

Overdose Protocols and Data Collection in New York State



September 2017



The HIDTA Program

The High Intensity Drug Trafficking Areas (HIDTA) program, created by Congress with the Anti-Drug Abuse Act of 1988, provides assistance to Federal, state, local, and tribal law enforcement agencies operating in areas determined to be critical drug-trafficking regions of the United States.

The purpose of the program is to reduce drug trafficking and production in the United States by:

- Facilitating cooperation among Federal, state, local, and tribal law enforcement agencies to share information and implement coordinated enforcement activities;
- Enhancing law enforcement intelligence sharing among Federal, state, local, and tribal law enforcement agencies;
- Providing reliable law enforcement intelligence to law enforcement agencies needed to design effective enforcement strategies and operations; and
- Supporting coordinated law enforcement strategies which maximize use of available resources to reduce the supply of illegal drugs in designated areas and in the United States as a whole.

There are currently 28 federally designated HIDTAs, which include approximately 18.3 percent of all counties in the United States and a little over 65.5 percent of the U.S. population.

The Drug Intelligence Officer Program

One of the ways that the New York/New Jersey HIDTA program serves the law enforcement agencies across New York State is through the Hidden Trafficker program. Drug Intelligence Officers (DIOs) serve as “points of light” and facilitate information-sharing across jurisdictions. In order to identify drug traffickers around New York, the DIOs send notifications of felony arrests to connect the arresting agencies to the agencies where arrestees reside.

There are currently 17 DIOs in New York, passing information between agencies across the state as well as beyond state lines. The DIOs also provide case support when needed, and help to coordinate a wide variety of local projects. The DIOs are located at local task force offices and travel around their AORs making connections, providing trainings, and collecting and disseminating important intelligence on drug traffickers and individuals who commit other major crimes that pose a significant threat to public safety.

The Opioid Epidemic in New York State

Opioid overdose has become a substantial problem statewide in recent years. From 2014 to 2015 there was a 20.4% increase in the number of people who died in New York State from a drug overdose. In the North Country (Clinton, Essex, Franklin, Hamilton, Warren, and Washington County) 32 people died of a drug overdose in 2015, up from 18 in 2014 and 11 in 2013. According to data released by the New York State Department of Health, many of the counties with the highest rates of drug overdose deaths in the state were concentrated in the Hudson Valley, Central New York, The Southern Tier, and Long Island.

On September 14th, Governor Cuomo announced that sixteen high-need New York counties will receive federal funding to support local treatment programs. The high-need counties set to receive this funding are: Cayuga, Erie, Greene, Jefferson, Madison, Montgomery, Niagara, Onondaga, Ontario, Oswego,

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Saratoga, Sullivan, Tioga, Tompkins, Ulster, and Yates. The state of New York also received additional funding that will support opioid abuse treatment services at four NYS Department of Health AIDs Institute health hubs and will allow New York to establish seven new health hubs.

Methodology

The information in this report was gathered through interviews done by HIDTA Drug Intelligence Officers (DIOs) around the state. At least one agency was interviewed from each county in New York, and in many counties more than one agency was interviewed.

DIOs asked police departments, sheriff's offices, prosecutors, and task forces about their protocols for responding to overdoses in their jurisdiction. When agencies did not have a universal protocol in place for every overdose instance, DIOs gathered information about the range of responses a department might have, and their most common tactics for responding.

During the interviews, DIOs asked agency representatives about a variety of topics, gathering information about the way overdose cases were investigated, whether overdoses and/or naloxone administrations were being tracked in a central repository, and if phones were being collected and analyzed. They were asked to specifically look for what they believed to be successful strategies in combatting the opioid epidemic.

After the DIOs recorded their findings, the information was compiled and analyzed for trends across the state. Specific anecdotes were pulled in order to highlight both the range of overdose protocols that exist around New York, as well as, any opportunities to learn from and build on the work currently being done.

Findings

Law enforcement agencies across New York are making large strides in the fight to end the opioid epidemic, and the protocols in place vary significantly from county to county. While some counties have taken significant steps to collect individual case information at the scene of the overdose, many smaller departments cited not having the resources to investigate each overdose as an obstacle they faced in responding to the epidemic in their area.

Setting a Standard Overdose Response Protocol

In a number of agencies, a specific overdose protocol or check list has been developed to guide officers at the scene of an overdose. These can be helpful for ensuring that all officers are gathering the same information, and can help to provide agencies and their enforcement partners (i.e. prosecutors and regional task forces) with case information.

These overdose protocol forms and checklists can also help departments to identify patterns in their area of responsibility. As an appendix to this report, examples have been included of current checklists and suspected overdose scene investigation forms. Some agencies use checklists for scene investigations to help ensure that any paraphernalia is retrieved, stamps on product packaging are photographed, witnesses are interviewed, and phones are collected.

The Sullivan County Sheriff's department utilizes a one page checklist that directs the responding officer on how to contact the SDNP office and what evidence to collect for the investigation. The checklist explicitly lays out what should be done immediately at the scene of the fatal overdose, what steps should be taken within 24 hours, and what needs to be done less immediately.

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Other agencies use specific overdose investigation forms that require officers to record naloxone administration, victim information, whether the overdose was fatal or non-fatal, and any drugs or witnesses present at the scene. By using overdose-specific forms, departments can identify patterns of victims, witnesses, stamps on paraphernalia, and other pieces of intelligence that can help them to build cases and better understand the drug environment in their area.

The Value of Phones in Identifying Suppliers and Supply Chains

A number of agencies have successfully hindered the distribution of drugs by obtaining phones and conducting interviews on scene following an overdose. Of the 95 agencies that were interviewed, 36 said that they regularly collect phones at the scene of a fatal overdose. However, many of the agencies collecting phones had not had significant success in unlocking and analyzing phone call and text records.

The Ontario County Police Department takes phones at the scene of an overdose and interviews witnesses and family members. They have found that often after checking the phones and conducting these interviews, an undercover or informant can organize a purchase. Similar to Ontario, both Green and Columbia Counties, after securing crime scenes, collect phones for further analysis. The collection of phones is vital in tracking and stopping the flow of drugs throughout the state.

Even when individual suppliers are not identified, just by tracking area codes, law enforcement agencies can gain a better sense of trends in supply flow. In Genesee County, after opening and examining phones, the Sheriff's Department noticed a rise in 716 area codes, indicating that drug carriers are going to Buffalo to get their drugs. The Rochester Police Department has also experienced success in tracking.

Overdose Tracking

Many agencies expressed, in their interviews, a desire for a central database to track fatal overdoses throughout the state. While one does not currently exist, some agencies have started working collaboratively to share and track fatal overdoses.

In many parts of the state, police departments, sheriff's departments, and the state police do not share information about their overdose numbers or cases, leaving each department with an incomplete picture of the illicit drug environment in their AOR. As a result, multiple Drug Task Forces voiced a belief in their interviews that all law enforcement agencies should be mandated to submit their overdose data to a central repository for the county or region.

In Orleans County, the Orleans County Major Felony Crime Task Force identified three major law enforcement agencies in the county that were utilizing the same computer system. However, the agencies are currently unable to access each other's databases.

The Monroe Crime Analysis Center tracks all fatal and non-fatal overdose incidents for multiple agencies in the area. By funneling overdose incident reports into a central analysis center or task force headquarters, geographically overlapping agencies can easily create a centralized tracking system by utilizing existing intelligence sharing infrastructure.

Interagency Coalitions for Public Outreach

In some areas around the state, law enforcement agencies have partnered with other groups to create coalitions with the goal of raising awareness about the opioid epidemic and helping community members who suffer from substance use disorder find treatment for their addiction.

In Clinton County, a coalition has been formed, [Substance Abuse and Recovery of Clinton County \(SPARCC\)](#), which has been successful in getting the word out about the threats associated with heroin and opioid abuse and the available resources for those struggling with addiction. This coalition consists

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of individuals from the Plattsburgh City Police Department, the District Attorney's Office, 4 Drug Rehab Centers, as well as other agencies, and focuses on raising awareness in their community on opioid abuse and overdose. By involving both law enforcement and treatment providers in the SPARCC coalition, law enforcement agencies are better positioned to direct drug users they come in contact with to appropriate and available treatment in their area.

Essex County has also created a coalition, ECHO, which has brought representatives together including the medical specialist, law enforcement, drug rehab councilors, and the Essex County District Attorney's Office. As a result of this coalition Essex County is in the process of developing a [LEAD program](#) to divert low level drug offenders into treatment after arrest.

Based on the information collected in our interviews, these inter-agency coalitions are most successful when there is a leading agency that takes on the responsibility of hosting and organizing monthly or quarterly meetings. While inter-agency collaboration can at times prove complicated, these initiatives often lead to innovation and problem solving that fits the specific needs of the community at hand.

Toxicology testing results for fatal overdoses

While toxicology testing is not done in all cases of fatal drug overdoses, the results of these tests can be incredibly helpful to individual investigations as well as department protocols around officer safety. Different opioids have different potencies and some, such as carfentanil, pose a significantly higher risk to officers coming in contact with it. As a result, knowing the specific drugs that are available in an area of the state can help local agencies to protect their officers and respond appropriately to ever changing threats.

Many departments surveyed were aware that there were many overdose cases that went uninvestigated because by the time they arrived at the scene, all evidence of drug use had been removed or hidden. Only after, or if, toxicology testing is done, will it become clear that an overdose had occurred.

By building relationships with medical examiners or coroners through local coalitions, law enforcement agencies can reinforce the importance of toxicology testing in potential overdose cases, and discuss the best methods for communicating toxicology results when they are complete.

In New York City, the City of New York Police Department has worked very closely with the Office of the Chief Medical Examiner to create a daily report of suspected potential overdoses in New York City based on the initial death investigation report. While a daily report may not be practical in other jurisdictions with fewer overdoses, and fewer resources, creating close working relationships with your county medical examiner or coroner can help departments develop cases and gain important insight into the deadliest drugs in their region.



Acknowledgements

We would like to thank the many people and agencies that volunteered their time to help us with this tasking.

Albany County Sheriff's Office	Montgomery County Sheriff's Office
Albany Police Department	Nassau Police Department
Albion Police Department	New York City Police Department
Allegany Sheriff's Office	New York State Police
Amherst Police Department	Newburgh Police Department
Amsterdam Police Department	Niagara County Drug Task Force
Auburn Police Department	Niagara Falls Police Department
Bethlehem Police Department	North Tonawanda Police Department
Binghamton Police Department	Oneida City Police Department
Broome County Sheriff's Office	Oneida County District Attorney
Vestal Police Department	Onondaga County District Attorney
Broome County District Attorney's Office	Onondaga County Medical Examiner's Office
Buffalo City Police Department	Onondaga County Sheriff's Office
Buffalo Resident Office Task Force	Ontario County Police Department
Cattaraugus County Sheriff's Office	Orange County Task Force
Cayuga County Sheriff's Office	Orleans County Major Felony Crime Task Force
Cheektowaga Police Department	Oswego Police Department
Chenango County Sheriff's Office	Otsego County Sheriff Department
City of Cortland Police Department	Plattsburgh City Police Department
City of Ithaca Police Department	Rensselaer County Sheriff's Office
City of Jamestown Police Department	Rochester Police Department
City of Norwich Police Department	Saratoga County Sheriff's Office
City of Olean Police Department	Saratoga Springs Police Department
City of Oneonta Police Department	Schenectady County Sheriff's Office
City of Poughkeepsie Police Department	Schenectady Police Department
Clarkstown Police Department	Schoharie County Sheriff's Office
Clinton County Sheriff's Office	Schuyler County Sheriff's Office
Cobleskill Police Department	Seneca County Sheriff's Office
Colonie Police Department	Southern Tier Regional Drug Task Force
Columbia County Sheriff's Office	Steuben County Sheriff's Office
County District Attorney	Suffolk Police Department
Delaware County Sheriff's Office	Sullivan County Sheriff's Office
District Attorney's Investigative Office	Syracuse Police Department
Elmira Police Department	Tioga County Sheriff's Department
Endicott Police Department	Town of Niagara Police Department
Erie County Sheriff's Office	Town of Poughkeepsie Police Department
Essex County Sheriff's Office	Troy Police Department
Fulton County Sheriff's Office	Ulster County Sheriff's Office
Genesee County Sheriff's Office	Upstate Poison Control
Geneseo Police Department	Village of Walton Police Department
Glens Falls Police Department	Walkkill Police Department
Gloversville Police Department	Washingtonville Police Department
Hudson Police Department	Watertown Police Department
Jefferson County Sheriff's Office	Wayne County Sherriff's Department
Lake Placid Police Department	Wyoming County Sheriff's Department
Lewiston Police Department	Yates County Sheriff's Department
Lockport Police Department	
Madison County Sheriff's Office	
Medina Police Department	
Middleport Police Department	
Monroe County Sheriff's Office	

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Appendix A: Sample Overdose Investigation Guidelines (Olean Police Department)



CITY OF OLEAN

CPT. ROBERT K. BLOVSKY

Olean Municipal Building - 101 East State Street
P.O. Box 668 - Olean, NY 14760-0688
WEBSITE: www.cityofolean.org



OLEAN POLICE DEPARTMENT CRIMINAL DIVISION

PHONE: (716) 376-5673
E-MAIL: rblovsky@cityofolean.org

Investigation guidelines for narcotic overdose events

Police will be notified when EMS respond to an overdose event (non-fatal and fatal)

Immediate Police response to the scene of the overdose event is needed to collect evidence.

a.) fatal overdose-collect the victim's cell phone for investigation into who the dealer may be and a timeline for events that led up to overdose.

**** consent or search warrant is not required to search a cell phone or vehicle belonging to a person who is deceased.*

b.) Non-fatal overdose- if possible, request permission to search victim's cell phone.

c.) Collect the drugs and paraphernalia such as full or empty bags, syringes ect.

d.) Take full scene photographs, close ups of drugs and paraphernalia

e.) Question any witnesses on scene to acquire relevant information to include the following:

- Victims name, nickname, D.O.B. and current phone numbers.*
- What types of narcotics the victim used or has used in the past*
- has the victim overdosed in the past?*
- any information regarding where or who the victim obtained drugs from.*
- name of victim's doctor or any medical history on the victim.*

f.) even if the victim is transported to the Hospital we still need to conduct an investigation.

Capt. Blovsky

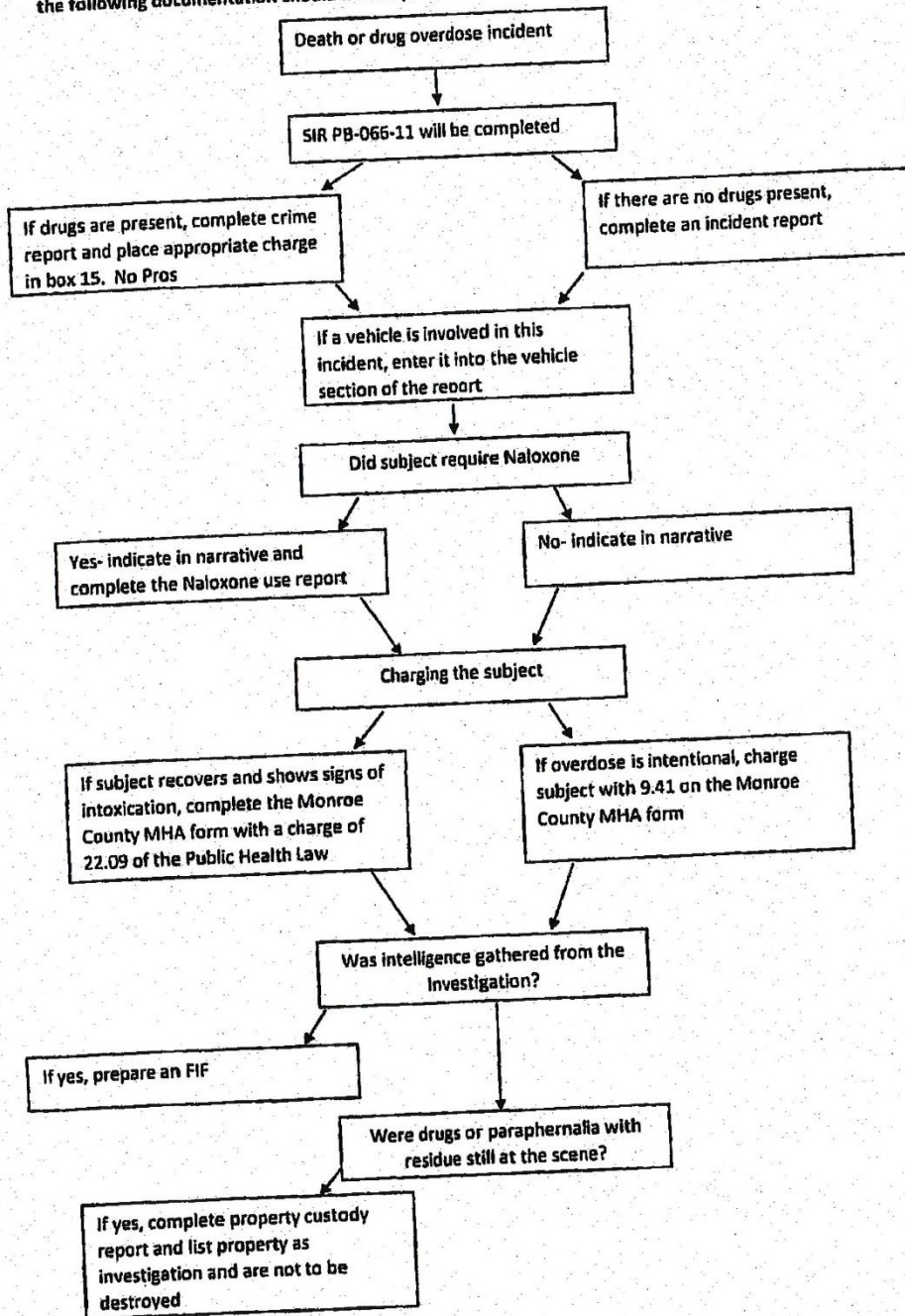
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Appendix B: Sample Overdose Investigation Guidelines (Monroe County Sheriff's Office)



In an effort to standardize out documentation process as it relates to heroin/drug overdose incidents the following documentation should be completed during the investigation:



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Appendix C: Sample Checklist for Overdose Death Cases (Sullivan County Sheriff's Office)



Checklist for Overdose-Death Cases

Immediate steps:

- Call the SDNY narcotics unit duty phone: 646-787-5648. An AUSA will be assigned immediately.
- Photograph the crime scene, with particular focus on drugs or drug paraphernalia in close proximity to the victim's body. Be sure to photograph any distinctive words or images on drug packaging found near the victim.
- Collect crime scene evidence, including any remaining controlled substances, drug paraphernalia, and pocket litter. Be sure to document where each item was collected.
- Search the victim's phone. A search warrant is not necessary.
- In the victim's phone, see if there are text messages or calling patterns that identify the phone number used by the individual who last made a sale to the victim (the "Target Cellphone Number").
- Canvas for witnesses.
- Canvas for video surveillance footage.

Within 24 hours:

- Submit victim's phone for forensic analysis. A search warrant is still not necessary.
- The assigned AUSA will send a preservation request to the service provider for the Target Cellphone Number—in particular, it is critical to preserve text messages for the Target Cellphone Number, which will otherwise be deleted in a matter of days.
- Obtain a federal subpoena for subscriber information and toll records for the Target Cellphone Number.

Within 72 hours:

- Obtain a federal order for GPS, prospective cell site, and historical cell site for the Target Cellphone Number.
- Obtain a federal historical cell site order for the victim's phone.
- Obtain a federal search warrant to serve on telephone service provider for text messages to and from the Target Cellphone Number.
- Interview witnesses, victim's family members, spouse/significant other, friends, other drug users in the vicinity. Please note that any photographic identification should be done with photo arrays or a photo book. Do not conduct a lineup, and do not use a single photograph for identification purposes.
- Obtain a copy of the 911 call and radio runs.

Further steps:

- Submit drugs recovered at the scene for testing.
- As appropriate, obtain federal grand jury subpoenas for witnesses.
- Consult with the assigned AUSA about other potential subpoenas/orders/search warrants.
- Obtain death certificate and medical examiner's report.
- Consider the possibility of a triggerfish for the Target Cellphone Number.
- Consider the possibility of using a CI or a UC to make controlled purchases from targets.

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Appendix D: Sample Overdose Protocol (Ulster County)

Overdose Protocol in Ulster County

The protocol for Law Enforcement agencies in Ulster County for fatal and non-fatal overdoses is as follows:

- Deputy / Officer arriving on the scene evaluates the situation.
- If victim is unconscious and in an overdose state Deputies / Officers will request an ambulance to the scene.
- Deputies / Officers will determine the need for treatment with naloxone by evaluating the victim. If aided is unresponsive and there are indicators of opioid involved overdose naloxone will be administered. (Incidents involving fatalities – please see Investigating Procedures)
- Deputies / Officers will remain with the aided until EMS personnel arrive and inform EMS of the situation and advise if naloxone was administered.
- Deputies / Officers will recommend aided be transported to hospital.
- The Deputy / Officer will then fill out an Overdose Report Form and submit it to the Ulster County Sheriff's Office.

Administrative Procedures - How overdoses are tracked and recorded?

In Ulster County every agency is required to complete an overdose form (including fatal and non-fatal) and submit the form to the HIDTA Crime Analyst at the Ulster County Sheriff's Office. The forms are then entered into a spreadsheet and the data is analyzed. At the end of every month the information is shared along with graphs with local police departments in the County.

Investigating Procedures:

- Each agency is required to fill out an overdose report and submit the form to Ulster County Sheriff's Office.
- Incidents involving fatalities:
 - The duty supervisor is to be notified.
 - On-call detective is notified and responds to the scene if necessary.
 - Victim's phone is secured and checked for information.
 - Due to the Good Samaritan Law other than possession an individual is exempt from being debriefed.

Successful Strategies being implemented:

Ulster County has implemented the Overdose Report Form with Law Enforcement Agencies allowing the collection of information throughout the county. This process has encouraged health officials (Medical Examiner's Office) and Law Enforcement to work together and share information. At this current point in time, the Ulster County IT Department is working on a database that can be utilized by both the Law Enforcement and Medical Examiner's Office to collect overdose data and share information between agencies.

This protocol is based on the Ulster County Sheriff's Office procedure for handling overdoses.

Agencies who participate in filling out the overdose form:

- Ellenville PD
- Ulster PD
- Ulster County Sheriff's Office
- Woodstock PD
- Marlborough PD
- City of Kingston PD
- Lloyd PD
- New Paltz PD
- Saugerties PD
- Shawangunk PD
- Plattekill PD
- Ulster County Jail

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Appendix E: Sample Overdose Response Form (Putnam County)



Submit Form



Putnam County Overdose Worksheet

To be completed and sent to
ADA Breanne Smith breanne.smith@putnamcountyny.gov &
HIDTA Crime Analyst Jessica Cundari jessica.cundari@putnamcountyny.gov
or by selecting the "submit form" button

Reset Form

☐ Fatal
☐ Non-Fatal
☐ Arrest*

*replace "victim's info" with "arrestee's info"

On Scene Date & Time		Incident #		Case #	
Investigating Agency		Investigating Member			
Overdose Incident Address					
Drug Type					
Stamp Info (if applicable)					
Drugs and/or drug paraphernalia present?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what kind?			
Narcotics administered?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by who?		How many times?	
Photos taken of scene?		<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, of what?			
Victim Information:					
Name		DOB			
Phone#		Phone Passcode		Client ID	
Address					
Brief description of victims recent whereabouts:			Social Media used by victim (login info if known):		
Vehicle Information: (used by the victim)					
State	Plate	Year	Make/Model	Color	Notes
Known Drug History: (check all that apply)					
<input type="checkbox"/> Heroin	<input type="checkbox"/> Benzos/Barbiturates	<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Buprenorphine/Suboxone	<input type="checkbox"/> Pain Pills	
<input type="checkbox"/> Unknown Pills	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Methadone	<input type="checkbox"/> Unknown Injection	<input type="checkbox"/> Don't Know	
<input type="checkbox"/> Other (specify):					
<input type="checkbox"/> History of Overdose? If yes, explain:					
Discoverer/Witnesses/Victim's Associates Information:					
Name		DOB		Phone #	
Address					
Relationship to Victim & Additional Information:					
Name		DOB		Phone #	
Address					
Relationship to Victim & Additional Information:					
Name		DOB		Phone #	
Address					
Relationship to Victim & Additional Information:					
Name		DOB		Phone #	
Address					
Relationship to Victim & Additional Information:					
Possible Supplier Information:					
Name and/or AKA		Vehicle Info			
Address		Phone #			

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Appendix E: Sample Overdose Response Form (Putnam County) *Continued*



Putnam County Overdose Worksheet

To be completed and sent to
ADA Breanne Smith breanne.smith@putnamcountyny.gov &
HIDTA Crime Analyst Jessica Cundari jessica.cundari@putnamcountyny.gov
or by selecting the "submit form" button (on first page)

List of Evidence Taken From Scene:

--

Statement from Victim:

--

EMS Information:

Paramedic Information: Transporting Ambulance:
Hospital Name:

Notifications Made: **ADA Breanne Smith** ☐ **Inv. John Kerwick** ☐

Patrol Sgt: ID:
BCI: Narcotics/CNET:

Police Personnel on Scene:

Patrol: ID:
BCI: Narcotics:

Additional Information:

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Appendix F: Sample Overdose Response Form (Ulster County)



ULSTER REGIONAL GANG ENFORCEMENT NARCOTICS TEAM
U.R.G.E.N.T.

Area Code 845	
URGENT (Main)	334-5732
URGENT (Secondary)	340-3589
URGENT Tips Hotline	340-3570
URGENT Fax	338-2313
URGENT Supervisor	340-5757
URGENT Supervisor	384-6232

Ulster County Law Enforcement Center
380 Boulevard, Kingston, NY 12401

OVERDOSE REPORT

Name (if available): _____

Address (or area) of occurrence: _____

Age of Victim (or date of birth): _____

Fatal/non-fatal - Date occurred: _____

Type of drug: _____

Location where drugs were purchased: _____

Was Narcan used by civilian(s) or first responders: _____

Packaging material (stamps, etc.): _____

Paraphernalia at scene: _____

Witnesses: _____

Agency case number: _____

Additional information: _____

Officer Submitting Report: _____

Phone number: _____

Agency: _____

PLEASE FAX 845-338-2313

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Appendix G: Sample Overdose Protocol (New York City Police Department)



INTERIM ORDER

SUBJECT: RESPONSE TO SUSPECTED OVERDOSE INCIDENTS, REVISION TO PATROL GUIDE 207-01, "COMPLAINT REPORTING SYSTEM" AND PATROL GUIDE 204-09, "REQUIRED FIREARMS/EQUIPMENT"		
DATE ISSUED:	REFERENCE:	NUMBER:
04-20-17	**P.G. 216 SERIES, P.G. 207-01 AND P.G. 204-09	28

1. In order to ensure a coordinated response when a uniformed member of the service comes into contact with an individual that may have apparently overdosed while using drugs and/or alleged opioids, a new Patrol Guide procedure has been established.

2. Therefore, effective immediately, when a uniformed member of the service arrives upon a scene where an individual may be suffering from, or has died from, a suspected overdose, the following new Patrol Guide procedure 216-23, "Response to Suspected Overdose Incidents" will be complied with:

PURPOSE To delineate the duties and responsibilities of uniformed members of the service when coming into contact with an individual that may have apparently overdosed while using drugs and/or alleged opioids.

DEFINITIONS **OPIOIDS** – An opiate (synthetic or otherwise) which includes but is not limited to heroin, morphine, oxycodone, fentanyl, methadone, hydrocodone, and codeine.

FENTANYL AND FENTANYL ANALOGUES – Fentanyl is a fast acting (rapid onset) potent narcotic analgesic and synthetic opioid pain medication. Fentanyl, a prescription opioid, is approximately thirty to fifty times more powerful than heroin, and eighty to one hundred times more powerful than morphine. Fentanyl can be absorbed through the skin, therefore proper handling of opioids such as Fentanyl is essential to keeping members of the service and the public safe.

OPIOID ANTAGONIST – An FDA approved drug (e.g., Naloxone, Narcan, etc.) that when administered, negates or neutralizes, in whole or in part, the pharmacological effects of an opioid in the body.

NALOXONE KIT – An opioid antagonist kit which consists of intranasal mucosal atomization devices, safety gloves, Rescue Breathing Face Shield, and Naloxone Hydrochloride prefilled syringes.

NOTE *If trained and equipped with Naloxone, uniformed members of the service must carry Naloxone while performing patrol duty.*

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DEFINITIONS (continued)

DRUG PARAPHERNALIA – Items associated with the use, preparation, manufacture, packaging, or storage of narcotics, including but not limited to, straws, syringes, cutting agents, scales, strainers, pestles, empty or new glassine envelopes or vials, plastic bags, rubber stamps, drug records, etc.

STAMPS – An image and/or writing that drug dealers utilize to identify the dealer's "brand" for the product. When applicable, the stamp will be located on wax folds or glassines.

PROCEDURE

Upon arrival at a scene when an individual may be suffering from, or has died from, a suspected drug overdose:

UNIFORMED MEMBER OF THE SERVICE

1. Request an ambulance and render reasonable aid to suspected overdose victim.
 - a. Request the response of a uniformed member of the service equipped with a Naloxone Kit, if not present at scene.
 - b. Ascertain from witnesses if Naloxone was administered to individual prior to police arrival.

NOTE

The uniformed member of the service will use common sense standards and consider the totality of the circumstances in deciding whether the individual is suffering from, or has died from, a suspected overdose. The presence of narcotics and/or drug paraphernalia, statements from the aided/family/witnesses, or other independent observations from the uniformed member of the service should be considered in making a determination.

2. If individual is unresponsive, administer Naloxone, if appropriate.
3. Request dispatcher to notify responding Emergency Medical Service (EMS) personnel that Naloxone was administered.
4. If individual is not breathing and has no pulse, Cardio Pulmonary Resuscitation (CPR)/Automated External Defibrillator (AED) should be administered while waiting to administer additional dose of Naloxone.
5. If individual has not responded to Naloxone within three to five minutes, administer one additional dose of Naloxone.
6. Inform responding EMS personnel of the circumstances which led to the belief that the individual was suffering from an opioid drug overdose (i.e., physical signs, statements by witnesses, etc.).
 - a. Inform EMS personnel of any attempt to revive individual (e.g., CPR, AED, etc.) and number of Naloxone doses given.

NOTE

If individual is removed from scene prior to arrival of uniformed member of the service, the responding member will ascertain which hospital the individual was removed to and comply with steps "7" through "11" and steps "23" through "26."

7. Request the response of the patrol supervisor and notify the detective squad.
8. Notify desk officer of fatal/non-fatal suspected overdose.
 - a. Inform desk officer if Naloxone was administered.
 - (1) Indicate whether Naloxone was administered by NYPD, EMS, NYC Fire Department (FDNY), family member, friend or other person.

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UNIFORMED MEMBER OF THE SERVICE (continued)

- (2) Include name of person(s) administering Naloxone.
9. Safeguard scene and potential evidence, including but not limited to, narcotics (including legally prescribed medicine), drug paraphernalia, pill bottles and anything else that aids in determining the source of the substance.
 - a. If required to handle evidence, utilize Personal Protection Equipment (PPE) (i.e., gloves, etc.).
10. Document any prescription pills found on the person, in the vicinity of the body, and/or, if the initial interview reveals what the individual ingested. Include:
 - a. Doctor's name, address and phone number
 - b. Pharmacy name, address and phone number
 - c. Patient's name on the prescription bottle, address, and phone number.
11. Attempt to identify witnesses and obtain from individual/family/witnesses, any potential substance(s) that could possibly be responsible for suspected overdose (e.g., heroin, fentanyl, oxycodone, etc.).

NOTE

Uniformed members of the service must exercise extreme caution in the handling of all drugs and drug paraphernalia. Even the slightest contact can be lethal. Taking proper safety precautions is vital when investigating and documenting drug overdose evidence.

PATROL SUPERVISOR

12. If the individual has died or is likely to die, or if Naloxone was administered, request the detective squad to respond.
13. Request Evidence Collection Team (ECT) to process scene for evidence.

DETECTIVE SQUAD INVESTIGATOR

14. If the individual has died or is likely to die, or if Naloxone was administered, respond to the scene and conduct investigation.
15. Confer with ECT personnel, when appropriate, in regard to the collection of any drugs and/or drug paraphernalia.

ECT PERSONNEL

16. Respond to all overdoses (fatal and non-fatal).
17. Photograph all drugs and drug paraphernalia and document any relative stamps/markings.
18. Ensure evidence is invoiced as "Investigatory Evidence" by initial responding unit.

NOTE

In the event additional testing or analysis is necessary (i.e., Latent Fingerprint analysis or DNA analysis), comply with P.G. 218-09, "Evidence Other Than Controlled Substances/Marijuana and Firearms/Ballistics Evidence Requiring Police Laboratory Analysis."

19. Upload all photographs taken of evidence into the Enterprise Case Management System (ECMS).
 - a. Ensure photographs have captured any stamps on glassine envelopes or wax folds, when appropriate.

DETECTIVE SQUAD SUPERVISOR

20. Supervise initial investigation and ensure all preliminary steps have been completed.
 - a. Ensure photographs are uploaded into ECMS.

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NEW YORK STATE AGENCY OVERDOSE PROTOCOLS



**DETECTIVE
SQUAD
SUPERVISOR
(continued)**

21. Prepare a **Detective Bureau Unusual Occurrence Report** and make appropriate notifications.
22. Review prior overdose cases to see if any patterns or clusters of cases exist.
 - a. Notify Detective Bureau zone captain for appropriate follow-up with narcotics counterpart, if any patterns or clusters of cases exist.

**UNIFORMED
MEMBER OF
THE SERVICE**

23. Prepare **COMPLAINT REPORT WORKSHEET (PD313-152A)** and report classification as “Investigate Aided – Drug Overdose” or “Investigate DOA – Possible Drug Overdose,” as appropriate.
 - a. Enter in “Details” section:
 - (1) Any stamps/markings on glassine envelopes or pills
 - i. Include name, address and phone number of the doctor, pharmacy or patient, listed on any prescription bottles
 - (2) ICAD number
 - (3) Type of call (i.e., pick up, radio run)
 - (4) Type of location (apartment, business, etc.)
 - (5) Suspected drug type and manner of ingestion (e.g., injected, snorted, taken in pill form, etc.), if known
 - (6) If Naloxone was administered
 - i. Indicate whether Naloxone was administered by NYPD, EMS, FDNY, family member, friend or other person
 - ii. Include name of person(s) administering Naloxone
 - (7) Condition of aided (e.g., was individual conscious or breathing before/after administration of Naloxone, etc.)
 - (8) Naloxone Log number.
 - b. If individual has died or is likely to die, or if Naloxone was administered, enter case status on **COMPLAINT REPORT WORKSHEET** as “Open” and refer to detective squad.

NOTE

GOOD SAMARITAN LAW

Members are reminded that the 911 Good Samaritan Law prohibits a person from being charged with possessing a controlled substance, marijuana, drug paraphernalia, or alcohol by someone under 21, when evidence is obtained as the result of the person seeking, in good faith, health care for himself or another person who is experiencing a drug or alcohol overdose. Members of the service will comply with Operations Order 12, series 2014, entitled, “911 Good Samaritan Law” if controlled substances, marijuana or drug paraphernalia are observed while responding to a suspected opioid overdose.

24. Prepare **AIDED REPORT** in non-arrest situations or, **MEDICAL TREATMENT OF PRISONER (PD244-150)** form in arrest situations.
25. If Naloxone has been administered by a uniformed member of the service, complete the **New York State Public Safety Naloxone Quality Improvement Usage Report** and deliver to the desk officer, precinct of occurrence.
 - a. If report is entered directly into a digital PDF, print a copy for review by the desk officer.

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| UNIFORMED
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(continued) | <p>26. Prepare a PROPERTY CLERK INVOICE WORKSHEET (PD521-141A) for any drugs or drug paraphernalia recovered from the scene as directed by ECT.</p> <p>a. Use the Property and Evidence Tracking System (PETS) and invoice recovered items as “Investigatory Evidence.”</p> |
| DESK OFFICER | <p>27. Notify the commanding officer/duty captain and Patrol Borough of fatal/non-fatal suspected overdoses.</p> <p>28. Notify Operations of all fatal/non-fatal suspected overdoses.</p> <p>a. If Naloxone was administered, obtain Naloxone Log number from Operations Division.</p> <p>(1) Indicate whether Naloxone was administered by NYPD, EMS, FDNY, family member, friend or other person.</p> <p>(2) Include name of person(s) administering Naloxone.</p> <p>b. Include any Department report serial numbers and/or log numbers that were prepared in regard to the incident (e.g., AIDED REPORT, COMPLAINT REPORT, Naloxone Log number, etc.).</p> <p>c. Ensure notification to Operations Division is documented on COMPLAINT REPORT WORKSHEET, and AIDED REPORT or MEDICAL TREATMENT OF PRISONER.</p> <p>d. Ensure Naloxone Log number is entered on COMPLAINT REPORT WORKSHEET, and AIDED REPORT or MEDICAL TREATMENT OF PRISONER.</p> <p>29. Review PROPERTY CLERK INVOICE(S) prepared, COMPLAINT REPORT WORKSHEET and AIDED REPORT or MEDICAL TREATMENT OF PRISONER, and verify reports are accurate and complete.</p> <p>a. Review New York State Public Safety Naloxone Quality Improvement Usage Report if prepared, for completeness and forward as required.</p> <p>(1) Forward a copy of the New York State Public Safety Naloxone Quality Improvement Usage Report via email to the Operations Division.</p> |
| OPERATIONS
DIVISION | <p>30. Maintain a log to document the administration of Naloxone.</p> <p>a. When notified that Naloxone was administered, provide the desk officer with a Naloxone Log number.</p> <p>b. Document whether Naloxone was administered by NYPD, EMS, FDNY, family member, friend or other person.</p> <p>(1) Include name of person(s) administering Naloxone.</p> <p>c. Forward a copy of New York State Public Safety Naloxone Quality Improvement Usage Report to the Office of the Chief of Department, when received.</p> |
| PATROL
SUPERVISOR | <p>31. Prepare report on Typed Letterhead addressed to the Chief of Department for fatal overdoses.</p> <p>a. Indicate whether Naloxone was administered by NYPD, EMS, FDNY, family member, friend or other person.</p> <p>(1) Include name of person(s) administering Naloxone.</p> |

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LAW ENFORCEMENT SENSITIVE

NEW YORK STATE AGENCY OVERDOSE PROTOCOLS



PATROL SUPERVISOR (continued)

- b. Include any Department report serial numbers and/or log numbers that were prepared in regard to the incident (e.g., **AIDED REPORT**, **COMPLAINT REPORT**, Naloxone Log number, etc.).
32. Forward copy of report on **Typed Letterhead** along with copies of **COMPLAINT REPORT**, **New York State Public Safety Naloxone Quality Improvement Usage Report**, **AIDED REPORT** or **MEDICAL TREATMENT OF PRISONER** form to the following:
 - a. Chief of Department
 - b. Chief of Patrol
 - c. Chief of Crime Control Strategies, Crime Analysis Unit
 - d. Supervising Chief Surgeon
 - e. Borough/Bureau training coordinator
 - f. Training sergeant.

ADDITIONAL DATA

LEGAL CONSIDERATIONS

Naloxone Rescue Kits

Members of the service are advised that possession of Naloxone by the public is legal. Naloxone is not a controlled substance. Rescue kits containing Naloxone have been distributed to friends and family members of intravenous drug users. In past distributions, some rescue kits contained a hypodermic instrument to administer the Naloxone intravenously. Possession of a hypodermic instrument, in most circumstances, is not a crime.

Possession of Hypodermic Instruments

Members of the service are reminded there was a change several years ago to the New York Public Health Law Section 3381. Under that change, any person eighteen years of age or more may lawfully purchase and possess up to ten hypodermic instruments without a prescription. The ten instrument limitation is at the point of purchase. In other words, a person may purchase ten instruments in one pharmacy, ten more in another and so on. Under this change to the law, there is also no limit as to how many instruments a person may possess.

Members of the service should also be reminded New York State Penal Law Section 220.03 was changed several years ago. That change made it lawful to possess a residual amount of a controlled substance inside a hypodermic instrument or syringe. The law did not define what constitutes a residual amount. Prior to this change, members of the service had been instructed not to charge persons with possession of a controlled substance if the amount recovered from inside a hypodermic instrument was a residual amount and the person was a member of a syringe exchange program. That direction was the result of litigation and a Court Order. The change to New York State Penal Law Section 220.03 makes residual amount possessed inside of a hypodermic instrument or syringe lawful for all persons. As always, members of the service are reminded to contact the Legal Bureau should there be any questions or concerns regarding the validity of an arrest.

RELATED PROCEDURES

*Aided Cases General Procedure (P.G. 216-01)
Preparation of Aided Report (P.G. 216-02)
Dead Human Body General Procedure (P.G. 216-04)
Mentally Ill or Emotionally Disturbed Persons (P.G. 221-13)
Public Access Defibrillation Program (P.G. 216-19)
Invoicing Property—General Procedure (P.G. 218-01)*

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**RELATED
PROCEDURES
(continued)**

*Evidence Other Than Controlled Substances/Marijuana and Firearms/Ballistics
Evidence Requiring Police Laboratory Analysis (P.G. 218-09)
911 Good Samaritan Law (Operations Order 12, series 2014)*

**FORMS AND
REPORTS**

COMPLAINT REPORT (PD313-152)
COMPLAINT REPORT WORKSHEET (PD313-152A)
MEDICAL TREATMENT OF PRISONER (PD244-150)
AIDED REPORT
Typed Letterhead
New York State Public Safety Naloxone Quality Improvement Usage Report

3. In addition, Patrol Guide 207-01, "Complaint Reporting System" is amended as follows:

- a. **ADD** new step "**14.**" opposite "PROCEDURE," on page "**4**" to read:

"PROCEDURE 14. Prepare a COMPLAINT REPORT in all instances where an individual is suffering from, or has died from, a suspected drug overdose.
a. Classify COMPLAINT REPORT as 'Investigate Aided – Drug Overdose' or 'Investigate DOA – Possible Drug Overdose,' as appropriate."

4. Patrol Guide 204-09, "Required Firearms/Equipment" is amended as follows:

- a. **ADD** new step "**28.**" opposite "REQUIRED EQUIPMENT," on page "**5**" to read:

"REQUIRED EQUIPMENT 28. Naloxone kit, if trained and equipped."

5. The New York State Public Safety Naloxone Quality Improvement Usage Report can be found on the Department Intranet.

6. Operations Order 25, series 2015, is hereby **REVOKED**.

7. Upon publication, this Interim Order has been incorporated into the On-Line Patrol Guide.

8. Any provisions of the Department Manual or other Department directives in conflict with the contents of this Order are suspended.

BY DIRECTION OF THE POLICE COMMISSIONER

DISTRIBUTION
All Commands

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