



Document Impact Assessment (DIA)

Title:	Naloxone Policy (and associated procedures)
Document Ref Number:	J-P-005
Version No:	1.0
Linked Operational Procedure(s) / Procedure(s)	
Name	Ref No
Naxolene Procedure (D&C)	DCP-OPr-002
Naxolene Procedure (Dorset)	DOR-OPr-001
Job Title / Name of person carrying out impact assessment:	Legitimacy Manager, Dorset
Date assessment completed:	20.04.2021
Owning Department / Command area:	Prevention, D&C Prevention, Territorial Policing, Dorset
Agreed by Owner/Lead Officer:	Yes (for DCP)
Completed DIA quality assured by:	Diversity Development Manager

This document should be discussed with the below to identify business risk and equality relevance and complete the full Equality Impact Assessment:

DEVON AND CORNWALL
Corporate Equality and Diversity Team

DIVERSITYHQ@devonandcornwall.pnn.police

DORSET
Legitimacy Team

legitimacyteam@dorset.pnn.police.uk

STEP 1: FOI, DATA PROTECTION, HEALTH AND SAFETY AND BUSINESS RISK

FREEDOM OF INFORMATION AND DATA PROTECTION ASSESSMENT

Does the document contain the appropriate Government Security Classification indicator?	Yes
Does the document contain a short clear statement addressing its suitability or not for publication?	Yes
Does the document refer to personal information?	No

HEALTH AND SAFETY ASSESSMENT

Does the document have health and safety implications for the public or staff?	Yes
Do any Generic Risk Assessments apply?	No
If yes, list the GRA reference numbers:	
Dynamic risk assessments apply	
Has advice been sought from Health and Safety or Occupational Health?	Yes
If yes; name, date and comments received:	

Business Risk Assessment Process:

Risks identified here either will already be included on the Force Corporate Risk Register or be those identified as known or potential areas of risk for the strategy, policy, procedure, project, plan, or guidance.

This section should be discussed with the document owner shown on page 1 to discuss how to apply business risk. However, here you will need to identify any potential risk to the organisation of:

1. Not implementing / retaining this policy.
2. Any remaining risks despite the policy being in place.
3. Any local risks as contained on your area / department register or any linked corporate risk.
4. Any significant negative impact to individuals or communities (internal or external).

Description of Risk	Probability	Impact	Risk Score
Failure to act in accordance with public expectation and duty to save life	3	3	9
OVERALL RISK SCORE			9

The risk score is obtained by multiplying the probability and impact scores.

The **overall risk score** will be the value of the **highest scoring risk**.

RISK SCORES

PROBABILITY ↓	←IMPACT→				
	1 INSIGNIFICANT	2 MINOR	3 MODERATE	4 SIGNIFICANT	5 CATASTROPHIC
1 NEGLIGIBLE	1 LOW	2 LOW	3 LOW	4 LOW	5 LOW
2 RARE	2 LOW	4 LOW	6 MEDIUM	8 MEDIUM	10 MEDIUM
3 UNLIKELY	3 LOW	6 MEDIUM	9 MEDIUM	12 HIGH	15 HIGH
4 POSSIBLE	4 LOW	8 MEDIUM	12 HIGH	16 VERY HIGH	20 VERY HIGH
5 PROBABLE	5 LOW	10 MEDIUM	15 HIGH	20 VERY HIGH	25 VERY HIGH

STEP 2: EQUALITY IMPACT INITIAL SCREENING

1. What are the main aims, purpose and outcomes of the proposals? How do these support the overall aims of the police and crime plan?					
This Policy is intended for Staff/Officers within Devon and Cornwall Police (DCP) and Dorset Police (DP). It is the intention of this document to provide policy guidance in relation to the use of Prenoxad injections and Nyxoid nasal naloxone in relation to situations where a suspected opiate drug overdose has taken place.					
2. Relevance: How does the aim and purpose of the proposals relate to each of the aims of the public sector equality duty?					
a. To eliminate unlawful discrimination, harassment, victimisation and other conduct prohibited by the Equality Act 2010	This policy seeks to ensure that consideration given to administer Naloxone, in exceptional circumstances, is done so without bias or prejudice.				
b. To advance equality of opportunity between people from different groups	NA				
c. To foster good relations between people from different groups.	NA				
3. Is it likely that the proposals could affect particular protected groups differently? (this could be positively or negatively)					
Age	YES	Disability	YES	Gender reassignment	NO
Marriage or Civil Partnership Status	NO	Pregnancy & Maternity	YES	Race	NO
Religion or Belief	NO	Sex	YES	Sexual Orientation	NO
All – positive					
Providing Naloxone should have a positive impact on all front line officers, PCSOs and members of the special constabulary as it;					
<ul style="list-style-type: none"> provides them with an additional tool that can be used when dealing with an opiate overdose where the application of Naloxone would be the most appropriate treatment provides them with an additional tool with which to respond as a first responder to issues arising whilst undertaking their duty to protect the public from harm. 					
Use of Naloxone is an immediate intervention that officers/PCSOs/Specials can use when arriving first at an opiate overdose whilst waiting for medical assistance from paramedics / ambulance to arrive.					
All – negative					

There is the potential for there to be a negative impact on officers/PCSOs/Specials mental health/wellbeing through the additional pressures placed on the expectation/need to respond to suspected opiate overdoses and the stresses of needing to:

- identify that applying Naloxone is the most appropriate response to the situation being faced
- use the Naloxone kit appropriately
- manage the expectations of the family / community (or impact on the secondary responders) etc. when use of Naloxone does not prevent loss of life, or contributes to additional medical issues

Mitigation

Devon and Cornwall and Dorset Police recognise that officers, PCSOs and members of the special constabulary will be affected differently depending upon the circumstances under which they need to administer Naloxone. Any use of Naloxone on members of the public will be supported through incident de-briefs with their supervisor and are able to access;

- Trauma Risk Management / TRiM
- Occupational Health
- the Force Employee Assistance Provider
- Mental Wellbeing Network
- Peer Support (Mental Health)
- Force Chaplaincy

The procedures designed are clear that officers/PCSOs/Specials attending an incident should carry out a dynamic risk assessment prior to considering administering Naloxone. These risks and the outcomes of their decision will have been noted in their pocketbook.

Age – It is difficult to identify age as a group that could be effected differently, as the majority of the statistics refer to 16 – 59 age group (essentially, working age adult). Therefore there is an assumption that age groups that fall outside this may be differently effected, as their levels of drug abuse are possibly different.

There is no data available on the safety or efficacy of Naloxone in either children under the age of 16 or those over the age of 65.

Disability – negative

There may be a negative impact on individuals with pre-existing chronic or severe liver conditions, and viral hepatitis as Naloxone can precipitate further damage to the liver.

Mitigation

Based on the amount of Naloxone dispensed and the indicative times between injection and the arrival and handover to a medical professional; the benefits outweigh any potential negative impact in these circumstances.

Sex – female (negative)

There is the potential for a disproportionate loss of privacy for females where an officer/PCSO/Special uses Naloxone as the best site for injection is the outer thigh, an area

of the body more likely to be accessible for females based on the clothing they are wearing (skirts, dresses etc.)

Naloxone crosses the placenta barrier. A decision therefore to use Naloxone on a pregnant woman may have a negative impact both on them and their foetus, where there is subsequently an adverse reaction.

Information on the use of Naloxone by breast-feeding mothers indicates that the drug is excreted into breast milk. Use of Naloxone is cautionary in these circumstances but not prohibited.

Mitigation

Based on the potential benefit of using Naloxone for a presumed opiate overdose the benefits outweigh any potential negative impact in these circumstances. Officers/PCSOs/Specials applying Naloxone will wherever possible maintain and individual's privacy and dignity.

Current medical advice on Naloxone allows for its use on pregnant females in an emergency; however this may be subject to change as more data becomes available.

Current medical advice on Naloxone allows for its use on breast-feeding females in an emergency; however this may be subject to change as more data becomes available.

4. What are the issues that you have identified and considered in relation to Human Rights? (see Guidance)

a. What is the potential for interference with an individual's rights?

This policy supports the Right to Life article:

There is potential for a positive impact upon this article, as the use of Naloxone will probably have a life saving effect on an individual who has overdosed on opioids. Clinical trial information, Public Health England guidance and World Health Organisation (WHO) state, Naloxone has virtually no effect in people who have not taken opioids and the risk of withdrawal from someone suffering an opioid overdose as a side effect is outweighed by the fact they would otherwise die.

Increased risk to members of Staff and Officers having to inject a member of the public who is likely to have an increased fight or flight response to the injection. With intravenous drug use there is a recognised risk that the member of the public may have a blood borne virus (BBV) which coupled with the fight or flight risk could pose a risk of a needle stick injury and transference of a BBV to the Staff member or Officer. The nasal spray equivalent Nyxoid appears on the evidence provided to be equally efficient and poses less risks to Staff and Officers, particularly in the custody environment. Whilst acknowledging the potential for a more speedy recovery from the Opiate Overdose and therefore an increase risk of physical confrontation,

	<p>this is more likely favourable to having to physically restrain an individual whilst in the presence of a used Prenoxad needle. In order to mitigate risks against Staff and Officers it would be favourable to issue Nyxoid nasal spray across the Alliance and also encourage partner agencies to be issuing these type of devices to their clients, in preference of Prenoxad injection.</p> <p>Article 3: Freedom from torture and inhuman or degrading treatment – whilst there is the potential for a negative interference with this article as a consequence of inappropriate exposure from the requirement to inject the Naloxone into the outer thigh, which when a collapse occurs may be within view of members of the public.</p> <p>This action is justified in order to protect life and this article would not be infringed.</p> <p>Article 8: Right to respect for private and family life – there is the potential for a negative interference with this article given the actions necessary in order to:</p> <ul style="list-style-type: none"> • identify whether an opiate has been taken • inject the Naloxone • provide other first aid measures as required in the presenting circumstances. <p>This action is justified in order to protect life and this article would not be infringed.</p>
b. What is the legal basis?	As outlined above
c. Are the interferences justified/necessary?	As outlined above
d. Are the interferences proportionate?	As outlined above
e. Do the interferences have a right of appeal? (through, grievance IOPC, tribunal etc)	Yes

STEP 3: EQUALITY RELEVANCE ASSESSMENT:

5. Significance & Impact: The relevance for equality depends on the nature and extent of the impact not just the numbers of people affected.	
a. Do the proposals affect service users, employees or the wider community?	x

b. Is it likely to affect people with particular protected characteristics differently? (this could be positively or negatively)	x
c. Do the proposals significantly affect service delivery, business processes or policy?	
d. Does it involve a significant commitment of resources?	
e. Will the strategy, policy, procedure, project, plan, or guidance have a significant impact on how other organisations operate in terms of equality? (e.g. multi agency strategies or protocols)	
f. Does the strategy, policy, procedure, project, plan, or guidance relate to functions that consultation and engagement has identified as being important to people with particular protected characteristics?	
g. Do the proposals relate to an area where there are known inequalities? (e.g. hate crime, domestic abuse, accessibility, recruitment & progression)	
h. Do the proposals relate to the Force Equality Objectives?	
Overall Relevance Score (Scoring where Yes = 1, No = 0)	2

NO RELEVANCE	LOW	MEDIUM	HIGH
Zero	1 – 3	4 – 5	6 and over

Is a full EIA required (score of 4 or more)?	No
If yes, please refer to Corporate Equality and Diversity Team, Devon and Cornwall or Legitimacy Team, Dorset Police.	

Review Date

Business Risk Score	Equality Relevance Score	Review Period
Very High	High	1 year
High		1 year
Medium		1 year
Low		1 year
Very High	Medium	1 year
High		1 year
Medium		2 years
Low		2 years
Very High	Low	1 year
High		1 year
Medium		2 years
Low		3 years

Date of next scheduled review: (* please delete as appropriate)	2 years from publication date
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Formal Consultation Required: (If this is a new document or significantly changed i.e. full version change consultation will always be necessary) External consultation should be guided by negotiations between Equality/Legitimacy, owners, policy authors and Policy Officers	Please select
Key Stakeholders	
Internal (please list): <ul style="list-style-type: none"> Standard consultees have provided feedback 	
External (please list): <ul style="list-style-type: none"> 	

STEP 4: VERSION CONTROL

Version	Date	Details of the version
1.0	20/04/2021	Document Impact Assessment completed