

DATE:	DECEMBER 1, 2022
NUMBER:	M.47
SUBJECT:	SUSPECTED OPIOID OVERDOSE
RELATED SECTIONS:	M.5, M.6, M.48, SDSD P&P 6.128, MSD D.1.2

PURPOSE

To provide procedures in the event an incarcerated person is suspected of suffering from an opioid overdose and the required documentation.

POLICY

If an incarcerated person appears to be suffering from a suspected opioid overdose, staff shall provide immediate aid once feasible to do so by deploying naloxone to the individual experiencing the overdose. Basic life saving measures shall also be conducted if needed during this time.

If a suspected overdose is occurring, 911 shall be contacted immediately and transportation to the emergency department can occur via ambulance. Sworn and health staff shall continue caring for the individual and monitoring their status until the paramedics arrive and assume control of the individual's care.

PROCEDURE

I. SUSPECTED OPIOID OVERDOSE

- A. An opioid overdose requires immediate medical attention. The most common signs of overdose include the following:
 - 1. Extreme sleepiness or unresponsiveness.
 - 2. Breathing problems that can range from slow to absent breathing.
 - 3. Fingernails and/or lips turning blue/purple.
 - 4. Extremely small "pinpoint" pupils.
 - 5. Slow heartbeat and/or low blood pressure.

- B. Naloxone should be administered to any incarcerated person who presents with signs of opioid overdose or when opioid overdose is suspected. When administering naloxone, staff shall:
 - 1. Maintain precautions against blood borne and respiratory pathogens.
 - 2. Inform responding health staff that naloxone was administered, and the number of doses used, time doses were administered, and what the effects were.

3. Appropriately dispose of the naloxone applicator.
 4. Request a replacement naloxone kit from the watch commander as soon as practical.
- A. Common area naloxone usage by incarcerated persons
1. A video explaining the purpose of the naloxone box will be played in conjunction with the facility orientation video. This video will give directions to incarcerated persons on how to properly administer the naloxone and direct them to utilize the call button in a cell/module to contact staff for a medical emergency.
 2. Upon hearing the naloxone box alarm, deputies will respond to the area the box has been activated in and assess the scene.
 3. Facility health staff shall be contacted to respond to the incident. Sworn staff shall initiate basic lifesaving measures until relieved by health staff and/or the paramedic emergency response team, as outlined in Detentions Policy and Procedure Section M.6 – Life Threatening Emergencies: Code Blue.
 4. Deputies will ask the incarcerated person assisting the individual how many doses of naloxone have already been administered. Once the incident is resolved and time allows, deputies shall also collect the used naloxone plungers for disposal.
- B. Misuse of naloxone by incarcerated persons
1. If it is determined the incarcerated person utilized naloxone outside of events related to a suspected overdose, (e.g. ingestion of drugs/opioids, prevention of an overdose, or experiencing symptoms of an overdose) the incarcerated person will need to be evaluated by facility health staff to assist in the determination of misuse.
 2. When determining misuse of naloxone, other factors should also be considered including the persons current charges, history of drug smuggling, currently exhibiting withdrawal symptoms, etc. If any of these are factors, staff should err on the side of caution and follow procedures for a suspected overdose incident occurring.
 3. If misuse of naloxone by an incarcerated person is determined by health and sworn staff, the incarcerated person who ingested, or was administered naloxone, shall still be observed for at least 30 minutes.

II. DOCUMENTATION

- A. Documentation of medical emergencies shall be completed in compliance with Detention Services Bureau Policies and Procedures section M.5.
- B. Naloxone administration by either sworn, health staff, or an incarcerated person will be documented by a sworn staff member in a NetRMS report using the Offense Code "981157—ZZ-OVERDOSE-NALOXONE USE (JAILS ONLY)" and selecting the Special Studies box "NRI- Naloxone Related Event." A Naloxone Usage Report (SO-195) form will be completed and attached to the NetRMS report. Deputies will also

document the incident in a JIMS incident report (ISR) using NLX-Naloxone as the Incident Type Code. The narrative will contain a synopsis of the incident, indicate the person who administered the naloxone, the number of doses administered, what time the doses were administered and the NetRMS case number. A separate crime/incident report is required for each incarcerated person.

- C. If an incarcerated person utilizes the naloxone for reasons outside of preventing a suspected overdose, a miscellaneous NetRMS report will be completed utilizing the Offense Code "981158 – ZZ – NALOXONE DESTRUCTION (JAILS ONLY)". The misuse of the naloxone will also be documented in a JIMS incident report (ISR).
- D. Sworn staff involved in the naloxone administration should coordinate with the Detentions Investigation Unit (DIU) to follow-up on any possible investigations and/or crime/incident reports related to the suspected drug overdose that prompted the use of naloxone. The "981157—ZZ-OVERDOSE-NALOXONE USE (JAILS ONLY)" report will be written separate from any related crime reports.