

**PROBATION DEPARTMENT
ADMINISTRATIVE MANUAL**

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| Chapter No. 1215 | Page 1 |
| Issue Date: | 02/2020 |
| Revised: | N/A |

**Notes and
References**



Tanja Heitman
Chief Probation Officer

Naloxone

Purpose:

On April 5, 2018, the U.S. Department of Health and Human Services submitted a media release which indicated the U.S. Surgeon General recommended that all individuals who may come into contact with opioid abusers carry and know how to use naloxone. Naloxone is an opioid overdose reversal drug that has the ability save lives. Provisional data from the Centers for Disease Control and Prevention indicate that in the 12-month period ending in October 2017, over 68,000 Americans died from drug overdose, a 12% increase from the previous year. This is the largest number ever recorded and equates to an average of more than 187 overdose-related deaths per day.

Justice-involved individuals are disproportionately represented among substance abusers. Further, offenders who have been recently released from correctional facilities are at an elevated risk of death due to drug overdose. These offenders, once released, are often being supervised by Deputy Probation Officers (DPO).

Intranasal Naloxone (IN) is a medication that can reverse the adverse effects associated with an opioid overdose and because DPOs regularly interact with opioid abusers, the following policy establishes guidelines for the use and storage of IN.

Scope:

This policy applies to all DPOs employed by the Santa Barbara County Probation Department who may respond to situations in which Public Safety First Aid (PSFA) could be necessary and involve the use of Naloxone to provide care for suspected opioid overdoses.

To establish criteria as defined by Title 22, Division 9, Chapter 1.5 of the California code of Regulations (CCR), for approval, requirements and responsibilities of DPOs to carry and deploy IN.

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Naloxone (Continued)

I. General Policy:

- A. DPOs who are trained in accordance with mandated training guidelines shall carry IN in the field and will also be prepared to utilize IN in the office setting.
- B. DPOs who have an individual detained in custody, have a duty to monitor the arrestees condition while under their control and administer IN if the officer believes the individual is experiencing a opioid-related overdose.
- C. DPOs who administer IN are protected from civil and criminal liability if they “act with reasonable care” and “in good faith.” This is accomplished by administering IN according to the following established training protocol.

AB 635 (2016)
Amended CC
1714.22

II. Training:

- A. DPOs will be required to meet and maintain training requirements as approved by the County of Santa Barbara Emergency Medical Services Agency (EMS Agency) to carry and deploy IN.
- B. DPOs shall complete on-going training and demonstrate continued competency **annually**.
- C. DPOs shall maintain current certification in Basic Life Support (CPR).
- D. Training for all DPOs shall be provided by EMS Agency, including:
 - Background information on opioid use and abuse;
 - Signs and Symptoms of an opioid overdose;
 - Reversal of opioids using IN;
 - Emergency field treatment of the opioid overdose patient including activation of EMS and the use of Automated External Defibrillators (AED);
 - Mechanism of drug action of Naloxone;
 - Dosing and Administration of IN; and
 - Scene safety and use of personal protective equipment

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III. Guidelines for Naloxone Deployment and Use:

DPOs who have completed mandated IN training are authorized to administer IN as outlined in section I. of this policy when they reasonably believe someone is experiencing an opioid-related overdose.

Candidates for administration of IN with suspected opioid overdose-must meet both of the following conditions:

1. Be unconscious, and
2. Have respiratory depression, as defined by having less than 12 respirations per minute present (5 or more seconds between respirations) or inadequate respiratory efforts. If more than 12 respirations per minute are present, maintain airway support and continue to monitor respirations until relieved by EMS personnel.

DPOs will treat the incident as a medical emergency and shall follow these steps when performing this intervention:

1. Ensure the scene is safe;
2. Obtain IN and AED (if available);
3. Maintain universal precautions/Personal Protective Equipment;
4. Stimulate the person (verbal and sternal rub);
5. **If no response, Activate EMS and open airway;**
6. Respirations less than 12 per minute, and suspicion of OD **administer IN;**
7. Immediately notify responding emergency medical personnel that IN has been administered and keep dispatch updated of patient status;
8. No respirations and no pulse, place AED (if available) and begin CPR;
9. When safe to do so, notify a SPO of the emergency and IN deployment;
10. Complete Pro-313 and the PSFA Optional Skill Patient Care Report (attachment A) prior to the end of shift.

Administration of a second dose of IN:

DPOs may administer a second dose 3 minutes after the first dose if all of the following conditions are present:

- EMS has not arrived on scene to take over medical care of the patient;
- The patient is still unconscious; and
- Respirations meet the above noted criteria for administration (less than 12 respirations per minute or inadequate respiratory effort). If respirations are more than 12 per minute, DPOs should transition to CPR protocols.

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If available, an AED should be deployed and utilized to help monitor the patient's condition; prior to administering a second dose of IN.

IN does not reverse overdoses that involve non-opioid drugs, including central nervous system stimulants and alcohol.

IV. Reporting Responsibility:

If IN is deployed, the officer will immediately notify a supervisor when it is safe to do so and complete a Pro-313 and the PSFA Optional Skill Patient Care Report (attachment A) prior to the end of the shift.

Supervisors will notify a Manager immediately upon learning of the IN deployment. All completed documentation, Pro-313 and the PSFA Optional Skill Patient Care Report (attachment A) will be forwarded to the PSU Manager by the end of shift.

The PSU Manager, or designee, will notify the EMS Agency by providing the completed PSFA Optional Skill Patient Care Report (attachment A) within 24 hours via secure email or fax as noted on the bottom of the form.

The PSU manager, or designee, will submit a monthly Utilization and Update Form (attachment B) of all utilizations of PSFA Optional Skills to the EMS Agency CQI Program by the 15th day of the month following the date of the deployment. If no use occurs during the month, the monthly Utilization and Update form (attachment B) will be submitted and marked "No Utilizations" by the 15th day of the following month.

V. Storage

- A. IN will be stored in a DPO's field bag, assigned desk, or in an emergency pouch on their person.
- B. IN will be available/stored with the AEDs that are assigned within the Probation buildings.

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- C. IN shall be maintained in accordance with drug manufacturer recommendations including, but not limited to: storage, use, disposal and temperature. Specifically, IN shall be stored in the manufacture provided packaging, and in a temperature-controlled environment (59°F to 77°F). IN should not be allowed to freeze or to remain in environments that are over 104°F for an extended period of time.
- D. Extra/replacement IN will be stored with PSU.

VI. Maintenance and Replacement

The inspection of IN is the responsibility of Probation personnel to whom it is assigned.

Documentation of all assigned IN will be maintained in PSU.

Used, lost, or damaged IN will be reported to the immediate supervisor and returned to PSU for replacement.

Expired IN should be returned to PSU to secure a replacement.

IN should be disposed of via the medication disposal cabinets located at most Sheriff's stations.

Definitions:

Public Safety First Aid (PSFA):

“Public safety first aid” means the recognition of and immediate care for injury or sudden illness, including medical emergencies, by public safety personnel prior to the availability of medical care by licensed or certified health care professionals.

Public Safety First Aid Agency:

For the purposes of this policy, the Public Safety First Aid Agency mentioned herein is referring to the Santa Barbara County Probation Department.

Program Director:

For the purposes of this policy, the Program Director is the Professional Standards Unit (PSU) Probation Manager.

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Intranasal Naloxone (IN):

IN is the only FDA approved nasal formulation of naloxone that can counteract the life threatening effects of opiate overdose. Also known as Naloxone Hydrochloride, the nasal spray is needle-free and was designed for ease-of-use. The nasal spray does not substitute for emergency medical care and repeat doses may be necessary.

Empty box for Notes and References.



SANTA BARBARA COUNTY PUBLIC SAFETY FIRST AID (PSFA) AED & OPTIONAL SKILL PATIENT CARE REPORT

| | | | | | | | |
|---|--|---|---|--------------------------------------|------------------------------------|--|----------------|
| Date: | | Incident#: | | Incident Address: | | | |
| Dispatch Time: | | | Arrive Scene Time: | | | Patient Contact Time: | |
| Patient Name: | | | | DOB: | | Age: | Gender: |
| EMS Arrival Time: | | | EMS Agency: | | | EMS Unit#: | |
| Chief Complaints: | | | | | Remarks: | | |
| <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Respiratory Arrest | | | | | | |
| <input type="checkbox"/> Altered LOC | <input type="checkbox"/> Seizure | | | | | | |
| <input type="checkbox"/> Cardiac Arrest | <input type="checkbox"/> Shortness of Breath | | | | | | |
| <input type="checkbox"/> OD/Poisoning | <input type="checkbox"/> Other | | | | | | |
| | | | | | | | |
| Initial Pulse: | Initial Breathing: | Initial Mental Status: | Initial Orientation: | Initial Speech: | Initial Skin: | Initial Skin Color: | |
| <input type="checkbox"/> Present | <input type="checkbox"/> Normal | <input type="checkbox"/> Alert | <input type="checkbox"/> Time | <input type="checkbox"/> Normal | <input type="checkbox"/> Warm | <input type="checkbox"/> Normal | |
| <input type="checkbox"/> None | <input type="checkbox"/> Shallow | <input type="checkbox"/> Conscious | <input type="checkbox"/> Place | <input type="checkbox"/> Silent | <input type="checkbox"/> Cold | <input type="checkbox"/> Cyanotic | |
| | <input type="checkbox"/> Labored | <input type="checkbox"/> Unconscious | <input type="checkbox"/> Person | <input type="checkbox"/> Coherent | | <input type="checkbox"/> Pale | |
| | <input type="checkbox"/> Absent | <input type="checkbox"/> Hysterical | <input type="checkbox"/> Incident | <input type="checkbox"/> Incoherent | | | |
| | <input type="checkbox"/> Agonal | <input type="checkbox"/> Combative | | <input type="checkbox"/> Slurred | | | |
| | | | | | | | |
| Upon Transfer of Care Pulse: | Upon Transfer of Care Breathing: | Upon Transfer of Care Mental Status: | Upon Transfer of Care Orientation: | Upon Transfer of Care Speech: | Upon Transfer of Care Skin: | Upon Transfer of Care Skin Color: | |
| <input type="checkbox"/> Present | <input type="checkbox"/> Normal | <input type="checkbox"/> Alert | <input type="checkbox"/> Time | <input type="checkbox"/> Normal | <input type="checkbox"/> Warm | <input type="checkbox"/> Normal | |
| <input type="checkbox"/> None | <input type="checkbox"/> Shallow | <input type="checkbox"/> Conscious | <input type="checkbox"/> Place | <input type="checkbox"/> Silent | <input type="checkbox"/> Cold | <input type="checkbox"/> Cyanotic | |
| | <input type="checkbox"/> Labored | <input type="checkbox"/> Unconscious | <input type="checkbox"/> Person | <input type="checkbox"/> Coherent | | <input type="checkbox"/> Pale | |
| | <input type="checkbox"/> Absent | <input type="checkbox"/> Hysterical | <input type="checkbox"/> Incident | <input type="checkbox"/> Incoherent | | | |
| | <input type="checkbox"/> Agonal | <input type="checkbox"/> Combative | | <input type="checkbox"/> Slurred | | | |
| | | | | | | | |
| Procedures: | Medications: | Medication Administration: | | | | Condition: | |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Narcan | Dose: | | | | <input type="checkbox"/> Improved | |
| <input type="checkbox"/> AED <input type="checkbox"/> Shock <input type="checkbox"/> No Shock | <input type="checkbox"/> | Time Administered: | | | | <input type="checkbox"/> Unchanged | |
| <input type="checkbox"/> | <input type="checkbox"/> | Route: <input type="checkbox"/> R nostril <input type="checkbox"/> L nostril | | | | <input type="checkbox"/> Deteriorated | |
| <input type="checkbox"/> | | <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | | | | <input type="checkbox"/> Deceased | |
| <input type="checkbox"/> | | | | | | | |
| PSFA Provider Agency: | | PSFA Provider Name: | | License/Badge No. | | Unit ID: | |
| Signature: | | | | | | | |
| Secure email to: phdems@co.santa-barbara.ca.us | | | | Secure FAX to 805 681 5142 | | | |

PUBLIC SAFETY/LAW ENFORCEMENT NALOXONE AUTHORIZED PERSONNEL TRAINING RECORD

| PROVIDER AGENCY | | | | | |
|-----------------|----------------------------|-------------------------------|------------------------------|--|---------------------------------------|
| EMPLOYEE NAME | PSFA EXPIRATION DATE | CPR/AED EXPIRATION DATE | EMT/PM EXPIRATION DATE | NALOXONE TRAINING EXPIRATION DATE | AED PROVIDER EXPIRATION DATE |
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Submit this document with to: County of Santa Barbara EMS Agency
 Secure email to: phdems@co.santa-barbara.ca.us

Secure FAX to 805 681 5142



Santa Barbara County EMS System
PSFA OPTIONAL SKILLS PROVIDER
MONTHLY
UTILIZATION & UPDATE FORM

Due the 15th of the following month
(ex: Jan. 1-31, due Feb. 15)

PSFA Agency Name: _____

Review Month: _____

Current Program Coordinator: _____

Current Physician Director: _____

No Utilizations
(check here if applicable)

*****OR*****

| Date of Incident | Patient Initials | Provider Name | PCR Attached |
|------------------|------------------|---------------|--------------------------|
| | | | <input type="checkbox"/> |
| | | | <input type="checkbox"/> |
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| | | | <input type="checkbox"/> |

Program Coordinator Signature: _____ Physician Director Signature: _____

For Santa Barbara County EMS Use Only

| Received Date | Reviewed Date | Reviewed By |
|---------------|---------------|-------------|
| / / | / / | |