

 <p style="text-align: center;"><b>YALE UNIVERSITY POLICE DEPARTMENT GENERAL ORDERS</b> <i>Serving with Integrity, Trust, Commitment and Courage Since 1894</i></p>	ORDERTYPE: <b>NEEDTOKNOW</b> <b>429 NALOXONE POLICY</b>	
	EFFECTIVEDATE: 31 JAN 2019	REVIEWDATE: ANNUAL

**PURPOSE**

The purpose of this General Order is to establish policy, guidelines, and procedures for the carrying and administration of intranasal Naloxone by sworn Yale University Police personnel.

**BACKGROUND**

The incidence of drug overdose, particularly those involving opioids or synthetic opiates such as heroin, morphine, codeine, buprenorphine, hydromorphone, oxycodone, methadone, fentanyl, oxycodone, and hydrocodone has increased substantially in the State of Connecticut and the United States in recent years. There have also been several instances in which police officers have been exposed to and suffered negative effects of opioids in the line of duty. Since opioids directly affect the central nervous system and can lead to death through suppression of breathing, these overdoses represent a significant risk to the community and police officers.

A class of medications known as opioid antagonists (e.g. Naloxone) is available which, when administered by trained personnel, have been shown to be effective in stemming the effects of opioid overdoses.

**Connecticut General Statute 17a-714(a)(d) provides that:**

Any person who in good faith believes that another person is experiencing an opioid-related drug overdose may, if acting with reasonable care, administer an opioid antagonist to such other person. Any person, other than a licensed health care professional acting in the ordinary course of such person's employment, who administers an opioid antagonist in accordance with this subsection shall not be liable for damages in a civil action or subject to criminal prosecution with respect to the administration of such opioid antagonist.

**Connecticut General Statute 52-557b(b) provides that:**

A paid or volunteer firefighter or police officer, a teacher or other school personnel on the school grounds or in the school building or at a school function, a member of a ski patrol, a lifeguard, a conservation officer, patrol officer or special police officer of the Department of Environmental Protection, or emergency medical service personnel, who has completed a course in first aid offered by the American Red Cross, the American Heart Association, the National Ski Patrol, the Department of Public Health or any director of health, as certified by the agency or director of health offering the course, and who renders emergency first aid to a person in need thereof, shall not be liable to such person assisted for civil damages for any personal injuries which result from acts or omissions by such person in rendering the emergency first aid, which may constitute ordinary negligence. No paid or volunteer firefighter, police officer or emergency medical service personnel who forcibly enters the residence of any person in order to render emergency first aid to a person whom such firefighter, police officer or emergency medical service personnel reasonably believes to be in need thereof shall be liable to such person for civil damages incurred as a result of such entry. The immunity provided in this subsection does not apply to acts or omissions constituting gross, willful or wanton negligence.

**Connecticut General Statutes 21-279 and 21a-267:**

The provisions of subsections (a) to (c), inclusive, of that section shall not apply to any person (1) who in good faith, seeks medical assistance for another person who such person reasonably believes is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, (2) for whom another person, in good faith, seeks medical assistance, reasonably believing such person is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance, or (3) who reasonably believes he or she is experiencing an overdose from the ingestion, inhalation or injection of intoxicating liquor or any drug or substance and, in good faith, seeks medical assistance for himself or herself, if evidence of the possession or control of a controlled substance in violation of subsection (a), (b) or (c) of this section was obtained as a result of the seeking of such medical assistance. For the purposes of this subsection, "good faith" does not include seeking medical assistance during the course of the execution of an arrest warrant or search warrant or a lawful search.

**POLICY**

In order to effectively respond to overdoses and provide effective pre-hospital medical care, the policy of the Yale University Police Department is to train and equip sworn personnel to carry and administer intranasal Naloxone under appropriate circumstances.

**TRAINING**

- All sworn personnel will be trained in the recognition of drug overdoses and in the administration of nasal Naloxone as approved by the Connecticut Commissioner of Public Health.
- The Training Unit Commander is responsible to insure all sworn personnel receive initial and refresher training as recommended by the Connecticut Commissioner of Public Health.
- The Department will issue intranasal Naloxone kits to all sworn personnel only after the completion of training.
- The Training Unit Commander is responsible for the initial issuance of kits upon completion of training.

**MAINTENANCE**

- Each officer is responsible for the inspection and maintenance of his/her assigned kit.
- Intranasal Naloxone kits will be stored according to manufacturer's instructions. Missing, damaged or expired Naloxone kits will be reported to the Commander of the officer's unit for replacement.
- Replacement kits will be provided to commanding officers for issuance, as necessary.
- Handling and storage will occur as follows:
  - On receipt from YPD's order from the vendor, lot numbers and expiration dates will be logged and those logs will be maintained for a number of reasons, including management needs in the event of a manufacturer recall, but also, for simple tracking purposes.
  - To deter loss or diminish risk of other forms of diversion, kits will be kept in a locked and secure space.
- Officers will be assigned kits at the program's introduction, as well as whenever the use of product required replenishment. Documentation of distribution and use will be made on the Naloxone Use Form, provided as an appendix to this policy.
- Monthly inspections of all stock, including both that kept in inventory at YPD's offices, as well as product in the field, will be made in order to determine that it is both in date and that the condition of it appears to allow for its suitable use in an event. Product that is scheduled to expire within 60 days will be returned to YPD offices and replaced with new supplies that have extended dating.

**OPERATIONS**

- The Director of Yale Health, or his or her designee, will serve as a resource to YPD and assist in overseeing the Naloxone program including, obtaining, maintaining and distributing Naloxone.
- Officers will carry their kits while on duty in such a manner as to be immediately accessible.
- Naloxone will also be available at the Yale Health Center for administration by the appropriate Yale Health Center personnel.
- Sworn personnel arriving on the scene of a suspected overdose prior to the arrival of EMS, will evaluate the victim for the signs and symptoms of overdose and administer nasal Naloxone, if appropriate.
- Prior to the administration of intranasal Naloxone, officers shall insure that the victim is in a safe location and remove any weapons or sharp or heavy objects from the victim's immediate reach.
- Officers shall seize all illegal and/or non-prescribed controlled substances or narcotics found on the victim's person and process the scene in accordance with Department procedures.
- It is YPD practice to have EMS called to any scene of a suspected overdose. If EMS has not been called or has not arrived once intranasal Naloxone has been administered, Officers shall call EMS as soon as practicable after such administration to provide the victim with medical treatment.
- Once used, the intranasal device is considered bio-hazardous material and shall be turned over to the New Haven Fire Department/Emergency Medical Service or hospital personnel for proper disposal, immediately following administration.

**REPORTING AND DOCUMENTATION**

- An incident report will be generated for each instance of Naloxone administration that includes a description of the individual's condition, behavior, the fact Naloxone was administered, medical response, hospital transport and any narcotics seized. The case incident report should be classified as "Drug Overdose".

This policy is posted on the YPD website which is accessible to faculty, staff, students and the general public.

PER ORDER OF



RONNELL A. HIGGINS  
DIRECTOR OF PUBLIC SAFETY AND CHIEF OF POLICE

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