

SDSD Detention Services Bureau –Sheriff's Transportation Unit Green Sheet

DATE:	MAY 2022
NUMBER:	M.6. T.1
SUBJECT:	LIFE THREATENING EMERGENCIES: OPIOID OVERDOSE/ADMINISTERING OF NALOXONE.
RELATED SECTIONS:	M.5, M.6, DETENTION P&P SDSD P&P 6.128

PURPOSE:

To provide procedures to be used when a suspected opioid overdose occurs, and the administration of Naloxone is conducted.

POLICY:

All Sheriff's Transportation Unit (STU) runs will have a Naloxone kit in their assigned vehicle when leaving on their assigned runs.

PROCEDURE:

- I. Check-out/check-in and accountability of the kits.
 - A. Driver's responsibility
 1. The assigned driver of each run will check-out a Naloxone kit from the armory at the start of each run, utilizing a check-out/check-in sheet. The kit is to be kept inside the van or the bus, not in the van trunk or the bus cargo bays.
 2. The driver is responsible for conducting an inspection of the kit during the check-out process.
 3. At the end of the run the driver will be responsible for checking the kit back into the armory.
 - B. PM Shift Sergeant's responsibility.
 1. The P.M Shift Sergeant is responsible for ensuring all kits are accounted for and in the designated secure area prior to shifts end each day.
 - C. Unit's Naloxone Coordinator's assignment/responsibility.
 1. The Unit Naloxone Coordinator will be a collateral duty. The Naloxone Coordinator for STU will conduct an inspection of the Naloxone kits on the first workday of each month and collect the prior month's Naloxone check-out/check-in sheets for auditing purposes. PDF file copies will be made and archived on the shared "V" drive.

II. SUSPECTED OPIOID OVERDOSE AND NALOXONE

- A. An opioid overdose requires immediate medical attention. The most common signs of overdose includes 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. Any individual who presents with signs of opioid overdose or when opioid overdose is suspected, Naloxone should be administered. More than one dose of Naloxone may be required to revive the individual. It is essential to get the individual to a hospital emergency room as soon as possible.
- C. When using the Naloxone kit, staff will maintain universal precautions against blood borne pathogens. Staff shall follow the protocol as outlined in the Naloxone training, inform responding medical personnel that Naloxone was administered, and the number of doses used. Following the use of a Naloxone kit, the nasal adaptor and syringe must be disposed of in a sharps container. For tracking purposes, the glass vial should be forwarded to the Naloxone coordinator.
- D. Naloxone is a controlled substance and as such must be monitored. When not checked out, all kits will be kept in the armory. At the end of each day, the PM Sergeant 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.
- E. All Naloxone products have an expiration date. It is important to check the expiration date and obtain replacement Naloxone as needed. The Naloxone coordinator will be responsible for tracking, ordering and replacing Naloxone products. Naloxone kit supplies can be ordered through the Sheriff's Medical Services.
- F. 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. Administration of Naloxone within a detention facility will also be documented in JIMS. Sworn staff will select NLX-Naloxone as the Incident Type Code. The narrative will contain a synopsis of the incident and reference to the NetRMS case number for further details.