


MONROE COUNTY SHERIFF'S OFFICE

General Order

CHAPTER: 027		TITLE: Emergency Opioid Antagonist Program	
EFFECTIVE DATE: May 15, 2018	NO. PAGES: 4	REVIEWED/REVISED: June 25, 2018	
REFERENCE: CFA 14.14		RESCINDS:	
 Sheriff of Monroe County			

I. PURPOSE

The purpose of this directive is to establish guidelines and regulations governing the use of Naloxone by trained personnel of the Monroe County Sheriff's Office (MCSO). The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses. MCSO personnel trained in the use of Naloxone can administer the life-saving, non-narcotic to a suspected victim of opiate overdose when MCSO personnel are the first to arrive at the scene of a suspected overdose as outlined in F.S.S. 381.887.

II. GLOSSARY:

OPIOID: Any morphine-like synthetic narcotic that produces the same effects as drugs derived from the opium poppy (opiates), such as pain relief, sedation, and respiratory depression.

NALOXONE HYDROCHLORIDE (NARCAN): An opioid antagonist for reversal of respiratory depression and other opioid effects in persons who have abused heroin, morphine, or other synthetic opioids. It is a colorless and odorless liquid.

MEDICAL CONTROL PHYSICIAN: The medical control physician shall be a designated medical doctor who is licensed to practiced medicine in the State of Florida. The sheriff shall maintain an affiliation with the medical control physician, and shall periodically consult with him/her to review training, equipment, procedures, applicable laws and regulations and/or the review of specific medical cases involving the emergency administration of naloxone. At his/her discretion, the medical control physician may partake in training members of the Monroe County Sheriff's Office.

III. SCOPE

Applicable to all Monroe County Sheriff's Office personnel who have first aid responsibilities and who have successfully completed the required course of instruction on the carrying, storage and administration of an emergency opioid antagonist, such as naloxone hydrochloride ("Naloxone").

IV. DISCUSSION

Naloxone is a prescription medicine that reduces an opioid overdose by blocking opioids in the brain for 30 to 90 minutes. Opioids that can be affected by Naloxone administration include heroin, oxycodone, methadone, fentanyl, morphine, codeine, opium, hydrocodone, and name-brand drugs such as Percocet, Vicodin and Demerol.

Administering Naloxone to a victim who is not suffering from an opiate overdose does not cause any adverse effects. Naloxone is a safe, effective treatment for suspected victims of opiate overdose.

V. POLICY

It is the policy of the Monroe County Sheriff's Office to be able to provide the best possible response to the citizens of Monroe County, including the administration of an emergency opioid antagonist by trained personnel when the use of the antagonist is indicated and emergency medical personnel are not yet on scene.

VI. PROCEDURE

A. Responsibilities

1. Medical oversight for the MCSO use and emergency administration of Naloxone shall be assigned to a medical control physician who is licensed to practice medicine within the State of Florida. At his/her discretion, the medical control physician may make recommendations relating to this Emergency Opioid Antagonist Program policy, the oversight and administration of Naloxone by MCSO and shall approve any training related to the program. The MCSO shall maintain an affiliation with the medical control physician and shall periodically consult with him/her to review training, equipment, procedures, applicable laws and regulations and/or review of the specific medical cases involving the emergency administration of Naloxone.
2. The MCSO lead cardio-pulmonary resuscitation instructor and/or lead first aid instructor will be designated as the Office's Naloxone program coordinator.

The Naloxone program coordinator is responsible for the administrative management of the written emergency opioid antagonist program, including policy revisions, monitoring the effectiveness of the program through quality assurance reviews, and communicating with the medical control physician regarding issues related to the medical aspects of the emergency opioid antagonist program.

3. The Naloxone program coordinator is responsible for ordering and maintaining the inventory of Naloxone and distribution of Naloxone units to MCSO personnel who have first aid responsibilities and who have successfully completed the required course of instruction on the carrying, storage and administration of it. Inventory and distribution logs shall include the Naloxone unit's serial number, its expiration date and the name of the person to whom it was distributed. The Naloxone program coordinator shall also provide replacement units when a unit has been damaged, is unusable, expired or deployed.
4. The Training Division is responsible for coordinating and providing an approved emergency opioid antagonist training course for authorized MCSO personnel who have first aid responsibilities. The course shall provide authorized MCSO personnel with training in the carrying, storage and administration of an emergency opioid antagonist. The training shall specifically include, at a minimum:
 - a. An overview of F.S.S. 381.887 as it relates to this policy
 - b. Victim assessment to identify the signs and symptoms of opioid overdose
 - c. Universal precautions and infection control when administering Naloxone
 - d. Use of the Naloxone (NARCAN) nasal spray, to include viewing a presentation of proper deployment

- e. Required reports and documentation relating to the administration of Naloxone
- f. Biennial refresher training on the carrying, storage and administration of an emergency opioid antagonist conducted on the same schedule as cardio-pulmonary resuscitation (CPR) training for the respective disciplines (odd calendar years—law enforcement, even calendar years—corrections).

B. Responding Deputy:

1. Ensure that Dispatch has dispatched an ambulance to the scene.
2. Ensure the safety of the scene of a medical emergency involving a suspected opioid overdose.
3. Using universal precautions to protect from blood borne pathogens and other communicable diseases, medically assess the subject, which may include, but not be limited to, determining unresponsiveness and other indications of an opiate-induced overdose.
4. Provide CPR/rescue breathing, if needed.
5. Prepare the nasal spray for deployment.
6. Administer Naloxone according to agency training guidelines.
7. Use due caution when administering naloxone; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated or combative state, and may exhibit symptoms associated with withdrawal.
8. If effective, place subject into the recovery position and provide supportive care, if needed.
9. Immediately inform Dispatch that Naloxone has been administered and provide updates as needed.
10. Transfer care of the subject to responding Emergency Medical Services (EMS) personnel.
11. If the subject refuses medical treatment or transportation to a medical facility and no criminal charges are to be filed, defer to local EMS to provide resources on local treatment options and information for the victim and family on how to receive a Naloxone kit.
12. Advise supervisor that Naloxone has been administered as soon as possible while still on scene.
13. Used Naloxone units shall be treated as medical waste and shall be disposed of as outlined in General Order 100: Infectious Disease Control Policy. Used Naloxone units may also be disposed in the EMS sharps container or at the hospital.
14. Complete an information report detailing the administration of Naloxone and forward it to the shift supervisor for approval with copies to the Naloxone program coordinator and to the Risk Manager. The narrative of the report must include the reason the deputy suspected the incident to be an opiate overdose, the apparent effects of the deployment, *i.e.* the response of the victim, the names of each deputy who deployed Naloxone, the recipient of the deployment (*e.g.* civilian, officer, etc.), and the serial number(s) of the units deployed. Any statements or evidence of drug use or drug paraphernalia should also be documented.

C. Shift Supervisor

The on-duty shift supervisor shall review the offense report and forward it to the Naloxone program coordinator and to the Risk Manager. This notification shall prompt the Naloxone program coordinator to arrange for a replacement Naloxone unit to the administering deputy(ies) from the Naloxone program coordinator's inventory.

D. Maintenance and Replacement - Deputy:

Deputies are responsible for the inspection of the issued Naloxone unit at the beginning of each shift. Due to the fact that the medication is sensitive to extreme temperature, deputies shall store the kit within his/her vehicle's passenger compartment while on duty. When off-duty, deputies shall store the kit in a climate-controlled environment less than 104 degrees. At no time shall the kit be stored in the trunk of the patrol vehicle. Lost, expired, damaged, opened or used naloxone kits shall be immediately reported to the deputy's supervisor.

E. Maintenance and Replacement – Supervisor:

Supervisors will inspect the Naloxone units during the annual inspection. The shift supervisor will immediately remove from service any Naloxone units discovered to be expired, damaged or opened. The shift supervisor shall request, through his/her chain-of command, replacement Naloxone units from the Naloxone program coordinator.

F. Restrictions

Only members who have participated in, and successfully completed, the agency's training program are authorized to use Naloxone. Only the Naloxone purchased by, and distributed through, the agency's Naloxone coordinator can be carried and used by an authorized member.