



PAWNEE COUNTY SHERIFF'S OFFICE  
SHERIFF DARRIN VARNELL

Policy #	Related Policies:
<b>Use of Intranasal Naloxone</b>	
<i>This policy is for internal use only and does not enlarge an employee's civil liability in any way. The policy should not be construed as creating a higher duty of care, in an evidentiary sense, with respect to third party civil claims against employees. A violation of this policy, if proven, can only form the basis of a complaint by this Office for non-judicial administrative action in accordance with the laws governing employee discipline.</i>	
Applicable <a href="#">Oklahoma Statutes 63 O.S. § 1-2506.1-2)</a>	
CALEA Standard:	
Date:	Review Date:

- I. **Purpose:** The purpose of this policy is to provide sworn deputies with guidelines, instructions and procedures to utilize naloxone in order to reduce fatal opioid overdose.
- II. **Policy:** It is the policy of the Pawnee County Sheriff's Office to provide assistance to any persons(s) who may be suffering from an opioid overdose. Deputies trained in accordance with this policy and the provisions of Iowa law shall make every reasonable effort to use naloxone to revive victims of any apparent drug overdose.
- III. **Discussion:** This policy is intended to address one of the responsibilities of all sworn deputies, which is to protect the safety and welfare of all persons and the community. In this regard, deputies need to recognize the symptoms that victims who are suffering from an opioid overdose display so as to ensure that fast and effective medical assistance is dispensed. Drug overdoses are a major cause of preventable death in the United States. Increasingly, this includes prescription opioids, along with illegal opiate drugs like heroin. (Opioids are synthetic substances that mimic the narcotic effect of opium, from which heroin is derived.)
- IV. **Definitions:**
  - A. **Drug Intoxication:** Impaired mental or physical functioning resulting from the use of physiological and/or psychoactive substances; i.e. euphoria, dysphoria, apathy, sedation, attention impairment.
  - B. **EMT:** Emergency Medical Technician, medical care rendered by EMT practitioners, which ensure the provisions of emergency medical assistance in the field for those persons suffering from an illness or injury.
  - C. **MAD:** The intranasal **Mucosal Atomization Device** which is used to deliver a mist of atomized medication that is absorbed directly into a person's blood stream and directly into the brain and cerebrospinal fluid via the nose to brain pathway. This method of medication administration achieves medication levels comparable to injections.

- D. **Naloxone:** An opioid receptor antagonist and antidote for opioid overdose which is produced in intramuscular, intranasal or intravenous forms. Use NARCAN® (naloxone hydrochloride) Nasal Spray for known or suspected opioid overdose in adults and children.
- E. **Opioid:** An opioid is a psychoactive chemical pain medication such as, fentanyl, morphine, buprenorphine, codeine, hydrocodone, methadone, and oxycodone.
- F. **Heroin:** A white, crystalline narcotic powder that is a highly addictive drug derived from morphine.
- G. **"Opioid overdose,"** a medical condition that causes depressed consciousness and mental functioning, decreased movement, depressed respiratory function, and the impairment of vital functions as a result of ingesting opioids in any amount larger than can be physically tolerated;
- H. **Universal Precautions:** An approach to infection control whereby all human blood and human body fluids are treated as if they were known to be infectious for HIV, HBV, and other blood-borne pathogens. The use of Nitrile gloves for purposes of this policy is a highly recommended best practice.
- I. **Signs of Overdose:** A person who has overdosed may:
  - be breathing very slow or not breathing
  - have blue or purplish lips or fingernails
  - be limp
  - pinpoint pupils
  - be vomiting or gurgling
  - not wake up or respond if you try to rouse him

**V. Issuance of Naloxone:**

- A. Naloxone for intranasal use will be issued to all sworn deputies. Each kit will include:
  - Instructions for administering intranasal naloxone.
  - (2) single-use dose delivery devices

**VI. Procedure:** [First responders shall have the authority to administer, without prescription, opiate antagonists when encountering an individual exhibiting signs of an opiate overdose.](#)

- A. Deputies shall receive Agency approved and authorized training on responding to persons suffering from an apparent opioid overdose and the use of naloxone prior to being issued and intranasal naloxone kit and/or being authorized to administer naloxone.
- B. Deputies of the Pawnee County Sheriff's Office shall receive approved and authorized refresher training on responding to persons suffering from an apparent opioid overdose and the use of naloxone every two (2) years.
- C. Whenever a deputy encounters a person who appears to be the victim of a drug overdose, the deputy shall:
  - Maintain universal precautions throughout the event.

- Contact and advise the dispatcher of a possible overdose and request EMS response.
- Keep the dispatcher apprised of the condition of the overdose victim.
- Perform an assessment of the victim checking for unresponsive and decreased vital signs.
- Check for Medic Alert tags or the like, which may indicate a pre-existing medical condition, around the wrist or neck of the victim.
- Ask inmates what type of drug the victim ingested.
- Observe your surroundings for any evidence of drugs that may indicate what the victim ingested such as; prescription drug bottles, heroin packages, needles and syringes.
- Prior to the administration of naloxone, deputies shall ensure that the victim is in a safe location and shall remove any sharp or heavy objects from the victim's reach, as the sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures and difficulty breathing.
- Administer naloxone.
- Seize all illegal and/or non-prescribed narcotics found on the victim or around the area of the overdose and process in accordance with Agency policy and inform medical personnel of the drugs recovered.
- Once used, the intranasal naloxone device is considered bio-hazardous material and shall be turned over to EMS or hospital personnel for proper disposal.

#### **D. Administration of Naloxone:**



**Step #1-** 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 an opioid overdose:
  1. Will not wake up or respond to your voice or touch
  2. Breathing is very slow, irregular, or has stopped
  3. 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.

**Step #2-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.

**Step #3- 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.
- Maintain constant observation of the victim and update dispatch and medical personnel on the condition of the victim.
- You should notice improvement in breathing in 2- 3 minutes.

**E. Reporting:** After utilization of naloxone, deputies shall:

- Prepare an incident report to include a description of the individual's condition, symptoms and behaviors; the fact that naloxone was deployed; EMS response; the hospital to which the victim was transported; any narcotics seized; and the outcome of the Pawnee County Sheriff's Office and EMS response.
- The on-scene supervisor or the on-duty supervisor will review and approve the report.

**F. Storage and Replacement:**

**A.** Inspection of the intranasal naloxone kit shall be the responsibility of the deputy to whom it is issued and shall be conducted by the deputy prior to each shift along with the rest of the Pawnee County Sheriff's Office issued equipment.

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

- Check the expiration date found on the box or vial.

**C.** Naloxone will be stored in accordance with the manufacturer's instructions, avoiding extreme cold, heat and direct sunlight.

**D.** Missing, damaged and expired kits will be reported to the deputy's immediate supervisor as soon as the discrepancy is noted.

**E.** Replacement kits will be provided to deputies.

**G.** Following the administration of the emergency antagonist the deputy shall:

- a. Summon emergency medical services as soon as practical either before or after administration

- b. Immediately provide information related to the administration to any responding medical personnel, any emergency room personnel, or any treating physician

**H. Training:**

Training programs should meet the following criteria: Each first responder training program shall include:

(1) The signs and symptoms of an opioid overdose;

(2) The protocols and procedures for administration of an opioid antagonist;

(3) The signs and symptoms of an adverse reaction to an opioid antagonist;

(4) The protocols and procedures to stabilize the patient if an adverse response occurs;

(5) Opioid antagonist duration;

(6) The protocols and procedures for monitoring the suspected opioid overdose victim and re-administration of opioid antagonist if necessary for the safety and security of the suspected overdose victim;

(7) The procedures for storage, transport, and security of the opioid antagonist; and

(8) The method of opioid antagonist administration being taught.