Naloxone (Naloxone (Nyxoid) / Pebble Kits) Policy and Procedure

Abstract

The procedure set out in this document applies to all Police Officers, Police Community Support Officers (PCSOs) and Police Staff including those employed by the Police and Crime Commissioner and partner agencies where appropriate, Special Constables, Police Cadets and Volunteers.

Policy

1.Introduction

1.1 The purpose of this standard operating procedure is to outline the requirements that must be met to allow a representative of Surrey Police to carry and administer Naloxone (Nyxoid) / Pebble kits) in the event of an opioid overdose. It covers the training and administration of Naloxone, storage, aftercare responsibilities for the patient and incident recording.

2. Scope

2.2 Naloxone (Nyxoid) is an opiate blocker used to reverse the effects of an opiate overdose. It comes in the form of a nasal spray (other opiate blockers commonly under the name of Naloxone can also come in an injectable form). Surrey Police will only train and administer Naloxone in the Nyxoid nasal spray form and will, where possible ensure that these are in the secure cased 'Pebble kits'.

3. Policy Statement

3.1 The procedures set out in this document apply to all Police Officers, Police Community Support Officers (PCSOs), Detention Officers and Police Staff including those employed by the Police and Crime Commissioner and partner agencies where appropriate, Special Constables, Police Cadets and Volunteers.

3.2 The organisation recognises that some of the subject matter contained within this policy and procedure may be sensitive. If any aspect of the content has caused you discomfort, distress or concern, it is important that you seek support. Employees are strongly encouraged to speak to their line manager. All managers are expected to familiarise themselves with the full range of wellbeing resources and guidance available through the force intranet. These resources are intended to support both managers and

employees in navigating challenging situations. Should you require additional clarification, you are encouraged to contact the central Wellbeing Team directly. The organisation remains committed to promoting a supportive, respectful and safe workplace.

Procedure

1. Pre-Requisites to Issue of Naloxone (Nyxoid)

1.1 Police officers, PCSOs, police staff and Special Constables, working in Surrey will be offered the opportunity to carry Naloxone (Nyxoid) voluntarily. Naloxone training is also mandatory for all Detention Officers. Prior to being issued with Naloxone (Nyxoid), staff must complete the mandated training course.

1.2 Any police officer, PCSO or police staff intending to carry Naloxone (Nyxoid) will be required to complete the appropriate training in full, to ensure that they are confident and competent in its use. Booking of Naloxone (Nyxoid) training will be via 'Totara Learn' which will also confirm the applicant has up to date first aid training, Totara Learn will also show that Naloxone (Nyxoid) training has been completed, accompanied by a refresher video to be completed annually within Totara Learn to ensure the officer/staff member remains competent to carry and administer Naloxone (Nyxoid).

1.3 Any individual wishing to volunteer to carry Naloxone (Nyxoid) must have completed the Surrey Basic Police First Aid course prior to Naloxone training.

2. Management and Storage of Naloxone (Nyxoid)

2.1 Serial numbers and expiry dates (typically around two (2) years) of Naloxone (Nyxoid) issued to officers / staff will be recorded by the trainer and held on a Surrey Police database.

2.2 As sprays approach their expiry dates, officers / staff will be contacted to arrange a replacement. This will be done approximately three (3) months prior to the expiry date of the spray. (Until 'Totara Learn' enables an effective Naloxone (Nyxoid) administration system, the Drug Liaison Officers will manage this process.)

2.3 Officers and Staff will be reminded of their personal responsibility to store Naloxone (Nyxoid) suitably and safely (securely and at room temperature), much in the same way as they would other items of their personal issue equipment.

2.4 In the event of any loss of Naloxone (Nyxoid), Officers and Staff must report the loss immediately to their first line manager and to the Drug Liaison Officers who will take the appropriate action and arrange a suitable replacement.

2.5 Naloxone (Nyxoid) as police / staff equipment, is suitable to be carried in belt pouches or elsewhere on their person. Staff would be expected to have Naloxone (Nyxoid) readily available for use when they are away from their vehicle.

3 Use of Naloxone (Nyxoid)

3.1 Police officers, PCSOs and police staff and, Special Constables are familiar with the National Decision Model (NDM) and any decision to administer or not administer Naloxone (Nyxoid) must be carefully considered in accordance with the NDM.

3.2 Prior to any administration of Naloxone (Nyxoid), police / staff will be expected to conduct a dynamic risk assessment to identify any potential hazards (human and environmental) to be mitigated against. Officers / staff should also assess the patient in accordance with their first aid training and promote airway management without delay (to promote recovery).

3.3 The decision to use Naloxone (Nyxoid) and its administration must be made in conjunction with the manufacturer's guidance and the training delivered (Naloxone Training - Surrey Police).

3.4 It must also be noted that naloxone (intra-muscular) is stored within custody centres across Surrey and Sussex, for use by medical staff based at that location (24 hour cover). Where a suspected opiate poisoning occurs within the Custody area, the initial response to this must be to request assistance from qualified medical staff who have an advanced level of medical training and will administer intra-muscular naloxone, following their own procedures. Where there is no custody healthcare professional immediately available to attend to the patient, officers / staff may in accordance with the NDM and their first aid and Naloxone training administer Naloxone if they believe this appropriate to promote recovery in the circumstances.

3.5 Should police be made aware of an incident involving a suspected overdose, the first response must be to alert the ambulance service. Should it be identified that there will be a significant delay in ambulance attendance, the Force Control Room will assess the availability of police units equipped with Naloxone (Nyxoid) and consider sending them to the incident.

3.5 Consideration will be given to the anticipated response time of police and ambulance. This must be done in consultation with local supervision. Should police attend an incident or come across a patient seemingly suffering from the effects of an opioid overdose, an ambulance must be requested to attend the scene immediately. This action must be taken in all cases and prior to the administration of Naloxone (Nyxoid). Naloxone (Nyxoid) is a short-lived blocker and any person suffering an overdose may need multiple doses before more sustainable medical intervention is administered.

3.6 It has been recognised as best practice for those at the scene to contact ambulance directly using the 999 facilities. This provides immediate and precise updates to ambulance call takers, allowing them to prioritise the dispatch of ambulance appropriately. This approach also allows instructions to be passed to those at scene which may assist in the treatment of the casualty.

3.7 Officers and staff who are single crewed must request assistance from other available units. This will provide corroboration of actions taken at the scene, provide an opportunity to update Control Room regularly, and manage any conflict situation that may arise.

3.8 Disposable gloves and a face mask must always be worn whilst administering Naloxone (Nyxoid), as they will provide a degree of protection against infectious disease. Please refer to Body Worn Video Policy Surrey and Sussex (1133).doc.

3.9 Body Worn Video if available shall be activated to accurately capture the response to the emergency incident. The use of BWV will support the individual using Naloxone (Nyxoid) to demonstrate that it was a necessary and proportionate response, and that it was used in accordance with the manufacturer's guidance.

3.10 It is recommended that all parties at the scene also activate their Body Worn Video equipment in case the recording device of the employee administering Naloxone (Nyxoid) fails. This will be marked as 'Evidential' on the database to prevent it from being deleted.

3.11 Personal radios shall be used to alert Control Room of the situation and intended use of Naloxone (Nyxoid). Details of all involved parties must be added to the CAD.

3.12 Regular updates will be required regarding the actions of Police and the condition of the patient and recorded on the event log.

3.13 If the area of the incident is covered by council operated closed circuit television (CCTV) systems, the Force Control Room will seek the police response to be captured.

3.14 In cases of an overdose of opioids, the patient will usually be unresponsive and unconscious and may have very shallow breathing. Where the patient is conscious or semi- conscious, it will not be the policy of Surrey Police to administer Naloxone (Nyxoid) and such cases will be dealt with in the same way as any other medical emergency which, dependent on the circumstances, usually involves the calling of an ambulance and/or taking the casualty to hospital. Only if the patient becomes unresponsive/unconscious during this process shall consideration be given to the administration of Naloxone (Nyxoid) in the terms specified in this policy.

3.15 Manufacturer's instructions and the training an officer has received must always be borne in mind when deciding to whether to administer the drug to the patient, bearing in mind their age and condition (e.g., pregnant).

3.16 If an officer has doubt as to whether Naloxone (Nyxoid) must be given to a particular patient, the officer must, if possible, expeditiously seek advice from the ambulance service/paramedics (via 999 or Control Room).

3.17 Whilst the decision to administer Naloxone is ultimately with the officer / staff member on scene, it would be considered a justifiable and proportionate option to deploy where there is real and immediate risk to life and an opiate overdose is suspected.

3.18 Following the administration of Naloxone (Nyxoid), the patient must be placed into the recovery position immediately and continue to be monitored at all times. The patient may require reassurance regarding where they are and what has happened to them.

3.19 Should the patient remain unresponsive following administration of the initial dose of Naloxone (Nyxoid), or the symptoms of overdose appear to return, a second dose of Naloxone (Nyxoid) may be given to the patient after two (2) or three (3) minutes, in

accordance with the manufacturer's instructions. If the patient is not breathing, carry out rescue breaths and check for a pulse. If there is no pulse and no breathing carry out cardiopulmonary resuscitation.

4. Post administration aftercare considerations

4.1 Successful administration of Naloxone (Nyxoid) could result in the patient suffering withdrawal symptoms, including agitated or aggressive behaviour. They may also attempt to remove themselves from the scene. Naloxone has a short half-life meaning the patient may relapse once the Naloxone wears out, therefore, all efforts must be made to remain with the patient until suitable health professionals (ambulance service) arrive.

4.2 If a patient does leave the scene, consideration must be given to utilising CCTV to monitor them to ensure they do not suffer a secondary medical episode. Alternatively, arrangements could be made to ensure the patient remains in the presence of a suitable person who can monitor their welfare. It must be stressed to any patient wishing to leave the scene (or other interested party) that the primary reason for them to remain at the scene is to receive medical treatment and support. Physical contact with a struggling patient must be avoided to prevent injury or blood contamination.

4.3 Officers should not arrest individuals to prevent them leaving the scene unless there are reasonable grounds existing to believe the person has committed an offence, has attempted to do so or is planning to do so and there are grounds to believe the arrest is necessary, for example, to prevent physical harm to the person being arrested.

4.4 Any arrest must be in accordance with Part 3 of the Police and Criminal Evidence Act 1984. If an individual is arrested, they can lawfully be taken to hospital or detained for a reasonable period of time until the ambulance arrives and then escorted to hospital with the ambulance.

4.5 Upon arrival of medical staff, a comprehensive handover must be provided to allow them to have a full understanding of the factors that may impact on the care of the patient. Information regarding what the patient may have taken to cause the overdose, any known medical information about the patient and the volume and timings of the Naloxone (Nyxoid) administration will be critical.

4.6 If the ambulance service has been alerted to the incident and the ambulance is enroute, it will be acceptable to wait with the patient a reasonable time for the ambulance to arrive, unless it is possible to transport the patient safely to the nearest Accident and Emergency department before the ambulance is likely to arrive. If the officer is aware that an ambulance is not going to attend, there may be an obligation to take the patient to hospital, however every scenario is fact dependent. All actions and decisions taken prior to, during and post the administration of Naloxone (Nyxoid) must be contemporaneously documented.

4.7 Following the handover of a patient to medical personnel, officers / staff must ensure that use of Naloxone (Nyxoid) is brought to the attention of the Force Control Room. They must also add a comprehensive entry to the OEL outlining the circumstances of the incident, details of involved persons and rationale for administering Naloxone (Nyxoid).

4.8 Used Naloxone (Nyxoid) sprays can be disposed of in regular waste (it is not a biohazard). However, should Naloxone syringes have been used, these must be disposed of in sharps bin and via biohazard waste.

4.9 Should there be a requirement for the used Naloxone (Nyxoid) container to be retained, it must be placed in a rigid container prior to being secured in an evidence bag and booked into the Property Store.

4.10 Officers and staff will be required to complete a First Aid Intervention Form. This will also help identify all cases where Naloxone (Nyxoid) has been administered, address any welfare needs and support any adaptation to training that may be required. Where intra-muscular Naloxone is administered in custody by HCPs which is only available to them as clinicians, a First Aid Intervention Form is not required to be completed as the administration of Naloxone will be recorded on their clinical notes and on the Custody Record. It is expected that any use of Naloxone on a detainee in custody would result in their transfer to hospital via emergency ambulance for further assessment and a custody Adverse Incident report must be completed by the Lead Custody Sergeant before terminating duty.

4.11 Officers and staff are also required to inform the Drug Liaison Officers of the administration of Naloxone (Nyxoid). The Drug Liaison Officers will need to be informed of the date of administration, who administered it and a corresponding Niche or ICAD reference. This allows for monitoring of all administrations by the force, identifying trends within areas which may require partner agency intervention or for Health Alerts to be issued and will allow for replacement kits to be provided to the officer / staff member.

4.12 Involvement in an incident of this nature may impact on the welfare of officers and staff involved. It is incumbent on supervisors to ensure appropriate support and reassurance is offered and monitored.

5. Action in the event of death or significant impairment to patient

5.1 Not all cases where Naloxone (Nyxoid) is administered will result in the patient making a recovery. This may be due to factors including the time since the drug was taken, the amount or potency of the drug taken the effects of other intoxicants in the patient's body or the general health of the patient.

5.2 Where a patient has been provided Naloxone (Nyxoid) by Police and suffers life changing side effects or death, a Drug Related Death (DRD) will be declared. The Duty Officer must be notified immediately. Consideration should also be given as to whether there is a requirement to declare a 'Death or Serious Injury' where a person has been arrested or is in custody during the medical incident which would require ratifying by Gold and referral to PSD and the IOPC.

5.3 Gold may decide to call a Post Incident Procedure. For purposes of transparency PSD may be contacted who in turn may inform the Independent Office for Police Conduct, however, the administering of life saving equipment in good faith is not a disciplinary issue.

5.4 In the event of a drug related the death, the local Coroner's Office must be notified at the earliest opportunity. A CID supervisor must be called to oversee the circumstances of the unexpected death. The Surrey Police Drugs Policy must be followed in such an event.

6. Additional Storage and Use of Naloxone (Nyxoid) within Force Buildings

6.1 In addition to custody suites, Naloxone (Nyxoid) sprays may be kept within identified rooms and teams including the Drug Examination Rooms and Property Stores, in case of an accidental overdose whilst officers and / or staff are performing their duties with controlled drugs exhibits.

6.2 These kits must be mounted on the walls of the rooms and must be clearly signed, with clear instructions on the walls as well as instructions within the kits as to how to use in case of an emergency.

6.3 In line with the Surrey Drug Testing and Identification Procedure all drug testing in force must be conducted either in the presence of a second person or with a second person who is outside of the room and making regular checks on the tester. These second persons must be aware of the placement of the Naloxone (Nyxoid) kits and how to use them in case of emergency, should the drug tester lose consciousness at any time.

6.4 The Drug Examination Rooms are also fitted with panic alarms. Should the panic alarm be activated any Naloxone (Nyxoid) trained officer / member of staff within the station must attend the location as a matter of urgency.

6.5 Should Naloxone (Nyxoid) need to be administered within the Drug Examination Rooms or Property Stores the procedure above (2.3 – 2.4) must be followed in regard to ensuring that an ambulance is called through 999 channels, informing the Duty Officer and following all First Aid and reporting requirements.