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SHERIFF

ISSUE: 24-31

TRAINING BULLETIN

DATE: August 22, 2024

NARCAN UPDATE AND POLICY UPDATE

The Training Division has updated policy DPPM P-0300. The updates changed verbiage to include all Narcan-trained employees, a new reporting form and added a time limit for Narcan deployments to be reported to training.

To help combat the nationwide Fentanyl crisis, the Kern County Sheriff's Office has been authorized to administer four-milligram doses of Narcan to combat opioid overdoses in the field and detention facilities. Naloxone, branded as Narcan, is an opioid antagonist and when administered to a patient can reverse an opioid overdose.



Before administering nasal Narcan, the trained employee will look for signs of an overdose that include but are not limited to:


- Small or pinpoint pupils.
- Breathing is slow or has stopped.
- Heart rate is slow or has stopped.
- Cannot be awakened:
 - No response to painful stimuli.
 - Unable to speak.
- Fingernails or lips have blue or purple coloring.
- Paraphernalia is present or there are other signs of drug use.

- Patient is a known drug user.
- Patient is vomiting or making gurgling sounds.
- Witness statements.

Administering Narcan:

- Before administering any medical assessment or medical aid, the responding employee shall ensure the scene is safe.
 - The responding employee shall utilize universal precautions (gloves, eye protection, CPR mask, etc.) while conducting medical assessments and/or medical aid.
 - The responding employee shall conduct a proper assessment and if they determine there has been a possible opioid overdose the nasal Narcan kit may be utilized. If the patient is pulseless or not breathing, the trained employee will perform Cardiopulmonary Resuscitation or rescue breathing if indicated.
 - The responding employee will check the expiration date on the Narcan dose to ensure it is not expired prior to the beginning of the shift.
 - To administer the Narcan, the responding employee will remove the applicator from its package, place it in the patient's nostril, and press the plunger to express the four-milligram dose of Narcan into the patient's nose.
 - If the patient's condition does not change in two to three minutes, the responding employee should consider administering the second four-milligram dose of Narcan.
 - The responding employee shall inform the incoming Emergency Medical Technician (EMT) or Paramedic about the treatment and condition of the patient. The responding employee shall not relinquish care of the patient until relieved by someone with an equal or a higher level of training. The deployed Narcan device may be given to the responding EMS personnel.
 - An incident report fully documenting the administration of Naloxone will be completed.
 - The responding employee **shall** provide the incident report number and the completed Naloxone Deployment Report (Appendix A) to the POST Training Sergeant and/or the Clinical Director.
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The Training Division has created a new digital reporting form that can be found in DPPM P-0300, listed as, "Attachment A- Narcan Reporting Form." This form can be filled out and signed electronically in Adobe and sent directly from the field or any detentions facility. Note: In order to utilize the electronic signature feature, the employee must open the form in Adobe and not utilize the web browser format.

		KERN COUNTY SHERIFF'S OFFICE NALOXONE DEPLOYMENT REPORTING FORM			
Assignment :		Case #:			
Date of Overdose:		Time of Overdose:		hours	Victim Contact Time:
Victim's Name:		Victim's Date of Birth:		Victim's Age:	
Race Ethnicity:		White	Black	Hispanic	Asian Indian
Gender of the person who overdosed:		Male	Female	Unknown	
Address where overdose occurred (Including Zip Code)					
SIGNS OF OVERDOSE PRESENT (Check all that apply) Clear					
Unresponsive		Respirations <8 min.		Not Breathing	
Slow pulse		No pulse		Blue lips	
		Drug paraphernalia Located		Pinpoint Pupils	
				Blue nails	
DETAILS OF NALOXONE DEPLOYMENT					
Time Naloxone was given:		hours	Number of doses:	Did Naloxone work:	
If yes, how long did it take to work:		< 1 min	1-3 min	Yes No Not sure	
Patient's response to Naloxone:		Responsive and alert		Breathing Improved	
Post Naloxone withdrawal symptoms:		None		Irritable or Angry	
(Check all that apply)		Other (Specify):		Combative Vomiting	
Did the person survive?		Yes		No	
What else was done:		Physical stimuli		Recovery position	
(Check all that apply)		AED		Rescue breathing	
		Verbal stimuli		Chest Compressions	
		Oxygen		Law Enforcement Naloxone	
		Bystander Naloxone		EMS Naloxone	
		Other (Specify):			
Disposition:		Care Transferred to EMS:		Yes No EMS Unit Number:	
Naloxone Information:		Lot #:		Expiration date:	
Synopsis (Bystander Statement/patient statement):					
Deputy Name / CAD ID		Signature		Date of Report	

This form shall be attached to the Code 8 and emailed to Sergeant Costello and Senior Detentions Deputy Frank by the end of your shift.

If you have any questions, contact the POST Training Sergeant or Clinical Director at the Regional Training Center.