

NEW SMYRNA BEACH POLICE DEPARTMENT
NEW SMYRNA BEACH, FLORIDA

POLICY AND PROCEDURE DIRECTIVE

TITLE: NALOXONE HCL, “NARCAN” EMERGENCY OPIOID ANTAGONIST PROGRAM

NUMBER: 14-14

EFFECTIVE: 09/17

REFERENCE:

RESCINDS/ AMENDS: NEW

REVISED: 09/20

ATTACHMENTS: [768.13.html](#), [381.887.html](#), [893.21.html](#)

PURPOSE

The purpose of this Directive is to provide agency personnel with guidelines governing the administration of Naloxone hydrochloride by trained personnel of the New Smyrna Beach Police Department.

DEFINITIONS

ANTAGONIST – a drug that counteracts the effects of another drug.

FDA – Food and Drug Administration.

EMERGENCY TREATMENT FOR SUSPECTED OPIOID OVERDOSE - Emergency responders, including law enforcement officers, are trained to possess, store, and administer emergency opioid antagonists as clinically indicated. Civil immunity is provided for those who possess, administer, prescribe, dispense, and store in compliance with the Good Samaritan Act. ([FS 381.887](#))

GOOD SAMARITAN ACT - Any person who gratuitously and in good faith renders emergency care or treatment either in direct response to emergency situations related to and arising out of a public health emergency or at the scene of an emergency outside of a hospital, doctor's office, or other place having proper medical equipment, without objection of the injured patient or patients thereof, shall not be held liable for any civil damages as a result of such care or treatment or as a result of any act or failure to act in providing or arranging further medical treatment where the person acts as an ordinary reasonably prudent person would have acted under the same or similar circumstances. ([FS 768.13](#))

911 GOOD SAMARITAN ACT - A person acting in good faith who seeks medical assistance for a person experiencing a drug-related overdose and needs medical assistance, may not be charged, prosecuted, or penalized for possession of a controlled substance if the evidence relating to such possession was obtained as a result of the overdose and need for medical assistance. It also provides that a person, who experiences a drug-related overdose and needs medical assistance, may not be charged, prosecuted, or penalized for possession of a controlled substance if the evidence relating to such possession was obtained as a result of the overdose and need for medical assistance. ([FS 893.21](#))

NALOXONE HCl NASAL SPRAY – also known as “Narcan”, is 4 mg of Naloxone hydrochloride which is a medicine used for the emergency treatment of known or suspected opioid overdose in adults and children. It is an opioid antagonist as it quickly reverses the effects of opioids but it is only temporary. Therefore, it is not a substitute for emergency medical care. Each Naloxone HCl nasal spray contains only one dose of the medicine and cannot be reused. The medicine in the Naloxone HCl nasal spray does not affect people who are not taking opioid medicines. It has been approved by the FDA.

OPIOID OVERDOSE – is the ingestion of an excessive dose of heroin or opiate based prescription drugs such as methadone, fentanyl, oxycodone, hydrocodone, morphine, and codeine and name-brand drugs such as Percocet, Vicodin, and Demerol. Some indicators of an opioid overdose are the patient will not wake up, does not respond to your voice or touch, breathing is very slow, irregular, or has stopped, “pinpoint pupils,” or bluish lips.

OFFICE OF THE MEDICAL DIRECTOR’S STANDING ORDER – is a formal document signed by the Volusia County Office of the Medical Director authorizing trained agency personnel to administer Naloxone HCI nasal spray to persons at risk of experiencing a suspected opioid-related overdose. The Standing Order is to be renewed annually by Volusia County’s Office of the Medical Director.

RECOVERY POSITION – is a first aid position to protect the airway of an unconscious or semi-unconscious person. The patient is laid on one side with the underneath leg straight while the other leg is fully flexed at the hip, with the knee bent and resting on the ground, to prevent rolling onto the back. The head is supported by the arm, maintaining the desired position with the face tilted towards the ground.

POLICY

It is the policy of the New Smyrna Beach Police Department to administer emergency opioid antagonist when indicated by trained members in the absence of emergency medical personnel, as outlined in [FSS 381.887](#), also known as the Emergency Treatment and Recovery Act.

PROCEDURE

PROCEDURE FOR USE RESPONDING OFFICER

14.14.1 Criteria for Use – Due to their effects on the region of the human brain which regulates breathing, opioids can cause respiratory depression and death. An opioid overdose can be identified by a combination of three (3) signs and symptoms referred to as the “opioid overdose triad” and include pinpoint pupils, unconsciousness, and respiratory depression. Personnel authorized to administer Naloxone will determine the need for treatment by evaluating the patient consistent with the appropriate symptoms and required Departmental training.

14.14.2 Member Responsibilities - Upon arriving at the scene of a medical emergency involving a suspected opioid overdose, ensure the safety of the scene.

1. Request medical if not already responding.
2. Once the safety of the scene has been secured, using universal precautions to protect from blood borne pathogens and other communicable diseases, medically assess the subject, which may include, but is not limited to, determining unresponsiveness and other indications of an opioid-induced overdose.
 - Provide CPR/rescue breathing if needed;
 - Prepare the nasal spray device for use;
 - Administer in accordance with training;
 - Use proper defensive tactics when administering Naloxone; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated or combative state, and may exhibit symptoms associated with withdrawal.
 - If effective, place patient into the recovery position and provide supportive care, if needed.
 - Inform responding EMS personnel that Naloxone has been administered.
 - Used Naloxone units shall be treated as sharps and biomedical waste and will be disposed of in the sharps container/ medical waste bag, or at the hospital.

14.14.3 Due to the temporary effect of an opioid antagonist and the potential for a reoccurring life-threatening

episode, a patient refusing medical treatment on scene or transportation to a medical facility will be held in protective custody under the Marchman Act and transported for appropriate medical observation/care.

14.14.4 Anytime a member administers Naloxone it will be documented in a written report. The narrative will contain the articulable facts used by the officer to assess the need to deploy the medicine (past drug history, physical evidence, pinpoint pupils, bluish lips, witness statement). The report should include:

1. Name of officer administering Naloxone;
2. How many doses were administered;
3. Approximate time of administration.

14.14.5 Restrictions – Naloxone shall only be deployed by trained personnel in appropriate medical circumstances in accordance with Florida Statute, agency policy, and training guidelines and where it is believed such action is required as a life-saving or potentially life-saving measure.

AVAILABILITY, CARRY, MAINTENANCE & REPLACEMENT

14.14.6 After initial issue, replacement units will be stored, maintained and available in the evidence/ property receiving area. The Quartermaster will insure that replacement units are available and will maintain a record of product expiration dates. Expired products will be disposed of consistent with bio-hazard material as specified in [Directive 29-1 Infectious Diseases](#).

14.14.7 Storage - Officers are responsible for the inspection of their issued Naloxone unit at the beginning of each shift. Due to the fact that the medication is sensitive to extreme temperature, officers will carry the kit on their person or on limited basis within his/her vehicle's passenger compartment while on duty. When off-duty, officer will store the kit in a climate-controlled environment less than 104°F.

14.14.8 Inspection of assigned Naloxone units shall be performed by the supervisor quarterly and noted on the Quarterly Personnel and Vehicle Inspection Form. If a unit is discovered to be lost, damaged, opened, or expired, the officer will immediately report the incident to their supervisor. Supervisor shall request that arrangements be made for a new unit to be issued to the officer.

TRAINING

14.14.9 The department's training unit is responsible for coordinating and providing training to department members. Such training will include;

1. An overview of [FS 381.887](#);
2. Patient assessment to identify the signs and symptoms of opioid overdose;
3. Use of Naloxone nasal spray;
4. Universal precautions and infection control when administering Naloxone;
5. Agency reporting requirements.

14.14.10 Additional training will be provided as directed by the Volusia County Office of the Medical Director, medical community, or as new technology or procedures become available or change.

14.14.11 All training shall be documented.

New: RR 09/20

Approved: Signature on File
Chief Mike Coffin