

	LANE COUNTY SHERIFF'S OFFICE POLICY	Number: G.O. 3.27
		Issue Date: May 23, 2018
		Revision Date: March 16, 2020; January 31, 2023
CHAPTER: Organization, Management and Administration		Related Policy: G.O. 6.27 (Health Services; Job Related Illness/Injury Reporting),
SUBJECT: Naloxone Program		Related Laws:

POLICY: Lane County Sheriff's Office personnel are often the first responders to overdose calls. In an attempt to decrease injury or death from opioid overdoses, trained personnel are authorized to administer naloxone to reverse the effects of an apparent opioid overdose.

DEFINITIONS:

1. Naloxone – Commonly known by the brand Narcan, naloxone is a prescription medication that is approved by the United States Food and Drug Administration for the treatment of opioid overdose.
2. Opioid – Natural or synthetic chemicals that interact with opioid receptors on the nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drug includes the illegal drug heroin, synthetic opioids such as fentanyl and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine and many others.
3. Opioid Overdose – A condition including, without limitation, extreme physical illness, a decreased level of consciousness, respiratory depression, coma or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that an ordinary layperson would reasonably believe to be an opioid related drug overdose that requires medical assistance.

RULE:

1. Lane County Sheriff's Office personnel should only administer naloxone per their training.
2. It is the responsibility of each Police Services deputy to check and ensure that the naloxone issued to them has not expired.
3. It is the responsibility of Corrections deputies to check and insure that naloxone stored in designated security areas of the jail has not expired. Medical personnel should insure the same for naloxone stored in the medical clinic and related medical areas of the jail.

PROCEDURE:

I. General:

- A. When a deputy encounters a person possibly experiencing an opioid overdose, the deputy will assess the person for symptoms of an opioid overdose.
- B. If the deputy suspects the possible presence of any opioid overdose symptoms, the deputy will:
 1. Immediately request EMS or verify that EMS has been dispatched (Police Services) or medical contract staff (Corrections).
 2. Utilize universal safety precautions and PPE and exercise extreme caution when dealing with substances that may contain fentanyl to prevent accidental exposure to substances, to potential blood borne pathogens and to other potentially infectious materials.
 3. If medical personnel are not immediately available to administer naloxone, deputies will administer naloxone in accordance with the deputy's training.
 - a. Deputies shall not administer naloxone to persons under five (5) years of age or under 44 pounds.
 - b. Prior to administering, ensure the dose of naloxone has not expired.
 4. Place the person in a recovery position unless there is evidence of head or neck trauma.
 5. Continue to monitor the person's respirations and render first aid until relieved by EMS personnel or other medical professionals.
 6. When EMS personnel or other medical professionals arrive, inform them that naloxone (along with the number of doses given) was administered to the victim.
- C. After receiving a dose of naloxone, the victim will typically show signs of improvement within minutes. Their respiratory rate and level of consciousness will increase.
 1. If a person does not begin breathing normally within three to five minutes, a second dose of naloxone may be needed.
- D. The administration of naloxone may result in the rapid reversal of an opioid overdose. There is no set behavior that can be expected from the person and

reactions can vary among individuals. Rapid reversal of an opioid overdose may cause the victim to:

1. Wake up confused and lethargic
2. Enter into opioid withdrawal symptoms, such as irritability, sweating, nausea, projectile vomiting, violent behavior, diarrhea and stomach pains.

II. Replacement:

- A. Deputies will notify their supervisor through a memorandum or email about the need to replace any naloxone assigned to them or their designated work area.
- B. In their notification, the deputy will inform the supervisor of the reason for replacement:
 1. Used in an attempt to save the life of an overdose victim
 2. Opened in preparation to assist an overdose victim but not used
 3. Lost, damaged, stolen or exposed to extreme temperatures
 4. Expired

III. Storage

- A. Naloxone shall be carried and/or kept in a manner consistent with proper storage guidelines as detailed by the manufacturer for temperature and sunlight exposure.

IV. Reporting Requirements:

- A. Police Services deputies who administer a dosage of naloxone to an overdose victim shall complete an incident report. Corrections deputies shall document the incident in a memorandum. At a minimum this report will document the following information:
 1. Date, time and location of the event.
 2. The perceived signs and symptoms which the deputy observed the overdose victim display at the time of contact.
 3. The request of EMS or other medical personnel to respond to the location of the event.
 4. The determination to administer a dose of naloxone.

5. The overdose victim's response to receiving a dose of naloxone.
6. The number of doses of naloxone the deputy administered to the overdose victim.
7. The arrival and response of any EMS or other medical personnel.

V. Training:

- A. Prior to being issued naloxone, deputies will receive initial training on the storage and administration of naloxone.
- B. Deputies shall receive refresher training every two (2) years thereafter.