



**OFFICE OF THE DIRECTOR OF POLICE
THE UNIVERSITY OF TEXAS SYSTEM
POLICY AND PROCEDURE MANUAL**



Subject			Policy Number
Naloxone and Epinephrine Program			847
Effective Date	Revision Date	Reevaluation Date	Number of Pages
April 10, 2020	October 5, 2023	Annually	7
Reference Standards			
TEXAS: Health and Safety Code; Texas Overdose and Naloxone Initiative (TONI): Opioid Overdose Prevention & Education Trainer's Manual, Occupation Code Subchapter O. Emergency Administration of Epinephrine. UT System Police Policy: Training Bulletin 017; 018 UT System Police- Office of the Director of Police: Dr. Alex Eastman, Medical Director CALEA: N/A IACLEA: N/A			

I. PURPOSE:

The purpose of this policy is to establish guidelines and procedures governing the utilization of Naloxone kits and epinephrine auto-injectors administered by personnel of the University of Texas System Police and to merge the guidance for both tools into a single policy. The objective is to treat and reduce serious injury or fatality from an opioid/opiate overdose or anaphylaxis. This policy was created and is updated with the advice and guidance of Dr. Alex Eastman, Medical Director, UTSP. Opioid antagonists can be obtained through institution Police Department local procurement processes and are also available under the 2023 grant program "One Pill Kills" campaign via the Texas Department of Emergency Management (TDEM). Through TDEM, ODOP secured a mass distribution of naloxone nasal kits to provide directly to the first responders and staff of the UT System Police. These kits will allow UTSP officers to respond with potential life saving measures effectively and rapidly in order to protect the Students, Faculty, Staff and visitors to all UT System facilities within the State of Texas.

II. POLICY:

Peace Officers of the University of Texas System Police may provide emergency assistance to any person who appears or is believed to be suffering from an opioid-related overdose, opioid-related exposure, or anaphylaxis. Designated institution police department personnel will be trained in the use of the intranasal opioid antagonist and epinephrine auto-injectors through approved department training courses if this protocol is endorsed and operationalized by the institution Chief of Police. Non-sworn personnel may also administer an opioid antagonist in the above situations if they have received approved training.

III. SCOPE:

Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin, Percocet, and Percodan, and hydrocodone as found in Vicodin. Naloxone, commonly known by the brand name of NARCAN, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can, therefore, reverse an opiate/opioid overdose.

Anaphylaxis is a sudden, severe, and potentially life-threatening allergic reaction that occurs when a person is exposed to an allergen. Epinephrine auto-injectors are disposable medical drug delivery devices that contain a premeasured single dose of epinephrine intended for use to treat anaphylaxis.

Texas Health and Safety Code, §483.106: “Administration of Opioid Antagonist,” states:

1. A person who, acting in good faith and with reasonable care, administers or does not administer an opioid antagonist to another person whom the person believes is suffering an opioid-related drug overdose is not subject to criminal prosecution, sanction under any professional licensing statute, or civil liability, for an act or omission resulting from the administration of or failure to administer the opioid antagonist.
2. Emergency services personnel are authorized to administer an opioid antagonist to a person who appears to be suffering an opioid-related drug overdose, as clinically indicated.

Texas Occupation Code §1701.708. “Immunity from Liability,” states:

- (a) A person who in good faith takes, or fails to take, action relating to the prescription of an epinephrine auto-injector to a law enforcement agency or the administration of an epinephrine auto-injector by a peace officer is immune from civil or criminal liability or disciplinary action resulting from that action or failure to act, including:
 - (1) issuing an order for epinephrine auto-injectors;
 - (2) supervising or delegating the administration of an epinephrine auto-injector;
 - (3) possessing, maintaining, storing, or disposing of an epinephrine auto-injector;
 - (4) prescribing an epinephrine auto-injector;
 - (5) dispensing an epinephrine auto-injector;
 - (6) administering, or assisting in administering, an epinephrine auto-injector;
 - (7) providing, or assisting in providing, training, consultation, or advice in the development, adoption, or implementation of policies, guidelines, rules, or plans;
or
 - (8) undertaking any other act permitted or required under this subchapter.
- (b) the immunities and protections provided by this subchapter are in addition to other immunities or limitations of liability provided by law.
- (c) notwithstanding any other law, this subchapter does not create a civil, criminal, or administrative cause of action or liability or create a standard of care, obligation, or duty that provides a basis for a cause of action for an act or omission under this subchapter.
- (d) an act or omission described by this subchapter does not create a cause of action.

IV. DEFINITIONS:

- a) **Signs of Opioid Overdose.** (May include, one or more of the following):
1. Unresponsive, the absence of breathing, or no pulse;
 2. Bloodshot eyes;
 3. Pinpoint pupils, even in a darkened room/area;
 4. Lack of response to sternal rub;
 5. Depressed or slow respiratory rate;
 6. Difficulty breathing (labored breathing or shallow breaths);
 7. Bluish lips, skin, or nail beds;
 8. Low blood pressure;
 9. Lack of alertness or drowsiness; or
 10. Seizures.
- b) **Sudden Opioid Withdrawal Symptoms.** In someone who has been using opioids regularly, opioid withdrawal symptoms can happen suddenly after receiving naloxone nasal spray and may include the following:
1. Body aches;
 2. Diarrhea;
 3. Increased heart rate;
 4. Fever;
 5. A runny nose;
 6. Sneezing;
 7. Goosebumps;
 8. Sweating;
 9. Yawning;
 10. Nausea or vomiting;
 11. Nervousness;
 12. Restlessness or irritability;
 13. Shivering or trembling;
 14. Stomach cramping;
 15. Weakness; or
 16. Increased blood pressure.
- c) **Nasal naloxone kit.** Includes naloxone plunger and instructions.
- d) **Overdose Responder.** A member of the UT System Police who has successfully completed all training requirements.
- e) **Program Coordinator.** A member of a UT System institution police department designated by the institution Chief of Police.
- f) **Anaphylaxis.** Means a sudden, severe, and potentially life-threatening allergic reaction that occurs when a person is exposed to an allergen.

- g) **Epinephrine auto-injector.** Means a disposable medical drug delivery device that contains a premeasured single dose of epinephrine intended for use to treat anaphylaxis.
- h) **Physician.** A person who holds a license to practice medicine in this state.

V. PROCEDURES:

A. In the event of possible opioid exposure or overdose to an individual, responding personnel who have been trained in the use of naloxone may administer naloxone in accordance with his or her training. This decision may be based on, but not limited to the following:

1. When advised of the overdose by the telecommunication operator or from a person at the scene; or
2. Upon arrival at the scene, the responder observes illicit drugs, drug paraphernalia, empty medication bottles with the suspected overdose victim; or
3. When the suspected overdose victim is observed to be exhibiting signs and symptoms of an opioid overdose, as noted in section IV.A.

B. Arriving at the scene, the first responder shall:

1. Assess the situation.
2. Notify the on-duty telecommunication operator that the subject is in a potential overdose state and to request EMS.
3. Administer the naloxone nasal spray in accordance with the manufacturer's guidelines, including subsequent doses if needed.

Note: The responder shall note the time of each dosage administered.

4. Continue to render first aid until relieved by medical personnel.

C. Administration of Epinephrine

1. A law enforcement agency may acquire and possess epinephrine auto-injectors and a peace officer may possess and administer an epinephrine auto-injector in accordance with this subchapter
2. A peace officer may possess and administer an epinephrine auto-injector only if the peace officer has successfully completed training in the use of the device in a course approved by the Texas Commission on Law Enforcement (TCOLE).
3. TCOLE, in consultation with the Department of State Health Services, shall approve a training course on the administration of an epinephrine auto-injector.

D. In all instances, whether on or off duty, the responder shall be required to make immediate notification to the appropriate 9-1-1 telecommunication center requesting an

EMS Unit. At no time shall an employee of this department cancel the responding EMS Unit.

- E. All suspected overdose or anaphylactic victims will be administered the appropriate Nasal opioid antagonist or epinephrine according to the manufacturer's instructions and department training procedures.
- F. Occupation Code sec. 1701.705. Notification of administration of epinephrine auto-injector. After an officer administers an epinephrine auto-injector under this subchapter, the law enforcement agency shall notify the physician or other person who prescribed the epinephrine auto-injector of:
 - 1. the age of the person to whom the epinephrine auto-injector was administered; and
 - 2. the number of epinephrine auto-injector doses administered to the person.
- G. Immediate supervisors. Upon notification that Naloxone/Epinephrine has been administered, the supervisor will forward all relevant information to their respective Office of Environmental Health, Safety, and Risk Management (EHSRM). The supervisor and the Department's Program Coordinator will review the incident/offense report to ensure that the responding officer has documented all necessary information in accordance with the requirements provided by the Texas Overdose Naloxone Initiative (TONI) and the Texas Occupation Code.
- H. Program Coordinator. Department personnel designated by the institution Chief of Police who consults with internal and external subject matter experts on all clinical aspects of the overdose prevention program. The Program Coordinator, with the assistance of the Training Officer/ Specialist, shall create a documented training curriculum and will ensure that relevant lesson plans and training material are current. Texas Overdose Naloxone Initiative (TONI) and TCOLE provide direction on creating an approved lesson plan for opioid overdoses and anaphylaxis, respectively. The Program Coordinator or their designee will:
 - 1. Ensure that uniformed officers and designated non-sworn personnel are trained and qualified overdose first responders as designated.
 - 2. Upon request, offer training to uniformed and non-uniformed members of the UT System Police.
 - 3. Review and ensure all documentation on overdose reversals are recorded in the narrative section of an incident/offense report.
 - 4. Submit any required documentation to the Texas Overdose Naloxone Initiative (TONI), via the TONI phone app or website.
<http://www.texasoverdoseNaloxoneinitiative.com/>
<http://naloxonesaved.us/>
 - 5. Maintain and record the receipt and assignment of each Naloxone kit.
 - 6. Be responsible for replacing expired or damaged Naloxone kits.
- I. Prescription of Epinephrine.
 - 1. A physician, or a person who has been delegated prescriptive authority under Chapter 157, Occupations Code, may prescribe epinephrine auto-injectors in the name of a law enforcement agency.

2. A physician or other person who prescribes epinephrine auto-injectors under I. (1) shall provide the law enforcement agency with a standing order for the administration of an epinephrine auto-injector to a person reasonably believed to be experiencing anaphylaxis.
3. A standing order under Subsection I.(2) is not required to be patient-specific. An epinephrine auto-injector may be administered to a person without a previously established physician-patient relationship.
4. Notwithstanding any other law, supervision or delegation by a physician is considered adequate if the physician:
 - a) periodically reviews the order; and
 - b) is available through direct telecommunication as needed for consultation, assistance, and direction.
5. An order issued under this section must contain:
 - a) the name and signature of the prescribing physician or other person;
 - b) the name of the law enforcement agency to which the order is issued;
 - c) the quantity of epinephrine auto-injectors to be obtained and maintained under the order; and
 - d) the date the order was issued.
6. A pharmacist may dispense an epinephrine auto-injector to a law enforcement agency without requiring the name of or any other identifying information relating to the user.
7. The UTSP Medical Director or Deputy Medical Director may be called upon for assistance with this protocol.

J. Maintenance and Administration of Epinephrine Auto-injectors

1. A law enforcement agency that acquires and possesses epinephrine auto-injectors under this subchapter shall adopt and implement a policy regarding the maintenance, administration, and disposal of the epinephrine auto-injectors. The policy must:
 - a) establish a process for the agency to check the inventory of epinephrine auto-injectors at regular intervals for expiration and replacement; and
 - b) require that the epinephrine auto-injectors be stored in a secure location.

K. Sec. 1701.706. Gifts, Grants, and Donations.

1. A law enforcement agency may accept gifts, grants, donations, and federal and local money to implement this subchapter.

L. Sec. 1701.707. Not Practice of Health Care.

1. The administration by a peace officer of an epinephrine auto-injector to a person in accordance with the requirements of this subchapter or

commission rules does not constitute the unlawful practice of any health care profession.

M. Sec. 1701.709. Governmental Immunity not Waived.

1. This subchapter does not waive governmental immunity from suit or liability.

N. Training

1. The Training Officer/Specialist will:
 - a) Maintain and document an approved lesson plan, training records, etc.
 - b) Collaborate with the Program Coordinator to approve and implement any lesson plan and training bulletin revisions.
 - c) Upon request from the Program Coordinator, provide verification of required training.
 - d) Maintain all training records and documentation.
2. Training must address at a minimum, the following:
 - a) Risk factors for opioid overdose
 - b) Signs of an overdose
 - c) Actions to be taken
 - (1) Call the telecommunication center;
 - (2) Recovery position; and
 - (3) Use of Naloxone.
3. Initial training to all designated department personnel will be administered during their initial field training program or after their New Employee orientation.
4. Annual refresher training will be conducted and documented by the Training Officer/ Specialist or their designee (e.g., shift briefing).
5. Additional instruction material may be in the form of internal/external Training Bulletins, which will be reviewed and updated as required. Training Bulletins will be maintained and are accessible as determined by the Training Officer/ Specialist or his or her designee. Training topics may include, but are not limited to the following:
 - a) Indications and Usage;
 - b) Dosage and Administration;
 - c) Warnings and Precautions;
 - d) Adverse Reactions;
 - e) Use in Specific Populations; or
 - f) Storage and Handling.

O. These programs shall be implemented only at the direction of the institution Chief of Police.



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