
	Florida State University Police Department	
EMERGENCY OPIOID ANTAGONIST PROGRAM – NALOXONE (NARCAN) USE		
Effective Date: 04/23/18	General Order 724	Attachments: NARCAN Administration Reporting Form & Issuance/Inspection Log
Rescinds/Amends: 724 (9/1/17)	Distribution: Sworn Officers	References: CFA 14.14M, FSS 381.887
	Pages: 4	

Policy - EMERGENCY OPIOID ANTAGONIST PROGRAM – NALOXONE (NARCAN) USE

It is the policy of the Florida State University Police Department to provide the best possible response to students, faculty, staff and visitors of the Florida State University, including the administration of an emergency opioid antagonist when indicated by trained members, in the absence of trained emergency medical personnel, as outlined in Florida State Statute (FSS) 381.887, also known as the Emergency Treatment and Recovery Act.

The purpose of this general order is to establish guidelines and regulations governing the utilization of Naloxone (NARCAN) by trained members within FSUPD. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when FSUPD members are the first to arrive at the scene of a suspected overdose.

Naloxone is a prescription medicine that reverses an opioid overdose by blocking opioids in the brain for 30 to 90 minutes. Opioids that can be affected by Naloxone (NARCAN) administration include heroin, oxycodone, methadone, fentanyl, morphine, codeine, opium, hydrocodone, and name-brand drugs such as Percocet, Vicodin and Demerol.

Procedure

A. Training [CFA 14.14 (a)]

1. The training section is responsible for coordinating and providing an approved emergency opioid antagonist training course for all sworn members. The training will be developed in collaboration with and approved by a medical professional. The initial training will include, at a minimum:
 - a. An overview of Florida Statute 381.887;
 - b. Victim assessment to identify the signs and symptoms of opioid overdose;
 - c. Universal precautions and infection control when administering naloxone;
 - d. Use of the Naloxone; Intranasal Medication Delivery System
 - e. Carrying, storage and maintenance of Naloxone kits;
 - f. Required reports and documentation relating to the administration of naloxone;
 - g. Follow-up medical care for victims;
 - h. This General Order.

2. All sworn officers will receive periodic refresher training on the carrying, storage and administration of an emergency opioid antagonist in conjunction with CPR Training.

B. Availability/Issuance of Naloxone Kits

The Florida State University Police Department will have Naloxone kits available in the following primary locations:

1. Shift Commander's Office for issuance by supervisor to approved/trained officers when necessary;
2. Other locations as approved by the Naloxone Coordinator

C. Naloxone Coordinator

The Naloxone Coordinator shall be responsible for the following:

1. Confirm all Naloxone kits are current and not expired.
2. Document proper and efficient deployment of Naloxone.
3. Replace any Naloxone kit that is either damaged, unusable, expired, or deployed.
4. Ensure all personnel using Naloxone have received appropriate training.
5. Ensure any deployment of Naloxone has been documented.
6. Complete bi-annual inspections of all Naloxone kits to ensure expiration dates have not been exceeded.

D. Naloxone (NARCAN) Use/Member Responsibilities [14.14 (b)(c)]

When using Naloxone, officers will maintain universal precautions, perform patient assessment, determine unresponsiveness, and the absence of breathing and/or pulse. Officers should update the Communications Officer if the patient is in a potential overdose state. The Communications Officer will then notify the local EMS. Officers shall follow the protocol as outlined in the Naloxone training.

1. Naloxone Deployment Protocol

- a. Identify and assess victim for responsiveness, pulse, and status of breathing.
- b. If no pulse, initiate CPR and AED as per normal protocol; notify incoming EMS.
- c. If pulse is present and the victim is unconscious, assess breathing status.
- d. If breathing is adequate and no signs of trauma, place in the recovery position.
- e. If breathing is decreased or signs of low oxygen and overdose is suspected (based on history, evidence on scene, bystander reports, physical examination), then proceed with Naloxone administration.
- f. Retrieve Naloxone kit.
- g. Follow instructions.
- h. Initiate breathing support with pocket mask, bag-valve-mask and oxygen if available.
- i. If no response after 3-5 minutes and a second dose of naloxone is available, repeat the administration.
- j. Continue to monitor breathing and pulse. If breathing increases and there is no evidence of trauma, place in the recovery position.
- k. If at any time pulses are lost, initiate CPR and AED as per normal protocol.
- l. Keep responding EMS advised of patient status when able to do so.
- m. Give full report to EMS when they arrive.
- n. Complete documentation and internal Department procedures for notification and restocking.
- o. Used Naloxone units shall be treated as "Sharps" and "Biomedical Waste" and shall be disposed of as per the General Order titled "Exposure Control Plan". Used Naloxone units may also be disposed in the EMS sharps container or at the hospital when applicable.

When an officer deploys Naloxone that results in a resuscitation of an overdose victim, the officer will ensure that person receives appropriate follow-up care. The effects of Naloxone last for a limited period of time and the person may experience another opiate overdose when the effects of the Naloxone wear off. The officer shall ensure that the person is transported to a medical facility by ambulance for follow-up treatment. Furthermore, the officer will proceed to the medical facility to ensure the safety of medical personnel.

E. Documentation/Report [CFA 14.14 (e)]

Upon completing the medical assist, the officer shall complete an incident report detailing the nature of the incident, the care the patient received, and the fact that Naloxone was deployed. The administering officer will also complete a Drug Reversal and Narcan Administration Reporting Form (Attachment A). A copy of the completed form will be forwarded to the Department's Naloxone Coordinator. Redacted reports will be used for statistical value and tracking of the Naloxone deployments by law enforcement personnel.

F. Storage, Issuance, Maintenance, and Replacement [CFA 14.14 (d)(f)]

1. Storage:

- a. Naloxone Kits will be securely stored in the Shift Commander's Office.
- b. Sealed Naloxone kits will be issued to only trained on-duty officers at the beginning of their shift, and will be returned to the on-duty Shift Commander at their shift's end. The issuance and return will be documented on the Naloxone Kit Log (Attachment B)
- c. Naloxone is sensitive to extreme temperature and direct sunlight and will not be stored in unoccupied vehicles for an extended period of time. Under no circumstances will Nasal Narcan be stored in the trunk of a vehicle or in direct sunlight.

2. Inspections:

Issued Nasal Narcan will be inspected at the end of each shift to determine the following:

- a. If the returned unit is still sealed and not expired, then no further action needed.
- b. If the unit is expired, used, missing, damaged, or otherwise unusable, or the seal is broken the unit will be returned to the Narcan Coordinator and documented as such.
- c. Nasal Narcan which are returned unsealed for any reason must be documented as such, and replaced.
- d. An inspection of issued Nasal Narcan shall be the responsibility of the receiving officer(s).

3. Maintenance/Replacement:

- a. Missing or damaged Nasal Narcan will be reported directly to the shift supervisor who shall notify the Department's Naloxone Coordinator.
- b. When a condition necessitates that a unit of Nasal Narcan be taken off line or be submitted for replacement, this information shall be directed to the Naloxone Coordinator. Naloxone has an expiration date per the manufacturer.
- c. The Naloxone Coordinator will prepare and maintain documentation to track Nasal Narcan and expiration dates.
- d. The Naloxone Coordinator shall be responsible for replacing Nasal Narcan units.

G. Restrictions [CFA 14.14 (g)]

Naloxone shall only be deployed by authorized and 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.

Glossary

Administer or Administration – means to introduce an emergency opioid antagonist into the body of a person.

Emergency Opioid Antagonist – Naloxone hydrochloride or any similarly acting drug. It is a prescription medication that can be used to reverse the effects of an opiate 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 (commonly marketed as Narcan) - a prescription medicine that reverses an opioid overdose by blocking opioids in the brain for 30 to 90 minutes. Opioids that can be affected by naloxone administration include heroin, oxycodone, methadone, fentanyl, morphine, codeine, opium, hydrocodone, and name-brand drugs such as Percocet, Vicodin and Demerol.

Naloxone Coordinator – The Operations Lieutenant

Nasal Narcan - A medically approved opioid antagonist delivery system which delivers Naloxone hydrochloride or similarly acting drug by means of nasal passage delivery.

Opioid - A medication or drug that is derived from the opium poppy or that mimics the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in the case of an overdose, will cause people to stop breathing. First responders often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin® and Percocet®), and hydrocodone (Vicodin®).

Periodic – an event occurring once every three years

Attachments:

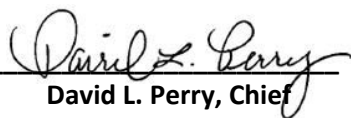
- A) Drug Reversal and Narcan Administration Reporting Form
- B) Narcan Issuance/Inspection Form

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Filed: General Order 724

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NALOXONE (NARCAN) USE**

Approved:


David L. Perry, Chief

Date:

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