

<b>YORK-POQUOSON SHERIFF'S OFFICE</b>	<b>GENERAL ORDERS</b>
<b>SUBJECT: Naloxone (Narcan)</b>	<b>NUMBER: GO 2-45</b>
<b>EFFECTIVE DATE: January 1, 2017</b>	<b>REVIEW DATE: March 27, 2019</b>
<b>AMENDS/SUPERSEDES:</b>	<b>APPROVED:</b>  Sheriff
<b>VLEPSC:</b>	

1    **INDEX WORDS**

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- 3    Drug Intoxication
- 4    EMS
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- 10   Universal Precautions

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12   **POLICY**

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14   It is the policy of the York-Poquoson Sheriff's Office to provide assistance to any person(s) who  
15   may be suffering from an opioid overdose. Deputy Sheriffs trained in accordance with the policy  
16   shall make every reasonable effort, to include the use of Naloxone combined with CPR, to revive  
17   the victim of any apparent drug overdose.

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19   **PURPOSE**

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21   The purpose of this policy is to provide Deputy Sheriffs with guidelines to utilize Naxolone in  
22   order to reduce fatal opioid overdose. This policy is intended to address the varying role  
23   Sheriff's Office members play in their encounters with persons and their role of protecting the  
24   safety and welfare of the community. As such, members need to recognize the symptoms of a  
25   person suffering from an opioid overdose to attempt to protect and help the individual.

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27   **DEFINITIONS**

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- 29    • Drug Intoxication
- 30      ○ Impaired mental or physical functioning as a result of the use of physiological and/or
- 31      psychoactive substances, causing:
- 32          ▪ Euphoria,
- 33          ▪ Dysphoria,
- 34          ▪ Apathy,
- 35          ▪ Sedation, and/or
- 36          ▪ Attention impairment.
- 37
- 38    • EMS

- 39           ○ Emergency Medical Services that provide pre-hospital emergency medical care.  
40           ▪ Such practitioners provide out of hospital care for those with an illness or injury.  
41
- 42       • MAD Device
  - 43       • Mucosal Atomization Device
    - 44           ○ Intranasal Mucosal Atomization Device is used to deliver a mist of atomized  
45           medication that is absorbed directly into a person’s blood stream and directly into the  
46           brain and cerebrospinal fluid via the nose to brain pathway.
      - 47           ▪ This method of medication administration achieves medication levels comparable  
48           to injections.
  - 49
  - 50       • Intramuscular Device
    - 51           ○ The Intra-muscular device is used to deliver a pre-measured dose of the medication  
52           directly into a large muscle which enters the bloodstream.
  - 53
  - 54       • Naloxone
    - 55           ○ An opioid receptor antagonist and antidote for opioid overdose produced in  
56           intramuscular, intranasal or intravenous forms.
  - 57
  - 58       • Narcan
    - 59           ○ A prefilled injectable device, compatible with the intranasal mucosal atomization  
60           device (MAD) for nasal rescue.
  - 61
  - 62       • Opioids
    - 63           ○ Includes but is not limited to:
      - 64           ▪ Heroin,
      - 65           ▪ Fentanyl,
      - 66           ▪ Carfentanyl,
      - 67           ▪ Morphine,
      - 68           ▪ Buprenorphine,
      - 69           ▪ Codeine,
      - 70           ▪ Hydromorphone,
      - 71           ▪ Hydrocodone,
      - 72           ▪ Oxymorphone,
      - 73           ▪ Methadone,
      - 74           ▪ Oxycodone.
  - 75
  - 76       • Opioid Overdose
    - 77           ○ An acute condition, resulting from the consumption or use of an opioid, or another  
78           substance with which an opioid was combined, or that a layperson would reasonably  
79           believe to be an opioid-related drug overdose that requires medical assistance,  
80           including but not limited to:
      - 81           ▪ Extreme physical illness,
      - 82           ▪ Decreased level of consciousness,
      - 83           ▪ Respiratory depression,
      - 84           ▪ Coma, or

- 85                   ▪ Death
- 86
- 87           • Universal Precautions
- 88           ○ An approach to infection control to treat all human blood and certain human body
- 89           fluids as if they were known to be infectious for HIV, HBV and other blood borne
- 90           pathogens.
- 91

## 92 **PROCEDURES**

- 93
- 94           • Training
- 95           ○ Prior to issue, deputies shall be trained in the use of Naloxone by the Virginia
- 96           Department of Behavioral Health and Developmental Services, or its designee.
- 97           ○ The Training Coordinator shall maintain records showing that all current and newly
- 98           employed deputies receive training on the topic of responding to persons suffering
- 99           from an apparent opioid overdose and the use of Naloxone offered by the Department
- 100           of Behavioral Health and Developmental Services, or its designee.
- 101           ○ The Training Coordinator shall ensure that Sheriff's Office personnel receive
- 102           refresher training done in conjunction with First Aid/CPR rescue breath Training.
- 103
- 104           • Issuing of Naloxone/Narcan
- 105           ○ When available, Naloxone or Narcan will be provided in a clearly marked kit for
- 106           either:
- 107           ▪ Intranasal, or
- 108           ▪ Intramuscular use.
- 109
- 110           ○ Each intranasal Naloxone kit shall include:
- 111           ▪ Instructions for administering intranasal Naloxone;
- 112           ▪ Two (2) MAD device.
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- 114           ○ Each intramuscular Narcan kit shall include:
- 115           ▪ Two intramuscular injectable devices,
- 116           ▪ Duty belt pouch.
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- 118           ○ Members carrying Naloxone or Narcan kits shall have a CPR face mask/barrier
- 119           device available for mouth-to-mouth resuscitation.
- 120           ○ All members of the Patrol Division are required to maintain the intranasal Naloxone
- 121           kit and CPR face mask within their assigned cruiser or intramuscular Narcan kit
- 122           available at all times while on duty.
- 123           ○ Any member not required by this policy to carry an intranasal Naloxone kit or
- 124           intramuscular Narcan kit may elect to carry the intranasal Naloxone kit or
- 125           intramuscular Narcan kit provided they have been properly trained and have a CPR
- 126           face mask available.
- 127           ○ Each facility that houses York-Poquoson Sheriff's Office staff shall be equipped with
- 128           either, the intranasal Naloxone kit or intramuscular Narcan kit and a CPR face mask.
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- 130           • Use of Naloxone or Narcan

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- If a member of the Sheriff's Office encounters the victim of what appears to be a opioid drug overdose, the member shall:
    - Maintain universal precautions throughout overdose incident;
    - Contact central dispatch via mobile/portable radio, and advise of possible opioid overdose and request EMS response.
      - ❖ The dispatch center shall then contact appropriate EMS personnel.
    - Keep dispatch personnel apprised of condition of overdose victim throughout overdose incident;
    - Perform an assessment by checking for:
      - ❖ Unresponsiveness,
      - ❖ Vital signs such as:
        - Breathing,
        - Pulse,
        - Is the subject awake and talking,
        - Responsive to verbal stimulation,
        - Responsive to painful stimulation, or
        - Completely unresponsive.
  - Prior to the administration of Naloxone, member on scene shall ensure:
    - The subject is in a safe location, and
    - Remove any sharp or heavy objects from the subject's immediate reach.
  - The sudden onset of immediate opioid withdrawal may result in physical symptoms such as:
    - Agitation,
    - Rapid heart rate,
    - Nausea,
    - Seizures,
    - Difficulty breathing.
  - Administer Naloxone or Narcan using the approved MAD or injectable device.
  - If necessary start CPR/rescue breaths using CPR face mask/barrier protection device and continue until victim is revived or EMS responds.
  - If after two (2) to three (3) minutes of administering Naloxone, there is no improvement or the victim remains unconscious, or no breathing or pulse and if available, one (1) additional dose of Naloxone or Narcan may be administered.
    - Continue CPR/rescue breaths using CPR face mask/barrier protection device until victim is revived or EMS responds.
  - Seize all illegal and/or non-prescribed narcotics found on the victim, or in the immediate area of the overdose victim that is in plain view.
    - Recovered evidence shall be processed in accordance with [GO 2-15](#), Evidence Procedures.

- 176           ○ Once used, the intranasal Naloxone device and/or intramuscular Narcan injection  
177 device is considered biohazardous material and shall be turned over to EMS or  
178 hospital personnel for proper disposal immediately following administration.  
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## 180 **REPORTING**

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- 182       • All uses of Naloxone or Narcan by Sheriff's Office personnel shall be documented in  
183 form of an incident in the Sheriff's Records Management System.
  - 184       ○ After utilization of Naloxone members shall:
    - 185           ▪ Prepare an incident report in Records Management System for documentation  
186 purposes to include:
      - 187               ❖ A description of the individual's condition,
      - 188               ❖ Behavior,
      - 189               ❖ That Naloxone was deployed,
      - 190               ❖ How many doses were administered by Sheriff's Office members,
      - 191               ❖ The medical response,
      - 192               ❖ The hospital the victim was transported to, or
      - 193               ❖ That the victim refused further medical treatment,
      - 194               ❖ Any narcotics seized, and
      - 195               ❖ Final outcome of Sheriff's Office and medical personnel response.
  - 196       ○ The Sheriff's Office tracks the following information for opioid related incidents:
    - 197           ▪ Was the incident opioid related,
    - 198           ▪ Did the incident involve an opioid related death,
    - 199           ▪ Was the incident an opioid overdose,
    - 200           ▪ Was the victim saved through the administration of Naloxone or Narcan.
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## 202 **STORAGE and REPLACEMENT**

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- 204       • Storage
    - 205           ○ Naloxone MAD devices shall be stored in accordance with:
      - 206               ▪ Manufacturer's instructions, and
      - 207               ▪ In agency approved, and provided storage containers.
        - 208                   ❖ Containers are used to avoid extreme cold, heat and direct sunlight.
      - 209               ▪ Naloxone kits shall be carried into the deputy's residence at the end of his/her tour  
210 of duty and placed in their patrol vehicle at the beginning of each tour of duty.
    - 211           ○ Narcan intramuscular injection devices shall be stored in accordance with:
      - 212               ▪ Manufacturer's instructions, and
      - 213               ▪ Not be left in patrol vehicle when off duty.
        - 214                   ❖ Injectable devices shall not be refrigerated or frozen.
        - 215                   ❖ Injectable devices shall be protected from exposure to excessive heat.
        - 216                   ❖ Injectable devices shall be stored at or near room temperature.
  - 217       • Replacement
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- 222 ○
- 223 ○ Inspection of the intranasal Naloxone kit and Narcan intramuscular injectable devices
- 224 shall be the responsibility of the deputy and shall be conducted on each scheduled
- 225 shift.
- 226     ▪ Check the expiration date found on:
- 227         ❖ Either the box or vial of the MAD device, or
- 228         ❖ The container of the intramuscular injectable device.
- 229             ➤ Naloxone and Narcan have a 2-year expiration.
- 230                 ✓ Although Naloxone and Narcan kits have a listed expiration two (2)
- 231                 years form date of manufacture, studies have shown the products to be
- 232                 effective up to one (1) additional year beyond expiration. Studies have
- 233                 also show that there are no adverse side effects from the use of
- 234                 Naloxone or Narcan after the listed expiration date. Therefore,
- 235                 Deputies may continue to use Naloxone or Narcan for up to one (1)
- 236                 year beyond the listed expiration date.
- 237
- 238 ○ Missing, damaged or expired Naloxone or Narcan kit(s) shall be reported through the
- 239 chain of command to the Administrative Services Division.
- 240 ○ Requests for replacement Naloxone shall be made through the chain of command to
- 241 the Administrative Services Division.
- 242

243 **PROVISIONS**

- 244
- 245 • Liability
- 246 ○ Section [8.01-225](#), subsection 19, Code of Virginia provides that:
- 247     ▪ Any persons rendering emergency care or assistance without compensation to any
- 248     ill or injured person are exempt from liability if in good faith prescribes,
- 249     dispenses, or administers Naloxone, Narcan or other opioid antagonist used for
- 250     overdose reversal in an emergency to an individual who is believed to be
- 251     experiencing or about to experience a life-threatening opiate overdose shall not be
- 252     liable for any civil damages for ordinary negligence in acts or omissions resulting
- 253     from the rendering of such treatment if acting in accordance with the provisions
- 254     of Section [54.1-3408](#), subsection X, Code of Virginia, or in his role as a member
- 255     of an emergency medical services agency.
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- 257 ○ Section [54.1-3408](#), subsection X, Code of Virginia provides that:
- 258     ▪ Notwithstanding the provisions of Section [54.1-3303](#), Code of Virginia, Law-
- 259     enforcement officers as defined in Section [9.1-101](#), Code of Virginia, and
- 260     firefighters who have completed a training program may also possess and
- 261     administer Naloxone or Narcan in accordance with protocols developed by the
- 262     Board of Pharmacy in consultation with the Board of Medicine and the
- 263     Department of Health.