




**Division of State Patrol  
Policy and Procedure**

Number  
**15-17**

Subject <b>USE OF NALOXONE</b>	
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**I. POLICY**

It is the policy of the Division of State Patrol (DSP) that all sworn officers and technical staff<sup>1</sup> be trained, prepared, and decisively act, to administer Naloxone to individuals using prescribed protocols in an effort to prevent ill effects, including death, resulting from known or potential exposure to dangerous opioid substances. Further, all DSP sworn officers and technical staff will take reasonable precautions at all times in carrying out their duties to prevent or minimize their own exposure to such substances.

**II. BACKGROUND**

On August 1, 2017, the Wisconsin Department of Justice (DOJ) Training & Standards Bureau notified all Wisconsin law enforcement officers of a growing concern for officer safety regarding accidental narcotic exposures. It was emphasized that recent exposures by officers in the United States, notably six incidents occurring in a timeframe from September 2016 through May 2017, resulted in "...accidental overdoses after being exposed to very strong narcotics during searches and calls for assistance." The DOJ clarified that "Fentanyl is 50 times more potent than heroin" and "...can be absorbed through the skin, and a dose equivalent to a few grains of salt can prove fatal." "Carfentanil, an animal tranquilizer 100 times more potent than fentanyl, further increases the risk to officers and has already resulted in Wisconsin deaths according to media reports by the Milwaukee Journal/Sentinel. The DOJ has made recommendations for officer safety regarding protective equipment and safety practices. Further, the US Drug Enforcement Agency (DEA) released a guidance document entitled "[Fentanyl - A Briefing Guide for First Responders](#)" in early 2017.

<sup>1</sup> Technical staff refers to any electronics technicians, network communications system analysts or their supervisors, assigned to the Fleet Installation Center (FIC) or regional headquarters.

### III. OBJECTIVE

The objective of this policy is to establish guidelines governing the use and administration of nasal Naloxone by DSP sworn personnel and related training and issue of equipment.

### IV. GENERAL PROVISIONS

The DSP will adhere to the provisions of Wisconsin Statute 256.40(3) as specified.

#### **WI §§ 256.40(3) Opioid antagonists**

(a) A law enforcement agency or fire department may enter into a written agreement to affiliate with an ambulance service provider or a physician for all of the following purposes:

1. Obtaining a supply of naloxone or another opioid antagonist.
2. Allowing law enforcement officers and fire fighters to obtain the training necessary to safely and properly administer naloxone or another opioid antagonist to individuals who are undergoing or who are believed to be undergoing an opioid-related drug overdose.

(b) A law enforcement officer or fire fighter who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers naloxone or another opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person, if the law enforcement officer or fire fighter is acting pursuant to an agreement and any training obtained under par. (a).

### V. DEFINITIONS

- A. **Opioid** – a sedative/depressant narcotic used primarily in medicine for pain relief. Opioids derive from natural, semi-synthetic, and fully synthetic opioids and repress the urge to breathe by attaching to opiate receptors in the brain.
- B. **Naloxone** – a medication which is an opioid antagonist and used to counter the effects of an opioid overdose by replacing opioids from opiate receptors in the brain.

### VI. PROCEDURES

- A. Training
  1. Initial training of officers will be prescribed and facilitated by the Wisconsin State Patrol Academy.
  2. After the initial training, officers will receive bi-annual refresher training in the utilization of Naloxone during their bi-annual Cardiopulmonary Resuscitation (CPR) recertification.

3. Only those employees properly trained in administering Naloxone will be permitted to carry and/or administer Naloxone, in accordance with WI §§ 256.40(3).
4. Initial training of technical staff will be coordinated through the Engineering and Communications Section and the WisDOT Learn Center. Like sworn staff, technical staff will receive bi-annual refresher training in the utilization of Naloxone during their bi-annual CPR recertification. Only those technicians properly trained in administering Naloxone will be permitted to carry and/or administer Naloxone pursuant to Wisconsin Statute and Division policy.

B. Sworn personnel and Technical Staff

1. Trained employees will assess any potential overdose victim to determine unresponsiveness, breathing, and other indicators of an opiate induced overdose.
2. If an opiate based overdose is suspected, the employee should try to use universal precautions and protections from blood borne pathogens and communicable diseases.
3. Rapid reversal of an opioid overdose may lead to vomiting and/or agitated behavior, and a reasonable attempt should be made to anticipate and mitigate these risks, especially as it pertains to officer safety.
4. The employee may then respond to a potential opioid overdose utilizing the acronym **SCAREME**:
  - **Stimulate** – Utilize sternal rub to induce reflex response of overdosing individual – should cause pain, person should respond with purposeful movement.
  - **Communicate** - Ensure that professional medical personnel have been notified and are responding.
  - **Airway** – Check mouth and throat for visual obstruction and remove as necessary. Open airway utilizing head tilt/chin lift and look, listen, and feel for breathing and chest rise.
  - **Rescue CPR** – If the individual is not breathing, perform CPR.
  - **Evaluate the Situation** – Observe if the person has responded/begun breathing at this point; if yes, lay person in recovery position, if not, proceed to next step.
  - **Mucosal-Nasal Injection** – Upon reasonable belief that a person is undergoing an opioid related drug overdose, administer a single dose of Naloxone in either nostril of the individual.
  - **Evaluate again** – If there is no immediate change in responsiveness and breathing, continue CPR for 3-5 minutes. If still no change, administer second dose of Naloxone in the other nostril, if available.

5. When professional medical personnel arrive at the scene, employees will immediately notify EMS personnel whether they have administered Naloxone and the number of doses administered.

C. Storage and placement

1. Employees should ensure Naloxone doses are stored at a consistent and proper temperature level (59-77 degrees F) always, and kept out of direct light to avoid degrading the drug's effectiveness.
2. Naloxone doses shall be kept at all evidence stations at each Post and at all remote evidence processing stations. In addition, Naloxone will be kept near the emergency eye-wash station at the Fleet Installation Center (FIC) and with the first aid kit in the tech shop at each Post.
3. Any used, lost, or damaged Naloxone doses or supplies will be reported to a supervisor. The supervisor will notify the designated coordinator at the Wisconsin State Patrol Academy who will oversee the Division's inventory of Naloxone and coordinate purchasing and replacement of Naloxone and related supplies.

D. Documentation

1. Following the administration of Naloxone, officers will document the incident in an eSP4500 report.
2. The report should detail the nature of the incident, the care the individual received, the fact that the Naloxone was deployed, and the results of the deployment.

E. Field testing

1. Due to the extreme danger of exposure to officers, it is strongly recommended that officers avoid conducting field tests on any substance suspected to contain carfentanil, fentanyl, or fentanyl analogs, or items believed to have been exposed to the above fentanyl analogs.
2. Precautions for field testing of ANY powdered substance should be taken. If use of a field test kit is necessary, testing should be conducted in a controlled work environment using appropriate personal protection equipment (protective gloves, glasses, masks, etc.) at the evidence processing station. This eliminates the potential for exposure incidents and the contamination of work surfaces, tools, and equipment.

3. At least two officers will be present when field testing and packaging powdered substances. One officer will process the evidence, and the second officer will wait outside of the evidence-processing area to render aid and seek medical attention in case of accidental exposure.
4. If there is reason to believe there is a presence of carfentanil, fentanyl, or fentanyl analogs in an item of evidence, clearly indicate such on the evidence packaging. By alerting the evidence technicians of these suspected opioids, technicians can take the necessary safety precautions during the handling and transport of the substance to the crime lab.

## VII. REFERENCES

US Drug Enforcement Agency

["Fentanyl - A Briefing Guide for First Responders"](#)

["Fentanyl - Safety Recommendations for First Responders"](#)

Wisconsin Department of Justice

[DOJ Officer Safety Bulletin \(August 2017\)](#)

[Fentanyl and General Safety Precautions](#)

DSP Policy and Procedure 15-13, Exposure Control

eSP4500, Offense/Incident Report