
 University of Pittsburgh Police Department Rules and Regulations Manual	Reference Number: 04-18
	Issue Date: September 1, 2015 Revised: 12/2018
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	Rescinds: All Previous
	Amends: NA
Title : Police Procedures for Unresponsive Persons	 By Order of James K. Loftus, Chief of Police

1.0 Policy

In a continued effort to provide emergency care and basic life support for the University Community, members of the University of Pittsburgh Police Department are trained in cardiopulmonary resuscitation (CPR), the use of an Automated External Defibrillator (AED) and intra-nasal administration of Naloxone (Narcan). An AED and a Narcan kit are present in each active marked patrol unit, ready for use for medical emergencies relating to sudden cardiac arrest or opiate overdose.

This policy outlines training requirements, general and specific operating procedures, medication administration procedures and supplies, and the University of Pittsburgh Police Department responsibilities as they pertain to the use and maintenance of AEDs and the use, storage, replacement, exchange and documentation of Narcan. This policy establishes the role of the University of Pittsburgh Department of Environmental Health and Safety, with respect to the AEDs; the role of the University Of Pittsburgh School of Pharmacy, with respect to Narcan; medical direction and oversight; and the responsibilities of the University of Pittsburgh Medical Directors.

2.0 Training Requirements/Testing

All certified police officers, security guards, and communication specialists are required to become certified in basic first aid, CPR and AED prior to assuming their duties.

All police officers are required to become trained in the use and administration of Narcan, as described by the Pennsylvania Department of Health and outlined by Act 139 of 2014.

Training will be provided on site by an American Heart Association first aid/CPR/AED instructor.

All personal subject to this certification shall be recertified every two years.

Update and refresher training in the use and administration of Narcan, shall be conducted as described by the Pennsylvania Department of Health and outlined by Act 139 of 2014. Police officers and guards will undergo a quarterly training including testing twice per year. Refresher classes may include both computer based training and roll call "hands on" AED practice.

A record will be maintained of all training classes, and class attendees. The Department training supervisor shall maintain records of all first aid/CPR/AED/Narcan training. Copies of individual's certification cards and/or training certificates shall be maintained in Department members' training file.

University of Pittsburgh Medical Directors assigned to the Police Department's AED and Narcan programs shall also maintain copies of all training records and certifications for the AED and Narcan programs.

3.0 Medical Direction Oversight

Dr. Paul Paris at UPMC and University of Pittsburgh Center for Emergency Medicine will provide medical direction oversight for the University of Pittsburgh Police Department CPR and AED program. Medical direction will include the following items:

- Development of policies and procedures defining the standards of patient care and utilization of the AED
- Annual review, and at the discretion of the Medical Director, of above mentioned policies and procedures
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- Review of response documentation and rescue data for all uses of the AED
- Oversight of the Police Department AED program

Dr. Ronald Roth, MD, Professor of Emergency Medicine with the University of Pittsburgh and Medical Director of the City of Pittsburgh Emergency Medical Services will provide medical direction oversight for the University of Pittsburgh Police Department Narcan program. Medical direction will include the following items:

- Development of policies and procedures defining the standards of patient care and utilization of Narcan.
- Annual review, and at the discretion of the Medical Director, of above mentioned policies and procedures.
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- Review of response documentation and rescue data for all uses of Narcan.
- Oversight of the Police Department Narcan program.

4.0 Department of Environmental Health and Safety Responsibilities

The Department of Environmental Health and Safety (EHS) shall be responsible for the purchase and maintenance of all AEDs on the University of Pittsburgh Campus. EHS shall also be responsible for the following:

- Perform monthly checks of all AEDs
- Assess and address non-functioning AEDs
- Obtain rescue data for all uses of the AED

- Restock the AED after each use to maintain two sets of AED pads (one set attached and one spare set in pocket of AED carry case) and contents of CPR Kit (face mask with one-way valve, medical scissors, razor, towel, latex-free medical gloves)
- Provide copies of rescue data to Medical Director

5.0 School of Pharmacy Responsibilities

Dr. Michael A. Zemaitis, PhD, Professor of Pharmaceutical Sciences will provide pharmacological oversight for the University of Pittsburgh Police Department Narcan program. Oversight will include the following items:

- Development of policies and procedures for acquisition and replacement of Narcan in coordination with University Pharmacy.
- Review of stock of Narcan kits
- Review of the usage of Narcan

6.0 Police Department General Procedures

- A. Each AED maintained by the Police Department shall have a Narcan administration kit within the AED case.
- B. The AED/Narcan unit shall be taken to every medical emergency call dispatched through the University of Pittsburgh Police Department.
- C. The Police Department currently maintains eight AED/Narcan units as follows:
 - One in each of the five patrol vehicles on each shift (12 car, 13 car, 14 car, 15 car and 16 car). The AEDs shall be properly marked with vehicle unit numbers.
 - A sixth AED/Narcan unit shall be maintained by the supervisor, and shall be maintained within his/her vehicle.
 - The seventh and eighth AED/Narcan units are assigned to two canine vehicles.
 - A Narcan (spare) shall be maintained in the shift supervisor's office at the Police Department.
- D. The AED/Narcan unit shall be signed out and in by the vehicle patrol officer.
- E. The officer shall note that the function-indicator light is green, there are two sets of AED pads (one set attached and one spare set in the pocket of AED carry case), and the Narcan administration kit is present.
- F. Malfunctioning AEDs shall be brought to the attention of the shift supervisor with the following actions taken immediately:
 - As soon as practicable, the affected AED will be taken to the EHS for immediate repair or replacement.

- If an EHS representative is not available to service the AED, or the AED malfunction cannot be readily addressed by EHS, the affected AED will be taken out-of-service. The officer will then be issued the shift supervisor AED, until their AED returns to service.
 - A records management Computer Aided Dispatch (CAD) entry shall be made by Communication Room personnel indicating the AED malfunction and any actions taken.
 - An email shall be sent to "Police-Equipment," indicating the mal-functioning AED and any action taken.
 - The Chief of Police shall appoint an officer whom shall be responsible for coordinating with EHS to ensure AEDs are repaired or replace in a timely fashion.
- G. The officer shall inspect the Narcan administration kit to assure the case is intact, visualize the contents and the kit tamper-seal tape in intact. Any deficiencies shall be brought to the attention of the shift supervisor with the following actions taken immediately:
- The deficient kit will be accepted by the supervisor.
 - The supervisor will issue the vehicle patrol officer a new kit from controlled storage.
 - An email shall be sent by the supervisor to "Police-Equipment" indicating a Narcan administration kit was taken out of service and replaced with a kit from controlled storage.
 - The Chief of Police's designee will either correct any problems with the case or contact the University Pharmacy to return the Narcan administration kit so the contents may be replaced or restocked.

7.0 Police Department- AED Emergency Use

Consistent with standards set by the American Heart Association, the following procedures must be followed when encountering a victim who is unconscious and not breathing normally.

A. Assess scene safety: Is the scene free of hazards?

- Responder makes sure there are no hazards to him/herself. Some examples are:
- Electrical dangers (downed power lines, electrical cords, etc.)
- Chemical (hazardous gases, liquids or solids, smoke, etc.)
- Harmful people (anyone that could potentially harm you)
- Traffic (make sure you are not in the path of traffic)
- Fire or other type of emergency.

B. Determine if patient is: unconscious and not breathing normally

- Check for responsiveness by “shake and shout” technique
- Check to see if patient is breathing or not breathing normally
- *If not breathing or not breathing normally and there is no evidence or suspicion of an opioid overdose, initiate chest compressions and perform CPR cycles.*
- Upon arrival of the AED, apply only after completing two (2) minutes/five (5) cycles of CPR.

C. AED

Apply the AED if victim is:

- Unresponsive, and
- Not breathing or not breathing normally **and** there is no evidence or suspicion of an opioid overdose.
- After performing two (2) minutes/five (5) cycles of CPR.

Place the AED by the head or upper chest area of the victim

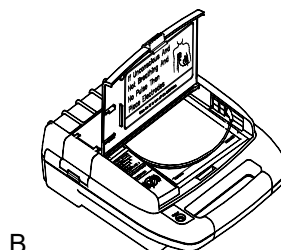
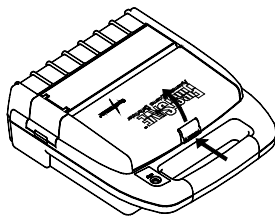
Universal steps of AED application are as follows:

- Turn on the AED
- Bare chest (remove clothing, and remove or avoid
- obstacles to proper AED pad placement (e.g. chest hair, perspiration, metal objects)
- Follow all voice and visual prompts

Specifically to the Cardiac Science Powerheart G3 series of AEDs currently used for all eight AEDs with the University of Pittsburgh Police Department, the following steps are outlined:

Open Lid of AED:

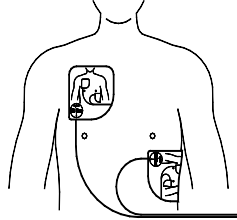
Opening lid “turns on” the AED.



Follow Voice Prompts:

Place Electrodes

Voice Prompt: "Place electrodes on patient's bare chest"



Follow Visual Prompts:

- Follow the picture on AED pads for proper pad placement on victim's bare chest
- Use medical scissors to quickly remove clothing
- Use razor to remove chest hair
- Use towel to clean chest
- Remove or avoid sources of metal on the victim's chest (remove medicine patches, jewelry; avoid implanted devices, body piercings)

Rhythm Analysis

Voice Prompt: "Do not touch patient. Analyzing rhythm."

Action based on AED analysis of victim's heart rhythm:

If the victim's heart rhythm needs defibrillation (shock), then the AED will automatically charge up

Voice Prompt: "Shock Advised. Charging"

If AED is semi-automatic, the voice prompt will be to press the flashing button

Voice Prompt: "Stand clear. Push flashing button to deliver shock. "

The rescuer will state "clear" and make a quick visual head-to-toe check of the patient making sure that he/she and any other responders are "clear" of contact with the patient. Once this is accomplished, the responder operating the AED will press the flashing "rescue button" to deliver the shock

If the AED is automatic, then the voice prompt will state charging and then count backwards to one and then automatically deliver the shock.

Voice Prompt: "Stand Clear. Shock will be delivered in 5 seconds. Four, three, two, one. Shock delivered."

After the shock is delivered, the AED will prompt to start CPR, timed for two minutes
Voice Prompt: "It is safe to touch the patient. Begin CPR."

If the victim's heart rhythm *does not need defibrillation* or the AED voice prompts to *begin CPR*:

CPR

Voice Prompt: "Begin CPR."

- Chest compression and breathe ratio is 30 chest compressions followed by 2 breaths for a cycle of 5 at a rate of 100/min
- The AED has a metronome to keep pace
- Rescuer Performs CPR for Two Minutes
 - o Place one hand on center of chest between the nipple-line
 - o Place and lace other hand on top of first hand
 - o Press downward 2 inches for "push hard and fast" technique
 - o Release pressure on upward stroke completely
 - o Minimize interruptions

Repeat Analyze

After two minutes of CPR, rhythm analysis repeated Voice Prompt: "Do not touch patient. Analyzing rhythm."

If the cardiac rhythm is shockable, the AED will guide the responder through another shock sequence, followed by two minutes of CPR, then rhythm analysis.

This sequence should continue until:

- Victim is successfully resuscitated
- EMS arrives (will take over care of victim, including CPR and AED)

Patient Converts to a Non-Shockable Rhythm

If at any point during the rescue the patient converts to a heart rhythm that does not require defibrillation (shock), the charge (shock) to be delivered will be aborted by the AED.

Voice Prompt: "Rhythm changed. Shock cancelled."

- If responsive but still not breathing normally, continue rescue breathing (one breath every five seconds), leave AED pads on victim's chest, AED turned on, and continue to follow voice prompts.
- If responsive and breathing normally, make victim as comfortable as possible until EMS arrives on scene. Still leave AED pads on victim's chest and AED turned on. As long as victim is responsive and breathing normally, just continue to assess, but no action needed for CPR or AED.

Arrival of EMS

- Continue performing CPR and use of AED until otherwise directed by EMS
- Give verbal report to EMS detailing events

8.0 Police Department – Opiate Overdose Narcan Use

Consistent with the standards set forth by the American Heart Association and the Pennsylvania Department of Health and by *Act 139 of 2014*, the following procedures must be followed when encountering a victim who is unresponsive, not breathing or not breathing normally and there is an indication of an opiate overdose.

A. **Assess scene safety: Is the scene free of hazards?**

Responder makes sure there are no hazards to him/herself. Some examples are:

- Electrical dangers (downed power lines, electrical cords, etc.)
- Chemical (hazardous gases, liquids or solids, smoke, etc.)
- Harmful people (anyone that could potentially harm you)
- Traffic (make sure you are not in the path of traffic)
- Fire or other type of emergency.

B. **Determine if patient is: unconscious and not breathing normally**

- Check for responsiveness by “shake and shout” technique
- Check to see if patient is breathing or not breathing normally
- *If not breathing*, initiate chest compressions and perform CPR cycles.
- Upon the arrival of the AED, apply only after completing two (2) minutes/five (5) cycles of CPR.
- **DO NOT** administer Narcan to a conscious patient, an unconscious patient who is breathing normally/adequately, or a patient who is semi-conscious and breathing.

After completing all of the above, if the victim remains unconscious **and** an opioid overdose is suspected based on the officer’s observations and training (e.g., physical assessment of victim, interviews of persons present at the scene, evidence observed at the scene) the officer shall take the following action, provided they have access to a naloxone kit and EMS and/or advanced medical personnel are not present at the scene:

1. Assemble the narcan delivery device with one vial of narcan, and spray one-half of the contents of the vial into each nostril of the victim (1mg per nostril).
 - o Instructions for assembling the narcan delivery device and administering narcan are contained in *Enclosure (1)*.
 - o **Narcan shall not be administered to a conscious victim.**
2. Immediately after administering narcan, if the victim is not breathing, immediately initiate mouth to mask ventilations. If the victim starts to breathe, move the victim into the recovery position.

- *If it is suspected the victim has a head, neck, or spinal injury, they should not be moved into the recovery position unless they begin vomiting or their airway becomes obstructed. In such instances, the victim shall be moved into the recovery position while keeping their head, neck, and back stabilized in a straight line.*
3. If there is no reaction from the victim within five minutes of administering the first dose of Narcan, administer a second dose by assembling the Narcan delivery device with the second Narcan vial and spraying one-half of the contents of the vial into each nostril of the victim.
 4. Continue to monitor the victim's condition until EMS and/or advanced medical personnel arrive. Continue to render first aid, rescue breathing, CPR, etc., as necessary.
 - *EMS and/or advanced medical personnel shall be summoned to the scene whenever an officer administers Narcan to any person. In no instance shall a request for EMS and/or advanced medical personnel be cancelled after an officer administers Narcan.*
 5. Upon the arrival of EMS and/or advanced medical personnel, ensure they are advised that the victim was given Narcan and the number of doses administered.
 - *All persons who are administered a dosage(s) of Narcan by an officer(s) should be transported to a hospital by EMS personnel; however, the final decision to transport the victim to a hospital shall rest with EMS personnel and/or a physician.*
 6. Conduct an investigation of the incident (e.g., interview witnesses, collect evidence, document findings in appropriate report[s]).

When administered, Narcan may initiate immediate withdrawal symptoms such as confusion, vomiting, diarrhea, fever, and/or other symptoms of illness. Officers shall be cognizant that a victim who has been revived by Narcan may also become agitated and/or combative. Therefore, officers shall endeavor to respond to known or suspected opioid overdose incidents with another law enforcement officer(s), and shall request assistance if they are the first to arrive on the scene of a known or suspected opioid overdose incident. However, an officer who has access to a Narcan kit shall not delay administering naloxone to the victim, if warranted, pending the availability or arrival of another law enforcement officer(s). Officers shall take appropriate action to protect themselves and others in accordance with their training, state/federal law, and applicable Department policies and procedures if a victim becomes combative after being administered Narcan.

Enclosure (1) contains additional information concerning the use and administration of naloxone by law enforcement personnel.

9.0 Police Department – AED and/or Narcan Event Report

- A. During the course of any emergency including those medical emergencies requiring the use of an AED, Narcan or both; communication room personnel shall annotate all times of radio transmissions on the CAD.
- B. At the conclusion of the incident the responding officer shall prepare a police report detailing the medical emergency and actions taken.

- C. At the conclusion of the incident the responding officer shall prepare the attached AED Event Report and/or Narcan Event Report.
- D. At the conclusion of the incident, the responding officer shall ensure that the AED and/or Narcan is given to the shift supervisor for replacement. The shift supervisor will either return the AED to Environmental Health and Safety (EHS) personnel or if during the evening or night shift shall secure the AED in the supervisor's office or issue a new Narcan administration kit from supervisor storage.
- E. EHS personnel will download the emergency report from the AED.
- F. EHS personnel shall ensure that all AED documentation shall be forwarded to the AED Medical Director.
- G. The Chief of Police shall appoint a designee to ensure that all Narcan documentation be forwarded to the Narcan Medical Director.

ENCLOSURE (1)

**Naloxone Intranasal Spray:
Device Assembly and Delivery Instructions**

In order to administer naloxone via a nasal spray, a law enforcement agency will need the following or similar medication and devices:

- *Luer-Jet™ Luer-Lock Prefilled Vial (2 mg/2 mL of naloxone) and Needleless Syringe:*



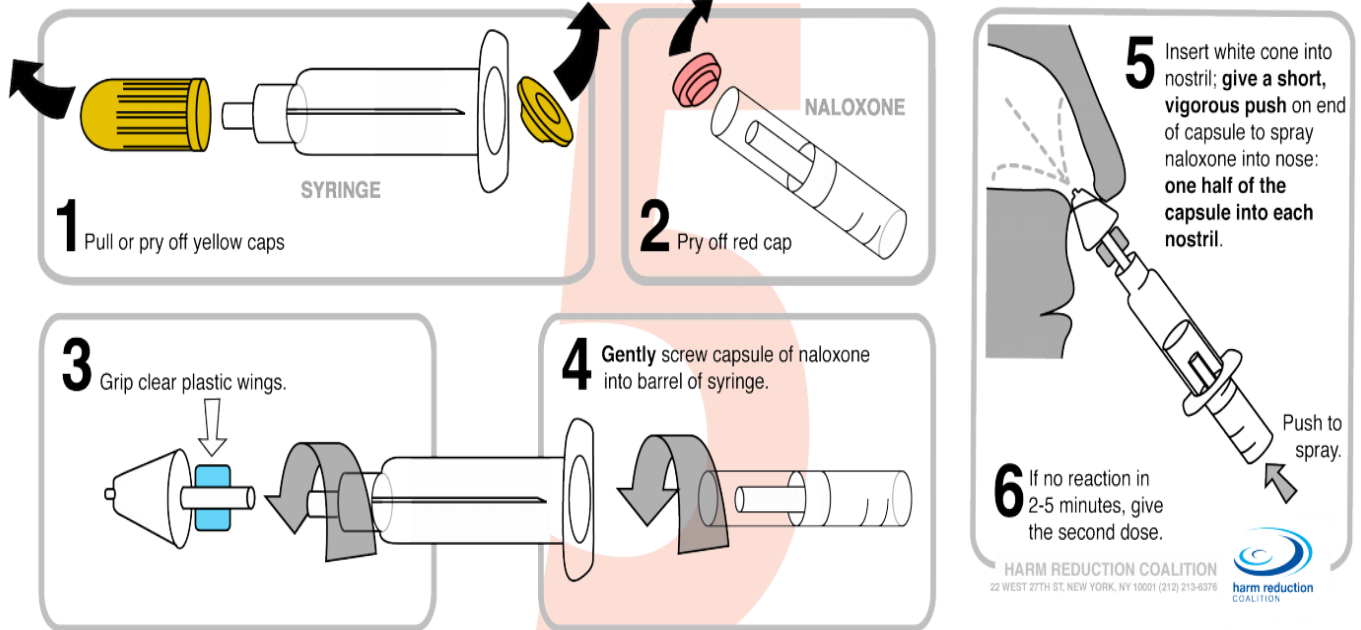
- *MAD300*



The following provides an overview of how to assemble the naloxone nasal spray delivery system (may vary slightly depending on manufacturer and/or device):

Information

How to Give Nasal Spray Naloxone



Information and Illustrations taken from the Ohio State Board of Pharmacy Guidance Document, dated July 23, 2014.