



Policy Name:	OVERDOSE POLICY		
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RELATED POLICIES

AD 5.8.3 Occupational Health and Safety – Workplace Injuries

OP 4.18 Controlled Drugs and Substances Investigations

OP 5.1 Seized Property

1. PURPOSE

- 1.1. To provide Surrey Police Service (SPS) Members direction when attending service calls concerning a person suffering from a drug overdose.
- 1.2. To ensure that the public is not reluctant to call for emergency medical assistance due to concern that police attendance will result in prosecution against a person suffering from a drug overdose.
- 1.3. To provide Employees direction in the use of Naloxone.
- 1.4. To reduce injuries and overdose fatalities to the public as well as to Members due to opioid related inadvertent exposure.

2. SCOPE

- 2.1. This policy applies to all SPS Employees, both Members and civilian staff.

3. POLICY

- 3.1. The primary purpose for police attendance at a non-fatal drug overdose call is to assist with life saving measures and to assist with public safety.
- 3.2. Members will not normally attend calls for a routine drug overdose unless British Columbia Ambulance Service (BCAS) has requested the assistance of police.

- 3.3. In the case of a fatal drug overdose, the assigned Member will fully investigate the incident as a sudden or suspicious death.
- 3.4. Members who have successfully completed the Naloxone Intranasal Spray Training are authorized to carry and use Naloxone in accordance with their training to treat:
- i. other Members who may inadvertently have come into contact with opioids such as fentanyl and are apparently suffering from an overdose; and
 - ii. in emergent situations, any member of the public suffering from an opioid overdose.
- 3.5. In emergent situations, and if safe to do so, Members authorized to carry and use Naloxone must administer Naloxone to a member of the public (including other first responders) if an opioid overdose is suspected, and the attendance of BCAS and or Surrey Fire Service is not imminent.
- 3.6. When known or suspected opioids are seized and processed, Members must take necessary precautions to prevent exposure with appropriate personal protective equipment (see OP 4.18 *Controlled Drugs and Substances Investigations*; OP 5.1 *Seized Property*).

4. PROCEDURE

Non-Fatal Drug Overdose

- 4.1. Members will not normally attend calls for a routine drug overdose unless BCAS has advised that "Assistance is Requested" for the reasons below:
- i. death of a person from an overdose has occurred or is likely;
 - ii. BCAS personnel request police attendance to assist with public safety; or
 - iii. BCAS personnel request police attendance because there is something suspicious about the incident.
- 4.2. Members attending an incident of a drug overdose or come across a person suffering from a drug overdose will not initiate a criminal drug possession investigation unless there are extenuating circumstances (e.g., the person suffering from a drug overdose is a Young Person or Child, the incident relates to an ongoing criminal investigation, etc.).

Fatal Drug Overdose

- 4.3. In the case of a drug overdose death, the assigned Member will fully investigate the incident as a sudden or suspicious death (see OP 4.46 *Sudden Death Investigations*).
- 4.4. The assigned Member at a drug overdose death will:
- i. notify their Supervisor; and

- ii. complete a General Occurrence (GO) report, ensuring a copy of the GO is routed to the Staff Sergeant, Priority Trafficking Unit for follow up consideration (see OP 4.18 *Controlled Drugs and Substances Investigations*).

Proper Handling, Seizing and Processing of Opioids

- 4.5. In situations where known or suspected opioids are seized and/or processed, Members must take necessary precautions with appropriate personal protective equipment, including the use of gloves, eye protection, a mask and long-sleeved shirt. Caution should be used where there is a risk of exposure to Fentanyl, Carfentanil (a.k.a Carfentanyl), and other high potency drugs and substances (see OP 4.18 *Controlled Drugs and Substances Investigations*; OP 5.1 *Seized Property*).
- 4.6. When Members are seizing and processing known or suspected opioids, two (2) Members must be present, one with ready access to Naloxone.
- 4.7. Members should avoid touching their own eyes, nose and mouth if exposed to a potential opioid, and avoid smelling unknown substances that may contain an opioid.
- 4.8. Members must consult their Supervisor if unsure on appropriate personal protective equipment to use and safe handling of a substance or drug.

Administering Naloxone

- 4.9. All Members who are authorized to use issued Naloxone in accordance with their training may carry and administer the spray while on duty.
- 4.10. When administering Naloxone, Members must take necessary precautions with appropriate personal protective equipment, unless the situation is emergent and such equipment is not readily accessible.
- 4.11. When a Member administers Naloxone, BCAS or Surrey Fire must be contacted to attend to the person, unless the person is already in the care of Medical Personnel. The Member must remain with the person until relieved by BCAS or Surrey Fire, unless emergent duties prevent the Member from remaining with the person, or the person is already in the care of Medical Personnel.
- 4.12. If BCAS or Surrey Fire arrival is imminent, Members may wait the arrival of BCAS or Surrey Fire to attend and administer Naloxone. In the meantime, and if safe to do so, life-saving action (e.g., CPR) must be administered in accordance with the Member's training.
- 4.13. If the arrival of BCAS or Surrey Fire is not imminent, authorized Members must administer Naloxone and remain with the person until BCAS or Surrey Fire arrives on scene, unless emergent duties prevent the Member from remaining with the person, or the person is already in the care of Medical Personnel.

4.14. In emergency situations, and in the absence of a Member authorized to administer Naloxone, any Employee may administer Naloxone spray when there is reason to suspect a person will suffer serious harm or death as a result of a known or suspected use of opioids or exposure to opioids.

4.15. The *Good Samaritan Act* ensures that Employees will not be liable for damages if a person dies or is injured from an Employee providing emergency medical care (e.g., administering Naloxone) in attempting to save a person's life unless those Employees are grossly negligent.

4.16. When an Employee administers Naloxone, the Employee must:

- i. immediately radio E-COMM (or call 9-1-1 if not in radio communication) to request BCAS or Surrey Fire attendance;
- ii. notify a Supervisor to attend; and
- iii. don protective person equipment, if readily available, and continue to provide life saving first aid (e.g., CPR), if trained.

Contraindications

4.17. Naloxone should not be administered to a person who is known to have an allergy to Naloxone. However, a Member must consider its use in exigent circumstances in which death is likely to occur.

Women and Children

4.18. Administering Naloxone is safe for pregnant women and children.

Monitoring Required

4.19. Members must continue to observe and treat the person as the situation requires:

- i. if the subject does not respond by waking up to voice or touch, or is not breathing normally, a repeat Naloxone dose may be needed (follow training);
- ii. monitor breathing and pulse, and if breathing increases and there is no sign of trauma, place the subject in the recovery position (if at any time pulse is lost, initiate CPR and AED use if available); and
- iii. inform attending BCAS or Surrey Fire personnel about all treatment administered and condition of the person.

Post Deployment Actions

4.20. Following the administration of Naloxone, Members must:

- i. report deployment of Naloxone to a Supervisor as soon as is practicable after the safety of those involved is addressed;
- ii. treat the used Naloxone equipment as bio-hazardous material and retain as an exhibit for medical practitioner, if required. Disposable gloves may be disposed of in sharps container; and

- iii. document actions taken (including Kit number used) and complete the Post Naloxone Administration Report, the General Occurrence (GO) report on PRIME (and associated PRIME template for Naloxone spray), and any additional reports requested by the Supervisor.

Reporting

4.21. Members who have administered Naloxone spray to a person must complete a GO report with the following details:

- i. type of opioid (illegal or prescribed, if known);
- ii. symptoms of opioid overdose;
- iii. number of Naloxone doses administered and time in-between doses;
- iv. first aid rendered, treatment after Naloxone administered;
- v. transfer to care of BCAS;
- vi. disposal of the Naloxone Kit; and
- vii. apply the UCR coding for Naloxone in the GO report.

Notification

4.22. If Naloxone spray was administered to a Member:

- i. the Member and their Supervisor must complete an Incident Investigation WorkSafe BC form (Form AD-58201) (see AD 5.8.3 *Occupational Health and Safety – Workplace Injuries*);
- ii. the Member's Supervisor must notify the Duty Officer as soon as practicable; and
- iii. the Duty Officer must notify the Officer in Charge, Employee Services Section of the incident.

4.23. If Naloxone spray is administered to any person other than a Member, the PRIME template for spray administration must be completed, and appropriate UCR coding for Naloxone spray must be applied to the file.

4.24. If the subject of Naloxone administered by a Member dies, the Duty Officer must be notified immediately.

4.25. The Duty Officer is not required to notify the Independent Investigations Office of B.C. (IIO) of an incident involving serious harm or death where a Member provided immediate medical care such as the administration of CPR, Naloxone or other life-saving measures, except in the following circumstances:

- i. where there has been any use of force by a Member prior to or after the administration of CPR, Naloxone or other lifesaving measures; or
- ii. where a person dies or suffers serious harm while detained or in the custody of police.

APPENDIX A: DEFINITIONS

“Duty Officer” means the Frontline Policing Inspector on duty.

“Employee” means a sworn Member or Civilian Employee appointed by the Surrey Police Board.

“Fentanyl” means an odourless and tasteless synthetic opioid that is highly toxic and potentially lethal in small doses. Fentanyl is up to 50-100 times more potent than morphine and is sometimes combined with other narcotics such as cocaine and heroin.

“Medical Personnel” means a physician, registered nurse, and licensed practical nurse.

“Member” means a sworn Police Officer appointed by the Surrey Police Board.

“Naloxone” means Naloxone Hydrochloride, or known as Naloxone (Narcan®), an antidote to a suspected opioid overdose. Naloxone temporarily blocks or reverse the effects of opioid drug and is commonly administered nasally restoring normal breathing and consciousness. For the purpose of this policy, Naloxone Intranasal Spray is referred to as “Naloxone”.

“Opiate/Opioid” mean the entire family of drugs derived from opium (i.e., opiates) including natural, synthetic and semi-synthetic versions of the drug (ex. Morphine, codeine, opium, heroin, and fentanyl).

“Overdose” means a person is overwhelmed by a toxic amount of drug or combination of drugs which cause the body to be unable to maintain or monitor functions, such as breathing, heart rate, and regulating body temperature, necessary for life.

“PRIME” means the Police Records Information Management Environment, the provincial police records management system.

“SPS” means Surrey Police Service.

“Supervisor” means a Team Leader, Manager, Sergeant, Staff Sergeant, Inspector, Superintendent, Deputy Chief Constable, Chief Constable, and any other person acting in a Supervisory capacity who is accountable for a particular area or shift on behalf of SPS.

APPENDIX B: REFERENCES

Good Samaritan Act, R.S.B.C. 1996, c. 172

Independent Investigations Office of British Columbia, policy no. 5015, “Medical Incident Notification”, December 2, 2016

Minister of Health Canada – Interim Order Respecting Naloxone Hydrochloride Nasal Spray, July 6, 2016

Ministry of Public Safety and Solicitor General correspondence and draft model policy on Naloxone use by police, October 17, 2016; BC Emergency Health Services October 25, 2016 directive on Ministerial Order No. M397, October 20, 2016 on amended regulations to administer Naloxone

<http://towardtheheart.com/Naloxone/>

<https://knowyoursource.ca/what-is-fentanyl/>

<http://www.bcpharmacists.org/Naloxone>

<http://www.narcan.com/>

Police Act, R.S.B.C. 1996, c. 367