



UW-Madison Police Department

Policy: 41.14

SUBJECT: NALOXONE GUIDELINES

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CALEA STANDARD: 41.2.8

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41.1.14- GUIDELINES FOR USE OF NALOXONE

POLICY:

Naloxone is a medication that acts to combat the effects of opiate drugs, primarily the depression of the respiratory system. First Responder administration is intended to restore adequate respiratory effort. The UW-Madison Police Department shall provide Naloxone in the form of Nasal Spray.

PROCEDURE:

41.1.14 GUIDELINES FOR USE OF NALOXONE

- A. The PM Shift Lieutenant is assigned to be the department Naloxone Coordinator. The Naloxone Coordinator shall be responsible for acquiring the agency's Naloxone, ensuring an adequate supply is maintained, and ensuring all doses stored in official locations are replaced before expiration.
- B. All sworn department personnel shall be trained in the use of naloxone. Training shall be conducted with new hires during the PTO process and refresher training shall be conducted at a minimum of every two years or at biennial CPR Re-Certification.
- C. Naloxone training shall be coordinated by the Naloxone Coordinator in cooperation with the CPR Training Coordinator. Documentation of the training shall be provided to the Training Sergeant.
- D. All expired Naloxone shall be maintained by the naloxone coordinator and may be used for training purposes.
- E. Naloxone shall be stored in the following official locations:



- F. A police unit with naloxone shall respond in emergency mode to medical response calls in the Department's jurisdiction that involve a high likelihood for need of naloxone, unless it is known that an ambulance is already on-scene.
- G. Officer (s) who arrive on-scene before adequate rescue personnel are present shall render aid consistent with their naloxone and CPR training until relieved of rescue duties by the Fire Rescue personnel or EMT units by taking the following measures:
 - 1. Police shall administer naloxone nasally in strict accordance with naloxone training guidelines and protocol. An ambulance shall be requested for any person who has received naloxone from a UW-Madison Police Officer, if not already in-route.

2. Police shall notify Dispatch they are administering naloxone, and request Madison Fire Department (MFD).
3. Police shall perform subject assessment, including monitoring subject for improvement of respiratory effort. Unconscious subjects should be placed on their side to assist in preventing aspiration should they vomit or have other secretions.
4. If MFD or other advanced life support has not yet arrived on scene and the subject has not returned to a normal breathing status, subsequent doses may be administered every 3-5 minutes.
5. Upon their arrival, advise advanced life support personnel of the subject's original condition prior to naloxone use, the fact that naloxone was administered, the time of administration and the observed response of the subject.
6. If a UWPD K-9 is exposed to a narcotic, Naloxone may be administered per protocol. Consideration should be given to muzzle the K-9 before Naloxone deployment.
7. If time permits, consider K-9 medical transport with a local Dane County EMS agency for advanced care.

H. Officer(s) shall consider the following indications for naloxone administration:

1. The subject is unconscious and not responding to any verbal stimuli;
2. The subject has no detectable breathing, or has poor respiratory effort such as: agonal breaths, loud snoring respirations, occasional gasping breaths or cyanosis;
3. There is evidence that the subject is suffering from an opiate overdose including but not limited to:
 - a. An officer was processing/testing drug related evidence, investigating a drug related case, or performing an evidentiary search;
 - b. Information suggests an arrestee/detainee may have been in possession of an opiate;
 - c. Bystanders have given information that the subject has taken or may have taken an opiate of some kind;
 - d. There is physical evidence of opiate use, such as drug paraphernalia or prescription bottles;
 - e. The subject has a known history of opiate abuse;
 - f. The subject has pinpoint pupils along with the respiratory depression or arrest.
4. If another agency requests mutual aid in the form of a squad with naloxone, the Department shall make every effort to comply with the request.
5. The Manager on Call (MOC) and the Naloxone Coordinator shall be notified of any use of naloxone.
6. If naloxone is administered it shall be documented in the Naloxone Use Checklist on SharePoint, and in an incident report by the officer who performed the administration.
7. The following information shall be included in the report:
 - a. Name of officer who administered the dose;
 - b. Time or estimated time that drug was administered;
 - c. Administration route intranasal; whether administered in the left or right nare, or both;
 - d. Where the drug was administered into the body;
 - e. Condition of subject prior to administration including signs that indicated the need for naloxone;

- f. Condition of the subject after administration including signs that naloxone may have been effective or ineffective;
 - g. Time or estimated time of arrival of advanced life support
 - h. Any complications that occurred (if applicable);
8. The department naloxone coordinator shall review all incident reports to ensure consistency and that department directives are being followed.
 9. After use, the officer who used naloxone is responsible for notifying the Naloxone Coordinator who shall be responsible for restocking the unit in accordance with instructions given during naloxone training.
 10. An inspection of the naloxone kit shall be the responsibility of the personnel assigned the equipment and shall be done at the beginning of each shift
 11. Naloxone may be assigned to select units working special events. Naloxone located in the above listed locations shall be inspected on a periodic basis by the Naloxone Coordinator.
 12. Missing, damaged or expired naloxone kits shall be reported immediately to the department Naloxone Coordinator.