



GENERAL ORDER

Loudoun County Sheriff's Office

Chapter: Operations	Section: 406.21	
Subject: Response to Selected Situations	Topic: Naloxone for Opiate Overdose	
Accreditation:	Revised:	Reaffirmed:
Enacted: 12/14/2015	Last Review: 12/14/2015	Review: 7/30/2016

I. PURPOSE

The purpose of this General Order is to establish guidelines and policy for the proper use of agency-issued Naloxone in an effort to broaden the ability of public safety personnel, including law enforcement, to respond to opiate overdoses. Naloxone is a fast-acting opiate antagonist used in emergency medicine to rapidly reverse opiate-related sedation and respiratory depression. Naloxone is marketed under various trademarks including "Narcan", "Nalone" and "Narcanti." For the purposes of this policy, the term "Narcan" will be used to refer to Naloxone. Narcan is a scheduled drug, but has no euphoric properties and minimal side effects. During an opiate overdose, a patient may suffer a disruption in normal breathing. In some cases, breathing may stop altogether (respiratory arrest), quickly leading to death. Law enforcement personnel often arrive on the scene of overdoses before emergency medical providers; as a result, the administration of Narcan by deputies has the potential to save lives.

II. POLICY

- A. It is the policy of the Loudoun County Sheriff's Office that the administration of Narcan by sworn personnel be performed in accordance with state law and training.
- B. Applicable Virginia State Code sections:
 - 1. 54.1-3408 (X)

III. PROCEDURE

- A. Training
 - 1. Prior to the issuance and/or administration of Narcan, Sheriff's Office personnel will attend and successfully complete an agency-approved training course.
- B. Administration
 - 1. Consistent with their training, authorized deputies will utilize nasal Narcan on subjects 12 years of age or older who are unconscious/unresponsive and believed to be suffering from an opiate overdose, as outlined in section III, B, 2, below. When using nasal Narcan, deputies will maintain scene safety, utilize standard precautions against blood borne pathogens, perform a patient assessment, and determine unresponsiveness and the absence of effective breathing and/or a pulse. If the patient is not breathing and does not have a pulse, CPR should be considered.

2. Indications that a subject may be suffering from an opiate overdose include, but are not limited to:
 - a. Pinpoint pupils
 - b. Depressed or slow respiratory rate
 - c. Difficulty breathing (labored breathing, shallow breaths)
 - d. Blue skin, lips or fingernails
 - e. Decreased pulse rate
 - f. Loss of alertness (drowsiness)
 - g. Unresponsiveness
 - h. Evidence of ingestion, inhalation and/or injection (needles, spoons, tourniquets, needle tracks, bloody nose, etc)
 - i. Past history of opiate use/abuse
3. Deputies shall follow the protocols outlined in their nasal Narcan training when administering the product:
 - a. Deputies will update ECC that the patient is in a potential overdose status and ensure that EMS has been dispatched to the scene.
 - b. Take the pre-filled vial of Narcan and secure it into the provided syringe. Ensure that you are using the right medication on the right patient, and that the medication has not expired.
 - c. Remove the mucosal atomization device (MAD) from its packaging and secure it to the top of the syringe.
 - d. Control the patient's head and gently but firmly inject the atomizer into the nostril.
 - e. A maximum of 1 ml may be administered into each nostril.
 - f. Narcan syringes and the MAD should be disposed of by placing them in a sharps or biohazard container (maintained by EMS personnel or a local hospital) after use.
4. Deputies will help ensure the patient is transported to the emergency room by EMS if appropriate. If the patient will not go to the emergency room voluntarily, then the process to see if an emergency custody order is appropriate will begin. If there is evidence that the patient attempted suicide by his/her ingestion of opiates, expresses suicidal thoughts/ideations or any other supporting criteria

exists, then the patient will be placed under an emergency custody order. If the patient refuses to be transported to the emergency room and they reasonably appear to have the capacity to make medical decisions, they may legally refuse further medical assistance. EMS will attempt to obtain a written refusal. This is per the EMS protocol and is not a law enforcement function. Patients refusing further medical treatment should be advised that Narcan will wear off in 1-2 hours and that could result in a recurrence of life-threatening respiratory depression.

C. Maintenance and Replacement

1. Deputies authorized to use nasal Narcan are responsible for the inspection of the Narcan prior to each shift. Missing or damaged nasal Narcan must be reported to the deputy's immediate supervisor as soon as detected and documented as damaged or lost Sheriff's Office property. Additionally, the deputy will, as soon as possible but before the end of his/her shift, notify the Overdose Response Coordinator so that a replacement may be obtained in a timely manner.
2. Narcan has a shelf life of two years. It is important to store the Narcan at the proper temperature and to limit its exposure to light. To assist with this, the deputies responsible for the Narcan will store it in a secure location within their residences or stations with their duty gear.

D. Documentation Requirements

1. Upon completing a medical assist with Narcan, the deputy will complete an IBR detailing the nature of the incident, the care the patient received, that Narcan was administered and the outcome of the Narcan administration. The deputy will also notify the Overdose Response Program Coordinator that Narcan was administered and the case number for statistical tracking.

E. Overdose Response Program Coordinator

The Coordinator's responsibilities include:

1. Ensuring that the nasal Narcan kits are current and not past the expiration date.
2. Ensuring proper and efficient deployment of the nasal Narcan for field use.
3. Ensuring that authorized deputies are adequately trained in the use of nasal Narcan
4. Ensuring that any use of Narcan on a subject is documented in an IBR.
5. Replacing nasal Narcan that has been damaged, unusable, expired and/or has been used.
6. Reporting nasal Narcan use statistics as requested.