



Naloxone Policy

(Issue of Naloxone to Police Officers and PCSO's – Trial to Commence in Middlesbrough area for six (6) months)

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Naloxone Policy

1. Policy statement

This policy outlines the details of a trial during which Police Officers and PCSOs based in the Middlesbrough area will be issued with Naloxone. Naloxone is used to reverse the effects of an opiate overdose and will be provided in the form of a nasal spray. After a period of six (6) months, an evaluation will take place to determine if it is appropriate to continue with the scheme. Consideration may also be given to extending it throughout the Cleveland Police area.

This policy must be applied fairly, equally, and consistently by and to all Police Officers and employees irrespective of age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation or any other unjustifiable grounds. An Equality Impact Assessment has been produced.

The procedures set out in this document apply 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.

2. Purpose

The purpose of this policy is to outline the requirements that must be achieved to allow a representative of Cleveland Police to carry and administer Naloxone in the event of an opiate overdose.

The document outlines the roles identified as suitable to carry Naloxone, the training required to administer the treatment, the process of administering the drug, all aftercare responsibilities for the patient, and the administrative expectations following its use.

3. Underpinning procedures

3.1 Pre-Requisites to Issue of Naloxone

During this trial, only Police Officers and PCSOs who are in front line roles working in Middlesbrough will be trained in the use of Naloxone. Prior to being issued with Naloxone, staff must demonstrate that they have a valid First Aid and Personal Safety Training qualification.

Any Police Officer or PCSO intending to carry Naloxone will be required to complete the appropriate training in full, to ensure that they are confident and competent in its use. Upon completion of the training, the Oracle record of the

individual will be updated to confirm that they are authorised to carry and administer Naloxone.

Upon completion of the initial six (6) month trial, an evaluation will take place regarding the effectiveness of this pilot. Consideration will be given to extending the use of Naloxone for a further period or expanding its issue across the Force area. In this instance, refresher training will be provided to those involved in the original trial.

3.2 Management and Storage of Naloxone

Serial numbers and expiry dates (typically around two (2) years) of Naloxone issued to Police Officers and PCSOs will be recorded by the administrator. As sprays approach their expiry dates, Officers will be contacted to arrange a replacement. This will be done in advance of three (3) months prior to the expiry date of the spray.

Officers and Staff will be reminded of their personal responsibility to suitably and safely store Naloxone, as they would other items of their Police issue equipment. In the event of any loss of Naloxone, Officers and Staff must report the loss immediately to their first line manager who will take the appropriate action and arrange a suitable replacement.

Whilst on patrol, Police Officers and PCSOs will carry Naloxone as part of their regular Personal Protective Equipment. Naloxone is suitable to be carried in belt pouches or elsewhere on their person. Staff would be expected to have Naloxone readily available for use when they are away from their vehicle.

3.3 Use of Naloxone

Police Officers and PCSOs are trained in the use of the National Decision Model (NDM) and any decision to administer or not administer Naloxone should be carefully considered in accordance with the NDM.

Prior to any administration of Naloxone, Police Officers and PCSOs will be expected to conduct a dynamic risk assessment to identify any potential hazards (both human and environmental).

The decision to use Naloxone and its administration should be made in conjunction with the manufacturer's guidance and the training delivered (<https://www.nyxoid.com/uk/hcp/about>).

It should also be noted that Naloxone (intra-muscular) is stored within the **Custody area at Middlesbrough Police Station**, for use by Medical Staff based at that location (24 hours coverage). Where a suspected opiate poisoning occurs within the Custody area, the initial response to this should 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.

Initially only Officers and Staff based in Middlesbrough will be issued Naloxone. Should Police be made aware of an incident involving a suspected overdose beyond Middlesbrough Policing boundaries, the first response would be to alert Ambulance. Should it be identified that there will be a significant delay in Ambulance responding to this request, the FIM will assess the availability of Police units equipped with Naloxone and consider sending them to the incident. Consideration will be given to the anticipated response time of Police and Ambulance. This should be done in consultation with local supervision.

Should Police attend an incident or come across a patient seemingly suffering from the effects of an opiate overdose, an **ambulance should be requested to attend the scene immediately**. This action should be taken in all cases and prior to the administration of Naloxone.

It has been recognised as best practice for those at the scene to **contact ambulance directly using the 999 facility**. 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.

All Police Officers and PCSOs attending a suspected overdose incident must ensure they **check the area and patient for possession of Naloxone** (intramuscular injection). If present, they should not stop individuals at the incident from using the Naloxone if they are suitably trained. Many individuals within the Teesside area now carry Naloxone and are trained to administer this through the muscle area.

Police Officers and PCSOs who are single crewed should **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.

Officers and Staff will be required to consider the **public perception** of administering an intrusive drug to an unconscious person. As highlighted in the Equality Impact Assessment, onlookers may have increased concerns about Police actions if the patient appeared to be young, pregnant or have a disability.

Disposable gloves and a face mask should always be worn whilst administering Naloxone, as they will provide a degree of protection against infectious disease.

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

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 fails. This will be marked as 'Evidential' on the database to prevent it from being deleted.

Personal radios shall be used **to alert Control Room of the situation** and intended use of Naloxone. Details of all involved parties should be added to the WebStorm incident. Regular updates will be required regarding the actions of Police and the condition of the patient, and recorded on the event log.

If the area of the incident is covered by **Council Operated Closed Circuit Television (CCTV)** systems, Control Room will request that cameras are directed to capture the Police response to the emergency.

In cases of an overdose of opiates, the patient will usually be unresponsive and unconscious. Where the patient is conscious or semi-conscious, it will not be the policy of Cleveland Police to administer naloxone 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 in the terms specified in this policy.

Manufacturer's instructions and the training an officer has received should 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). If an officer has doubt as to whether Naloxone should be given to a particular patient, the officer should if at all possible expeditiously seek advice from the ambulance service/paramedics. Ultimately, the question of administration of Naloxone will be for the attending officer but it seems likely that, if there is a real and immediate risk to life, then the administration of Naloxone will be justified.

Following the administration of a dose of Naloxone, the patient should immediately be placed into the **recovery position**, and continue to be monitored at all times. The patient may require reassurance regarding where they are and what has happened to them.

Should the patient remain unresponsive following administration of the initial dose of Naloxone, or the symptoms of overdose appear to return, **a second dose of Naloxone** may be given to the patient after two (2) or three (3) minutes, in accordance with the manufacturer's instructions.

3.4 Post administration aftercare considerations

It is important to recognise that the patient and those involved in the incident have endured a traumatic event and will require some support and reassurance. Officers and Staff must **remain with the patient** until the arrival of suitably trained medical staff. The time that medical staff were requested and arrived will be recorded on the Police event log.

Police Officers and Staff will be provided with an aftercare support card ([patient-information-card.pdf \(nyxoid.com\)](#)) which should be given to the patient. This will inform them that they have been administered Naloxone and detail some of the side effects with relevant advice and contacts for support.

If a patient does leave the scene, consideration may 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 should be avoided to prevent injury or blood contamination.

Officers should not arrest individuals to prevent them leaving the scene unless they have reasonable grounds to believe the person has committed an arrestable 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. Any arrest should 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.

Upon arrival of medical staff, a comprehensive briefing 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 administration will be critical.

Following the handover of a patient to medical personnel, Police Officers and Staff are advised to add a comprehensive entry to the Police event log outlining the circumstances of the incident, details of involved persons and rationale for administering Naloxone.

If the ambulance service has been alerted to the incident and the ambulance is en route, 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 must be contemporaneously documented.

Officers should ensure that use of Naloxone is brought to the attention of the Duty Inspector and the Force Incident Manager. The FIM will record Naloxone use on the Executive Management Log which will facilitate discussion at the subsequent Pacesetter meeting and alert Corporate Communications.

Officers or Staff should arrange suitable disposal of used Naloxone sprays at an approved biohazard facility, for example medical waste bins within Custody suites.

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

Police Officers and Staff will be required to complete a debrief form which is available on the Force NICHE system. This will allow all cases where Naloxone has been used to be identified, through a search mechanism. This will identify all cases where Naloxone has been administered, assist in identifying the requirement to issue replacement sprays, address any welfare needs and support any adaptation to training that may be required. It will also inform the evaluation of the pilot phase of the scheme.

The debrief form is available as a template on Niche titled 'Naloxone Administration Report'. Following the administration of Naloxone, staff will complete this document and attach it to the relevant event. The Officer/PCSO may be contacted directly by the administrator of the trial if any further detail is required.

Individuals involved in drug misuse and involved in overdoses will be highlighted as vulnerable. A Public Protection Notice (PPN) will be required to ensure that the relevant support is provided for the patient and those impacted by their drug use.

All staff and supervisors are encouraged to acknowledge how involvement in an incident of this nature may impact on the welfare of Officers and Staff involved. It is recommended that an assessment of any welfare needs of those involved should be made with consideration for referrals to the Force Wellbeing Team being made.

3.5 Action in the event of death or significant impairment to patient

Not all cases where Naloxone 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.

Where a patient has been provided Naloxone by Police and suffers life changing side effects or death, a Death or Serious Injury (DSI) will be declared. The Force Duty Officer/Silver Commander must be notified immediately.

In these circumstances, a Post Incident Procedure is likely to be established and the Independent Office for Police Conduct consulted. For further information regarding this process, please refer to College of Policing Authorised Professional Practice for Post-incident procedures following death or serious injury - [Post-incident procedures following death or serious injury \(college.police.uk\)](https://college.police.uk).

In the event of the death of a patient, the local Coroner Office will also be notified at the earliest opportunity.

4. Appendices

There are no appendices associated with this policy.

5. Compliance and monitoring

The Head of Local Policing is responsible for the accuracy and integrity of this document. This policy will be continuously monitored, and updated when appropriate, to ensure full compliance with legislation.

The Head of Local Policing will review this process to ensure that all aspects are being adhered to in accordance with the framework of this policy.

6. Version control

This policy will be reviewed and updated at least every three years by the owner, and more frequently if necessary.

The Corporate Services Department will ensure this document is available on the Force intranet, including any interim updates.

The following identifies all version changes.

Version	Date	Reason for update	Author
0.1	15/07/2021	Creation of Policy	[REDACTED]
0.2	Oct 2021	Updates and formatting of policy	[REDACTED]
0.3	Oct 2021	Further updates incl. links to documents	[REDACTED]
0.4	15/11/2021	Updates following EMB Review	[REDACTED]
0.5	13/12/2021	Final updates pre consultation	[REDACTED]
0.6	12/01/2022	Updates following consultation	[REDACTED]
0.7	26/01/2022	Updates prior to EMB	[REDACTED]
0.8	03/02/2022	Amendment to section 3.4 following approval at EMB	[REDACTED]

1.0	21/02/2022	Publication of final approved policy on SharePoint	[REDACTED]
1.1	August 2022	Updates to Section 3.3 and 3.4	[REDACTED]