

	<b>ELGIN POLICE DEPARTMENT</b> 151 Douglas Avenue Elgin, Illinois 60120	
<b>Effective Date:</b> 05/23/16	<b>STANDARD OPERATING PROCEDURE</b>	<b>Revised Date:</b> 11/06/19
<b>Chief of Police:</b> 	Narcan Administration, 42.7	
<b>Cross Reference:</b> SOP 101.1 Bloodborne Pathogens 20 ILCS 301/5-23	<b>Policy Sections:</b> 42.7.1 Use of Narcan 42.7.2 Required Documentation 42.7.3 Narcan Kits 42.7.4 Training and Program Documentation Appendix A: Overdose Reversal & Naloxone Administration Reporting Appendix B: Accidental Use Reporting Form Appendix C: Damaged or Lost Narcan Reporting Form Appendix D: Waste Reporting Form Appendix E: Standing Order to Dispense & Administer Naloxone	

## PURPOSE

The purpose of this policy is to establish guidelines and regulations governing utilization of Narcan administered by the Elgin Police Department.

## POLICY STATEMENT

It is the policy of the Elgin Police Department to administer a Drug Overdose Prevention Program and to administer Narcan in accordance with the requirements established by the Illinois Department of Human Services (Division of Alcoholism and Substance Abuse) and the respective county health departments.

## DEFINITIONS

**Affiliated Prescribers:** A healthcare professional, as defined in 20 ILCS 301/5-23, who may prescribe or dispense Naloxone.

**Drug Overdose Responders:** Officers have who successfully completed the required training in drug overdose prevention as outlined by the Department of Human Services; these officers are authorized to administer Narcan.

**Narcan:** A prescription medication that can be used to reverse the effects of an opioid drug overdose; this is also referred to as Naloxone.

**Opioids:** Opioid drugs include, but are not limited to heroin, morphine, oxycodone, methadone, hydrocodone, and codeine.

**Program Official:** The emergency medical dispatch coordinator is designated as having the overall responsibility for the drug overdose prevention program in compliance with the guidelines established by the Illinois Department of Human Services.

**Trainers:** Officers who have demonstrated competence in the content and skills of a drug overdose prevention program as approved by the designated program official, healthcare professional, and the Illinois Department of Human Services.

## PROCEDURES

### 42.7.1 USE OF NARCAN

- A. Narcan may be administered by a drug overdose responder, when the responding officer reasonably believes that a person is in an opioid overdosed state based on their training and any/or all of the following observations/information:

1. When advised by telecommunicators that a person has potentially overdosed.
  2. When observing drugs, drug paraphernalia or any other drug instruments associated with the subject or the scene.
  3. Where the victim is observed to be unresponsive, there is an absence of breathing and/or the victim has no pulse. Other signs of opioid overdose include lack of response to a sternal rub, shallow breathing, and bluish lips.
- B. Once the responding officer has determined that the subject is in a potential opioid overdose state the officer shall, as soon as practical:
1. Notify the Emergency Communications Division that the subject is in a potential opioid overdose state and request an ambulance, if one is not already enroute.
  2. Maintain universal precautions and protections from bloodborne pathogens and communicable diseases. Refer to Standard Operating Procedure 101.1 Bloodborne Pathogens and Infectious Disease to view the police department's exposure plan.
  3. When safe, deploy the Narcan in accordance with the training and protocol guidelines provided by the department.
  4. Inform responding fire department personnel that Narcan has been administered, the number of doses used, and how it was dispensed.
  5. Used administration devices shall be disposed of in the regular trash as there are no sharps present or significant potential for exposure.

#### **42.7.2 REQUIRED DOCUMENTATION**

- A. The officer shall complete a police report to describe the incident and to document that Narcan was administered. An emailed notification to include the police report number and information included in the report narrative shall be sent to the program official. This practice ensures that the required documentation is submitted to Kane County on a timely basis.
- B. Upon receipt of the emailed notification, the program official shall complete the Overdose Reversal and Naloxone Administration Reporting Form. This form must be submitted to the Kane County Health Department within five business days from the date Narcan was administered. Refer to Appendix A to view this form.
- C. All accidental use, damaged or lost, and waste of Narcan shall be documented in a police report. Officers shall also notify a supervisor when these instances occur.
1. Upon receiving notification, the supervisor shall complete the designated form. Refer to the following appendices to view the associated forms: Appendix B: Accidental Use; Appendix C: Damaged or Lost Narcan; and, Appendix D: Waste.
  2. Completed forms will be routed to the program official who will forward the forms to the Kane County Health Department and the Records Division for inclusion in the police report.
- D. Police reports and associated forms shall be completed before the end of the shift.

#### **42.7.3 NARCAN KITS**

- A. Officers will be issued one kit consisting of 2 atomizers (Narcan). It is recommended that at least one atomizer be carried on the officer's person to ensure accessibility for rapid deployment. The second atomizer shall be maintained in a location where it is easily accessible and maintained at

the temperature range of 59 to 77 degrees Fahrenheit.

- B. After deployment of Narcan, the program official is responsible for obtaining a replacement kit from the approved healthcare prescriber.
- C. The shelf life of Narcan varies depending upon the manufacturer. The program official is responsible for the replacement of expired Narcan kits and all aspects of inventory control.

#### **72.7.4 TRAINING AND PROGRAM DOCUMENTATION**

- A. Officers will be required to successfully complete the basic Narcan training course as approved by the Illinois Department of Human Services prior to being issued and/or deploying Narcan. A Standing Order to Dispense and Administer Naloxone, an Illinois Department of Human Services form, shall be completed for each officer upon completion of training. Refer to Appendix E to view said form.
- B. Officers will be required to take a refresher training class in order to retain their status at a minimum of every three years.
- C. In conjunction with the training officer, the program official will maintain, as required by the Illinois Department of Human Services:
  - 1. A training log of all drug overdose responders with their name and date of training completion.
  - 2. A training log of all trainings with the dates and locations of the training, the name of the trainer, and the names of officers in attendance.
  - 3. List of all persons who are designated as trainers with verification by the health care professional of their training competence.
  - 4. Records pertaining to Narcan acquisition and storage.
  - 5. All required forms.
  - 6. A log of current affiliated prescribers, which includes their licensing credentials and any required collaborative agreements.

**APPENDIX A: OVERDOSE REVERSAL & NALOXONE ADMINISTRATION  
REPORTING FORM**  
(Completed by the program official)

Submit

Printable Form



Illinois Department of Human Services - Division of Alcoholism and Substance Abuse

**OVERDOSE REVERSAL AND NALOXONE ADMINISTRATION REPORTING FORM**

(THIS FORM IS TO BE COMPLETED WITHIN FIVE (5) BUSINESS DAYS OF NALOXONE ADMINISTRATION)

Program Name: Kane County Narcan Site Name: Elgin Police Department Date Completing Form: \_\_\_\_\_

Responder's Name: \_\_\_\_\_ Or Code Identifier: (if applicable) \_\_\_\_\_ 1st Responder ☒ Bystander/Outreach ☐

<b>Location of Use/Location of Overdose</b> Closest Cross Streets: _____ City/Town/Community: <u>Elgin</u> County: _____ Zip code: _____							
Location: <input type="checkbox"/> Apartment <input type="checkbox"/> Motel <input type="checkbox"/> Shelter <input type="checkbox"/> Business <input type="checkbox"/> Parking lot <input type="checkbox"/> Vehicle <input type="checkbox"/> Train <input type="checkbox"/> Park <input type="checkbox"/> House <input type="checkbox"/> School <input type="checkbox"/> Jail <input type="checkbox"/> Other: _____							
<b>About the Person:</b> Fill in answers to the best of your knowledge: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other _____ Age: _____ Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino Race: <input type="checkbox"/> African American/Black <input type="checkbox"/> Native American <input type="checkbox"/> Unknown <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other Race/Ethnicity Please Specify: _____							
<b>Specific Drugs Used:</b> <input type="checkbox"/> Heroin If (YES), Please specify Method: <input type="checkbox"/> Injection <input type="checkbox"/> Sniff <input type="checkbox"/> Swallow <input type="checkbox"/> Smoke <input type="checkbox"/> Unknown (Check all that apply) <input type="checkbox"/> Fentanyl <input type="checkbox"/> Methadone <input type="checkbox"/> Cocaine <input type="checkbox"/> Benzodiazepine <input type="checkbox"/> Cannabis <input type="checkbox"/> Alcohol <input type="checkbox"/> Opiate Pain medication (Specify if Known) _____ List Other Drugs/Medications <input type="checkbox"/> _____							
<b>Condition of Person:</b> 1. Was the person conscious before naloxone was used? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. How was naloxone administered? <input type="checkbox"/> Injected in the muscle <input type="checkbox"/> Sprayed in the nose 3. How many doses of naloxone were used? <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> More than 2 (Please Specify): _____ 4. Other Actions Taken: <input type="checkbox"/> Rescue Breathing <input type="checkbox"/> Chest Compressions <input type="checkbox"/> Sternal Rub <input type="checkbox"/> Recovery Position <input type="checkbox"/> Called 911 (Check all that apply) 5. Did the person go to the hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused If Yes, list name of hospital if known: _____ 6. Did the person survive? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 7. Date naloxone was administered: _____ 8. Was naloxone ever received in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
Please provide any additional information: _____ _____ _____							
<b>Name and Signature of Program Director and Health Care Professional</b> <table style="width:100%;"> <tr> <td style="width:40%; vertical-align: top;"> <u>Barbara Jeffers, MPH</u>                      Program Director Name                 </td> <td style="width:30%; vertical-align: top;">                       Program Director Signature                 </td> <td style="width:30%; vertical-align: top;">                     _____                      Date                 </td> </tr> <tr> <td style="vertical-align: top;"> <u>Priyadarshini Verma, MD</u>                      Health Care Professional Name                 </td> <td style="vertical-align: top;">                       Health Care Professional Signature                 </td> <td style="vertical-align: top;">                     _____                      Date                 </td> </tr> </table>		<u>Barbara Jeffers, MPH</u> Program Director Name	 Program Director Signature	_____ Date	<u>Priyadarshini Verma, MD</u> Health Care Professional Name	 Health Care Professional Signature	_____ Date
<u>Barbara Jeffers, MPH</u> Program Director Name	 Program Director Signature	_____ Date					
<u>Priyadarshini Verma, MD</u> Health Care Professional Name	 Health Care Professional Signature	_____ Date					

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TO BE COMPLETED WITHIN FIVE (5) BUSINESS DAYS OF NALOXONE ADMINISTRATION

This form is to be emailed to: [DHS.DOPP.Coordinator@illinois.gov](mailto:DHS.DOPP.Coordinator@illinois.gov)

Direct Questions to: 312.814.3840

**APPENDIX B: ACCIDENTAL USE FORM**  
(Completed by a supervisor)



Kane County Narcan Program  
1240 N. Highland Avenue  
Aurora, IL 60506

**ACCIDENTAL USE**

In the event of an accidental use of Narcan, please complete this form and return to the Kane County Health Department: email to [dawsondiane@co.kane.il.us](mailto:dawsondiane@co.kane.il.us) or fax to 630-897-8138.

Kane County Narcan Program Notification Date: \_\_\_\_\_

Officer Reporting accidental use: \_\_\_\_\_

Site/Department Name: \_\_\_\_\_ /Phone: \_\_\_\_\_

Was the person who administered the accidental dose of Narcan a Police Officer? \_\_\_Yes \_\_\_No

Name of person who administered the Narcan: \_\_\_\_\_

If a police officer, name of department: \_\_\_\_\_

Was the person who received the accidental dose a Police Officer? \_\_\_Yes \_\_\_No

Name of person who received the accidental dose of Narcan: \_\_\_\_\_

If police officer, name of department: \_\_\_\_\_

If either or both of the named persons mentioned above are not Police Officers, please provide their name and address:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Type of administration:    ☐ Nasal        ☐ Auto-Injector        Quantity used: \_\_\_\_\_

Date of accidental administration: \_\_\_\_\_    Approx. time of administration: \_\_\_\_\_

Location of administration: (i.e. arm, thigh) \_\_\_\_\_

Was an internal report made? \_\_\_Yes \_\_\_No

Did the individual seek medical attention? \_\_\_Yes \_\_\_No

Comments: \_\_\_\_\_

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Rv

**APPENDIX C: DAMAGED OR LOST NARCAN REPORTING FORM**  
(Completed by a supervisor)



Kane County Narcan Program  
Damaged or Lost Narcan Reporting Form

Effective July 2016 the Health Department will no longer collect expired or damaged Narcan. Please dispose of wasted, expired or damaged Narcan to your local EMT, Hospital or contracted source. You are still required to report any wasted, lost or damaged Narcan to the Kane County Health Department by completing this form and emailing to [dawsondiane@co.kane.il.us](mailto:dawsondiane@co.kane.il.us) or via fax at 630-897-8138.

\_\_\_\_\_  
(Reporting Date)

\_\_\_\_\_  
(Reporting Department)

\_\_\_\_\_  
(Name of Person Making Report)

\_\_\_\_\_  
(Phone #)

Description of items being reported:                      # Nasal Doses \_\_\_\_\_ # Atomizers \_\_\_\_\_

Do you need replenished doses? Yes / No                      # Nasal Doses \_\_\_\_\_ # Atomizers \_\_\_\_\_

We will contact you for pickup of replenishments once this form is received in our office.

\_\_\_\_\_  
Police Department Representative  
Print

\_\_\_\_\_  
KCHD Narcan Representative  
Print

\_\_\_\_\_  
Police Department Representative  
Signature

\_\_\_\_\_  
KCHD Narcan Representative  
Signature

\*\*\*\*\*

**For Office Use Only:**

Contact date: \_\_\_\_\_

Pick up date: \_\_\_\_\_

Pick up time: \_\_\_\_\_

7/6/14  
Rv 11/14/14, 09/24/15, 7/16  
S:\Division of Disease Prevention\NARCAN\Forms\Working Copies\KCNP\_002\_Damaged or Lost Reporting Form.docx

1240 N. Highland Avenue  
Aurora, IL 60506  
630-208-3801

**APPENDIX D: WASTE REPORTING FORM**  
(Completed by a supervisor)



Kane County Narcan Program  
1240 N. Highland Avenue  
Aurora, IL 60506

**WASTE**

In the event of a Narcan waste, please complete this form and return to the Kane County Health Department: email to [dawsondiane@co.kane.il.us](mailto:dawsondiane@co.kane.il.us) or fax to 630-897-8138.

Kane County Narcan Program Notification Date: \_\_\_\_\_

Officer Reporting the waste: \_\_\_\_\_

Site/Department Name: \_\_\_\_\_ /Phone: \_\_\_\_\_

Date of waste: \_\_\_\_\_ # Of doses wasted: \_\_\_\_\_ ☐ Nasal ☐ Auto-Injector

Please describe the reason for the wasted dose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**APPENDIX E: STANDING ORDER TO DISPENSE & ADMINISTER NALOXONE**  
(Sample of completed form)



State of Illinois  
Department of Human Services - Division of Alcoholism and Substance Abuse

**STANDING ORDER TO DISPENSE AND ADMINISTER NALOXONE**

Date: Apr 23, 2018

Program Name: Kane County Narcan Program

Site: Elgin Police Department

Name of Trained Overdose Responder to Receive Naloxone: Arnie Zabran

Date Completed Drug Overdose Prevention Training: \_\_\_\_\_

**Verification by Program Director of Completion of Drug Overdose Prevention Training**

Barbara Jeffers, MPH  
Program Director's Printed Name

Barbara Jeffers  
Program Director's Signature

Apr 23, 2018  
Date

**Prescriber to Verify that Overdose Responder has information on the indications for and Administration of Naloxone**

- ☒ Prevention of and Risks for Drug Overdose
- ☒ Recognition of Drug Overdose
- ☒ Rescue Breathing and Resuscitation
- ☒ Call for Help
- ☒ Naloxone Administration
- ☒ No Response: Repeat in 2 - 5 Minutes
- ☒ Follow-up: Provide Support to Recipient

**Standing Order**

Dispensed Naloxone: ☒ 4mg. - 1 Prefilled Nasal Spray  
Dispensed Naloxone: ☐ 2mg/2ml. - 2 Prefilled Syringes  
Dispensed Naloxone: ☐ 0.4 mg/ml. - 1 Vial and 2 Syringes

Expiration Date: September, 2019

Expiration Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**May Repeat RX Four (4) Additional Times**

Dispense Date: 4-13-18 Expiration Date: October, 2019

Dispense Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dispense Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Dispense Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Priyadarshini Verma MD  
Prescriber's Signature

Apr 23, 2018  
Date

Priyadarshini Verma, MD  
Printed Name and Credential

Reset Form

Print Form

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