



**SPRINGFIELD TOWNSHIP POLICE DEPARTMENT**  
Wyndmoor, Pennsylvania

**Policy 5-14**

**Policy Title:** Naloxone

**Date of Issue:** December 1, 2022

**Rescinds:** None

**By Authority of:**

**Chief of Police**

**I. Purpose**

The purpose of this policy is to provide protocols within the department for obtaining, storage, and recordkeeping of Naloxone, and to inform officers of the circumstances under which the use of Naloxone is appropriate.

**II. Policy**

All sworn officers of the Springfield Township Police Department shall comply with the provisions of this policy relating to acquiring, transporting, storage, and use of Naloxone in the performance of their official duties.

**III. Definitions**

- A. Naloxone – An intranasal prescription medication that can be used to reverse the effects of an opioid overdose.
- B. Opioids – Opioid drugs include, but are not limited to heroin, morphine oxycodone, methadone, hydrocodone, and codeine.

**IV. Procedures**

- A. Each officer shall complete the online training provided by the Pennsylvania Department of Health: Opioid-Associated Overdose Prevention, Recognition, and Response Training.
  - 1. The Training Manager is responsible to ensure that new officers complete the training.
- B. Each officer shall provide a copy of the certificate of the online training to the Training Manager.

- C. If an AED is available, each patrol officer shall have an AED with them while on-duty. Two 4mg doses of Naloxone and an Intranasal Mucosal Atomization Device will be maintained in each department AED bag.
- D. Naloxone is temperature-sensitive and cannot withstand extreme temperatures. For that reason, the AED, which contains the Naloxone, shall be brought inside at the end of the officer's shift, even if the officer believes that the vehicle will be used by the next shift.
- E. It is the responsibility of each officer carrying Naloxone in their vehicle to inspect the boxes to ensure that the Naloxone is intact, undamaged, and not expired. Issues with the Naloxone shall be reported to the supervisor.
- F. When an officer believes that an individual is suffering from an opioid drug overdose:
  - 1. Immediately request the response of Emergency Medical Services (EMS).
  - 2. Provide CPR, AED, or other emergency treatment as needed.
  - 3. If indicated by the officer's training, administer Naloxone in accordance with that training.
  - 4. Advise Montgomery County Emergency Dispatch Services (MCEDS) and later, EMS personnel that Naloxone was administered along with any information pertinent to the care of the individual.
  - 5. Complete the Montgomery County Overdose Reporting Form (Attachment A) and submit it to the Department of Public Safety, within 24 hours of the incident.
- G. The incident shall be documented in a department report in accordance with policies.

**V. Maintenance and Replacement of Naloxone**

- A. The Chief of Police, or his designee, is responsible for the maintenance and replacement of Naloxone assigned to the department.
  - 1. Supplies of Naloxone shall be stored in a secure location at room temperature.
  - 2. A written inventory shall be maintained documenting the quantities, distribution, and expiration of Naloxone and associated supplies.

**ATTACHMENT A**



**Overdose Reporting Form - Montgomery County**

Submit within **24 hours** to [DPSIntel@montcopa.org](mailto:DPSIntel@montcopa.org) (fax only if no email to 610-631-6536)

**PCCD  
GRANT**  
Version 2020.1

**INCIDENT INFORMATION**

REPORTING AGENCY:	CAD INCIDENT NUMBERS:   P   E   F	DATE:	TIME: (24HR)
INCIDENT STREET ADDRESS:	Incident City:	State:	Incident Zip Code:

**VICTIM INFORMATION**

VICTIM FIRST NAME:	VICTIM LAST NAME:	AGE:	DATE OF BIRTH:
VICTIM RESIDENCE - Street Address:	City:	State:	Zip Code:
RACE/ETHNICITY: <input type="radio"/> White <input checked="" type="radio"/> Black <input type="radio"/> Hispanic <input type="radio"/> Asian/Indian <input type="radio"/> Native American <input type="radio"/> Pacific Islander <input type="radio"/> Other: _____		Drug History? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	VETERAN? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
GENDER <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown			

**SUSPECTED SUBSTANCE (Check all that apply) - Complete for all incidents**

<input type="checkbox"/> Heroin/Fentanyl	<input type="checkbox"/> Methamphetamine	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Unknown
<input type="checkbox"/> Prescription Opiates	<input type="checkbox"/> Methadone/Suboxone	<input type="checkbox"/> Benzos/Barbiturates	<input type="checkbox"/> Other: _____	

**EVIDENCE OBSERVED ON SCENE - Complete for all incidents**

<input type="checkbox"/> Drugs	<input type="checkbox"/> Wax Baggie	<input type="checkbox"/> Plastic Bag	<input type="checkbox"/> Ampule	<input type="checkbox"/> Syringe	<input type="checkbox"/> Paraphernalia
Stamp (Text/Color): _____			Description of Image: _____		
Stamp (Text/Color): _____			Description of Image: _____		
<input type="checkbox"/> Opiate Pills	Pill Type: _____	Dr.'s Name: _____			

**NALOXONE ADMINISTRATION - Complete this section only if Narcan is administered by anyone**

TOTAL DOSES GIVEN: 0	DOSE PER ADMINISTRATION: <input type="radio"/> 0.4 mg <input type="radio"/> 2 mg <input checked="" type="radio"/> 4 mg <input type="radio"/> Unknown	ADMINISTERED BY: <input checked="" type="radio"/> Nasal Spray <input type="radio"/> IM <input type="radio"/> IV	OVERDOSE REVERSED? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
WHO WAS NALOXONE GIVEN BY? (Check all that apply.) <input type="checkbox"/> EMS <input type="checkbox"/> LE <input type="checkbox"/> Bystander <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> Other: _____		DID VICTIM SURVIVE? <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
HOW LONG DID IT TAKE FOR NALOXONE TO WORK? (The total time from when the first dose was administered until the overdose was reversed.) <input type="radio"/> 1 Min or Less <input type="radio"/> 1 - 3 Mins <input type="radio"/> 3-5 Mins <input type="radio"/> 5 - 7 Mins <input type="radio"/> 7 - 9 Mins <input type="radio"/> 10 Mins or More <input checked="" type="radio"/> Unknown <input type="radio"/> Did Not Work			
VICTIM'S RESPONSE TO NALOXONE: <input type="radio"/> Unresponsive but Breathing Adequately <input type="radio"/> Responsive and Angry <input type="radio"/> Unknown <input type="radio"/> Responsive but Sedated <input checked="" type="radio"/> Responsive and Alert <input type="radio"/> Combative <input type="radio"/> No Response to Naloxone			
POST NALOXONE SYMPTOMS: <input checked="" type="radio"/> None <input type="checkbox"/> Vomiting <input type="checkbox"/> Seizure <input type="checkbox"/> Respiratory Distress <input type="checkbox"/> Dope Sick <input type="checkbox"/> Other: _____			
VICTIM'S DISPOSITION: <input checked="" type="radio"/> Transport to Hospital, Einstein Medical Center Montgomery UNIT: _____ <input type="radio"/> Refused Transport <input type="radio"/> Arrested <input type="radio"/> Released Free <input type="radio"/> Referred to Coroner <input type="radio"/> Other: _____		CHARGES FILED? <input type="radio"/> Yes <input type="radio"/> Unknown <input type="radio"/> No <input checked="" type="radio"/> Other: _____	

**COMMENTS / ADDITIONAL INFORMATION**

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NALOXONE DEVICE MANUFACTURER:	NALOXONE LOT NUMBER:	EXPIRATION DATE:
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YOUR NAME:	DATE:	CONTACT NUMBER OR EMAIL:
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FOR OFFICIAL USE ONLY UID: <input type="radio"/> New <input type="radio"/> Known DBID: _____	<b>SUBMIT FORM</b>
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*For Peer Review Only. Not part of the medical record. Confidential pursuant to Peer Review Protection Act, 64 P.S. 425.1 ET SEQ. Health Care Quality Improvement Act.*

