18 Replaces: xx/xx/xx

9. Officer—A commissioned member of the Department.

B. General Provisions

1. Naloxone shall only be administered when it is safe to do by a Trained Targeted Responder. The primary role of the officer is to provide a safe environment for themselves, the public, and emergency medical crews. The officer shall consider Naloxone administration as per the following guidelines:
  - a. A minimum of two officers shall be with the subject before administering Naloxone.
  - b. Assure the scene is safe.
  - c. Request EMS and advise that opioid antagonist was used.
  - d. The officer who is a Trained Targeted Responder shall be issued medical gloves, CPR mask and Naloxone.
  - e. The officer shall use medical gloves.
  - f. If the subject has no pulse, do NOT give Naloxone.
  - g. If the subject has a pulse but is not breathing, consider giving the Naloxone as prescribed.
  - h. Once the drug is given, the officer must be aware that the subject may soon wake up and be combative.
  - i. The officer must BE PREPARED to protect themselves as necessary.
  - j. The subject shall be evaluated by EMS personnel.

C. The Physician Medical Director

1. The Physician Medical Director allows for the administration of opioid antagonists. This includes overseeing training, emergency medical services coordination, protocol approval, quality assurance and reporting. This includes: providing for and ensuring the medical control of trained targeted responders, the development, implementation and evaluation of medical protocols, oversight of quality assurance activities, and compliance with the New Mexico Board of Pharmacy requirements.

D. The Program Director

1. Shall be or work with the Physician Medical Director to oversee the Opioid Antagonist Administration Program.
2. Select and identify officers as Trained Targeted Responders.
3. Maintain Opioid Antagonist administration training records for all the Trained Targeted Responders while they are active in the program, and for at least three years thereafter.
4. Maintain Opioid Antagonist Administration Program records including opioid antagonist inventory records, Trained Targeted Responder training records and Opioid Antagonist Administration Program usage records.





**ALBUQUERQUE POLICE DEPARTMENT  
GENERAL ORDERS**

**SOP 1-8**

**Effective: 6/23/17 Review Due: 6/23/18 Replaces: xx/xx/xx**

5. Ensure all Trained Targeted Responders are trained using an opioid antagonist.
6. Provide evidence of coordination of the Opioid Antagonist Administration program with local EMS services and emergency dispatch agencies including 911 dispatch agencies.
7. Register the Opioid Antagonist Administration Program with the New Mexico Department of Health.
8. Report all administrations of an opioid antagonist to the New Mexico Department of Health and the Physician Medical Director using the approved reporting format.
9. Assist the Physician Medical Director with quality assurance review of all opioid antagonist administration.
10. Ensure the opioid antagonist is maintained and stored in accordance with the manufacture's guidelines.
11. Maintain a list of trained targeted responders.
12. Maintain dates of training for Trained Targeted Responders.
13. Maintain copies of Physician Medical Director approved medical protocols.
14. Maintain copies of the Physician Medical Director contract/agreement.
15. Maintain copies of registration and EMS service notification forms.
16. Maintain copies of opioid antagonist usage reports/data collection forms.
17. Maintain quality assurance review documentation.
18. Maintain copies of opioid antagonist purchase and maintenance records.

**E. Trained Targeted Responders**

1. Shall complete an initial opioid antagonist administration training program with CPR training.
2. Every two years, Trained Targeted Responders shall complete a refresher opioid antagonist administration training course with CPR recertification.
3. Comply with Physician Medical Director Protocols for response to suspected drug overdose.



**ALBUQUERQUE POLICE DEPARTMENT  
GENERAL ORDERS**

**SOP 1-8**

**Effective: 6/23/17 Review Due: 6/23/18 Replaces: xx/xx/xx**

4. Report all responses to suspected drug overdose to the program director and Physician Medical Director and complete a report on the approved DOH form.
5. Ensure that the opioid antagonist drugs and other supplies are used in accordance with the manufacturer's guidelines, and inspect the opioid antagonist drug expiration date at least once a month.

**F. After Administration**

1. The officer shall fill out the administration sheet and contact the Physician Medical Director. Once the Physician Medical Director has been contacted, the Physician Medical Director will collect the form and restock Naloxone, gloves and mask if available based on funding.
2. Nothing in the policy shall be construed to impose civil or criminal liability on any Trained Targeted Responder pursuant to New Mexico statute 24-23-1.



## Policy Development Form

### Office of Policy Analysis



Name and Title: Dr. Justin Hazen

Phone: 967-8089

Email: [jhazen@cabq.gov](mailto:jhazen@cabq.gov)

SOP: 1-8 Naloxone

Date Completed: 8/8/18

In order to gain a clear understanding of the reason for the policy change, please answer the questions below with as much detail as possible as this information will be shared with internal and external stakeholders interested in participating in APD's policy development process.

Explain the rationale or purpose for the new policy or amended policy? Example: Best practices, case law, liability, conflicts with other policies or regulations, CASA related.

SOP due for review

No Changes

What is the policy intended to accomplish? Explain the general intent with respect to the specific topic of the policy.

Provide officers with method to treat drug overdoses.

How will the policy be measured to determine its effectiveness? (Example: Will data be collected, if so, in what format and who will maintain the information?)

Dr. Hazen will keep statistics

Please list any references used to draft the policy such as policies from other agencies, case law, directives from the CASA, research papers, etc.

n/a

Please submit this form to [OPA@cabq.gov](mailto:OPA@cabq.gov)

If you need assistance completing this form, and for any questions or concerns please contact your SOP liaison @ [adgarcia@cabq.gov](mailto:adgarcia@cabq.gov).

Updated 06/20/2018