

12.112 RESPONDING TO AND INVESTIGATING HEROIN/OPIATE OVERDOSES

References:

Procedure 12.105, Emergency Medical Service, Panic/Duress Alarms, 911 Disconnect Calls, 911 Silent Calls, and Forced Entries

Procedure 12.110, Handling Suspected Mentally Ill Individuals and Potential Suicides

Procedure 12.400, Incident and Miscellaneous Reporting

Procedure 12.555, Arrest/Citation: Processing of Adult Misdemeanor and Felony Offenders

Procedure 12.600, Prisoners: Securing, Handling, and Transporting

Procedure 12.615, Deceased Persons/Prisoners and Death Notifications

Ohio Revised Code 2925.61, Lawful Administration of Naloxone

Ohio Revised Code 4729.51, Selling, Purchasing, Distributing, or Delivering Dangerous Drugs

Ohio Revised Code 5122.10, Emergency Hospitalization

<http://www.ohioattorneygeneral.gov/Media/Videos/Naloxone-Educational-Video>

Definitions:

Opioid – Any morphine-like synthetic narcotic that produces the same effects as drugs derived from the opium poppy (opiates), such as pain relief, sedation, and respiratory depression.

Naloxone Hydrochloride – An opioid antagonist to reverse respiratory depression and other opioid effects in persons who have abused heroin, morphine, or other synthetic opioids. It is a colorless and odorless liquid.

Nasal Naloxone Injector Kit – Consists of the Naloxone medication, atomizer and instructions for administering Naloxone.

Hamilton County Heroin Coalition (HCHC) – Formed in April 2015 to address the heroin/opiate overdose incident epidemic. Representatives from CPD and other county law enforcement agencies, the medical community, social service agencies and civic leaders work together on enforcement, harm reduction, treatment and prevention efforts.

Hamilton County Heroin Coalition Task Force (HCHC Task Force) – The unit within HCHC that provides a consistent investigative response to heroin-involved death and overdose incidents.

Purpose:

To establish investigative guidelines for officers dispatched to an incident involving an overdose of heroin/opiate, whether fatal or non-fatal. The objective is to reduce fatal opioid overdoses through the utilization of Nasal Naloxone, and to collect information and evidence to prosecute the source of supply for the heroin/opiate involved in the overdose incident and/or fatality.

Policy:

All full-duty, uniform patrol officers and Neighborhood Liaison officers will be trained on the administration of Nasal Naloxone and issued a Nasal Naloxone Injector Kit to carry with them while on duty.

Information:

Naloxone was approved by the Food and Drug Administration in the 1970s and is a very safe medication. Naloxone administration may result in rapid opioid withdrawal, which could cause anxiety and flu-like symptoms. When victims experience these symptoms, they may become irritable and anxious. Administration of additional doses will not harm the person. Ohio Attorney General Guidelines indicate persons administered Nasal Naloxone are less combative than those administered Naloxone intravenously.

Ohio Revised Code 2925.61(D) grants immunity from administrative action and criminal prosecution to a peace officer who acts in good faith, administers Naloxone to an individual who is apparently experiencing an opioid-related overdose and obtains Naloxone from the peace officer's law enforcement agency.

When an officer has reason to believe a subject has intentionally overdosed, or the subject makes a statement they meant to harm themselves, the officer will sign a Form DMH-0025, Ohio Department of Mental Health Application for Emergency Admission. The officer will follow Procedure 12.110, Handling Suspected Mentally Ill Individuals and Potential Suicides, and the Cincinnati Fire Department (CFD) will transport the person to University of Cincinnati Medical Center (UCMC) for treatment of the overdose.

The shelf life of Naloxone is approximately two years. Naloxone should be kept out of direct light, and at room temperature (between 59 and 86 degrees Fahrenheit). Nasal Naloxone Kits will be stored in a Department-issued protective case in the officers' CDOP bag. Naloxone cannot be left in a vehicle overnight. It must be brought inside when the officer secures from their shift.

Supply Unit will ensure Nasal Naloxone Injector Kits are stored safely according to manufacturer's guidelines, and an adequate supply is maintained to meet projected demand. Additional replacement kits will be secured in the district armories.

Procedure:

- A. Responding to a Non-fatal Heroin/Opiate Overdose
 1. When an officer is dispatched by Emergency Communications Section (ECS) or is made aware of an overdose upon arrival at a call for service, they will administer Nasal Naloxone, if applicable.
 - a. Signs and symptoms of an opioid overdose:
 - 1) Pinpoint pupils
 - 2) Slow or absent pulse
 - 3) Blue skin tint

- 4) Limp body and a pale face
 - 5) Vomiting
 - 6) Loss of consciousness
 - 7) Choking, gurgling or snoring sounds
 - 8) Slow or stopped breathing
- b. After administering Nasal Naloxone:
- 1) Initiate rescue breathing, if applicable
 - 2) Naloxone may be administered a second time if the person does not wake up within two to four minutes
 - 3) Place the person on their side, in the recovery position
 - 4) Continue to render first aid until relieved by CFD
 - 5) Dispose of expended kits by placing in a CFD hazardous waste or sharps container
2. If the non-fatal overdose incident scene contains possible evidence or witnesses who may help identify the source of the supply for the heroin/opiate involved, the officer must complete a HCHC “Patrol Officer Checklist & Matrix” (checklist) to determine if enough evidence exists to warrant HCHC Task Force response.
- a. If the evidence scores high enough on the matrix, the officer will contact the HCHC Task Force via the duty phone number provided on the checklist.
 - b. The officer will brief the HCHC Task Force officer about the situation, possible evidence and/or witnesses.
 - c. HCHC Task Force officer(s) will determine if there is enough viable evidence for them to follow up, but may not immediately respond.
 - d. Forward the completed checklist to the Special Investigations Section – HCHC Task Force for tracking purposes.
3. Complete a Heroin Overdose Report via RCIC, as described on the rear of the checklist.
- a. This report must be completed **every time** an officer responds to an incident involving a possible overdose, whether fatal or non-fatal and whether Naloxone is used by an officer or it is not.
 - b. This report aids in tracking heroin overdose incidents and eliminates the need to complete an RMS Aided report.

B. Transportation of Overdose Persons

1. The administering officer will advise ECS the person is a potential overdose and Nasal Naloxone has been administered.
 - a. ECS will ensure CFD is advised Nasal Naloxone has been administered and is enroute.
2. Persons administered Nasal Naloxone who agree to medical treatment will be transported by the CFD.
3. If the person refuses medical treatment or transportation to the hospital and no criminal charges will be signed:
 - a. CFD will evaluate the person and determine if they are capable of making sound, informed decisions and can be safely released into their own care.
 - b. If CFD determines the person capable and the person continues to refuse medical treatment or transportation to the hospital:
 - 1) CFD will request the person sign a release form, indicating they refused medical treatment and transportation to the hospital.
 - 2) The person will be released at the scene, even if they **refuse** to sign the release.
4. Physical Arrest of Overdose Persons
 - a. If there is evidence of a crime or open warrants/capiases, officers will physically arrest the person and sign appropriate charges.
 - b. CFD will transport the prisoner to UCMC for treatment of the drug overdose.
 - 1) An officer will ride in the ambulance with all **combative** arrested persons.
 - c. Complete a Form 653, Hospital Hold Notification
 - 1) Reference Procedure 12.600, Prisoners: Securing, Handling, and Transporting.

C. Maintenance and Replacement

1. Officers are to retain the same yellow protective case they were issued and only replace the Nasal Naloxone Injector Kits when resupplying.
2. Officers will inspect their Nasal Naloxone Injector Kit prior to each shift to ensure it is useable.
 - a. Damaged and unusable kits may be disposed of in any City waste receptacle.
3. Expended, lost, damaged, and expired Nasal Naloxone Injector Kits will be reported to the officer's immediate supervisor.

- a. The supervisor will issue a replacement kit from the stock kept in the unit armory and document the reason for replacement on a Form 125, Nasal Naloxone Kit Log.
 - 1) When a Form 125 page is full, forward to Supply Unit for retention.
 - b. The supervisor will notify the Administrative Sergeant when the stock of Naloxone in the armory is down to five kits. The Administrative Sergeant will then order additional doses from Supply Unit.
4. If an officer who was issued a yellow protective case is transferred to an assignment other than patrol or Neighborhood Liaison Unit, they must turn in their issued yellow protective case to the district Administrative Sergeant who will then forward the case to Supply Unit.
- E. Investigation of Suspected Heroin/Opiate Overdose Deaths
1. CPD Responsibilities
- a. If an officer suspects a death is possibly caused by heroin/opiate overdose, they must initiate an investigation and complete a "Heroin PO Checklist & Matrix" (checklist) to determine if enough evidence exists to warrant HCHC Task Force response.
 - 1) If the evidence scores high enough on the matrix, the responding supervisor will contact the HCHC Task Force via the duty phone provided on the checklist.
 - a) The supervisor will brief the HCHC Task Force officer about the situation and possible evidence.
 - b) HCHC Task Force officer(s) will determine if there is enough viable evidence to warrant responding to the scene.
 - c) The completed checklist will be given to the HCHC Task Force officer when they respond to the scene.
 - 2) If the evidence does not score high enough on the matrix, the officer will forward the completed checklist to the Special Investigations Section – HCHC Task Force for tracking purposes.
 - a) The officer and supervisor will follow the investigation process outlined in Procedure 12.615, Deceased Persons/Prisoners and Death Notifications.
 - b) The officer must complete a Heroin Overdose Report via RCIC, as described on the rear of the checklist, even if the evidence does not score high enough on the matrix for HCHC Task Force to respond.
 - b. Secure the scene to preserve evidence. Do not move the body or alter the scene.

- 1) While waiting for HCHC Task Force to respond, the officer should attempt to identify potential witnesses.
 - a) Attempt to establish a rapport with witnesses. Avoid rushing to arrest for minor drug-related offenses or discussing possible criminal charges they could face.
 - b) Promote cooperation. Criminal charges can be filed at a later time if necessary. The witness may have valuable information to further the investigation beyond the misdemeanor offense level.
 - c) Attempt to develop information that may assist in the identification of the source of supply for the heroin/opiate involved.
 - c. The district supervisor on the scene will contact the Hamilton County Coroner's Office (HCCO), and advise the death is possibly caused by heroin/opiate overdose.
 - 1) All possible heroin/opiate overdose deaths will be considered a Coroner's case and transported by the HCCO.
 - a) An HCCO investigator will respond to the scene, assist with the HCHC Task Force investigation and take necessary photographs.
 - 2) Media inquiries regarding an HCHC Task Force case should be directed to the Special Investigations Section commander.
 - d. The officer will complete a Form 316A and fax a copy to the HCCO.
 - e. The officer will complete a Heroin Overdose Report via RCIC, as described on the rear of the checklist.
 - 1) This information will be processed by the Greater Cincinnati Fusion Center to compile county-wide overdose data and statistics.
 - 2) The Heroin Overdose Report must be completed for all possible heroin/opiate overdose deaths, even if the evidence does not score high enough on the matrix for HCHC Task Force to respond.
2. HCHC Task Force Responsibilities
- a. The HCHC Task Force will collect and process all evidence related to the death investigation.
 - 1) Unless conditions present a risk of damage or destruction to evidence, it should remain undisturbed until recovered by the HCHC Task Force.