



*Kern County Sheriff's Office*  
**Policies and Procedures**

<b>TITLE:</b> EMS Policy		<b>NO:</b> P-100	
<b>APPROVED:</b> Donny Youngblood, Sheriff-Coroner			
<b>EFFECTIVE:</b> December 17, 2015	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 12/17/ 2015	<b>UPDATED:</b> 05/11/2018

**POLICY**

**PURPOSE AND SCOPE**

In an effort to better serve the residents and visitors of Kern County, the Kern County Sheriff's Office has developed an Emergency Medical Services (EMS) Program. With the assistance of the Kern County Emergency Medical Services Division, the Sheriff's Office has developed four (4) Kern County Sheriff's Office Basic Life Support (BLS) Programs.

All Sheriff's Office EMS Programs will be required to receive and maintain State of California and Kern County Emergency Services Division certification and accreditation for their specific programs. All members of the Sheriff's Office EMS Programs will have the appropriate State and County certifications and accreditation required to provide EMS services. It is the responsibility of the individual member to maintain his/her certification and accreditation.

**BLS Programs:**

Air Support

The Kern County Sheriff's Office Air Support BLS Program will be utilized as part of the Sheriff's Office Air Rescue Program. The Air Support BLS Program will adhere to all State and County regulations to maintain BLS certification and accreditation by the Kern County Emergency Medical Services Division.

Special Weapons and Tactics (SWAT) Team

The Kern County Sheriff's Office Special Weapons and Tactics (SWAT) Team has developed a BLS Program to provide basic life support to victims, suspects, and deputies during tactical operation. The SWAT Team's BLS Program will adhere to all State and County regulations to maintain BLS certification and accreditation by the Kern County Emergency Medical Services Division.

Volunteer Services Section

The Kern County Sheriff's Office Volunteer Services Section has developed a BLS Program to provide basic life support to the citizens and visitors of Kern County as well as members of the Kern County Sheriff's Office. Volunteer Services Section will deploy their BLS team members to primarily assist with Kern County Sheriff's Office Search and Rescue Operations. The Volunteer Services Section BLS Program will adhere to all State and County regulations to maintain BLS certification and accreditation by the Kern County Emergency Medical Services Division.

First Aid/CPR Instructors Team

The Kern County Sheriff's Office First Aid/CPR Instructors Team has developed a BLS Program to provide basic life support to the citizens and visitors of Kern County. First Aid/CPR Instructors Team will deploy their BLS team members when asked to assist with the high stress and physical training that is conducted by the Kern County Sheriff's Office Training Section. The First Aid/CPR Instructors Team BLS Program will adhere to all State and County regulations to maintain BLS certification and accreditation by the Kern County Emergency Medical Services Division.

**PROCEDURES**

Each Kern County Sheriff's Office EMS Program will develop its own internal directives to ensure all required equipment is current and maintained at an appropriate level as directed by Kern County Emergency Medical Services Division. Each EMS Program will develop its own internal directive to ensure that all mandated reports are processed through the Air Support BLS Program and delivered to the Kern County Emergency Medical Services Division as they direct. In each incident where more than basic first aid is provided, a Sheriff's Office Crime and Incident report will be completed.

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<b>EFFECTIVE:</b> December 17, 2015	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 12/17/2015	<b>UPDATED:</b> 05/11/2018
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*Kern County Sheriff's Office*  
**Policies and Procedures**

<b>TITLE:</b> Automated External Defibrillator		<b>NO:</b> P-200	
<b>APPROVED:</b> Donny Youngblood, Sheriff-Coroner			
<b>EFFECTIVE:</b> October 28, 2014	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 10/10/2015	<b>UPDATED:</b> 05/11/2018

## **POLICY**

### **PURPOSE AND SCOPE**

The purpose of the Kern County Sheriff's Office Public Safety Automatic External Defibrillation Program (PSAED) is to assist with the Cardiopulmonary Resuscitation (CPR) of a person who is in cardiac distress. Most cases of sudden cardiac arrest results from ventricular fibrillation. This is a rapid and unsynchronized heart rhythm starting in the heart's lower pumping chambers (the ventricles). In distress the heart must be "defibrillated" quickly, because a patient's chance of surviving drops by 7 to 10 percent for every minute a normal heartbeat is not restored.

Automatic External Defibrillators (AEDs) make it possible for more people to respond to a medical emergency where defibrillation is required. Because AEDs are portable, they can be used by trained staff members during their normal duties of assisting with CPR/First Aid.

The PSAED is regulated in the various California counties in compliance with Title 22, Division 9, Chapter 1.5 of the California Code of Regulation and Emergency Medical Services Division Policies and Procedures. In accordance with the State Regulation, all County Emergency Medical Services Divisions are required to develop and implement policies regarding the use and approval of PSAEDs in their respective counties. This policy will provide trained staff direction and expectations regarding the use of PSAEDs in the course and scope of their duties with the Kern County Sheriff's Office in order to comply with Kern County Emergency Medical Services Division (Kern County EMS) PSAED policy.

### **PROGRAM OVERVIEW**

The intent of the Kern County Sheriff's Office PSAED Program is to provide early defibrillation for the unconscious and pulseless patient. Defibrillation at the earliest possible time may prevent or reduce mortality when used in association with basic life support and/or advanced life support EMS system resources. This program is implemented in the Kern County area as authorized by the Kern County EMS.

### **DEPLOYMENT**

The Kern County Sheriff's Office currently has hard mounted AEDs located at our facilities:

Once a week the supervisor (or designee) of the facility will check each AED to make sure it is functional and ready for deployment. This check shall include not just obvious functionality, but also ensure both child and adult pads are supplied with the AED and within the recommended expiration date. The facility supervisor will be responsible for maintaining the AED check inspection log.

The AED shall be stored on the wall or other location for ready access. Only staff members who have successfully completed AED training are authorized to use an AED.

The Kern County Sheriff's Office also has AED's issued to various deputies throughout the County of Kern:

Deputies who are issued an AED will perform weekly inspections to ensure it is functional and ready for deployment. The check shall include not just obvious functionality, but also include an inspection of both the child and adult pads expiration date. Deputies who are assigned AEDs will be responsible for maintaining the AED check inspection log. AEDs assigned to individual deputies will be stored in the deputies patrol vehicles.

Once a month supervisors will inspect all AED's issued to deputies under their supervision. The check shall include not just obvious functionality, but also ensure both child and adult pads are supplied with the AED and the pads are within the recommended expiration date. Supervisors will be responsible for ensuring the assigned deputy is maintaining the AED check inspection log.

Supervisors shall ensure that trained staff members complete the appropriate reports, including the Defibrillation Report anytime the AED is used on a patient.

The reports shall be submitted to the POST Training Sergeant, within 24 hours of the incident, for forwarding to the Kern County EMS Department. It shall be the responsibility of the POST Training Sergeant to monitor the computer data information contained within the AEDs as recommended by the manufacturer.

**PROCEDURE FOR USE**

Patient must be unconscious and pulseless.

**CONTRAINDICATIONS: AED will not be used if any of the following exist.**

- The patient is under one (1) year of age
- Presence of pulse
- Conscious patients

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<b>EFFECTIVE:</b> October 28, 2014	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 10/10/2015	<b>UPDATED:</b> 05/11/2018
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**PROCEDURE:**

1. All standards of CPR/First Aid are to be used in conjunction with the AED equipment.
2. PSAED trained personnel shall be responsible for accurately assessing the patient to determine if the AED use criteria is met.
3. The AED equipment shall not be applied if patient does not meet all AED use procedures. Standard CPR/First Aid shall be provided as needed.
4. Once applied to the patient, AED equipment shall remain in place until advance life support personnel with necessary Electrocardiogram (ECG) monitoring and defibrillation equipment assume care of the patient.
5. Trained staff members if presented with a valid Do Not Resuscitate (DNR) or Physician Orders for Life-Sustaining Treatment (POLST) forms will not administer any CPR/First Aid treatment. See attached examples for reference.

**TRAINING STANDARDS**

All PSAED operators must be trained and currently certified in CPR/AED by the Kern County Sheriff’s Office Training Section.

**PATIENT HAND-OFF/TRANSPORT PROCEDURES**

1. Patients with an AED in place may be released to a paramedic or an EMT-I for transport to the hospital.
2. In cases where an EMT-I ambulance is the transporting unit and the EMT-I staff are not trained in the use of the device or do not have a PSAED device, the PSAED provider must accompany the patient and maintain responsibility of the AED until the patient’s care is transferred to an emergency department. Transport personnel will maintain responsibility for all other patient treatment and decisions during the transport to the emergency department.

**DOCUMENTATION REQUIREMENT**

1. An incident report and PSAED Defibrillation Report (Appendix A) or equivalent electronic report form shall be submitted to the POST Training Sergeant within 24 hours for each use of the device.
2. When a Kern County Sheriff’s PSAED is used, staff shall maintain care and custody of the PSAED until the electronic data is downloaded and booked into a Kern County Sheriff’s Property Room.
3. The POST Training Sergeant shall submit the AED electronic data and a PSAED Defibrillation Report to the Kern County EMS Division within 48 hours of use.

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<b>EFFECTIVE:</b> October 28, 2014	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 10/10/2015	<b>UPDATED:</b> 05/11/2018
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4. The Kern County EMS Department will submit program performance data to the California EMS Authority as required.

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<b>EFFECTIVE:</b> October 28, 2014	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 10/10/2015	<b>UPDATED:</b> 05/11/2018
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## Appendix A

### Report on Defibrillator Use:

Name of AED Service Provider:	
Date of Occurrence:	
Time of Occurrence:	
Location of Occurrence:	
Patient's Name:	
Patient's Age:	
Patient's Sex:	
Approximate Down time prior to your arrival:	
Did anyone witness the collapse/arrest?	
Alert Time (time you were notified):	
Was CPR used prior to AED?	
Time of first shock (If given):	
Total number of shocks:	
Did victim regain a pulse at scene?	
Responder Name:	
Responder Name:	
Responder Name:	
Responder Name:	
Name and phone number of person completing form:	

Additional Comments/ Information:

#### Public Safety AED Policy and Procedures

Ensure a copy of the form is submitted to the POST Training Sergeant within 24 hours

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<b>EFFECTIVE:</b> October 28, 2014	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b> 10/10/2015	<b>UPDATED:</b> 05/11/2018
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*Kern County Sheriff's Office*  
**Policies and Procedures**

<b>TITLE:</b> Nasal Naloxone (Narcan) Program		<b>NO:</b> P-300	
<b>APPROVED:</b> Donny Youngblood, Sheriff-Coroner			
<b>EFFECTIVE:</b> December 17, 2015	<b>REVIEWED:</b> 01/20/2023	<b>REVISED:</b> 01/10/2022	<b>UPDATED:</b> 01/20/2023

## **POLICY**

This policy will provide trained staff direction and expectations regarding the use of Naloxone in the course and scope of their duties with the Kern County Sheriff's Office (Sheriff's Office) in compliance with the direction of the Kern County Emergency Medical Services Division (Kern County EMS).

Nasal Naloxone will be deployed at the discretion of the Sheriff or designee for the treatment of suspected drug overdose victims. Deputies will be trained and must pass a written and skills examination prior to administering and or being issued nasal Naloxone. If available, a deputy trained in the use of nasal Naloxone shall be dispatched to any call that relates to a drug overdose. The goal of the responding deputy shall be to provide immediate assistance via the use of nasal Naloxone where appropriate, to provide any treatment commensurate with their training as a first responder, to assist other Emergency Medical Services (EMS) personnel on scene, and to handle any criminal investigations that may arise.

Naloxone, commonly known by the brand-name Narcan, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It has no euphoric (substance that produces an increased sense of well-being) properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

### **Background/Legal Authority**

The Centers for Disease, Control, and Prevention report that "deaths from drug overdose have been rising steadily over the past two decades and have become the leading cause of injury and death in the United States. Every day in the United States, 113 people die as a result of drug overdose, and another 6,748 are treated in emergency departments for the misuse or abuse of drugs. Nearly 9 out of 10 poisoning deaths are caused by drugs."

Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin, Percocet and Percodan, and hydrocodone as found in Vicodin.



**The Sheriff’s Office Naloxone Program is based on California Civil Code 1714.22 (Stats 2013, c 707 (A.B. 635), §1) titled, “Opioid antagonist; prescription and dispensing permitted by authorized licensed health care providers to persons at risk of opioid-related overdose or persons in position to assist person at risk; standing distribution orders; overdose prevention and treatment training; immunity from liability.”**

**Section 1714.22 provides, in pertinent part:**

(d)(1) A person who is prescribed or possesses an opioid antagonist pursuant to a standing order shall receive the training provided by an opioid overdose prevention and treatment training program.

....

(f) . . . . Notwithstanding any other law, a person not otherwise licensed to administer an opioid antagonist, but trained as required under paragraph (1) of subdivision (d), who acts with reasonable care in administering an opioid antagonist, in good faith and not for compensation, to a person who is experiencing or is suspected of experiencing an overdose shall not be subject to professional review, be liable in a civil action, or be subject to criminal prosecution for this administration.

**The Sheriff’s Office Naloxone Program is also based on California Code of Regulations, Title 22 Division 9, Prehospital Emergency Medical Services, Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel (Firefighters, Lifeguards, and Peace Officers), Section 100019, Optional Skills.**

**Section 100019 provides, in pertinent part:**

(a) In addition to the activities authorized by Section 100018 of this Chapter, public safety personnel may perform any or all of the following optional skills specified in this section when the public safety-first aid provider has been trained and tested to demonstrate competence following initial instruction, and when authorized by the Medical Director of the local EMS agency (LEMSA).

(b) A LEMSAs shall establish policies and procedures that require public safety-first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by the EMS quality improvement program (EMSQIP).

(f) **Administration of Naloxone** for suspected narcotic overdose.

(1) Training in the administration of Naloxone shall result in the public safety-first aid provider being competent in the administration of Naloxone and managing a patient of a suspected narcotic overdose. The training shall include the following topics and skills:

- (A) Common causative agents;
- (B) Assessment findings;

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<b>EFFECTIVE:</b> <b>December 17, 2015</b>	<b>REVIEWED:</b> <b>01/20/2023</b>	<b>REVISED:</b> <b>01/10/2022</b>	<b>UPDATED:</b> <b>01/20/2023</b>
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- (C) Management to include but not be limited to:
- (D) Need for appropriate personal protective equipment and scene safety awareness;
- (E) Profile of Naloxone to include, but not be limited to:
  - 1. Indications;
  - 2. Contraindications;
  - 3. Side/adverse effects;
  - 4. Routes of administration;
  - 5. Dosages.
- (F) Mechanisms of drug action;
- (G) Calculating drug dosages;
- (H) Medical asepsis;
- (I) Disposal of contaminated items and sharps.

(2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of Naloxone which shall include:

- (A) Assessment of when to administer Naloxone;
- (B) Managing a patient before and after administering Naloxone;
- (C) Using universal precautions and body substance isolation procedures during medication administration;
- (D) Demonstrating aseptic technique during medication administration;
- (E) Demonstrate preparation and administration of parenteral medications by a route other than intravenous;
- (F) Proper disposal of contaminated items and sharps.

**It is important to note Health and Safety Code 11376.5 titled, “Medical assistance exception to controlled substance or paraphernalia possession and related offenses; persons experiencing drug-related overdose; no exception to laws prohibiting sales, forcible administration, or liability for actions made dangerous by controlled substance use,” which provides:**

(a) Notwithstanding any other law, it shall not be a crime for a person to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if that person, in good faith, seeks medical assistance for another person experiencing a drug-related overdose that is related to the possession of a controlled substance, controlled substance analog, or drug paraphernalia of the person seeking medical assistance, and that person does not obstruct medical or law enforcement personnel. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.

(b) Notwithstanding any other law, it shall not be a crime for a person who experiences a drug-related overdose and who is in need of medical assistance to be under the influence of, or to possess for personal use, a controlled substance, controlled substance analog, or drug paraphernalia, if the person or one or more other persons at the scene of the overdose, in good

<b>EFFECTIVE:</b> December 17, 2015	<b>REVIEWED:</b> 01/10/2022	<b>REVISED:</b> 01/10/2022	<b>UPDATED:</b> 09/28/2018
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faith, seek medical assistance for the person experiencing the overdose. No other immunities or protections from arrest or prosecution for violations of the law are intended or may be inferred.

(c) This section shall not affect laws prohibiting the selling, providing, giving, or exchanging of drugs, or laws prohibiting the forcible administration of drugs against a person’s will.

(d) Nothing in this section shall affect liability for any offense that involves activities made dangerous by the consumption of a controlled substance or controlled substance analog, including, but not limited to, violations of Section 23103 of the Vehicle Code as specified in Section 23103.5 of the Vehicle Code, or violations of Section 23152 or 23153 of the Vehicle Code.

(e) For the purposes of this section, “drug-related overdose” means an acute medical condition that is the result of the ingestion or use by an individual of one or more controlled substances or one or more controlled substances in combination with alcohol, in quantities that are excessive for that individual that may result in death, disability, or serious injury. An individual’s condition shall be deemed to be a “drug-related overdose” if a reasonable person of ordinary knowledge would believe the condition to be a drug-related overdose that may result in death, disability, or serious injury.

## DEFINITIONS

**Opiate:** An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Law enforcement often encounters opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin, Percocet and Percodan) and hydrocodone (Vicodin).

**Opium Poppy:** An annual plant, the unripe seeds of which contain alkaloids, including morphine, codeine, and papaverine.

**Naloxone:** Naloxone is an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks including Narcan.

**Opioid:** The opium-like compound that binds to one or more of the three opioid receptors of the body.

**Opioid Antagonist:** Means Naloxone hydrochloride that is approved by the Federal Food and Drug Administration for the treatment of an opioid overdose.

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<b>EFFECTIVE:</b> December 17, 2015	<b>REVIEWED:</b> 01/20/2023	<b>REVISED:</b> 01/10/2022	<b>UPDATED:</b> 01/20/2023
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## **PROGRAM OVERVIEW**

To reduce the number of fatalities which can result from opiate overdoses, the Sheriff's Office at the discretion of the Sheriff will train deputies in the proper pre-hospital administration of nasal Naloxone. In order to implement a safe and responsible nasal Naloxone Program, the Sheriff's Office will follow the direction of Kern County EMS. Kern County EMS shall provide medical oversight over the use of nasal Naloxone and administration of the nasal Naloxone Program. Kern County EMS may make recommendations regarding the policy, oversight, and administration of the nasal Naloxone Program developed and implemented by the Sheriff's Office.

## **DEPLOYMENT**

The Sheriff's Office, at the discretion of the Sheriff, will train deputies in the proper pre-hospital administration of nasal Naloxone. Once trained, deputies may be issued a nasal Naloxone kit. The Naloxone kit shall contain two (2), four-milligram nasal sprays. When deputies are off work for an extended period of time, they will remove the nasal Naloxone kit from their vehicle and store it in a secure location.

## **PROCEDURE**

If a nasal Naloxone trained deputy arrives at the scene of a medical emergency prior to the arrival of EMS, the deputy shall ensure EMS has been dispatched to the scene. If the deputy makes the determination that the patient is possibly suffering from an opiate overdose, the deputy may administer four milligrams of nasal Naloxone to the patient by way of the nasal passages. Nasal Naloxone should be administered into a nostril.

The following steps shall be followed:

1. Deputies shall use universal precautions when conducting the medical assessment, administering nasal Naloxone, and providing First Aid. (To include but not limited to gloves, and CPR mask)
2. A trained deputy shall conduct a medical assessment of the patient as per their first aid training and as described in this policy, to include accounting for statements from witnesses and/or family members regarding drug use.
3. Prior to administering nasal Naloxone, the trained deputy will look for signs of an overdose that includes but is not limited to:
  - Small or pin point pupils
  - Breathing is slow or has stopped
  - Heart rate is slow or has stopped

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<b>EFFECTIVE:</b> <b>December 17, 2015</b>	<b>REVIEWED:</b> <b>01/10/2022</b>	<b>REVISED:</b> <b>01/10/2022</b>	<b>UPDATED:</b> <b>09/28/2018</b>
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- Cannot be awakened:
    - No response to sternal rub
    - Unable to speak
  - Fingernails or lips have blue or purple coloring
  - Paraphernalia, signs of drug use
  - Victim is a known drug user
  - Patient vomiting or making gurgling sounds
  - Witness statements
4. If a trained deputy determines there has been a possible opiate overdose and it is safe, the nasal Naloxone kit may be utilized. If the patient is pulseless or not breathing, the trained deputy should perform Cardiopulmonary Resuscitation or Rescue Breathing if indicated.
  5. The trained deputy shall use the Naloxone device that is supplied in the nasal Naloxone kit to administer an intra-nasal dose of Naloxone into the nostrils, per the directions established by the Sheriff's Office Clinical Director. Be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior. The patient shall continue to be observed and treated by the responding trained deputy as the situation dictates until EMS arrives.
  6. In the event the patient's condition does not change in two to three minutes, the trained deputy should consider administering the second four milligram dose of Naloxone.
  7. The responding trained deputy shall inform the incoming Emergency Medical Technician (EMT) and/or Paramedic about the treatment and condition of the patient. The trained deputy shall not relinquish care of the patient until relieved by a person with equal or higher level of training. The used nasal Naloxone device shall be given to the responding EMS personnel.

## **TRAINING**

Deputies shall receive the nasal Naloxone training course that has been approved by the Kern County EMS and administered by the Sheriff's Office prior to being allowed to carry and use nasal Naloxone. The Sheriff's Office shall provide refresher training every two years.

## **DOCUMENTATION REQUIREMENT**

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<b>EFFECTIVE:</b> December 17, 2015	<b>REVIEWED:</b> 01/20/2023	<b>REVISED:</b> 01/10/2022	<b>UPDATED:</b> 01/20/2023
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1. An incident report and Naloxone Deployment Report (Appendix A) or equivalent electronic report form shall be submitted to the POST Training Sergeant within 15 hours for each use of the device.
2. The POST Training Sergeant shall submit the Naloxone Deployment Report to the Kern County EMS Division within 48 hours of use.
3. The Kern County EMS Division will submit program performance data to the California EMS Authority as required.

**EQUIPMENT**

It shall be the deputy’s responsibility to inspect their issued nasal Naloxone kit prior to the start of each shift and to ensure that the nasal Naloxone kit is intact. Damaged equipment shall be reported to a shift supervisor immediately.

The Training Section Lieutenant or designee will maintain a written inventory documenting the quantities and expirations of nasal Naloxone replacement supplies, and a log documenting the issuance of replacement units.

**PROCEDURE FOR PURCHASE/REPLACEMENT**

The Training Section Lieutenant or designee shall complete Section “A” of the Authorization for Medical Directors and Pharmacists-in-Charge form and forward it to the Kern County Sheriff’s Office Basic Life Support (BLS) Program Medical Director for signature. The Kern County EMS Division shall forward the Authorization for Medical Directors and Pharmacists-in-Charge form to the approved vendor prior to purchase of nasal Naloxone kits.

The Training Section Lieutenant or designee shall replace the nasal Naloxone kits that have been used or damaged.

**DIRECTIVE**

The Authorization for Medical Directors and Pharmacists-in-Charge form shall only be used for the purchase of nasal Naloxone kits or an equivalent to substitute for a product commonly known by the brand-name Narcan.

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<b>EFFECTIVE:</b> December 17, 2015	<b>REVIEWED:</b> 01/10/2022	<b>REVISED:</b> 01/10/2022	<b>UPDATED:</b> 09/28/2018
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*Kern County Sheriff's Office*  
**Policies and Procedures**

<b>TITLE:</b> Epinephrine Auto-Injectors		<b>NO:</b> P 400	
<b>APPROVED:</b> Donny Youngblood, Sheriff-Coroner			
<b>EFFECTIVE:</b> March 23, 2016	<b>REVIEWED:</b> 05/11/2018	<b>REVISED:</b>	<b>UPDATED:</b> 05/11/2018

## **POLICY**

The purpose of the Kern County Sheriff's Office Epinephrine Auto-Injectors Program is to enable staff to assist with or administer Epinephrine via an auto-injector to a person who is having a life-threatening allergic reaction. Epinephrine (EpiPen) Auto-Injectors contain a single dose of Epinephrine, which can be injected into the outer thigh during an allergic emergency.

When someone has a history of life-threatening allergic reactions, also known as anaphylaxis, to bee stings, peanuts, seafood, etc., or is at an increased risk for a severe allergy, they may be prescribed an EpiPen Auto-Injector.

This policy will provide trained deputies direction and expectations regarding the use of EpiPen Auto-Injectors in the course and scope of their duties with the Kern County Sheriff's Office (Sheriff's Office) in order to comply with the direction of the Kern County Emergency Medical Services Division (Kern County EMS).

## **LEGAL AUTHORITY**

**The Sheriff's Office Epinephrine Auto-Injectors Program is based on California Code of Regulations, Title 22 Division 9, Prehospital Emergency Medical Services, Chapter 1.5, First Aid and CPR Standards and Training for Public Safety Personnel (Firefighters, Lifeguards, and Peace Officers), Section 100019, Optional Skills.**

### **Section 100019 provides, in pertinent part:**

(a) In addition to the activities authorized by Section 100018 of this Chapter, public safety personnel may perform any or all of the following optional skills specified in this section when the public safety-first aid provider has been trained and tested to demonstrate competence following initial instruction, and when authorized by the Medical Director of the local EMS agency (LEMSA).

(b) A LEMSAs shall establish policies and procedures that require public safety-first aid personnel to demonstrate trained optional skills competency at least every two years, or more frequently as determined by the EMS quality improvement program (EMSQIP).

(c) Administration of epinephrine by auto-injector for suspected anaphylaxis.

(1) Training in the administration of epinephrine shall result in the public safety-first aid provider being competent in the administration of epinephrine and managing a patient of a suspected anaphylactic reaction. The training shall include the following topics and skills:

- (A) Common causative agents;
- (B) Signs and symptoms of anaphylaxis;
- (C) Assessment findings;
- (D) Management to include but not be limited to:
  - 1. Need for appropriate personal protective equipment and scene safety awareness.
- (E) Profile of epinephrine to include, but not be limited to:
  - 1. Class;
  - 2. Mechanisms of drug action;
  - 3. Indications;
  - 4. Contraindications;
  - 5. Dosage and route of administration;
  - 6. Side/adverse effects.
- (F) Administration of epinephrine by auto-injector including:
  - 1. Site selection and administration;
  - 2. Medical asepsis;
  - 3. Disposal of contaminated items and sharps.

(2) At the completion of this training, the student shall complete a competency based written and skills examination for administration of epinephrine which shall include:

- (A) Assessment of when to administer epinephrine;
- (B) Managing a patient before and after administering epinephrine;
- (C) Accessing 9-1-1 or advanced life support services for all patients suffering anaphylaxis or receiving epinephrine administration;
- (D) Using universal precautions and body substance isolation procedures during medication administration;
- (E) Demonstrating aseptic technique during medication administration;
- (F) Demonstrate preparation and administration of epinephrine by auto-injector;
- (G) Proper disposal of contaminated items and sharps.

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## **PROGRAM OVERVIEW**

The intent of the Sheriff's Office EpiPen Auto-Injector Program is to enable staff to provide assistance with or administer Epinephrine when responding to a medical aid call and the victim is having a life threatening allergic reaction. If a victim has been prescribed an EpiPen Auto-Injector and is having a life threatening allergic reaction, deputies trained in the use of EpiPen Auto-Injectors can assist with or administer the victim's prescribed EpiPen Auto-Injector at the earliest possible time in order to prevent or reduce mortality.

## **PROCEDURE FOR USE**

The following is a partial list of the signs and symptoms for a life threatening allergic reaction:

- Tightness in throat or chest
- Swelling of the lips, eyes, or face
- Cough
- Rapid, labored, and/or noisy breathing
- Hoarseness, muffled voice, loss of voice
- Stridor (A high pitched breathing sound)
- Wheezing
- Altered mental status
- Flushed, dry skin or pale, cool clammy skin
- Nausea or vomiting

### **Relative – Contraindications (reason to withhold administration):**

If possible, the deputy should check for High Blood Pressure (Hypertension).

### **PROCEDURE:**

1. When responding to a medical aid call, deputies will use universal precautions (to include but not limited to gloves and CPR mask) and try to determine if a victim has any allergies.
2. If a victim does have any of the above listed signs and symptoms of a life threatening allergic reaction, or if the victim is able to notify the deputy they believe they are having a life threatening allergic reaction the deputy may:
  - a. Request a code 3 medical response.
  - b. Ask if the victim has been prescribed an EpiPen Auto-Injector.
  - c. If the victim has an EpiPen Auto-Injector the deputy will attempt to locate it so the victim can administer it.

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- d. If the victim is unable to administer the EpiPen Auto-Injector a trained deputy may administer the EpiPen Auto-Injector. Prior to the administration the deputy will:
  - i. Confirm the Auto-Injector is prescribed to the victim.
  - ii. Confirm the medication is within the expiration date.
- e. If procedure “d” is met the deputy will remove the cap from the EpiPen Auto-Injector and administer the medication into the victim’s outer thigh and hold it there for ten (10) seconds.
- f. The deputy will continue to assess the victim and assist with basic CPR/First Aid as needed.

**TRAINING STANDARDS**

All Sheriff’s Office deputies that are categorized as an EpiPen Auto-Injector operator must be trained and currently certified in the administration of EpiPen Auto-Injectors by the Sheriff’s Office Training Section.

**PATIENT HAND-OFF/TRANSPORT PROCEDURES**

Patients who have been administered an EpiPen Auto-Injector will be released to a paramedic or an EMT-I for transport to the hospital. The used EpiPen Auto-Injector will be given to the EMS personnel transporting the patient.

**DOCUMENTATION REQUIREMENT**

1. An incident report and EpiPen Auto-Injector Report (Appendix A) or equivalent electronic report form shall be submitted to the POST Training Sergeant within 24 hours for each use of the device.
2. The POST Training Sergeant shall submit the EpiPen Auto-Injector Report to the Kern County EMS Division within 48 hours of use.
3. The Kern County EMS Division will submit program performance data to the California EMS Authority as required.

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Deputy Name	Deputy Signature	Date
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