

## **94.0 Overdose Response Program**

**PURPOSE:** The purpose of this policy is to reduce the number of fatalities which occur as a result of opiate overdose emergencies by the proper pre-hospital administration of nasal naloxone (Narcan), and to establish guidelines and regulations governing the utilization of the nasal naloxone administered by deputies of the Washington County Sheriff's Office.

**POLICY:** It is the policy of the Washington County Sheriff's Office to train personnel in the use of the nasal naloxone by the Washington County Health Department. Nasal naloxone may only be deployed by deputies trained in its use for treatment of opiate overdose victims.

1. If a deputy is in the vicinity of an ECHO call for a possible opiate overdose and elects to respond to the emergency, the deputy will;
  - a. Notify the Emergency Communication Center of their current location and response to the ECHO call.
  - b. Contact the Duty Officer to receive permission for a "CODE 1" response prior to responding to the scene. Otherwise a "CODE 2" response will be utilized.
  - c. Deputies may administer "Narcan" if they arrive at an opiate overdose prior to EMS, in accordance with training and local medical protocol.
  - d. Deputies who administer "Narcan" will continue to take necessary lifesaving steps until the arrival of Emergency Medical Services.
  - d. Deputies responding to overdoses will conduct an investigation and complete a Criminal Investigative Report (CIR) in accordance to current policy.
2. This policy does not require a deputy to respond to any ECHO call.

In order to implement a safe and responsible nasal naloxone plan, the Washington County Sheriff's Office will establish and maintain a professional affiliation with a Medical Control Physician (MCP) who will provide medical oversight over its use and administration. The Medical Control Physician shall be licensed to practice medicine in the State of Maryland. At their discretion of the Medical Control Physician, recommendations may be made regarding the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Washington County Sheriff's Office.

## DEFINITIONS:

Opiate: An Opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Commonly encountered opiates include: morphine, methadone, codeine, heroin fentanyl, oxycodone (OxyContin, Percocet, and Percodan) and hydrocodone (Vicodin).

Naloxone: Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including “Narcan”.

Medical Control Physician: The Medical Control Physician (MCP) shall be a designated Medical Doctor who is licensed to practice medicine in the jurisdiction of the State of Maryland.

Overdose Response Program Coordinator: The Overdose Response Program Coordinator shall be an individual designated by the Washington County Sheriff’s Office to collect, review, and track all reports of naloxone usage and who shall be responsible for any subsequent reporting necessary to any state or federal agency as required by law in connection with the use of naloxone by deputies of the Washington County Sheriff’s Office.

## PROCEDURES:

### 94.1 Nasal Naloxone Deployment and Administration Procedures

The Washington County Sheriff’s Office will only deploy the nasal naloxone kit to personnel trained in its use. The Washington County Sheriff’s Office will participate in the Overdose Response Program through training provided by the Washington County Health Department. This training authorizes the deputies to possess and administer Naloxone. Opiate overdose is a serious and growing public health problem in Maryland. The Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Institute for Emergency Medical Services Systems (MIEMSS) collaborated to broaden the ability of public safety personnel, including law enforcement, to respond to opiate overdoses by authorizing law enforcement personnel to administer Naloxone to individuals who experience an opiate overdose. Naloxone is a fast-acting opiate antagonist used in emergency medicine to rapidly reverse opiate-related sedation and respiratory depression. Naloxone is marketed under various trademarks including “Narcan”, “Nalone”, and “Narcanti.” For the purposes of this policy we will be referring to Naloxone as “**Narcan**”. Narcan is a scheduled drug, but has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. During an opiate overdose, a patient may suffer a disruption in normal breathing. In some cases breathing may stop altogether, quickly

leading to death. Law Enforcement often arrive on the scene of overdoses before EMS personnel have arrived. Providing Narcan to deputies will help save lives.

The following procedures shall be observed when a deputy administers nasal naloxone:

- 94.1.1        Upon arrival on the scene, deputies must first perform a patient assessment as trained and shall consider statements from witnesses and / or family members regarding the patient's drug use.
- 94.1.2        Deputies shall use universal precautions, including body substance isolation.
- 94.1.3        To be considered for naloxone administration, the victim should be unresponsive and have reduced respirations possibly attributable to an opioid overdose.
- 94.1.4        Deputies can ensure unresponsiveness and reduced respirations by calling out to the victim and performing a noxious stimulus.
- 94.1.5        Deputies shall update the dispatcher that the patient is in a potential overdose state.
- 94.1.6        Dispatch will then update all Emergency Medical Units responding to the scene.
- 94.1.7        Deputies will start rescue breathing if necessary.
- 94.1.8        Deputies shall examine the victim for possible contraindications for intranasal administration of nasal (i.e. facial trauma, nasal obstruction, bloody nose.)
- 94.1.9        Deputies shall administer the naloxone per training. The deputy shall use the nasal mist adaptor that is pre-attached to the naloxone kit to administer a one (1) milligram intra-nasal dose of naloxone to each nostril for a complete dosage of to (2) milligrams. Deputies should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and / or violent behavior.
- 94.1.10       Deputies shall return to rescue breathing until spontaneous respirations are restored.

- 94.1.11 If spontaneous respirations do not return after 3-5 minutes, deputies should give a second dose of naloxone per training procedures.
- 94.1.12 When respirations are restored, deputies shall move the victim into the recovery position, on their side, to prevent aspiration in the event of vomiting.
- 94.1.13 Deputies shall note the time of naloxone administration to report to EMS personnel.
- 94.1.14 Deputies shall continue to monitor the patient until the ambulance arrives and the victim is transferred to emergency medical personnel for further evaluation and treatment.
- 94.1.15 Deputies shall observe universal precautions when handling the victim and disposing of the medication / atomizer.
- 94.1.16 The treating deputy shall inform EMS immediately upon arrival of the treatment rendered and condition of the patient. The treating deputy shall not relinquish care of the patient until by a person with a higher level of training.

## **94.2 Documentation Requirements**

Upon completing a medical assist with the “Narcan”, the deputy will complete an Investigative Report (CIR) detailing the nature of the incident, the care the patient received, and language within the narrative that “Narcan” was deployed and describe if the administration resulted in a positive outcome for the subject. The administering deputy will notify the Overdose Response Program Coordinator of the incident and the related Investigative Report (CIR) # by the end of the reporting deputy’s duty day..

## **94.3 Equipment Maintenance and Replacement**

- A. Deputies authorized to use nasal “Narcan” kits are responsible for inspection of the kit prior to each shift. Missing or damaged nasal “Narcan” kits will be reported through already established procedures for reporting missing or damaged Sheriff’s Office property. Additionally, the deputy will, by the end of their shift, send the Overdose Response Program Coordinator an email reporting the damage or loss so that replacement of the items can be facilitated in a timely manner.
- B. “Narcan” has a shelf life of two years. It is important to store the “Narcan” at the proper temperature and not to expose the medication to light. It is recommended that

the nasal “Narcan” kit be kept of your person for protection from the elements such as light, heat and cold temperatures during the deputies Tour of Duty.

- C. Deputies will remove the “Narcan” from their vehicle during off-duty parking of their vehicles to maintain the integrity of the product.
- D. Deputies shall immediately replace nasal naloxone kits that have been used during the course of a shift and shall make note of the replacement in the written inventory as maintained by the Overdose Response Program Coordinator.

#### **94.4 Overdose Response Program Coordinator**

The Sheriff will appoint the Overdose Response Program Coordinator to administer the program. The Coordinator’s responsibilities include:

- A. Ensuring that the Nasal” Narcan” kits are current and not past the expiration date.
- B. Ensuring proper and efficient deployment of the nasal Narcan for field use.
- C. Ensuring that authorized deputies are adequately trained in its use.
- D. Ensuring that any use of “Narcan” on a subject is documented in an investigative report.
- E. Replacing nasal Narcan kits that are either damaged, unusable, expired, or have been used.
- F. Reporting nasal “Narcan” use statistics at the request of the Washington County Health Department in accordance with grant reporting requirements.
- G. Ensuring that each individual prescription written to authorized deputies for the possession of “Narcan” is maintained in their personnel files while employed with the office.

#### **94.5 Indicators of Opioid Overdose and Administration of “Narcan”**

- A. Authorized deputies shall utilize nasal “Narcan” on subjects believed to be suffering from an opiate overdose. Indications that a subject is suffering from an opiate overdose include, but are not limited to:
  - 1. Blood-shot eyes
  - 2. Pinpoint pupils, even in a darkened room/area
  - 3. Depressed or slow respiratory rate

4. Difficulty breathing (labored breathing, shallow breaths)
  5. Blue skin, lips, or fingernails
  6. Decreased pulse rate
  7. Low blood pressure
  8. Loss of alertness (drowsiness)
  9. Unresponsiveness
  10. Seizures
  11. Evidence of ingestion, inhalation, and injection (needles, spoon, tourniquets, needle tracks, bloody nose, etc.)
  12. Past history of opiate use/abuse.
- B. Deputies shall follow the protocols outlined in their nasal “Narcan” training when administering the product:
1. When using the nasal “Narcan” kit, deputies will maintain scene safety, universal precautions against pathogens, perform patient assessment, determine unresponsiveness, and absence of breathing and/or pulse.
  2. Deputies should update communications that the patient is in a potential overdose state and insure that EMS has been dispatched to the scene.
  3. Deputies will help ensure the patient is transported to the hospital. If the patient will not go the hospital voluntarily, then the emergency evaluation process will be initiated if there is evidence that the patient attempted suicide by their ingestion of opiates or expresses suicidal thoughts or ideations, or there are other criteria for evaluation under the emergency petition process. If the patient continues to refuse transport in all other cases, and they reasonably appear to have the capacity to make medical decisions they may legally refuse further medical assistance.

## **94.6 Training**

Deputies shall receive a standard training course administered by the Washington County Health Department prior to be allowed to carry and use nasal naloxone.

The Washington County Health Department shall provide subsequent training every two (2) years.