When Blue Bloods Treat Blue Blood:  
Experience with Police Administering Naloxone

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Philadelphia And Narcotics

- 467 intoxication deaths in 2013
  - Heroin most commonly detected drug
- Heroin of very high purity
- Fentanyl-laced heroin
- Prescription narcotic abuse and pill mills
- Will police administration of naloxone help?
  - Are there downsides?
Kensington
Pennsylvania Act 139

- Opioid Overdose Reversal
- Signed by Governor Corbett Sept. 30, 2014
- Took effect November 29, 2014
- Allows police, FFs to administer naloxone
- Provides immunity to those administering
Act 139 Requirements

- Written agreement with EMS agency
- Agreement must address:
  - Who will be prescribing naloxone
  - Route of administration
  - Where naloxone will be obtained and stored
- Providers must take State-approved training
PPD Naloxone Program

- PFD EMS Medical Director oversees care
- PPD officers must be current in CPR/first aid
- PFD supplies naloxone
- Nasal administration
- Unused naloxone rotated back to EMS prior to expiration
PPD Opioid Overdose Kit
PPD Naloxone Program

• Officers request EMS for all ODs
• Give 2 mg AND assist ventilations, perform CPR, provide first aid as indicated
• Wait for EMS and give report
• EMS providers are to document in PCR that naloxone administered by police
PPD Naloxone Program

- Started as pilot in Kensington
- Several hundred officers trained
- < 10% of PPD
- Start-up cost ~ $60K
- To date, 1-2 administrations/week
Curiosities and Issues

- Police and FFs in PA approved to give naloxone before EMTs were
  - Added to EMT scope of practice Nov 29
  - Revised BLS protocols posted Jan. 15
- How to fund, initially and down the road?
- Naloxone price has rapidly increased
Curiosities and Issues

• If demand increases, potential for
• How extensive should PPD program be?
  – Local or citywide?
• If FFs/EMTs can administer, do police need to?
  – Engines/ladders on scene < 4 min.
  – Could police assist ventilations until EMS arrives?
Closing Thoughts

• Public expectations of police and EMS providers are changing
  – Overlap of traditional police and EMS roles
• Naloxone administration by police has potential to save lives
• Communities must consider cost, training, local needs to determine if right for them