



G.O. Number: 18.18	Subject: NALOXONE/NARCAN	
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By Order of Chief of Police: Rene G. Landa Chief of Police		Revised: N/A Status: Original

SECTIONS:

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18.18.1 POLICY

PURPOSE: The purpose of this General Order is to establish broad guidelines and regulations governing the utilization of Naloxone/Narcan by trained personnel within the City of South Miami Police Department. The objective is to treat and reduce injuries and fatalities due to accidental opioid-involved overdoses when law enforcement officers are investigating and/or processing evidence.

POLICY: It is the policy of the City of South Miami Police Department to train and equip its members to prepare for accidental opiate overdose emergencies. Therefore, it is the policy of the Department that officers who will be administering NARCAN Nasal Spray are properly trained in accordance with FSS 381.887.

SCOPE: This General Order is applicable to all sworn department members.

18.18.2 DEFINITIONS

- A. **OPIATE:** An opiate is any controlled substance containing or compounded to be a derivative of morphine, morphine sulfate. The term opiate describes any of the narcotic opioid alkaloids found as natural products in the opium poppy plant, *Papaver somniferum*. Commonly encountered opiates in police service include heroin, morphine, OxyContin, Percocet, and Percodan.

- B. **NALOXONE:** Naloxone is an opioid antagonist drug. Naloxone is a drug used to counter the effects of opiate overdose, for example heroin or morphine overdose. Naloxone is specifically used to counteract life threatening depression of the central nervous system and respiratory system. It is marketed under various trademarks including **NARCAN**. Naloxone administration may result in rapid opioid withdrawal, which could cause anxiety and flu-like symptoms. When victims experience these symptoms, they may become irritable and anxious. ***Administration of additional doses will not harm the person.***

- C. **NARCAN Coordinator:** South Miami Police Department Administrative Captain or designee.

- D. **NARCAN liaison:** City of South Miami Police Department Administrative Captain or designee.

- E. **PATIENT:** A person at risk of experiencing an opioid overdose.

18.18.3 LEGAL PREMISES FOR IMPLEMENTATIONS

- I. The City of South Miami Police Department relies upon FSS 381.887: Emergency treatment for suspected opioid overdose:
 - A. **FSS 381.887, s. (3)** An authorized health care practitioner may prescribe and dispense an emergency opioid antagonist to a patient or caregiver for use in accordance with this section, and pharmacists may dispense an emergency opioid antagonist pursuant to such a prescription or pursuant to a non-patient-specific standing order for an auto injection delivery system or intranasal application delivery system, which must be appropriately labeled with instructions for use. Such patient or caregiver is authorized to store and possess approved emergency opioid antagonists and, in an emergency situation when a physician is not immediately available, administer the emergency opioid antagonist to a

person believed in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.

- B. **FSS 381.887, s. (4)** Emergency responders, including, but not limited to, law enforcement officers, paramedics, and emergency medical technicians, are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated.
- C. **FSS 381.887, s. (5)** states, “A person, including, but not limited to, an authorized health care practitioner, a dispensing health care practitioner, or a pharmacist, who possesses, administers, prescribes, dispenses, or stores an approved emergency opioid antagonist in compliance with this section and s. 768.13 is afforded the civil liability immunity protections provided under s. 768.13”.

18.18.4 EQUIPMENT, STORAGE AND MAINTAINCE

I. Equipment:

- A. Nasal Naloxone/NARCAN kits will be issued to all uniform patrol sergeants and uniform patrol officers, after successfully completing appropriate training in the use of **NARCAN Nasal Spray**.

B. Storage:

1. The shelf life of Naloxone is approximately two years. Naloxone should be kept out of direct light, and at room temperature (between 59 and 86 degrees Fahrenheit). Nasal Naloxone Kits will be stored in the issued protective case. **Naloxone cannot be left in a vehicle overnight.** Officers will carry Naloxone on their duty belt. **[CFA 14.14FM]**
2. NARCAN Nasal Spray will be stored in the Quartermaster Storage area. **[CFA 14.14FM]**
3. The Administrative Captain or designee shall be responsible for the following:
 - i. Ensure the Department has an adequate supply available for use.
 - ii. The NARCAN is current and not expired. **[14.14DM]**
 - iii. The NARCAN is properly and efficiently deployed.

- iv. The NARCAN is replaced any time it is damaged, unusable, expired, or deployed.

C. Maintenance

1. Personnel shall ensure their NARCAN Nasal Spray is not expired prior to their shift. In addition, an inspection shall be conducted during the monthly equipment inspection to insure it has not expired. This will be documented within the stated form. **[CFA 14.14DM]**
 - i. It should be noted that NARCAN has an expiration date per the manufacturer. If expired, it shall be immediately reported to the member's supervisor who will make arrangements for a replacement. **[CFA 14.14DM]**
2. Missing or damaged NARCAN Nasal Spray kit(s) will be reported directly in writing to Administrative Captain or designee. **[CFA 14.14BM]**
3. Where any condition that necessitates the NARCAN Nasal Spray kit to be taken off-line or be submitted for replacement, this information shall be directed in writing to the Administrative Captain or designee. **[CFA 14.14BM]**
4. Once deployed, the used nasal spray container will be given to on scene Fire Rescue personnel for appropriate biohazard disposal.

18.18.5 TRAINING

- I. Initial training will include at a minimum:
 - A. An overview of **FSS 381.887** that permits law enforcement use of NARCAN and patient assessment (e.g., signs/symptoms of overdose). **[CFA 14.14AM]**
 - B. Universal precautions. **[CFA 14.14AM]**
 - C. Up to date CPR. **[CFA 14.14AM]**
 - D. Rescue breathing. **[CFA 14.14AM]**
 - E. Seeking medical attention. **[CFA 14.14AM]**

- F. The use of NARCAN Nasal Spray. **[CFA 14.14AM]**
- G. Required documentation related to the administration of Naloxone (NARCAN). **[CFA 14.14AM]**
- H. This General Order. **[CFA 14.14AM]**
- II. Upon completion, officers' NARCAN training will be recorded by the training coordinator.
- III. Continuing Education:
 - A. Refresher training will be conducted periodically. **[CFA 14.14AM]**

18.18.6 CRITERIA FOR USE

- I. Identify and assess the victim for responsiveness, pulse, and status of breathing. **[CFA 14.14CM]**
 - A. If no pulse, initiate CPR and AED; notify incoming Fire Rescue Personnel. **[CFA 14.14CM]**
 - B. If a pulse is present and the victim is unconscious, assess breathing status.
 - C. If breathing is adequate, (>8 per minute, no cyanosis) and no signs of trauma, place patient in recovery position protecting patient airway from aspiration (vomiting). **[CFA 14.14CM]**
 - D. If breathing is labored, patient has snoring respirations, decreased or signs of low oxygen (cyanosis) place patient in the recovery position. If overdose is suspected (based on history, evidence on scene, bystander reports, physical examination) and the patient does not improve in the recovery position, then proceed with NARCAN administration. **[CFA 14.14CM]**
 - 1. Signs and symptoms (patient assessment) of an opioid overdose: **[CFA 14.14CM]**
 - i. Pinpoint pupils.
 - ii. Slow or absent pulse.
 - iii. Blue skin tint.
 - iv. Limp body and a pale face.

- v. Vomiting.
- vi. Loss of consciousness.
- vii. Choking, gurgling, or snoring sounds.
- viii. Slow or stopped breathing.

E. Administer NARCAN Nasal Spray kit:

1. Open packet and remove one of NARCAN Nasal Spray. **[CFA 14.14CM]**
 2. Place the patient on his/her back (supine position). Prior to administration, be sure the device nozzle is inserted in either nostril of the patient, and provide support to the back of the neck to allow the head to tilt back. **[CFA 14.14CM]**
 3. ***Do not prime or test the device prior to administration.*** **[CFA 14.14GM]**
 4. To administer the dose, press firmly on the device plunger. Remove the device nozzle from the nostril after use. **[CFA 14.14CM]**
 5. After administration, place patient in the recovery position protecting airway from aspiration (vomiting). The requirement for repeat doses of NARCAN Nasal Spray depends upon the amount, type, and route of administration of the opioid being antagonized. **[CFA 14.14CM]**
- F. If the patient responds to NARCAN Nasal Spray and relapses back into respiratory depression before Fire Rescue arrives, administer an additional dose of NARCAN Nasal Spray using a new Nasal Spray and continue surveillance of the patient. **[CFA 14.14CM]**
1. If the desired response is not obtained after 3 to 5 minutes, administer an additional dose of NARCAN Nasal Spray using a new NARCAN Nasal Spray. Administer NARCAN Nasal Spray in alternate nostrils with each dose. **[CFA 14.14CM]**
 2. If there is still no response and additional doses are available, administer additional doses of NARCAN Nasal Spray every 3 to 5 minutes using a new NARCAN Nasal Spray with each dose until Fire Rescue arrives. **[CFA 14.14CM]**

G. The following may occur after NARCAN Nasal Spray has been administered:

1. Cardiac Arrest.
 2. Seizure activity.
 3. Hypoxia – body deprived of oxygen.
 4. Nausea/vomiting.
 5. Agitation.
 6. Attempt to flee.
- H. Initiate breathing support with pocket mask, or bag-valve-mask and oxygen, if available and properly trained/certified to do so. **[CFA 14.14CM]**
- I. If no response after 3-5 minutes and second dose of NARCAN is available, repeat the administration. **[CFA 14.14CM]**
- J. Continue to monitor breathing and pulse. If breathing increases and there is no evidence of trauma, place patient in the recovery position to protect the airway from aspiration. **[CFA 14.14CM]**
- K. If at any time the pulse is lost, initiate CPR as per normal protocol. **[CFA 14.14CM]**
- L. Keep responding Fire Rescue advised of patient status when able to do so. **[CFA 14.14CM]**
- M. Continually observe the patient and provide first-responder care until Fire Rescue arrives. **[CFA 14.14CM]**
- N. Give full report to Fire Rescue personnel when they arrive. **[CFA 14.14CM]**
- O. Complete documentation and internal department procedures for restocking and notification. **[CFA 14.14EM]**
- P. When an officer deploys NARCAN Nasal Spray and it results in a resuscitation of an overdose victim, ***that officer should ensure that person is transported to a medical facility by Fire Rescue.*** **[CFA 14.14CM]**
1. If the subject refuses transport, a Baker Act may be used to get him/her needed medical attention. **[CFA 14.14CM]**

18.18.7 DOCUMENTATION

- I. Upon completing the medical assist, an original incident report will be generated referencing the facts surrounding the administering of the NARCAN Nasal Spray prior to the end of the officer's shift. **[CFA 14.14EM]**
 - A. Additionally, a separate NARCAN incident report (ANNEX 18.8.8) will also be completed. Form will be located in the police form drive. **[CFA 14.14EM]**
 - B. After review and approval by the reporting officer's supervisor, a copy of the Incident Report and the NARCAN incident report (ANNEX 18.8.8) shall be forwarded to the Patrol Lieutenant via chain of command, along with the Incident Report. ***The report will contain the following information and will be treated as "Confidential".*** **[CFA 14.14EM]**
 1. The nature of the incident. **[CFA 14.14EM]**
 2. The care the patient received. **[CFA 14.14EM]**
 3. The fact that the NARCAN was deployed. **[CFA 14.14EM]**
 4. The amount of NARCAN Nasal Spray deployed. **[CFA 14.14EM]**
 5. The time the patient was transferred to Fire Rescue's care. **[CFA 14.14EM]**