

Administration of Nasal Naloxone

Index Code: 1613

Effective Date: 04/15/14 (Revised 10/03/16)

I. Purpose

Queen Anne's County, as well as other counties throughout Maryland, has seen an increase in Heroin overdoses and Heroin related deaths. Naloxone has been successful in treating overdoses of Heroin and other opiates including Morphine, Fentanyl, Oxycodone, Oxycontin, Percocet, Percodan Hydrocodone, and Vicodin by Emergency Medical Services for many years. The drug reverses the effects of an overdose.

Naloxone is a scheduled drug, but has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. During an opiate overdose a person may suffer a disruption of normal breathing. In some cases breathing may stop altogether quickly causing death.

The purpose of this directive is to provide training for personnel in the pre-hospital administration of Naloxone, which is commonly known by the brand name Narcan, and provide guidelines for its use. Deputies often arrive on the scene of overdoses before Emergency Medical Services personnel. Deputies administering Naloxone is an effort to save lives.

II. Policy

It is the policy of the Office of the Sheriff to utilize Naloxone as a means of saving lives. In conformance with this policy, the Medical Director for Queen Anne's County will provide medical oversight for the training, use, and administration of Naloxone. The following procedures will serve to direct the administration, handling and use of Naloxone.

III. Implementation

When a deputy arrives on the scene of a medical emergency prior to the arrival of Emergency Medical Services personnel, and determines that a person is suffering from an opiate overdose, the deputy should administer two milligrams of their supplied Naloxone to the patient by the way of the person's nasal passages. One milligram should be administered to each nostril.

When the decision is made to administer Naloxone the following steps should be taken:

1. Deputies should utilize universal precautions.
2. Deputies should conduct a medical assessment of the person and surroundings to include statements made by witnesses regarding drug use.
3. If the deputy makes the determination that there has been an opiate overdose, the naloxone kit should be utilized.
4. Deputies should be aware that reversal of an opiate overdose may cause projectile vomiting and/or violent behavior.
5. The person should be observed and treated as the situation dictates.
6. The deputy should inform Emergency Medical Services that Naloxone was administered and the current condition of the patient.
7. Deputies will help ensure the patient is transported to the hospital. If the patient will not go to the hospital then the emergency evaluation process will be initiated.
8. Deputies will conduct any criminal investigations and gather evidence as a result of the call for service notwithstanding the Maryland Good Samaritan Law provisions as described in item #9.
9. Deputies will be aware of Maryland's Good Samaritan Law that protects from certain misdemeanors (possessing or administering CDS, possessing drug paraphernalia, obtaining, possessing or

furnishing alcohol for underage consumption) and violations of a condition of pretrial release, probation or parole any person who seeks, provides, or assists with the provision of medical assistance due to the ingestion of alcohol or drugs. It also applies to the victims if they receive assistance because of a third party's intervention. The law does NOT apply to witnesses who are not helping with the emergency medical assistance and it does NOT apply to drug felonies.

IX. Proponent Unit: Support Services

X. Cancellation: Directive dated 5/14/16

Sheriff Gary Hofmann

IV. Reporting Requirements

An incident report will be completed by the deputy that administered the Naloxone. The circumstances and actions surrounding the administration of the Naloxone will be described in the report. A copy of this report will also be sent to the Department of Emergency Services for review by the Emergency Medical Services Chief and County Medical Director.

V. Equipment

Deputies will be equipped with a storage container containing two 2 milligram doses of Naloxone Hydrochloride and a nasal atomizer. Deputies will immediately replace any used items after their use. Expiration dates on the medication will be monitored by the deputy to whom it is issued and will be replaced when expired. Naloxone is temperature sensitive. It cannot be left in a vehicle for extended periods of time in cold or hot weather. Deputies will remove the Naloxone it from their vehicle during these times (i.e., off-duty parking of the vehicle).

VI. Training

Initial training for deputies issued Naloxone kits will be conducted under the direction of the County Medical Director and personnel from the Department of Emergency Services. Refresher training will occur every two years.

VII. Substance Abuse Resources

The Office of the Sheriff maintains a current list of Substance Abuse Resources available locally to individuals that may have a substance abuse issue. Deputies will provide this information in to any individual who they feel could benefit from this information. This information will be maintained and provided as a written document.

VIII. CALEA Reference: None