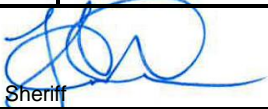




DESCHUTES COUNTY SHERIFF'S OFFICE

Policy Title: Automated External Defibrillators/Narcan Procedures	Effective Date: February 10, 2017	Policy Number: 8.15	
Accreditation Reference:	Review Date: February 10, 2020	Supercedes: June 28, 2016 (AED)	Pages: 3
Attachments:	L. Shane Nelson, Sheriff 		

I. PURPOSE

The purpose of this policy is to establish training requirements and procedures for employees of the Deschutes County Sheriff's Office in use of Automated External Defibrillators (AEDs) and the administration of Narcan.

II. POLICY

The protection and safety of the public are fundamental responsibilities of any law enforcement agency. The access to Automated External Defibrillators and Narcan allows members with additional training to provide lifesaving care not normally found in the law enforcement setting. The use of the AEDs or Narcan may be the difference between life and death in cases of cardiac arrest or opioid overdoses and the Deschutes County Sheriff's Office supports this concept.

III. AED PROCEDURES

Cardiac arrest occurs when the heart's electrical system causes the heart to quiver erratically, known as ventricular fibrillation, preventing the pumping of blood throughout the body and brain. Death occurs within minutes unless normal rhythm of the heart is restored.

While EMS will be dispatched to all cardiac arrests, it may be possible for a patrol unit to arrive on scene first. As time is of the essence, those patrol units equipped with an AED, and operated by a deputy trained in the use of an AED, shall make attempts to respond to all reported incidents of cardiac arrest unless it is clear that EMS will arrive ahead of the deputy.

The primary concern of deputies shall always be personal safety. The responding deputy shall always:

1. Make certain that he can safely reach the patient and remain safe while providing care.
2. Deputies are to avoid direct contact with patient blood, body fluids, membranes, wounds, and burns. To protect from infectious diseases, employ proper protection, such as:
 - Latex or vinyl gloves
 - Pocket facemasks with one-way valves for rescue breathing
 - Protective eyewear, such as goggles or face shields, to avoid contact with droplets during care procedures
 - Face masks to avoid contact with airborne microorganisms

- Protective, disposable, gowns or coveralls to avoid being splashed by blood or body fluids or having direct contact with contaminated items

Deputies should ensure that the above items are available in their patrol vehicles.

If the AED is deployed, the deputy shall:

- Report its use to a supervisor;
- Take the AED out of service and return to the Training Unit for information download; and
- Complete a case report on the use of the AED.

A Training Unit member will complete a supplemental report and attach the ECG information to the report.

A Training Unit member will also ensure that the necessary supplies are replaced and that the AED is properly charged and ready for re-use. When the vehicle will be parked for prolonged periods of time in extreme temperatures (<32 F or >100 F), the AED should be removed and stored at room temperature.

IV. NARCAN PROCEDURES

Opiate overdoses are serious medical emergencies. Nasal Narcan is carried by patrol deputies and can be administered to reverse the effects of an opiate overdose. When administering nasal Narcan, deputies will maintain universal precautions, perform patient assessment and determine unresponsiveness, absence of breathing and/or pulse. Members shall update 9-1-1 dispatch that the patient is in a potential overdose state and request EMTs if not already enroute. Members shall follow the protocol as outlined in Narcan training.

1. Assessment
 - a. Assess for responsiveness and breathing
 - b. Evaluate for signs of opiate overdose
 - c. If opiate overdose is suspected or possible, Narcan administration is appropriate
2. Management
 - a. Notify 9-1-1 dispatch
 - b. Start rescue breathing
 - c. Administer nasal Naloxone/Narcan
 - d. Resume rescue breathing.
3. Evaluation.
 - a. When patient responds, place them into the recovery position. Patient may vomit and/or be combative.
 - b. Patient will need assessment from EMTs and transport to Emergency Room.
 - c. If patient remains unresponsive after 3 minutes, give a 2nd full dose of Naloxone/Narcan.
 - d. If no response, continue rescue breathing until EMTs arrive.
4. Documentation
 - a. If Narcan is deployed, the member will submit a case report detailing the nature of the incident.
5. Storage
 - a. Narcan is carried within the climate controlled passenger compartment of the patrol car.
 - b. When the vehicle will be parked for prolonged periods of time in extreme temperature conditions (<32 F or >100 F), the Narcan should be removed and stored at room temperature.

V. TRAINING

Prior to the authorization to use any AED device or administration of Narcan, deputies must successfully complete First Aid, CPR, AED, and Narcan training. A certified trainer must provide training and the training must meet requirements as determined by the Training Unit.

Failure to complete the required training or a lapse in certification will automatically result in withdrawal of authorization to carry and/or operate the AED or Narcan.

The AED will only be used in strict compliance with the criteria set forth by the manufacturer.

At no time will the responding members represent themselves as medically qualified to provide treatment beyond the scope of their certification.