



Charleston County Sheriff's Office Policy and Procedures Manual

Sheriff Carl Ritchie

11-08

FENTANYL, OTHER SYNTHETIC OPIOIDS, AND NALOXONE (NARCAN)

- ☐ NEW
- ☒ REVISED
- ☒ REVIEWED

ACA Standards Reference:
CALEA Standards Reference: 46.3.2
NCCHC Standards Reference:
SCLEA Standards Reference:
SC Minimum Standards:

This policy dated 1/28/2025 replaces prior policies cited above and supersedes all previously issued directives.

I. Purpose:

To establish procedures governing the safe handling, storage, and destruction of the drug known as fentanyl or other synthetic opioids and to establish guidelines regarding the utilization of nasal Naloxone administered by the Charleston County Sheriff's Office. The objective is to treat opioid overdoses and reduce fatal opioid overdoses.

II. Policy:

The purpose of this policy is to create awareness about the dangers of fentanyl and related compounds and outline the policies and practices adopted by the Charleston County Sheriff's Office to reduce exposure by deputies and civilian employees who may come into contact with the drug. This policy also covers the usage of the life-saving drug Naloxone (Narcan) within the Charleston County Sheriff's Office. It is our policy to provide Naloxone kits throughout the agency in case the need arises to respond to victims of opioid overdoses.

III. Definitions:

- A. For purposes of this procedure, the word "deputy" applies to all agency employees with a certification classification of Class I, Class II, or Class III, as defined by the South Carolina Criminal Justice Academy.

The following terms are used interchangeably; however, they carry guidance to specific employees based on usage of the term:

1. Deputy, deputy sheriff, detention deputy, sworn employee, uniformed sworn employee, sworn administrative employee, and
 2. civilian, non-sworn employee.
- B. *Employee*: When used without further clarification, the term employee is inclusive of all agency members (sworn and non-sworn).
- C. *Fentanyl and its Equivalents*: Fentanyl, a scheduled II prescription narcotic analgesic, is roughly 50 to 80 times more potent than morphine.
- D. *Opioids*: Opioids are a group of drugs which are classified as narcotic sedatives, meaning that they depress the activity of the central nervous system. They are typically used to control pain, but overdose amounts, will cause people to stop breathing. They include drugs such as morphine, codeine, Vicodin, oxycodone, methadone, and heroin.

- E. *Opioid Overdose*: An opioid overdose is an emergency condition which occurs when a person uses an excessive amount of drugs containing opioids
- F. *Dosage Forms and Appearance*: Under a doctor's care, fentanyl is administered via transdermal patch, oral lozenges, nasal spray, or injectable formulations. Illegal preparations are distributed in tablet, capsule, liquid or powder form and have been found in samples of all illicit drugs.
- G. *Contamination*: Any visible particulate matter on an object, a deputy or their clothing, an individual (subject or deputy) that is experiencing signs or symptoms of an exposure, or it is assumed cross contamination has occurred if there is more than compliant contact between a deputy and a suspect who is exhibiting signs or symptoms of synthetic opioids.
- H. *Naloxone*: Naloxone is a drug used to counter the effects of opioid overdose. Naloxone helps the person wake up and keeps them breathing.
- I. *Narcan*: Narcan is a Naloxone product administered as a nasal spray into the person's nostrils. It can be repeated if necessary.

IV. Procedure:

- A. Symptoms of Exposure:
 - 1. If you encounter an individual who is unresponsive, determine whether they were exposed by identifying the possible source of exposure:
 - a. Drug paraphernalia
 - b. Empty pill capsules around the person
 - c. Powdery substance on their person
 - 2. A person exposed to opioids may experience the following symptoms:
 - a. Respiratory distress, respiratory depression or arrest
 - b. Disorientation
 - c. Sedation
 - d. Clammy skin

- e. Nervous system depression
 - f. Drowsiness
 - g. Reduced level or loss of consciousness
 - h. Dizziness
 - i. Nausea/vomiting
 - j. Limp body
 - k. Pinpoint pupils
3. If one experiences any of these symptoms when exposed to opioids, or any unknown substance, immediately notify a co-worker and have Consolidated Dispatch immediately request Fire/EMS activation for medical evaluation.

Remember, a first responder experiencing respiratory depression suggests that they are in a toxic environment. Effects usually occur within minutes of exposure. Remove yourself or symptomatic person from the environment and be prepared to implement life saving measures.

B. Treatment of a fentanyl/opioid overdose:

- 1. Deputies should first protect themselves by making sure the scene is secure and then donning their PPE.
- 2. If EMS or Sheriff Al Cannon Detention Center (SACDC) contracted medical staff has not been notified, do so immediately. Detention deputies will call a Medical Emergency (37E) Narcan needed over the radio if an inmate is suspected to having an overdose.
- 3. Check the subject's airway and pulse. Begin CPR immediately if the subject is not breathing.
- 4. Administer Naloxone (Narcan) to the subject and notify the CDC. Continue CPR until medical help arrives. If medical help has not arrived after a few minutes and the subject is still unresponsive, administer a second dose of Naloxone (Narcan) to the subject and continue CPR. Depending on the amount of exposure, multiple doses of naloxone may be needed.

5. When Narcan is utilized and its results in resuscitation of an overdosed inmate, SACDC staff will ensure the inmate receives appropriate immediate follow-up care. The effects of Narcan only lasts for a limited period of time and the inmate may experience another opioid overdose when the effects wear off.

C. Field Testing:

1. As mentioned earlier, there is no reliable field test for the presence of fentanyl. However, every powder, liquid, or tablet that is seized should be handled as though it could potentially contain fentanyl or a related compound.
2. Field testing of any material, including plant material, must be conducted wearing appropriate issued personal protective equipment (e.g., Nitrile gloves, eye protection and a P95 mask).
3. Recognize the signs and symptoms of an opioid overdose or exposure. Exposure to fentanyl can be temporarily interrupted by the administration of naloxone and rescue breathing.
4. If a field test is to be administered:
 - a. Always have a co-worker present who is trained and is appropriately equipped.
 - b. Do not field test in any vehicle.
 - c. Do not field test if environmental conditions are not favorable (e.g., no gusting wind, out of traffic induced wind gusts, no precipitation).
 - d. If environmental conditions are not favorable, or inside of a building, field testing can be accomplished through the use of portable testing envelope.
 - e. If these conditions are not met, identify subject to the best available means and submit suspect material properly to the Forensic Services Unit.

D. Personal Protective Equipment (PPE):

1. Fentanyl (in its illicit form) is not readily absorbed through intact skin and can be inhaled when it becomes airborne. Examples of PPEs and

their uses are:

a. Searching Subjects (Minimal Risk):

Wear nitrile gloves; consider wearing a second set in event of a tear.

b. Searching Enclosed Spaces and Vehicles, Observable Loose Powders, and Field Testing (Moderate Risk):

1. Wear nitrile gloves; consider wearing a second set in event of tear.

2. Wear long sleeves, preferably issued sleeve gloves or disposable coveralls to protect your arms.

3. Wear a fitted P95 mask or air purifying respirator along with safety goggles or glasses.

4. Do not open the suspected drug in the field unless absolutely required to do so.

5. Properly package the evidence and do not handle more than absolutely required.

6. Only handle the evidence with a trained partner.

c. Analyzing Known or Suspected Fentanyl Evidence / Collecting Loose Evidence (High Risk):

1. The collection of loose evidence will only be conducted by those with specialized training and equipment.

2. Notify Metro Narcotics Unit

E. Evidence Procedures:

1. Treat all drug evidence as possible fentanyl evidence until analysis is completed.

2. Seek assistance as needed from Metro Narcotics Unit to keep yourself, co-workers, family members, inmates, and the general public safe.

3. Double bag any evidence suspected to be fentanyl and clearly label

them as such. Large volumes of suspected or confirmed fentanyl should be placed in a secure container once double bagged.

4. Transportation of Fentanyl, analogs or potent opioid evidence should be avoided where possible. If absolutely required, ensure that the sample is properly packaged in a suitable protection case and clearly marked with appropriate hazards labels.

F. Disposal of Equipment:

1. All disposable personal protective equipment must be placed and sealed into a Bio-Hazard bag and clearly marked as "Bio-Hazard" and placed into Bio-Barn for incineration. These items include but are not limited to:
 - a. Gloves
 - b. Masks
 - c. Filters
 - d. Other disposable items
2. Re-usable equipment must be decontaminated by trained personnel according to the manufacturer's specification.

G. Personal Decontamination:

1. Do not use bleach, alcohol-based solutions, or high pH soaps, as they all may enhance absorption of synthetic opioids.
2. Immediately use soap and water to thoroughly wash and rinse contaminated skin.
3. Take care not to break the skin during the decontamination process and to cover all open wounds.
4. All contaminated clothing should be removed and placed into plastic Bio-Hazard bags and placed into the Bio-Barn for disposal, being careful not to disturb any areas of contamination.
5. Shower immediately after a potential exposure.
6. Working K-9s are also at risk. Working K-9s should be removed from

an area where suspect synthetic opioids are encountered. If exposed, residual drug powder might remain on the K-9's body; therefore, the proper precautions and procedures mentioned above should be employed by those handling the K-9. If a K-9 is exposed to opioids is experiencing overdose symptoms, Naloxone (Narcan) can be administered to the K-9.

H. Handling of Subjects and Subject Vehicles:

1. All subjects who have been arrested by the Charleston County Sheriff's Office will be thoroughly searched prior to transportation to the SACDC.
2. If the subject has exhibited or has made statements about possible contamination, EMS will be immediately requested, and they will be decontaminated by the jurisdictional HAZMAT unit before transportation to SACDC.
3. The Metro Narcotics Unit on-call supervisor will immediately be notified and briefed of the incident. The Metro Narcotics Supervisor will determine if any involved vehicle(s) will be placarded with bio-hazard stickers and towed to the DUS lot for disposition.

I. Documentation:

1. The Charleston County Sheriff's Office participates in the United States Drug Enforcement Administration's Overdose Detection Mapping Application Program (ODMAP), a web-based public health and public safety tool to track spikes in fatal and non-fatal overdoses in real time.
2. A detailed incident report will be completed on all incidents, regardless of whether it is a fatal or a non-fatal incident.
3. The incident report should be titled "Overdose" and must accurately reflect the incident. Do not title reports as "Agency Assist" or "Information" for these type incidents.
4. An approved copy of all overdose reports (fatal and non-fatal) will be forwarded to the Metro Major Case Unit.
5. For SACDC deputies, once the seal for the gray box has been broken for a Narcan Kit, an incident report will be generated detailing the facts of the deployment for the kit and what contents were used.

- a. The Housing Lieutenant will ensure the use of Narcan is logged in the end of shift report and an email sent to the Narcan Notification group.
6. Once they have received specific training for this program, Patrol supervisors will enter these incidents into the web based ODMAP database.

The following information must be entered into ODMAP for each incident:

- a. location,
- b. date and time,
- c. age,
- d. gender,
- e. fatal or non-fatal event,
- f. Naloxone deployment(s), and
- g. suspected overdose agent.

J. Exposure or Suspected Exposure Documentation:

1. If an exposure or suspected exposure should occur, the appropriate reports will be completed, to include but not limited to:
 - a. Incident Report; including:
 - i. Nature of the incident and exposure
 - ii. The care and treatment administered
 - b. Exposure Report
 - c. First Injury Report
 - d. Any additional required accompanying documentation

K. Training:

1. All Sheriff's Office employees will receive initial training that shall include:
 - a. An overview of South Carolina law, specifically S.C. Code ANN §44-130-60, which permits first responders to assist persons at risk of experiencing an opioid-involved overdose with naloxone.
 - b. Patient assessment, including signs and symptoms of opiate-related overdose.
 - c. Universal precautions (appropriate wear, and removal of PPE).
 - d. Rescue Breathing (Use of Cyclone BVM).
 - e. Seeking medical attention.
 - f. Administration of naloxone.
 - g. Naloxone use on pediatric patients.
2. Continuing education training will occur in agency block training at a minimum of every two years.

L. Uniform carrying and storage of issued naloxone and BVM:

1. While in uniform the issued Naloxone can be carried in the weak side cargo pocket of the Class B uniform.
2. While wearing tactical gear the issued naloxone can be carried in a Molle pouch on the front of the tactical vest carrier.
3. Civilians and plain clothes deputies working in fixed locations or offices will store the issued naloxone and BVM in an area designated by the unit supervisor.
4. While off-duty, while wearing Class A uniform, and Transportation Detention Deputies, the issued naloxone and BVM will be readily available and stored in the front passenger side door pocket of their vehicle.
5. Naloxone kits at the SACDC will be stored in gray boxes, with a visible

sign will be placed on the outside of the box to indicate the location of the Narcan and will be easily accessible in the Housing Lieutenant hallway, Lobby, Sergeant's Office, Dress-Out, Lobby, STG, and Intake. The Safety Compliance Specialist will ensure the kits are inventoried during their monthly inspection. An inventory sheet will be kept monthly. The inventory will include the number of vials and a notation of the expiration date. Any inventory issues should be reported to the Chief Deputy immediately.