



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

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| <b>TITLE:</b> Nasal Naloxone (Narcan) Program      |                                   | <b>NO:</b> P-0300                |                                  |
| <b>APPROVED:</b> Donny Youngblood, Sheriff-Coroner |                                   |                                  |                                  |
| <b>EFFECTIVE:</b><br>December 17, 2015             | <b>REVIEWED:</b><br>June 19, 2025 | <b>REVISED:</b><br>June 19, 2025 | <b>UPDATED:</b><br>June 19, 2025 |

**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 opioid drug overdose victims. Employees will be trained and must pass a written and skills examination prior to administering and or being issued nasal Naloxone. If available, a staff member trained in the use of nasal Naloxone shall be dispatched to any call that relates to a drug overdose. The goal of the responding trained staff member 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, and to assist other Emergency Medical Services (EMS) personnel on scene.

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 opioid 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 opioid 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 opioids 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 Optional Skills, 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;

(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;

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- 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 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.

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(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/Opioid:** An opiate is a medication or drug that is derived from the opium poppy. An opioid is a semi-synthetic/synthetic opiate that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Law enforcement often encounters opiate/opioids 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 Antagonist:** Means Naloxone hydrochloride that is approved by the Federal Food and Drug Administration for the treatment of an opioid overdose.

## PROGRAM OVERVIEW

To reduce the number of fatalities that can result from opioid overdoses, the Sheriff’s Office (at the discretion of the Sheriff) will train employees 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.

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## DEPLOYMENT

The Sheriff's Office, at the discretion of the Sheriff, will train employees in the proper pre-hospital administration of nasal Naloxone. Once trained, field employees may be issued a nasal Naloxone kit. The Naloxone kit shall contain two (2), four-milligram nasal sprays. When field employees are off work for an extended period, they will remove the nasal Naloxone kit from their vehicle and store it in a secure location. Naloxone kits may be staged in secure locations where there is a possibility staff may come in contact with an opioid such as security offices in detention facilities, the Property Room, and the morgue at the Coroner's Office. Naloxone doses shall be kept in their sealed protective wrapping until the trained employee is at the scene of a suspected overdose/exposure and intends to administer it to a victim.

## PROCEDURE

If a nasal Naloxone-trained employee arrives at the scene of a medical emergency prior to the arrival of EMS, the employee shall ensure EMS has been dispatched to the scene. If the employee makes the determination that the patient is possibly suffering from an opioid overdose, the employee 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. Employees 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 employee 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 employee will look for signs of an overdose that includes but is 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 or other signs of drug use.
  - Victim is a known drug user.
  - Patient vomiting or making gurgling sounds.
  - Witness statements.

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4. If a trained employee determines there has been a possible opioid overdose and it is safe, the nasal Naloxone kit may be utilized. If the patient is pulseless or not breathing, the trained employee should perform Cardiopulmonary Resuscitation or Rescue Breathing if indicated.
  - a. Per PC 6048 (b), All sworn personnel working in a detentions capacity “shall be certified in cardiopulmonary resuscitation (CPR) and shall be required, when safe and appropriate to do so, to begin CPR on a non-responsive person without obtaining approval from supervisors or medical staff.”
5. The trained employee 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 opioid 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 employee 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 employee should consider administering the second four-milligram dose of Naloxone.
7. The responding trained employee shall inform the incoming Emergency Medical Technician (EMT) and/or Paramedic about the treatment and condition of the patient. The trained employee shall not relinquish care of the patient until relieved by a person with equal or higher level of training. The used nasal Naloxone device may be given to the responding EMS personnel.

**TRAINING**

Employees 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**

1. An incident report fully documenting the administration of Naloxone will be completed.
2. The incident report number and Naloxone Deployment Report (Attachment A) or equivalent electronic report form shall be submitted to the POST Training Sergeant by the end of the shift in which the Naloxone was deployed. The case number and report may be submitted either in person or via email at [KCSOMedicalDirector@kernsheriff.org](mailto:KCSOMedicalDirector@kernsheriff.org).
3. The POST Training Sergeant or their designee shall submit the Naloxone Deployment Report or Electronic Patient Care Report to the Kern County EMS Division within 48 hours

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of use. In the event a Naloxone Deployment occurs on a Friday evening, the Naloxone Deployment Report or Electronic Patient Care Report shall be submitted to the Kern County EMS Division on the morning the POST Training Sergeant or their designee returns to work.

4. The Kern County EMS Division will submit program performance data to the California EMS Authority as required.

## **EQUIPMENT**

It shall be the employee's responsibility to inspect their issued nasal Naloxone kit prior to the start of each shift and to ensure 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 the 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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