

**COUNTY OF MONROE
OFFICE OF THE SHERIFF
ROCHESTER, NEW YORK**

GENERAL ORDER MULTI BUREAU	DATE OF ISSUE December 18, 2023	EFFECTIVE DATE December 18, 2023	NO. 084-23
SUBJECT: GENERAL ORDER EMS/AED/Naloxone Service and Protocols		DISTRIBUTION All Personnel	AMENDS
REFERENCE: NYSLEAP 43.8, NYSSA (JAIL 125)			RESCINDS 084-18

Purpose: To familiarize members regarding appropriate procedures for response to medical emergencies and AED utilization.

* **Policy:** Members will request EMS assistance for persons who are ill or injured and provide care up to their level of training. Members certified by the NYS-DOH as an EMS Practitioner shall not supersede NYS-DOH or Monroe-Livingston Regional Emergency Medical Services (MLREMS) System policies or standards of care. Members may administer Naloxone in accordance with the training guidelines as determined and provided pursuant to NYS PHL 3309 and part 80.138.

Definitions:

<p>AED- Automatic External Defibrillator ARC- American Red Cross * EMR-Emergency Medical Responder DOH- NYS Department of Health</p>	<p>AHA- American Heart Association ASHI- American Safety & Health Institute CPR- Cardio Pulmonary Resuscitation EMT- Emergency Medical Technician</p>
---	--

Naloxone (Narcan) - An intranasal medication that can be used to reverse the effects of an opioid overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.

Naloxone Kit - Kit contains two (2) needle-free units. Each unit contains a concentrated (4mg) dose of (naloxone HCl). Children suspected of, or who are experiencing an opioid overdose should be administered the adult dosage (4mg) regardless of age (there is no lower age limit).

Opioids - Opioid drugs include, but are not limited to, Heroin, Morphine, Oxycodone, Methadone, Hydrocodone, Codeine, Percocet, and Norco.

I. Qualification

- * A. Members shall receive training on CPR/AED, bleeding control, and naloxone administration. Members certified by the NYS-DOH as an EMR or EMT shall also maintain CPR certification through the, ARC, AHA, (or) ASHI.
- B. Members are responsible for attending mandated training, which shall be conducted through the All Bureau Training Unit.
- C. Members must be knowledgeable of all equipment in their assigned area of responsibility.

II. Responsibilities

- A. Members shall be familiar with the locations of all emergency equipment (which may include individual first aid packets, AED units, oxygen apparatus, emergency blankets, station decontamination kits, and other emergency response equipment). Monthly inspections of AED units shall be coordinated through the AED Coordinator with a representative from the Jail, Court and Road Patrol Bureaus. In the Court Bureau, by CFR team members, in accordance with manufacturer's recommendations.
- B. Members shall check MCSO AED units in accordance with manufacturers' instructions.
- C. Members shall ensure Naloxone kits are stored in a manner in which Naloxone is immediately available to trained first responding police personnel, properly safeguarded from extreme temperature changes, and kept away from direct sunlight that may affect the effectiveness and integrity of the medication.
- * D. Road Patrol emergency medical response equipment may be stored in the Emergency Medical Response Kit. The Emergency Medical Response Kit will be signed out by the Patrol Deputy at the beginning and end of his/her shift. It is the responsibility of the Patrol Deputy to ensure the Emergency Medical Response Kit has all required emergency medical response equipment at the beginning and end of his/her shift. If any emergency medical response equipment is needed, contact the Quartermaster and or Naloxone Coordinator for replacement equipment in accordance to **MBGO-032 Agency Vehicles, Vessels and Motor/Bicycles.**
- E. Jail Bureau emergency medical response equipment will be stored and maintained by the contract medical provider. The contract medical provider will store their Naloxone kits in the MCJ and MCF Central Booking Medical Offices. Jail Bureau personnel who have been trained in the use/application of Naloxone are authorized to administer Naloxone, if necessary in the event of a suspected opiate overdose. This will be in addition to the contract medical provider's staff who is trained and authorized to administer naloxone. Naloxone kits will be maintained in a secure container in the Sergeant's office at both MCJ and MCF. Additionally, Jail Technicians will carry Naloxone kits in their equipment bags. Only personnel who have been trained in the use of Naloxone may possess and administer Naloxone. Any used medical response equipment will be replaced by the contract medical provider. Jail Bureau personnel who administer Naloxone may contact the Naloxone Coordinator for a replacement kit. See Section IV, (C) for retention times.
- F. Court Bureau emergency medical response equipment will be stored in the Certified First Responder's emergency medical response bags. Court Sergeants, Certified First Responders, and Technicians who have been trained in the use/application of Naloxone are authorized to administer Naloxone, if necessary in the event of a suspected opiate overdose. Additionally, Court Technicians will carry Naloxone kits in their equipment bag. Only personnel who have been trained in the use of Naloxone may possess and administer Naloxone. Any used emergency medical response equipment will be replaced by the Certified First Responder Coordinator or Naloxone Coordinator in accordance to **CSGO-010 Emergency Medical Response.**
- G. When responding to persons in need of aid, members will:
 - 1. Secure the scene prior to rendering first aid.
 - 2. Immediately assess the condition of the patient (i.e. bleeding, unconscious, not breathing, etc.) Notify dispatch/base of the current situation, gender, approximate

age, and specific symptoms of the person to be aided. Request appropriate support agencies (EMS, FIRE, Public Works, additional staff, etc.).

3. Members will use universal precautions and protections from blood borne pathogens and communicable diseases. Render any aid as appropriate and consistent with training. This may include, but not be limited to, determining unresponsiveness and other indicators of opioid involved overdose.
4. Members will use proper techniques when administering Naloxone; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.

III. Documentation and Procedures following an AED Usage

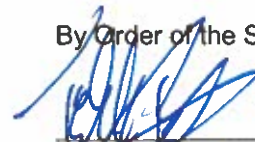
- * A. Personnel rendering aid to victims shall complete appropriate documentation (Incident Report, etc.) as required by general order.
- B. Personnel shall complete an **AED Event Report Form (MB-037)** and submit a copy to the Standards and Compliance Unit within 24 hours.
- C. Do NOT remove the AED battery, and do not attempt to silence the AED.
- D. Notify Staff Services/Standards and Compliance Unit that the AED was utilized.
- E. Standards and Compliance will download the AED information, and supply the area with the loaner AED if needed.
- F. The AED Coordinator will inspect the AED, replace pads, determine when the AED can be placed back in service, and forward the AED Event Report to the Monroe County Medical Director.

IV. Documentation and Procedures following a Narcan Usage

- A. Monroe County Heroin Task Force Form will be filled out and submitted electronically regardless of whether or not Naloxone is administered. The purpose of the form is to standardize the tracking of overdose incidents across Monroe County. The information contained in this form is used by the Monroe County Heroin Task Force (MCHTF), in cooperation with MCAC, to help identify trends and for information sharing with law enforcement agencies. Responsibilities will include the following:
 - B. Anytime the Monroe County Sheriff's Office responds to a suspected overdose, the MCHTF Form will be filled out and submitted electronically by accessing your current email software. Upon clicking the submit button, the form will automatically be emailed to the Monroe County Heroin Task Force (MCHTF) and the MCSO Naloxone Coordinator assigned to Staff Services, for tracking purposes. A copy of the completed form will be printed and submitted to the supervisor for review along with any other required reports. If the automatic electronic version of MCHTF Form fails to send when submitted, the responding deputy should save the MCHTF Form to their desktop or thumb drive, attach the file to an email and submit the MCHTF Form to the Naloxone Coordinator assigned to the Standards and Compliance Unit. The Naloxone Coordinator will forward MCHTF Form to the appropriate agencies.
- * C. In the event of Naloxone (Narcan) usage, the following procedure(s) apply:
 - * 1. Inform responding EMS personnel that Naloxone has been administered, along with the time and volume of Naloxone administered.

2. Complete appropriate documentation (Incident report, etc.) as required by general order.
- * 3. A copy of the New York State Public Safety Naloxone Quality Improvement Usage Report will be completed and forwarded to the MCSO Naloxone coordinator assigned to Staff Services. In box #31, input the email of the MCSO Naloxone Coordinator. <http://publicsafetynaloxone.aidsinstitute.ny.org/survey/vuesurvey>.
4. The Naloxone Coordinator will replace kits that are used, lost, damaged, or expired using available stock.
5. In the event of any overdose, fatal or non-fatal, the on-scene Deputy will notify their Sergeant. The Sergeant will notify the MCHTF Lieutenant. The MCHTF Lieutenant will assign a Heroin Task Force member to follow-up. The immediate supervisor will review and approve the appropriate reports and ensure that a copy of the **PB-066, JB-136, or CS-062 Incident Report** is also forwarded to the Staff Services Naloxone Coordinator.
- * 6. In the event of a fatal overdose, the Naloxone box, along with all spent unit(s) will be secured in a property bag with a bio-hazard sticker affixed to the outside of the property bag by the administering deputy. A Property Custody Report and property tag(s) or evidence bag will be completed in full and secured at the Property Management Office prior to the end of the administering deputy's shift. Contents of the Naloxone kit will be retained for evidentiary purposes for one (1) year. The Sheriff or his designee at their discretion can determine which used Naloxone kits should be kept beyond one year.
7. The Naloxone Coordinator is responsible for maintaining an ongoing record of all MCSO Naloxone usage.

By Order of the Sheriff,



Todd K. Baxter

* Indicates a change from the previous order.