

Policy

It is the policy of the Cecil County Sheriff's Office to ensure that deputies are able to properly administer Nasal Naloxone to victims of opiate overdoses when necessary.

Purpose

The policy will establish written procedures that establish guidelines for the administration of Nasal Naloxone. There has been a recent increase in Cecil County and other neighboring jurisdictions in heroin overdoses and heroin related deaths. Naloxone has been successful in treating overdoses of heroin and other opiates (Morphine, Fentanyl, OxyContin, Percocet, Percodan, and hydrocodone as found in Vicodin). Naloxone reverses the effects of an overdose. Naloxone is a scheduled drug but has no euphoric properties and minimal side effects. If Naloxone is administered to a person who is not suffering an opiate overdose, it will do no harm. Deputies who arrive on overdose calls for service prior to medical personnel may find situations where it is necessary to administer Nasal Naloxone. Naloxone is commonly known by the brand name Narcan.

Procedures

1. When a deputy arrives on the scene of a medical emergency prior to the arrival of Fire Company / Emergency Medical Services, the deputy sheriff will conduct a medical assessment of the patient to include statements made by witnesses regarding drug use.
2. If the deputy believes that a patient is suffering from an opiate overdose, the deputy should administer two milligrams of their supplied Naloxone to the patient by the way of their nasal passages. Approximately one milligram should be administered to each nostril.
3. Deputies should use universal safety precaution when dealing with the patients and the scene.
4. Deputies should be aware that the reversal of an opiate overdose may cause projectile vomiting and/or violent behavior.
5. The patient should continue to be observed and treated as the situation dictates.
6. The treating deputy shall inform responding Fire Department / Emergency Medical Services personnel about the treatment and condition of the patient. The deputy shall not relinquish care of the patient until relieved by a person with a higher level of medical training.

7. Deputies will help ensure that the patient is transported to the hospital. If the patient will not go to the hospital voluntarily, then the emergency evaluation process will be initiated if there is evidence that the patient attempted suicide by their ingestion of opiates or expresses suicidal thoughts or ideas, or there is other criteria for evaluation under the emergency petition process.
8. If the patient continues to refuse transport in all other cases, and they reasonably appear to have the capacity to make medical decisions, they may legally refuse further medical assistance.
9. Deputies will handle any criminal investigations as a result of the call for service.
10. Deputies will complete an appropriate incident report any time when Naloxone is used. The administration of Naloxone will be described in the report. The Criminal Investigation Supervisor will forward the completed reports through the chain of command to the Lieutenant for review by command staff.

Equipment:

1. Deputies will be equipped with a storage container containing a 2 milligram dose of Naloxone and a nasal atomizer.
2. Deputies will also receive a leather holder for their duty belts.
3. Deputies will contact a shift supervisor after any use of their medication and atomizer so the items can be replaced as soon as possible.
4. All medication and atomizers will be replaced every two years.
5. Deputies are to be aware that the medication is temperature sensitive and will take necessary precautions to ensure that the medication is not exposed to extreme heat or cold for lengthy periods of time.

Training:

1. Initial training for deputies will be conducted by selected members of the Department of Emergency Services.
2. The training will cover the Maryland Overdose Response Program and the Educational Training Program Core Curriculum.
3. Trained deputies will receive a certificate of training that will expire two years after the initial training date.
4. The Sheriff's Office Training Coordinator will keep custody of all certificates of training.
5. Deputies will receive refresher training before their initial certification expires.