



SANTA BARBARA COUNTY SHERIFF'S OFFICE

NALOXONE

PROCEDURES AND PROTOCOLS

BACKGROUND:

Naloxone nasal spray is an approved medication through the U.S. Food and Drug Administration. Naloxone is an opioid antagonist indicated for the emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.

Providing law enforcement and custody personnel with the knowledge and the tools to reverse opioid overdoses in the field can reduce the time between when an overdose victim is discovered and when they receive lifesaving assistance. Opioids cause death by slowing, and eventually stopping the person's breathing. When administered, naloxone restores respiration within two to five minutes, and may prevent brain injury and death. Naloxone works on overdoses caused by opioids, which includes prescription painkillers and street drugs like heroin. Naloxone has no potential for abuse and has no known adverse effects on persons who are not experiencing an opioid overdose.

The Sheriff's Office naloxone program was built to comply with:

1. Santa Barbara County Public Health Department, Emergency Medical Services policy number 250, Public Safety Personnel Optional Skills Approval and Training.
2. Santa Barbara County Emergency Medical Services Agency Policy 533 Treatment Protocols # 16 "Poisoning/Overdose"
3. California Code of Regulations Title 22, Division 9, Chapter 1.5, Article 3, §1000019 – Public Safety First Aid and CPR Training Standards, Optional Skills.

KEY POINTS OF CONTACT:

- Program Manager:
 - Chief Deputy Craig Bonner, cmb2474@sbsheriff.org
- Medical Director:
 - Dr. Dan Shepard, Dan.Shepherd@sbcphd.org
- EMSA –Training and Programmatic Requirements

- Jason Levy, EMS Systems Specialist, JLevy@sbcphd.org
- EMSA – Patient Care Reports must be emailed to:
 - phdems@co.santa-barbara.ca.us or FAX 805-681-5142

APPROVED PRODUCT:

Narcan Nasal Spray: 4 mg of naloxone hydrochloride in 0.1 mL



TRAINING REQUIREMENT:

Prior to being issued or deploying naloxone, Sheriff's Office personnel must complete the SBC EMSA approved initial training, and annual update training thereafter. All naloxone training that is provided to Sheriff's Office personnel must be approved by the EMSA Training and Programmatic Requirements POC.

The Sheriff's Office Training Bureau will maintain records documenting the completion of the required naloxone training by all Sheriff's Office personnel that will be issued or otherwise expected to deploy naloxone. Copies of the required training records will also be maintained by the Program Manager (Sheriff) and will be provided to the EMSA Training and Programmatic Requirements POC as part of the Continuous Quality Improvement (CQI) requirement.

PROCEDURES:

- **Storage/ Supplies**
 - Patrol
 - Naloxone units will be individually issued to patrol personnel.
 - Supervisors will log all naloxone units that are issued to personnel assigned to their squad (log is an attachment to this document).
 - The logs will be emailed to the Sheriff's Naloxone Program Manager.
 - Extra/ replacement naloxone will be stored within the weapons safe in the unit supervisors' office at each station/ work location.
 - Fixed Posts/ Stations
 - At fixed posts/ stations, naloxone will be available/ stored with/ attached to the AED that is assigned to the fixed post/ station.

- Naloxone/ Narcan should be stored in the manufacture provided packaging, and in a temperature controlled environment (59°F to 77°F). Naloxone should not be allowed to freeze or to remain in environments that are over 104°F for an extended period of time. Because the effectiveness of naloxone is destroyed by heat, naloxone that is allowed to be in temperatures above 104°F for an extended period of time should be destroyed via the Sheriff's Operation Medicine Cabinet program and a replacement unit of Naloxone should be issued to the deputy.
- The Sheriff's Office Naloxone Program Manager will be responsible for:
 - Distributing naloxone product to approved/trained personnel
 - Maintaining unissued stores of naloxone product
 - Reordering naloxone product as necessary

➤ **Deployment:**

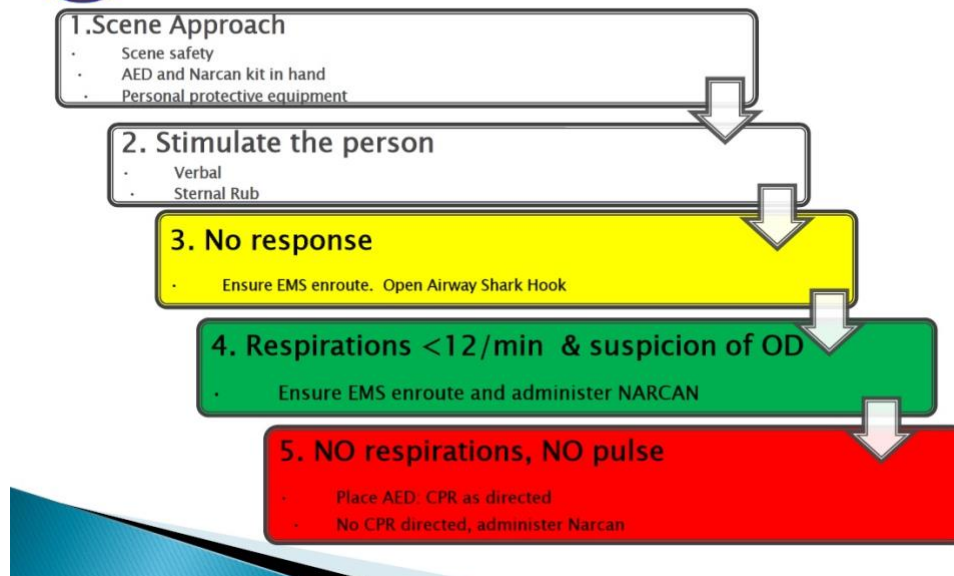
- At the beginning of their shift, deputies should check the expiration date of their issued naloxone. If it is expired, the deputy should contact their assigned supervisor to turn in the expired medication and obtain a replacement. Managers of stations/ fixed posts should ensure that naloxone that is stored within their facility is checked on a regular basis to ensure that it is not expired.
 - Expired naloxone medication should be disposed of via the medication disposal cabinets present at most Sheriff's stations.
- Generally speaking, personnel should store naloxone within the passenger compartment of their vehicle or other climate controlled location.
- Whenever possible, deputies should respond with and deploy an AED in conjunction with naloxone. In many instances, the appropriate treatment will require the use of the AED and CPR. Consistent with the naloxone training provided by SBC EMSA, the AED can also be used to help evaluate and monitor the patient.

➤ **When to use:**

- Candidates for intranasal administration of naloxone are *medically* adults (per the American Academy of Pediatrics, an adult is anyone who appears to be age 15 or older) with suspected opioid overdose and must meet both of the following conditions:
 - Be unconscious, and
 - Have respiratory depression, as defined by having less than 12 respirations per minute present (5 or more seconds between respirations) or inadequate respiratory efforts. If more than 12 respirations per minute are present, maintain airway support and continue to monitor respirations until relieved by EMS personnel.



Treatment Plan



- Narcan/ Naloxone does not reverse overdoses that involve non-opioid drugs, including CNS stimulants and alcohol.

➤ **How to use:**

- Ensure that EMS and backup law enforcement personnel have been requested and are in route prior to administration
- Follow the following procedures:

NARCAN[®] (naloxone HCl) **NASAL SPRAY**

QUICK START GUIDE Opioid Overdose Response Instructions

Use NARCAN Nasal Spray (naloxone hydrochloride) for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.

1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.
Shake shoulders and firmly rub the middle of their chest.

Check for signs of opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN Nasal Spray.

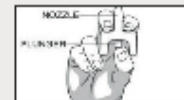


2 Give NARCAN Nasal Spray

Remove NARCAN Nasal Spray from the box.
Peel back the tab with the circle to open the NARCAN Nasal Spray.



Hold the NARCAN nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril, until your fingers on either side of the nozzle are against the bottom of the person's nose.



Press the plunger firmly to give the dose of NARCAN Nasal Spray.
• Remove the NARCAN Nasal Spray from the nostril after giving the dose.



3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.



Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.

ADAPT PHARMA

For more information about NARCAN Nasal Spray, go to www.narcannasalspray.com, or call 1-844-4NARCAN (1-844-462-7228).

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- Administration of a second dose: Deputies may administer a second dose 3 minutes after the first dose if all of the following conditions are present.
 - Fire and EMS resources have not arrived on scene to take over medical care of the patient.
 - Unless it is not possible to do so, an AED should be deployed and utilized to help monitor the patient's condition.

- The patient is still unconscious
- The patient has respiratory drive and their respirations meet the above noted criteria for administration (less than 12 respirations per minute or inadequate respiratory effort). If respiratory drive is not present, deputies should transition to CPR protocols.

➤ **Officer Safety & Public Safety Concerns:**

- It is not uncommon for persons who are resuscitated via the administration of naloxone to become agitated upon becoming conscious. This agitation stems from various physical reasons including withdrawal from the opioid, lack of blood/ oxygen within the brain, other drugs in their system and underlying psychiatric conditions. Because of this, upon administering naloxone, deputies should be prepared for, and make plans to handle instances in which the patient may become agitated.
 - Prior to administering naloxone deputies should ensure that additional law enforcement and emergency medical personnel are responding to assist in providing care for and controlling the patient if necessary.
 - When safe to do so, the preferred method of dealing with an agitated patient is to give them time and space, while utilizing calm communication techniques aimed at avoiding escalation.
 - The decision to use physical force and/ or restraints to control an agitated patient are governed by existing Sheriff's Office policies including Lexipol §300 (Use of Force) and §306 (Handcuffing and Restraints). As part of the force/ restraint decision-making process, deputies should consider the underlying medical condition of the patient when balancing the public and officer safety risks against the risk of harming the patient.
 - Should it become necessary to utilize physical force or restraints to protect the public and or Sheriff's Office personnel from an agitated patient, it is imperative that involved deputies constantly and carefully monitor the patient's medical condition until officially relieved by EMS personnel.

➤ **Post Naloxone Administration - Continuing medical care:**

- Continue monitoring ABC's
- Place patient in recovery position
- Be prepared to transition into CPR and use of the AED if necessary



Post-Narcan Position

- ▶ As you wait for ALS, place patient in recovery position
- ▶ Continue to monitor frequently to ensure patient is still breathing



➤ Notifications:

- Upon arrival of EMS or Fire personnel, deputies should ensure that EMS and Fire personnel are specifically notified that naloxone was administered. Information that should be provided to EMS includes:
 - Respiration rate prior to naloxone administration
 - Time and amount of naloxone administered
 - Any changes to the patient condition following naloxone administration.
- Prior to turning over care of the patient, deputies should verbally confirm that on-scene EMS or Fire personnel are taking over primary responsibility for care of the patient. For the purposes of the EMSA PFSA report, the patient's condition at this point should be recorded within the sections of the report that address "Upon Transfer of Care."
- The on-duty Sheriff's Office supervisor should be notified about the naloxone administration as soon as practical.

➤ PC 11376.5 - :

- Deputies are reminded that California Penal Code section 11376.5 protects persons seeking assistance for overdose incidents from prosecution for being in possession of, or under the influence of controlled substances. The full text of the law is included below.
- Deputies should also be cognizant that lacking additional reasonable suspicion of criminal behavior that is not exempted by PC 11376.5, we cannot legally detain an adult who does not want to wait for medical personnel to arrive.
 - However, we should make every effort to explain the dangers and encourage them to wait for EMS to arrive.
 - As with general first aid principles, if the person being treated is under 18 and their parent is not present, the principle of implied consent allows you to continue maintaining care of the minor until EMS takes over.

REPORTING REQUIREMENTS:

If a Sheriff's Office employee administers naloxone in the performance of their duties, the following reporting requirements must be completed by the involved Sheriff's Office employee.

- The Santa Barbara County Optional Skill Patient Care Report must be completed in its entirety and submitted within 24 hours. When completing the form, deputies should ensure that it accurately reflect the patient's condition upon initial contact by the deputy and at the moment that the deputy turns over care of the patient to EMS personnel.
 - Direct submission via EMSA reporting (preferred)
 - [Public Safety First Aid - Patient Care Report \(smartsheet.com\)](#)
 - Email submission (old method, use if you encounter a problem with the above smartsheet)
 - The completed Optional Skill Patient Care Report must be emailed or faxed to:
 - Program Manager (Sheriff):
 - Chief Deputy Craig Bonner, cmb2474@sbsheriff.org
 - Medical Director:
 - Dr. Dan Shepard, Dan.Shepherd@sbcphd.org
 - EMSA:
 - phdems@co.santa-barbara.ca.us or FAX 805-681-5142
- HIPAA Concerns: If it is necessary to document the use of naloxone within a Sheriff's Office report, deputies should only reference/ write that the individual was, "Treated pursuant to the Sheriff's Office protocol and a Santa Barbara County Optional Skill Patient Care Report was completed and submitted to SBC Public Health-EMSA, and is part of the individual's medical record."

PROGRAM EVALUATION/ CONTINUOUS QUALITY IMPROVEMENT:

The Sheriff's Office Naloxone Program Manager will be responsible for ensuring:

- All Santa Barbara County Optional Skill Patient Care Reports are being submitted to both EMSA and the Sheriff's Office Naloxone Program Medical Director.
- Communicating with the Sheriff's Office Naloxone Program Medical Director and the EMSA Programmatic and Training POC to ensure:
 - The Sheriff's Office deployment/ use of naloxone complies with EMSA policy and this Sheriff's Office procedure-protocol.
 - Evaluating the effectiveness of the Sheriff's Office naloxone program and making necessary changes to this procedure-protocol and/or the training provided to Sheriff's Office personnel.
- Timely submission of the EMSA required PSFA Optional Skills Provider monthly and annual utilization and update forms:
 - The Sheriff's Office Naloxone Program Manager is responsible for compiling, completing and submitting these forms. The completed forms and supporting documentation will be reviewed and signed by the Medical Director. Once approved by the Medical Director, the Program Manager will email the forms and supporting documentation to SBC EMSA, phdems@co.santa-barbara.ca.us.
 - The monthly reports must be completed and submitted on a monthly basis, regardless of whether or not there were naloxone utilizations during the reporting period.
- Ongoing training for all Sheriff's Office personnel that are issued or otherwise expected to deploy naloxone:
 - Completion of initial EMSA approved naloxone training prior to initial issuance/ deployment
 - Completion of EMSA approved annual update training for all personnel

ATTACHMENTS:

1. SBC EMSA Policy #250, Public Safety Personnel Optional Skills Approval and Training (double click on the below document)

drug paraphernalia of the person seeking medical assistance, and that person does not obstruct medical or law enforcement personnel. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.

(b) Notwithstanding any other law, it shall not be a crime for a person who experiences a drug-related overdose and who is in need of medical assistance to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if the person or one or more other persons at the scene of the overdose, in good faith, seek medical assistance for the person experiencing the overdose. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.