

## Naloxone Policy

### 490.1 PURPOSE AND SCOPE

Deputy Sheriffs, Sheriff's Special Officers (SSOs), Correctional Service Assistants (CSAs), Community Service Officers (CSOs), Forensic Scientists, Forensic Specialists, Legal Property Technicians and Deputy Coroners are occasionally the first to respond to a person who is experiencing or suspected of experiencing an opioid-related overdose. The purpose of this policy is to establish procedures to govern an "Overdose Prevention Program" through the deployment of Naloxone by these Department Members. The objective is to reduce injuries and fatalities resulting from opioid overdoses, in the instances where emergency medical personnel have not yet arrived.

For purposes of this Policy, all references to "Members" mean Deputy Sheriffs, SSOs, CSAs, CSOs, Forensic Scientists, Forensic Specialists, Legal Property Technicians and Deputy Coroners.

### 490.2 POLICY

It is the policy of the Orange County Sheriff's Department that Members shall be trained to administer Naloxone in accordance with mandated training guidelines as determined and established by the Orange County Health Care Agency/Emergency Medical Services (HCA/EMS) pursuant to Health & Safety Code 1797.197 and California Civil Code 1714.22.

1. Members who are trained in accordance with mandated training guidelines shall deploy with Naloxone kits in the field. Naloxone kits will be made available to Members working custody operations at specific locations, as determined by the facility Program Manager. However, the Member shall retain the discretion to administer or not administer Naloxone to persons experiencing or suspected of experiencing opioid-related overdoses. There is no legal obligation to administer Naloxone.
2. Members who administer Naloxone, are protected from civil and criminal liability if they "act with reasonable care" and "in good faith". This is accomplished by administering Naloxone according to established training protocol.
3. If a Member has a valid reason for not participating in the program, such as religious objections, they shall be excused with the approval of his/her Commander.

### 490.3 PROGRAM COORDINATOR

The Southwest Operations Captain shall serve as the Department's Program Coordinator and shall work in collaboration with the HCA/EMS. The Program Coordinator shall designate Program Managers at each participating location to provide support to the Program Coordinator. The Program Managers shall be responsible for tracking, storage, maintenance, replacement of Naloxone kits, and reporting to the Program Coordinator.

### 490.4 TRAINING

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#### 490.4.1 INITIAL TRAINING

Members may not administer Naloxone without the completion of mandated training by HCA/EMS. All Members at participating locations shall receive initial training that shall include, at a minimum, an overview of California Civil Code 1714.22, patient assessment (signs/symptomology of overdose), universal precautions, rescue breathing, seeking medical attention, and the use of intra-nasal Naloxone. Upon completion of training, Members shall have their training recorded with the Program Coordinator.

#### 490.4.2 CONTINUING TRAINING

Members shall receive refresher training as deemed appropriate by HCA/EMS.

#### **490.5 NALOXONE DEPLOYMENT**

The Department shall deploy Naloxone kits as deemed appropriate by the Sheriff or the Sheriff's designee.

#### **490.6 NALOXONE KITS**

Naloxone kits shall include at a minimum: gloves, mask, eye protection, atomizer, and Naloxone. Members at participating patrol locations shall check out a Naloxone kit and deploy with the kit during their tour of duty. Naloxone kits will be made available to Members working custody operations at specific locations, as determined by the facility Program Manager. If no kits are available, the Member must notify their supervisor.

#### 490.6.1 NALOXONE STORAGE

Naloxone kits must be returned to the local equipment cage or administrator at the end of shift and shall not be kept in patrol vehicles for extended periods of time.

#### **490.7 NALOXONE USE**

In a non-custodial setting, Members are authorized to administer Naloxone when they reasonably believe someone is experiencing an opioid-related overdose.

In a custodial setting, if a sworn Member is not immediately available, CSAs and SSOs may administer Naloxone and provide first aid. Upon arrival, a sworn Member will assume responsibility of the scene, conduct an investigation, and document the incident.

Members shall treat the incident as a medical emergency and shall follow these steps when performing this intervention:

1. Members should have a heightened officer safety when responding to a possible overdose. The patient receiving the Naloxone may regain consciousness in a combative or altered state, the area may contain hazardous substances such as Fentanyl and the incident could be staged to distract you;
2. Request emergency personnel (including but not limited to sworn Members, medical staff, paramedics) to respond;
3. Maintain universal precautions and when possible, use Personal Protective Equipment;

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4. Perform patient assessment;
5. Determine unresponsiveness;
6. Update your activity (via dispatch, pac-set, steno, panic button, Main Control) of potential overdose state;
7. Follow Naloxone use protocol;
8. Immediately notify responding emergency medical personnel that Naloxone has been administered; and
9. Supervisor notification shall be made as soon as reasonably possible, prior to or immediately following the deployment of Naloxone.

### **490.8 DOCUMENTATION/NALOXONE REPORTS**

Upon completion of the incident, Members shall submit a report detailing the nature of the incident, the care the patient received, and the fact Naloxone was deployed.

#### **490.8.1 REPORTING RESPONSIBILITY**

The supervisor shall be responsible to ensure the report was completed and submitted to the local Program Manager in a timely manner. The local Program Manager shall ensure a copy of the report is forwarded to the Program Coordinator.

### **490.9 MAINTENANCE AND REPLACEMENT**

The maintenance and replacement of Naloxone kits shall be the responsibility of the Program Manager (or their designee) assigned to each location where the kits are used. Kits should be inspected regularly to ensure they are not damaged or expired. Used, lost, expired or damaged Naloxone kits shall be reported to the immediate supervisor and returned to the local Program Manager for replacement.