



Norwich Police Department
Standard Operating Procedure

Subject:	Lifesaving tools: AED / CAT/ NARCAN	
Distribution:	All Officers & H.Q.	
Approved / By order of:	Jennifer Frank, Chief of Police	
I. PURPOSE:	<p>This policy document is intended to provide officers with uniform guidelines to follow when responding to potential sudden death or significant blood loss incidents, and in intervening with the deployment or use of an automated external defibrillator (AED), Combat Application Tourniquet (CAT), or Naloxone (NARCAN).</p> <p>Whereas: police officers are already mobile, they are able to respond quickly to cardiac and overdose events, often in advance of emergency medical personnel. Equipping and training officers in the use of AED, CAT, and NARCAN, increases the potential to save lives. A definitive standard operating procedure to cover all eventualities cannot be created. This SOP is intended to serve as a guide to Norwich Police Department personnel so that they have an understanding of their respective responsibilities, and to establish uniform procedures for the use and deployment of an Automated External Defibrillator (AED), Combat Application Tourniquet (CAT), and Naloxone (NARCAN).</p> <p>This Standard Operating Procedure becomes effective July 1, 2020, and rescinds all previous rules and regulations pertaining to the subject.</p>	
II. POLICY:	A. <u>AED</u> : The Norwich Police Department will provide lay responder service for cardiac emergencies prior to the	

	<p>arrival of Advanced Life Support (ALS) providers. This service will be provided through the use of Automated External Defibrillator (AED) device. The Officers' use of the AED will not supersede the care provided by recognized Advanced Life Support (ALS) providers. The AED will allow the Officer to deliver early defibrillation to those individuals requiring such care.</p> <p>B. <u>CAT</u>: This SOP identifies guidelines and procedures for immediate control of life-threatening hemorrhaging with an appropriate tourniquet in an effort to prevent loss of life.</p> <p>C. <u>NARCAN</u>: The use of Narcan/Naloxone is appropriate when an individual displays symptoms of an opioid overdose. A properly trained sworn member of the Norwich Police Department may administer Narcan whenever he or she reasonably believes that a subject is experiencing an opioid drug overdose.</p> <p>D. <u>Training</u>: All NPD officers will undergo an initial training course in the proper use / deployment / administration of AED's, tourniquets, and naloxone. Norwich Police Officers will participate in annual recertification / refamiliarization trainings around the use of these life-saving tools. Only properly trained and certified officers will utilize the AED, CAT, or NARCAN while on duty. Non-sworn NPD employees may volunteer to receive AED, CAT, CPR, and or NARCAN training. Once properly trained, they may utilize the aforementioned tools per the listed protocol.</p> <p>E. <u>NOTE</u>: This order is for internal use only, and does not enlarge an officer's civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third-party claims. Violations of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.</p>
<p>III. DEFINITIONS:</p>	<p>A. <u>Advanced Life Support</u>: Emergency medical personnel possessing the skills, knowledge and equipment that enables them to provide medical care.</p> <p>B. <u>Automated External Defibrillator (AED)</u>: An automated computerized medical device programmed to analyze and interpret the heart rhythm of a person in cardiac arrest. The device will advise through voice instructions if an electrical shock is appropriate and will prompt the user to push the shock button to deliver an electrical shock through the chest wall to the heart.</p>

	<ul style="list-style-type: none"> C. <u>Cardiopulmonary Resuscitation (CPR)</u>: An emergency lifesaving procedure performed when the heart stops beating through the use of rescue breathing and or external cardiac compression applied to an individual in respiratory and/or sudden cardiac arrest. D. <u>Combat Application Tourniquet (CAT)</u>: A device utilized to stop the flow of blood through a vein or artery via compression. E. <u>Drug Intoxication</u>: Impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e.: euphoria, dysphoria, apathy, sedation, attention impairment. F. <u>Extremity</u>: A limb of the body. G. <u>Massive Hemorrhaging</u>: Large and heavy escape of blood from a ruptured vessel. H. <u>Naloxone (Narcan)</u>: An opioid antagonist used to counter the toxic effects of opioids by competing with the presence of opiates in the brain. I. <u>Opiate Overdose</u>: A life threatening effect of an opiate on the human body often depressing the respiratory and central nervous systems resulting in a decreased level of consciousness. An opiate overdose can be reversed if proper medical treatment is administered in a timely manner. J. <u>Opioid</u>: Synthetic or natural substances, prescribed and/or illicit, that cause sedation or pain relief effects, that include but are not limited to heroin, morphine, oxycodone, methadone, hydrocodone, and codeine, synthetic opioids such as fentanyl, and other prescription pain relievers. K. <u>Personal Protective Equipment (PPE)</u>: Specialized clothing or equipment worn for protection against an occupational exposure, designed to protect the wearer's body from injury or infection. L. <u>Recovery Position</u>: Lateral, left or right-side position. M. <u>Sudden Cardiac Arrest (SCA)</u>: A significant life-threatening event which occurs when a person's heart stops or fails to produce a pulse due to ventricular fibrillation or ventricular tachycardia. N. <u>Tourniquet</u>: A constricting or compressing device used to control massive hemorrhaging to an extremity for a period of time by compressing the wounded extremity when the patient is in a life-threatening state as a result of or pending blood loss.
IV. PROCEDURES:	I. <u>Automated External Defibrillator (AED)</u>

	<p>A. <u>Event Response Protocol</u></p> <ol style="list-style-type: none"> 1. The marked patrol unit utilized during a shift will be equipped with an AED unless extenuating circumstances dictate otherwise, there are an insufficient number of AED's available to equip all the patrol units assigned to a particular shift, or the operating officer is not trained in the proper operation and use of an AED. The AED unit will be transported in a secured manner, in the carrying case to prevent damage to the unit. 2. Dispatch will dispatch a police unit that is AED equipped to all reports of an unconscious person on the pretext that the incident could involve sudden cardiac arrest requiring AED intervention. 3. NPD officers will respond with an AED to all calls for service involving an unconscious person, within the Norwich Police Department jurisdiction as dispatched, absent extenuating circumstances. 4. Officers who come upon an unconscious, pulseless person with no respiration detectable will consider the incident to be a "possible AED event" and will initiate AED use as their training dictates. NPD officers will conduct an initial patient assessment and ensure that Advanced Life Support is enroute. 5. If Emergency Medical Service (EMS) personnel arrive BEFORE the defibrillation protocol is complete, the officer will continue the protocol as directed by the AED until EMS personnel acknowledge that they are assuming responsibility for further treatment of the patient. The actual transfer of treatment should be coordinated occurring at a mutually convenient time when both the officer and the EMS personnel are prepared to make the transfer. 6. AED units will be checked out at the start of duty and returned to the department at the conclusion of each shift. AEDs will remain in the station when not in use, and/or, when AED would be exposed to cold temperatures for long periods. <p>B. <u>Do Not Resuscitate Orders (DNR):</u></p> <ol style="list-style-type: none"> 1. Absent clear and convincing proof that a "Do Not Resuscitate Order" exists for a patient, officers will initiate AED intervention.
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	<p>2. "Clear and convincing proof " will be considered a signed order presented to the officer that the officer knows is that of the patient, or the verbal verification of the existence of an order provided by an individual that the officer knows is a physician.</p> <p>C. <u>Reporting:</u></p> <ol style="list-style-type: none">1. If an AED is attached to a patient, even if no shock is delivered, an AED Event Summary will be completed before the end of the officer's shift, and submitted to the NPD Chief of Police. An NPD supervisor will be notified as soon as practicably possible of any and all AED use.2. The summary may serve as the incident narrative for the call and can be used to make the appropriate VIBRS Entry.3. The responding officer will make certain that a digital image of the AED event summary is uploaded with the case file, and or a paper copy is maintained in the paper file for reference purposes.4. If an officer responds to a "possible AED event" and an AED is not attached, an incident report or note will be submitted indicating that the device was not used. Officers will advise Dispatch whether the AED was used when they clear from a "possible AED event" call, and an NPD supervisor will be notified as soon as practicably possible. <p>D. <u>Use and Maintenance:</u></p> <ol style="list-style-type: none">1. At the beginning of the duty shift, the officer shall check the AED status indicator and secure it in the police cruiser. A check mark (in LED window) indicates the unit is working properly and voice prompts will follow. A flashing "X" status indicator indicates there is a malfunction and a voice prompt indicating that service is required will be heard.2. If an AED is signaling a malfunction or is damaged, it will be taken out of service and notification will be made to the Sergeant, and Chief of Police before the officer completes their duty shift. The Norwich Fire Department will be notified of the reason for removal from service, and is responsible for making the necessary repairs, and for replacing used or expired pads and batteries.
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3. AED's will always be maintained with one set of electrodes, two pair of latex gloves, and a CPR mask/shield in a case. The officer who has used an AED is responsible for re-equipping the unit with these accessories prior to returning it to service.

II. Combat Application Tourniquet (CAT)

- A. Only sworn Norwich Police Department trained in the use and application of the tourniquet may apply it to themselves or citizens in incidents of severe trauma where complete occlusion of blood flow is necessary.
- B. Prior to rendering tourniquet aid, officers will assess the safety of themselves and others and ensure the scene is safe.
- C. Officers will practice body substance isolation and use a barrier device along with other appropriate Personal Protective Equipment (PPE) as able, when applying a tourniquet.
- D. Once deployed, tourniquets will be left in place until EMS or other advanced medically trained personnel determine the need for removal, or an NPD supervisor directs otherwise.
- E. Officers will make reasonable efforts to protect the integrity of any crime scene that may exist.
- F. If a commercially made tourniquet is not available, other improvised tourniquets or field dressings that cause sufficient pressure or absorption to stop bleeding are an acceptable alternative and should be as sterile as possible.
- G. Reporting: The deploying officer will document the time of application of the tourniquet and notify Dispatch and EMS personnel as soon as practical. All tourniquet deployments, whether successful or not, require notification to Dispatch, and an NPD supervisor. The NPD supervisor will be responsible for ensuring the replacement of used, and or damaged tourniquets.

III. Naloxone / NARCAN

- A. Naloxone may be deployed by Norwich Police Department officers, who have been trained in the proper deployment of such; when responding to an overdose or when an officer reasonably believes that a person is in an overdosed state, based on the following observations and or information:
 1. When advised by Dispatch, or of being advised of such upon arrival on scene.

	<ol style="list-style-type: none"> 2. When observing drugs, drug paraphernalia or any other drug instruments in/on or around the subject, or a documented history of drug use is present. 3. When the individual is observed to be unresponsive, there is an absence of breathing and or the individual has no pulse and other drug use indicators are present. 4. Symptoms of an opioid overdose include unconsciousness, lethargy, and confusion, as well as shallow or no breathing. Additional symptoms may also include a change in one's skin color, especially in the lips and fingernails. If left untreated, an opioid overdose may lead to death as these substances can inhibit a person's autonomic breathing reflex and suppress cardiac function. <p>B. Upon arrival on scene, the officer should:</p> <ol style="list-style-type: none"> 1. Assess the situation and the individual for responsiveness, pulse, and status of breathing. 2. Notify Dispatch that the subject is in a potential overdose state and request EMS. 3. Don proper Personal Protective Equipment (PPE). 4. Place the individual on their back and remove the nasal spray from its packaging. 5. Tilt the individuals head back, insert the tip of the nozzle into one nostril until the officer's fingers on either side of the nozzle are against the bottom of the individual's nose, and press the plunger firmly to deploy. 6. If the individual is not breathing or breathing is shallow, perform Cardiopulmonary Resuscitation (CPR) while waiting for the Narcan to take effect or EMS arrives. 7. Place the individual into the recovery position and render first aid until relieved. 8. Individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal, rapid heart rate, nausea, seizures, and difficulty breathing. 9. No more than two naloxone deployments will be administered by Norwich Police Department officers on one individual at any given response incident. 10. All naloxone deployments, whether successful or not require notification to Dispatch, an NPD supervisor,
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	<p>and necessitate the completion of the Vermont Department of Health Naloxone Law Enforcement Overdose Form. The NPD supervisor will be responsible for ensuring the replacement of used, and or damaged naloxone deployment units.</p> <p>11. No officer will carry or administer naloxone without having successfully completed naloxone deployment training.</p>

**Vermont Law Enforcement
Naloxone Deployment Reporting Form**

Department Information

Date form completed: m m / d d / y y y y	Officer's Name: _____	Police Department: _____
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The Overdose

Date of overdose: m m / d d / y y y y	Gender of the person who overdosed? <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown	Estimated age of person who overdosed? [] [] <input type="checkbox"/> Unknown
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Cause of Overdose

Overdosed on what drugs?(check all that apply)	<input type="checkbox"/> Heroin	<input type="checkbox"/> Benzos/Barbituates	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Methadone
	<input type="checkbox"/> Suboxone	<input type="checkbox"/> Any other Opioid	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Fentanyl
	<input type="checkbox"/> Clonidine	<input type="checkbox"/> Metamphetamine	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Don't know

Please describe the drug packaging:

Law Enforcement Naloxone Deployment

Was it 1-piece or 2-piece nasal spray? <input type="checkbox"/> 1  <input type="checkbox"/> 2 (prefilled syringe & atomizer attachment)  <input type="checkbox"/> Don't know	Number of doses used:
Did the naloxone work? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(if naloxone was not given or did not work, please explain in comments.)</i>	If yes, how much total time did it take since 1st dose was given? <input type="checkbox"/> < 1 min <input type="checkbox"/> 1-3 min <input type="checkbox"/> 3-5 min <input type="checkbox"/> >5 min <input type="checkbox"/> Don't know/Don't remember

Scene Description

County in which overdose occurred?	What setting did it occur in? <input type="checkbox"/> Private(apl/house) <input type="checkbox"/> Public (park, subway, bathroom, car, hospital)
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Outcome

Did the person live? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know	Was the person recently incarcerated? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Don't know
What else was done? (check all that apply) <input type="checkbox"/> Slap <input type="checkbox"/> Salt/Cocaine shot <input type="checkbox"/> Ice/Water <input type="checkbox"/> Recovery Position <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sternal/Lip Rub <input type="checkbox"/> Rescue Breathing → If yes, was a barrier used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
Any post-naloxone withdrawal symptoms? (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Irritable or Angry <input type="checkbox"/> Physically Combative <input type="checkbox"/> Vomiting <input type="checkbox"/> Dope Sick (e.g. nauseated, muscle aches, runny nose, and/or watery eyes) <input type="checkbox"/> Other: _____	

Notes/Comments

Enter information on VDH Naloxone Overdose & Disbursement Survey

AED Event Summary (State Form): Norwich Police

LOCATION: _____

INCIDENT #: _____

DATE OF EVENT: _____

TIME DISPATCHED: _____

TIME ARRIVED: _____

PATIENT'S NAME: _____

SEX: _____

AGE: _____

PATIENT'S ADDRESS: _____

CITY & STATE: _____

AED ROLE: _____

HOSPITAL CONVEYED TO: _____

PATIENT'S CONDITION AT TIME SUMMARY COMPLETED: (IF KNOWN)

COMMENTS: _____

SUPERVISOR APPROVING: _____

OFFICER SUBMITTING SUMMARY _____

Instructions for Completing This AED Event Summary

1. This summary is to be completed each time an AED is attached to a patient whether or not a shock is delivered.
2. This summary is to be completed within 24 hours of the event and submitted to the Office of the Chief.
3. Explanation of information blocks:

LOCATION OF INCIDENT - This is the actual location the patient is found AND the AED is attached.

INCIDENT # - This is the _____ Police incident number assigned to this AED event.

DATE OF EVENT - This is the actual date of the AED event.

TIME DISPATCHED - This is the actual time of officer dispatch to the AED event according to CAD.

TIME ARRIVED - This is the actual time of your arrival at the AED event location according to the CAD. If you neglected to advise LCWC of your arrival, so note in this block.

PATIENT'S NAME - This is the full name of the patient to whom the AED was attached.

SEX - This is the sex of the patient.

AGE - This is the age of the patient.

PATIENT'S ADDRESS - This is the address of the patient.

AED ROLE - How was the AED Used? Was a shock delivered, or did the AED merely monitor the patient's condition?

HOSPITAL CONVEYED TO - This is the hospital that the patient is subsequently conveyed to after the AED protocol is complete.

PATIENT'S CONDITION - This is the condition of the patient at the time you complete this summary if that information is available and needs to be nothing more than whether the patient is alive or deceased.

COMMENTS- Any information that you feel should be passed on regarding this event, i.e. unusual circumstances, your personal thoughts, opinions, or recommendations. This information should be supplied with the intent of providing researchers with information you feel will allow them to better understand this particular event, and/or that will enhance the effectiveness of future AED