

	MARICOPA COUNTY SHERIFF'S OFFICE POLICY AND PROCEDURES	
	Subject NALOXONE (NARCAN) PROCEDURES	Policy Number GJ-38 Effective Date 04-15-22
Related Information ARS 32-1471; 36-2228; 36-2267 CP-6, <i>Bloodborne Pathogens</i> CP-7, <i>Airborne Pathogens</i> CP-9, <i>Occupational Safety Program</i> GD-19, <i>Injury or Death of an Employee or Volunteer</i> GJ-11, <i>Serious Injury, or Death of a Prisoner or Inmate</i>	Supersedes GJ-38 (01-09-18)	

PURPOSE

The purpose of this Office Policy is to provide certified employees with guidelines and procedures for administering Naloxone (Narcan) in order to reduce fatal opiate/opioid overdose.

Although this Office Policy refers to employees throughout, this Office Policy also applies with equal force to all volunteers. Volunteers include, but are not limited to, reserve deputies and posse members.

POLICY

It is the policy of the Office for certified employees to administer Naloxone (Narcan) to individuals suffering from opiate/opioid overdose at the earliest possible time to minimize chances of death in accordance with Arizona Revised Statutes (ARS) and this Office Policy.

DEFINITIONS

Certified Employees: For the purpose of this Office Policy, all employees that are trained and authorized by the Office to administer Naloxone (Narcan).

Employee: A person currently employed by the Office in a classified, unclassified, contract, or temporary status.

IM: Refers to the intramuscular (IM) administration of Naloxone (Narcan).

IN: Refers to the intranasal (IN) administration of Naloxone (Narcan).

Naloxone (Narcan): An opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal, and intravenous forms. Narcan is the brand name for Naloxone.

Naloxone (Narcan) Coordinator: The Office appointed employee, or Training Division Commander, who is responsible for the training associated with administering the program Naloxone (Narcan).

Opiates: Natural derived substances from the poppy plant, such as heroin and opium.

Opioid Overdose: An acute condition including, but not limited to, extreme physical illness, decreased level of consciousness, respiratory depression coma, or death resulting from the consumption or use of an opioid or another

substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.

Opioids: Synthetic opiate drugs such as fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, and oxycodone.

PROCEDURES

1. **Administering of Naloxone (Narcan):** Certified Office employees and Correctional Health Services (CHS) personnel are authorized to administer Naloxone (Narcan) to individuals suffering from opiate/opioid overdose, as specified in this Office Policy. Absent certified Office employees and emergency medical personnel, CHS personnel are responsible for administering Naloxone (Narcan) in an Office jail facility.

2. **Indicators of Opioid Use:** Signs and symptoms that an individual is suffering from an opioid overdose include, but are not limited to:
 - A. Pinpoint pupils, even in a darkened environment;
 - B. Depressed or slow respirations;
 - C. Difficulty breathing such as labored breathing and shallow breaths;
 - D. Blue skin, lips, or fingernails;
 - E. Decreased pulse rate;
 - F. Low blood pressure;
 - G. Loss of alertness, drowsiness;
 - H. Unresponsiveness;
 - I. Evidence of ingestions, inhalation, and injection such as needles, spoons, tourniquets, needle tracks, bloody nose;
 - J. Blood-shot eyes; or
 - K. Past history of opioid use or abuse.

3. **Exposure Response:**
 - A. Field exposure responsibilities shall include, but are not limited to:
 1. Certified employees trained in the use of Naloxone (Narcan) may administer it on any employee or subject believed to be suffering from an opioid overdose.
 2. Certified employees shall perform a subject assessment commensurate with their training and certification to determine unresponsiveness of the absence of breathing and/or a pulse.
 3. When using Naloxone (Narcan) kits, certified employees shall maintain universal precautions by using personal protective equipment (PPE) such as gloves and a mask

against pathogens, as specified in Office Policies CP-6, *Bloodborne Pathogens* and CP-7, *Airborne Pathogens*.

4. Non-certified employees shall make a request for assistance from a certified employee through the Communications Division. The non-certified employee shall advise the Communications Division that the subject is in a potential overdose state and Naloxone (Narcan) may need to be administered.
5. The Communications Division shall promptly notify responding certified employees.
6. Emergency medical personnel shall be requested through the Communications Division when an employee or subject is believed to be suffering from an opioid overdose.
7. Certified employees shall provide accurate information to emergency responders before the subject is transported to a hospital.
8. A supervisor shall be notified in all cases where Naloxone (Narcan) is administered.

B. Jail Exposure Responsibilities: Office jail facility exposure responsibilities include, but are not limited to the following:

1. Advise by radio to the jail security control that medical assistance is needed, for a possible opioid overdoes in order for CHS and other detention personnel to respond;
2. Make the scene safe to include maintaining universal precautions;
3. Lockdown the affected housing unit and restrict all movement in and out of the housing unit;
4. Follow CHS and the on-scene shift supervisor's direction for care; and
5. Document the incident, as specified in this Office Policy.
6. In the event the exposure event occurs in an Office jail facility where there is no available medical assistance, Office employees shall contact the Communications Division or 911 for assistance and ensure a shift supervisor has been notified.
7. In the event an Office employee is exposed to an opioid and there is no available medical assistance, certified employees trained in the use of Naloxone (Narcan) may administer it to the employee.

4. Supervisor Responsibilities for an Employee Exposure: In the event an employee has suffered an opioid overdose exposure, the following shall occur:

- A. The on-duty supervisor shall respond to the scene and notify their chain of command.
- B. The supervisor shall attempt to determine how and where the employee was when they were exposed.
- C. The supervisor shall determine if any other employees related to the incident show symptoms or have been affected by an exposure.

5. **K9 Exposure:**
 - A. Certified employees assigned as canine handlers are authorized to administer nasal Naloxone (Narcan) to their Office K-9 when they suspect exposure to an opioid and the dog is displaying signs of unresponsiveness, there is an absence of breathing, or the dog has no pulse, is unresponsive to a sternum rub and has bluish lips or nail beds.
 - B. The canine handler shall notify their supervisor of the incident, as soon possible. The supervisor shall notify their chain of command.
 - C. The K-9 shall be transported to an authorized veterinary hospital for treatment.

6. **Documentation Requirements:** Requirements for documenting the administering of Naloxone (Narcan) incident are as follows:
 - A. Naloxone (Narcan) administered by CHS personnel within an Office jail facility shall be documented in an IR by the reporting employee. CHS personnel are responsible for reporting their Naloxone (Narcan) administration to the State of Arizona.
 - B. Upon completion of a medical assist with Naloxone (Narcan) administration, the reporting employee shall submit an IR detailing the incident, the care the patient received, to include what type of Naloxone (Narcan) was administered (nasal or muscular), and what the disposition was after administering the Naloxone (Narcan). If applicable, the consultation and response by CHS personnel shall be documented in the IR.
 - C. The administering employee shall complete the *Naloxone Usage Report* in TraCS. The report must be approved by the employee's supervisor before the Naloxone (Narcan) Coordinator can access the *Naloxone Usage Report* in TraCS.
 1. All deputies should carry hard copies of the *Naloxone Usage Report* in their Office vehicles in the event that TraCS is unavailable.
 2. The *Naloxone Usage Report* form can be found on the Office's shared drive in the Official Forms folder.
 - D. In the event an employee has suffered an opioid overdose exposure, the employee and/or supervisor shall follow the reporting and documenting procedures, as specified in Office Policies CP-9, *Occupational Safety Program*, GD-19, *Injury or Death of an Employee or Volunteer*, and GJ-11, *Serious Injury, or Death of a Prisoner or Inmate*.
 - E. The Naloxone (Narcan) Coordinator shall ensure that a copy of the *Naloxone Usage Report* is forwarded to the Maricopa County Sheriff's Office Director of Drug Prevention and Education Initiatives or designee. The Director of Drug Prevention and Education Initiatives or designee shall comply with the State of Arizona reporting requirements regarding Naloxone (Narcan) usage. These records must be completed for program integrity, statistical value, and tracking of the Naloxone (Narcan) deployment.

7. **Naloxone (Narcan) Coordinator:** The Naloxone (Narcan) Coordinator's responsibilities shall include:
 - A. Ensure that the Naloxone (Narcan) kits are current and not past their expiration date;
 - B. Replace Naloxone (Narcan) kits that are damaged, unusable, expired, or used;

- C. Ensure proper and efficient deployment of Naloxone (Narcan) for field use;
- D. Ensure that certified employees are adequately trained in its use and storage;
- E. Ensure that any use of Naloxone (Narcan) on an individual or K-9 is documented in an *Incident Report (IR)*; and
- F. Ensure proper reporting of Naloxone (Narcan), with the *Naloxone Usage Report*, to the Maricopa County Sheriff's Office Director of Drug Prevention and Education Initiatives or designee within 24-hours of deployment.

8. **Maintenance / Replacement:**

- A. Employees certified to use Naloxone (Narcan) kits are responsible for inspecting their kit prior to each shift.
 - 1. Each Naloxone (Narcan) kit may include instructions for the administration of Naloxone (Narcan) and one of the three following kits:
 - a. One single-use Luer-Lock syringe system;
 - b. One Mucosal Atomization Device (MAD); or
 - c. One box of Naloxone (Narcan) nasal spray, containing two units of 4mg/ 0.1mL intranasal spray.
 - 2. Naloxone (Narcan) kits shall be stored as directed by the Naloxone (Narcan) Coordinator and assigned to certified employees after obtaining initial Naloxone (Narcan) training. Additional kits shall be assigned to individual units, such as the Crime Lab and Property Management Division, as deemed necessary by the Naloxone (Narcan) Coordinator based on potential risk factors of exposure to substances such as Fentanyl.
- B. Missing or damaged Naloxone (Narcan) kits shall be reported immediately to the shift supervisor. A memorandum shall also be submitted through the employee's chain of command and forwarded to the Naloxone (Narcan) Coordinator.
- C. The Naloxone (Narcan) Coordinator shall be promptly notified if a Naloxone (Narcan) kit is taken off-line or needs replacement/maintenance; and the kit shall be replaced as soon as possible.
- D. Expired Naloxone (Narcan) should be replaced through either the Training Division or other designated Office personnel authorized by the Naloxone (Narcan) Coordinator.