



<b>SUBJECT: Naloxone Usage Policy</b>	<b>POLICY NO: 619.1-619.8</b>
<b>DISTRIBUTION: Patrol, Detention</b>	<b>NO. PAGES: 3</b>
<b>EFFECTIVE DATE: September 25, 2019</b> <b>REVISION DATE: May 20, 2020</b>	
<b>SPECIAL INSTRUCTIONS: Naloxone (Narcan) Usage Form</b>	

**619.1 Purpose:**

The purpose of this policy is to provide approved members with guidelines to utilize Naloxone in order to reduce fatal opiate/opioid overdose.

**619.2 Policy:**

It is the policy of the Yuma County Sheriff's Office for trained officers to administer Naloxone, in accordance with state law and the Administrative Medical Director's guidelines and oversight, to persons suffering from opiate/opioid overdose at the earliest possible time to minimize the chances of death.

**619.3 Definitions:**

- A. **EMS:** Emergency Medical Services that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.
- B. **Naloxone:** Opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal and intravenous forms.
- C. **Opiates:** Naturally derived from the poppy plant, such as heroin and opium.
- D. **Opioids:** Synthetic opiate drugs such as fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone and oxycodone.
- E. **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.
- F. **IN:** Refers to the intranasal (IN) administration of Naloxone.

**619.4 Procedures:**

- A. The Naloxone Coordinator will be appointed by the Sheriff to administer the law enforcement program. Naloxone Coordinator's responsibilities will include:

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1. Provide training for proper use and efficient deployment of Naloxone.
  2. Provide training for proper storage of Naloxone.
  3. Verify use of Naloxone is properly documented in the case report and Naloxone Usage Report.
  4. Ensure proper reporting of Naloxone to the Arizona Department of Health Services Administrative Medical Director's office within twenty-four (24) hours of deployment via the approved reporting process.
  5. Replace all damaged, expired or used Naloxone kits.
- B.** Only Officers who have attended and completed the Naloxone Training for Law Enforcement are authorized to administer Naloxone.
- C.** Naloxone kits will be stored as directed by the Naloxone Coordinator.

### **619.5 Indications and Use**

- A.** Authorized officers shall use Naloxone on subjects exhibiting signs of an opioid overdose. Indicators of an opioid overdose include but are not limited to the following:
1. Pinpoint pupils, even in a darkened environment;
  2. Depressed or slow respirations;
  3. Difficulty breathing (labored breathing, shallow breaths);
  4. Blue skin, lips or fingernails;
  5. Decreased pulse rate;
  6. Low blood pressure;
  7. Loss of alertness (drowsiness);
  8. Unresponsiveness;
  9. Evidence of ingestions, inhalation, and injection (needles, spoons, tourniquets, needle tracks, bloody nose, etc.)
  10. Blood-shot eyes; and,
  11. Past history of opioid use/abuse.
- B.** Officers shall follow protocols outlined in their Naloxone training.
- C.** When using Naloxone kits, officers will maintain universal precautions against pathogens, perform patient assessment, and determine unresponsiveness, absence of breathing and/or pulse.
- D.** Officer(s) will update dispatch that the patient is in a potential overdose state and Naloxone administration is intended.
- E.** Dispatch will promptly notify responding Emergency Medical Services.
- F.** Officers shall ensure accurate communication to EMS for proper patient

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record documentation before transport to a hospital emergency department.

- G.** Notification to Supervisor shall be made as soon as practicable, in addition to formal documentation in a written case report and completion of the Naloxone Usage Report.

#### **619.6 Maintenance / Replacement:**

- A.** Officers authorized to use Naloxone kits are responsible for inspecting the kit prior to each shift.
- B.** Missing or damaged Naloxone kits will be reported directly to the duty supervisor, as soon as practical. Written notification will be made to the Naloxone Coordinator.
- C.** The Naloxone Coordinator shall be promptly notified if a Naloxone kit is taken off-line or needs replacement/maintenance and shall replace the kit as soon as practicable.

#### **619.7 Documentation Requirements:**

- A.** Upon completion of a medical assist with Naloxone administration, the officer shall submit a written report detailing the incident, the care the individual received, and that Naloxone was administered and if the Naloxone use was successful.
- B.** The officer shall complete the Naloxone Usage Report (See Form Attached) forward the completed copy via the chain of command to the Naloxone Coordinator prior to the end of his/her shift.
- C.** The Naloxone Coordinator will forward a copy of the Naloxone Usage Report the Arizona Department of Health Services Administrative Medical Director.

#### **619.8 Amendment:**

This policy is subject to amendment, revision or rescission, as required.

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