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**SHERIFF**

## LINE-UP TRAINING

### Under the Influence Recognition Refresher

Topic # 106

*After discussing/reviewing the below training material in line-up (briefing), sworn staff shall sign off as completed in LMS. In the event a staff member is not present when this topic is discussed in line-up, they shall independently read, review, and complete the training.*

*By clicking "Yes" to "Have you completed this activity?" in LMS, you are attesting that you have viewed, read, and completed the training activity.*

#### I. PURPOSE

The purpose of this training is to inform staff about the various symptomologies and indicators of individuals under the influence of drugs.

#### II. POLICY

This training is conducted in adherence to [DSB P&P Section M.6 Life Threatening Emergencies: Code Blue](#).

#### III. DISCUSSION Staff shall discuss and review the following topics.

**WHAT IS A DRUG?** Any substance which can impair a person's ability to function normally

##### **SEVEN DRUG CATEGORIES:**

**Central Nervous System (CNS) Depressants:** Drugs that slows brain activity, making them useful for treating anxiety, panic, acute stress reactions, and sleep disorders.

- **Alcohol**
- **Non-Alcohol CNS Depressants:**
  - ✓ Barbiturates
  - ✓ Non-Barbiturates – *Synthetic Compounds (Ex: Soma, Benadryl, Ambien)*
  - ✓ Anti-Anxiety Tranquilizers – *"Minor" tranquilizers (Ex: Xanax, Valium, Ativan)*
  - ✓ Anti-Anxiety Depressants – *Mood Elevators (Ex: Prozac, Zoloft)*
  - ✓ Anti-Psychotic Tranquilizers – *"Major" Tranquilizers (Ex: Thorazine, Haldol)*
- **Methods of Ingestion:** Orally / Insufflation / Injection
- **General Indicators:** Reduced Inhibitions / Lack of coordination / Impaired Vision / Slurred incoherent speech / Emotional Instability / Impaired Judgement and Concentration.



- **Signs of Overdose:**
  - ✓ Extremely drowsy (may pass out)
  - ✓ Pulse rapid and weak
  - ✓ Respiration will become shallow
  - ✓ Skin cold and clammy

**Central Nervous System (CNS) Stimulants:** Drugs that stimulate the brain, speeding up both mental and physical process. They increase energy, alertness, blood pressure, heart rate, and respiratory rate.

- **Cocaine:** Made from leaves of coca plant
- **Amphetamines:** Used to Control Appetite , Relieve/Prevent Fatigue, Treat Mild Depression, Treat Parkinson's Disease, Prevent/Treat Surgical Shock (Ex: Adderall, Benzedrine, Desoxyn, Dexedrine)
- **Illicit Amphetamines:** Methamphetamine, Amphetamine Sulfate
- **Other CNS Stimulants:** Caffeine, Ephedrine, Ritalin
- **Methods of Ingestion:** Orally / Insufflation / Injection / Smoking
- **General Indicators:** Euphoria / Hyperactivity / Restlessness / Anxiety / Increased Alertness / Misperception of time and distance.
- **Signs of Overdose:**
  - ✓ Confused & Aggressive
  - ✓ Convulsions, faint or pass out into coma
  - ✓ Pulse rapidly increase
  - ✓ Hallucinations

**Hallucinogens:** Affects a person's perceptions, sensations, thinking, self-awareness, and emotional state.

- **Natural Hallucinogens:** Mescaline (Peyote), Psilocybin (Mushrooms), Jimson Weed, Bufo Alvarius (Licking the self-defense toxins excreted from a toad), Morning Glory Seeds, Nutmeg, Salvia Divinorum.
- **Synthetic Hallucinogens:**
  - ✓ LSD – Lysergic Acid Diethylamide
  - ✓ MDMA "Ecstasy" – Methylenedioxymethamphetamine
- **Methods of Ingestion:** Orally / Insufflation / Injection / Smoking / Transdermal
- **General Indicators:** Hallucinations, Paranoia, Nausea, Perspiring, Flashbacks, Body Tremors, Memory Loss, Synesthesia (Transposition of senses)
- **Signs of Overdose:** During long and intense bad "trip".
  - ✓ Suicide
  - ✓ Accidental death fleeing hallucinations
  - ✓ Perceive invulnerability leading to death

**Dissociative Anesthetics:** Drugs that inhibit pain by cutting off or dissociating the brain's perception of pain. It induces a state of sedation, immobility, amnesia and analgesia.

- **PCP (Phencyclidine):** Psychedelic Anesthetic, used in treating mental and psychological disorders & animal tranquilizer – Potassium cyanide and hydrochloric acid.
- **Ketamine:** Used as a rapid surgical anesthetic in both animals and humans.



- **Dextromethorphan (DXM):** Synthetic – Found in cough / cold medication. Chemically related to Codeine.
- **Methods of Ingestion:** Orally / Insufflation / Injection / Smoking / Transdermal
- **General Indicators:** Delirium, Agitation, Anxiety, Rigid Muscle Tone, Elevated Blood Pressure, Convulsions, Hallucinations, Violent Reactions, Sensory Distortions, Perspiring.
- **Signs of Overdose:**
  - ✓ Deep Coma (Up to 12 Hours)
  - ✓ Seizure & Convulsions
  - ✓ Respiratory Depression
  - ✓ Heart Attack
  - ✓ Blank Stare

**Narcotic Analgesics:** An "Analgesic" is a medication or drug that relieves pain. It is different from an anesthetic, in that it lowers one's perception or sensations of pain, rather than stopping nerve transmissions.

- **Opiates: Derivation from Opium**
  - ✓ Morphine – Heroin
  - ✓ Codeine – Hydrocodone (Vicodin / Lortab)
  - ✓ Thebaine – Oxycodone / Percodan
- **Synthetics:**
  - ✓ Methadone
  - ✓ Fentanyl
  - ✓ Demerol
- **Methods of Ingestion:** Orally / Insufflation / Injection / Smoking / Transdermal
- **General Indicators:** Droopy Eyelids, Nausea, On the nod, Dry Mouth, Constricted Pupils, Slowed Breathing, Slow Reflexes, Euphoria, Facial Itching, Drowsiness.
- **Signs of Overdose:**
  - ✓ Respiratory Failure
  - ✓ Slow/Shallow respiration
  - ✓ Clammy Skin
  - ✓ Disorientation
  - ✓ Convulsions
  - ✓ Pinpoint Pupils

**Inhalants:** Volatile substances that produce chemical vapors that can be inhaled to induce a psychoactive, or mind altering effect.

- **Volatile Solvents:** Evaporates easily to produce fumes (*Ex: Plastic cement, Fingernail polish remover, Petroleum products, Paints, Liquid correction fluid*)
- **Anesthetic Gasses:** Drugs that abolish pain (*Ex: Amyl Nitrate, Ether, Nitrous Oxide*)
- **Aerosols:** Hydrocarbon gas that produces drug effects (*Ex: Hair Spray, Frying Pan Lubricants, Deodorants, Computer Duster, Insecticides*)
- **Methods of Ingestion:** Insufflation / Inhalation
- **General Indicators:** Antagonistic, Confusion, Dizziness, Drowsiness, Floating Sensation, Hallucinations, Euphoria, Inebriation, Intense Headaches, Nausea, Salivation.
- **Signs of Overdose:**
  - ✓ Coma



- ✓ Depressed Respiration
- ✓ Nausea
- ✓ Sudden Sniffing Death
- ✓ Vomiting

**Cannabis:** It is medically used to treat nausea, vomiting, lowering intraocular pressure, inhibit seizures, and enhance appetite.

- **Marijuana:** Cannabis plant containing tetrahydrocannabinol (THC).
- **Hashish:** Drug made from the resin (extract) of the cannabis plant.
- **Hash Oil:** Oleoresin obtained by extraction of cannabis or hashish (AKA Honey Oil).
- **Dronabinol:** Synthetic Cannabinoid (Marinol)
  - ✓ K2
  - ✓ Spice
  - ✓ Fire N Ice
- **Methods of Ingestion:** Orally and Smoked
- **General Indicators:** Body tremors, Disoriented, Eyelid Tremors, Red Conjunctiva, Relaxed Inhibitions, Impaired Perception of time and distance.
- **Signs of Overdose:**
  - ✓ Paranoia
  - ✓ Psychosis

**INDICATORS CONSISTENT WITH DRUG CATEGORIES**

	CNS Depressants	CNS Stimulants	Hallucinogens	Dissociative Anesthetics	Narcotic Analgesics	Inhalants	Cannabis
<b>Pupil Size</b>	<i>NORMAL</i>	<i>DILATED</i>	<i>DILATED</i>	<i>NORMAL</i>	<i>CONSTRICT</i>	<i>NORMAL</i>	<i>DILATED</i>
<b>React Light</b>	<i>SLOW</i>	<i>SLOW</i>	<i>NORMAL</i>	<i>NORMAL</i>	<i>LITTLE</i>	<i>SLOW</i>	<i>NORMAL</i>
<b>Pulse Rate</b>	<i>DOWN</i>	<i>UP</i>	<i>UP</i>	<i>UP</i>	<i>DOWN</i>	<i>UP</i>	<i>UP</i>
<b>Blood Press</b>	<i>DOWN</i>	<i>UP</i>	<i>UP</i>	<i>UP</i>	<i>DOWN</i>	<i>UP/DOWN</i>	<i>UP</i>
<b>Body Temp</b>	<i>NORMAL</i>	<i>UP</i>	<i>UP</i>	<i>UP</i>	<i>DOWN</i>	<i>UP/DOWN</i>	<i>NORMAL</i>

**UNDER THE INFLUENCE LAWS:**

- **11550(a) H&S:** Being under the influence of a controlled substance
- **647(f) PC:** Public Intoxication
- **23152(f) VC:** Driving under the influence of Drugs (DUID)

**POSSESSION LAWS:**

- **11350(a) H&S:** Possession of controlled substance without a valid prescription.
- **11377(a) H&S:** Possession of Methamphetamines without a valid prescription.
- **4573(a) PC:** Knowingly bring or send a controlled substance into a jail or prison.
- **4060 B&P:** Possession of prescription medication without a prescription.

**SUSPECTED OPIOID OVERDOSE AND NALOXONE:**

- Refer to: [DSB P&P Section M.6 Life Threatening Emergencies: Code Blue.](#)

<b>DATE:</b>	OCTOBER 4, 2016
<b>NUMBER:</b>	M.6
<b>SUBJECT:</b>	LIFE THREATENING EMERGENCIES: CODE BLUE
<b>RELATED SECTIONS:</b>	<a href="#">M.5</a> , <a href="#">MSDC.2</a> , SDCSD P&P 6.128

## PURPOSE

To provide procedures when responding to a life threatening “code blue” medical emergency for inmates, staff, and visitors.

## POLICY

Any life threatening medical emergency shall trigger a 911 request for a paramedic emergency response team.

## PROCEDURE

### I. CODE BLUE

A code blue is described as a cardiac and/or respiratory arrest or any other serious medical emergency. This includes, but is not limited to cardiac, respiratory, and trauma emergencies.

A. Upon discovery of a victim, sworn staff shall:

1. Assess the victim's condition.
2. Without leaving the victim, immediately call for help via radio or by any other means of communication to notify medical staff and/or request the activation of emergency medical services (911). Provide the location, victim status (breathing, pulse, etc.), and nature of the injury if known.
3. If opioid overdose is suspected, initiate naloxone administration as outlined in Section II.
4. Start Cardiac-Pulmonary-Resuscitation (CPR) as needed using a barrier device, e.g. PAM mask, pocket mask. Additional resuscitative equipment will be provided by the Medical Services Division (MSD) staff. MSD staff will determine the appropriateness of utilizing additional emergency equipment including, but not limited to the Automated External Defibrillators (AED).
4. Switch to two-person CPR if additional help has arrived after the above notifications have been made. Continue CPR until told to stop or relieved by 911 paramedic emergency response team.

B. Registered nurse (RN)/Licensed vocational nurse (LVN):

1. Respond to the scene with the emergency bag and any other emergency equipment needed.
2. Assess the victim immediately.
3. Manage the emergency and assess the patient continuously. Monitor blood pressure, pulse, and respirations as needed.
4. Delegate as necessary.
5. Document sequence of events in the patient medical record.
6. When the paramedic emergency response team arrives, the medical staff member will provide information regarding the scene, emergency medical care provided and any medical history obtained. The medical staff member will then relinquish care to the paramedics.

NOTE: The paramedic emergency response team is required by law to transport to the nearest acute care emergency room.

C. Provide the watch commander with a brief description of the incident.

D. If there is a physician (MD) in the facility, he/she shall be called to the scene.

E. In addition to sworn staff, any MD, RN or LVN shall have the authority to call 911 or other medical transport for any medical condition they deem necessary.

F. If an employee's medical situation is resolved at the scene, refer the employee to his/her immediate supervisor who shall follow Departmental P&P 3.16 "Occupational Inquiries, Illness or Death."

G. Visitors not requiring 911 interventions shall be referred to their private physician.

II. SUSPECTED OPIOID OVERDOSE AND NALOXONE

A. An opioid overdose requires immediate medical attention. The most common signs of overdose include the following:

1. Extreme sleepiness, inability to awaken verbally or upon sternal rub.
2. Breathing problems that can range from slow to shallow breathing in a victim who cannot be awakened.
3. Fingernails or lips turning blue/purple.
4. Extremely small "pinpoint" pupils.
5. Slow heartbeat and/or low blood pressure.

- B. Naloxone is the antagonist of choice for the reversal of acute opioid toxicity. Naloxone should be administered to any inmate who presents with signs of opioid overdose or when opioid overdose is suspected. When administering naloxone, staff shall:
  - 1. Maintain universal precautions against blood borne pathogens.
  - 2. Inform responding medical personnel that naloxone was administered and the number of doses used.
  - 3. Dispose of the nasal adaptor and syringe in a sharps container following the use of a naloxone kit.
  - 4. Forward the glass vial to the naloxone coordinator for tracking purposes.
- C. Naloxone is a controlled substance and as such must be monitored. Deputies shall account for the naloxone kits at the beginning of each shift and make an entry in the Jail Information Management System (JIMS). Deputies will select NLX-Naloxone from the drop down menu of the Area Activity in JIMS. At the beginning of each shift, the watch commander will make an entry in the Watch Commander's Log indicating that all naloxone kits were accounted for. Missing or damaged naloxone kits will be reported to the naloxone coordinator.
- D. Each facility/unit will outline, via a green sheet, the naloxone coordinator for their facility/unit and location of each naloxone kit. The naloxone coordinator will also be responsible for tracking, ordering and replacing naloxone products. All naloxone products have an expiration date. It is important to check the expiration date and obtain replacement naloxone as needed. To accomplish this, the naloxone coordinator will conduct a monthly inspection of all naloxone kits.

### III. DOCUMENTATION

- A. The administration of naloxone will require documentation. Sworn staff will complete a Naloxone Usage Report which will be attached to a NetRMS report. NetRMS reporting procedures are outlined in San Diego Sheriff's Department - Procedure 6.128.
- B. Administration of naloxone within a detention facility will also be documented via a JIMS incident report using NLX-Naloxone as the Incident Type Code. The narrative will contain a synopsis of the incident and reference the NetRMS case number for further details.