


POLICY 513	ADMINISTRATION OF NALOXONE HCl	
	REVISED: 10/17, 02/19, 03/21, 06/21	RELATED POLICIES:
	CFA STANDARDS: 14.14	REVIEWED: AS NEEDED

A. PURPOSE

The purpose of this policy is to establish guidelines and procedures governing the utilization of the naloxone nasal spray.

B. POLICY

It is the policy of the Fort Lauderdale Police Department for First Responders to be trained in the safe use and administration of the naloxone nasal spray as authorized by FS 381.887.

C. OBJECTIVE OF THIS POLICY

The objective of this policy is to safely and effectively treat and reduce injuries and fatalities due to opioid-induced overdose.

D. DEFINITIONS

1. **Naloxone Hydrochloride** – A prescription medication used as an emergency opioid antagonist/antidote that blocks the effects of opioids administered from outside the body and that is approved by the United States Food and Drug Administration for the treatment of opioid overdose.
2. **Naloxone Nasal Spray** – The device issued to trained personnel to administer the prefilled dose of naloxone hydrochloride opioid antagonist via the intranasal mucosal atomization device (nasal spray) in accordance with medical and training protocols.
3. **Opioid** – Containing or derived from opium. Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion. Medications that fall within this class include hydrocodone (e.g. Vicodin), oxycodone (e.g. OxyContin, Percocet), morphine, codeine, heroine and related drugs.
4. **Administer/administration** – To introduce an emergency opioid antagonist into the body of a person.
5. **Patient** – A person at risk of experiencing an opioid overdose.
6. **Opioid Overdose** – An acute condition due to excessive opioids in the body, manifested by respiratory and/or central nervous system depression.
7. **Recovery Position** – Lateral, left or right side position.

8. **Emergency Opioid Antagonist** –
 - a. Naloxone hydrochloride or any similarly acting drug that blocks the effects of opioids administered from outside the body and that is approved by the United States Food and Drug Administration for the treatment of an opioid overdose.
 - b. A drug that nullifies in whole or in part the administration of an opioid. The opioid antagonist for the purpose of this policy is limited to naloxone hydrochloride (naloxone).
9. **Naloxone Coordinator** – The training sergeant and/or designee will be the designated Naloxone Coordinator. This position will ensure maintenance of training records and administration records.
10. **Naloxone Liaison** – This position will be the Captain of Support Services overseeing Police Supply who will liaise with the certified medical physician licensed to practice medicine in the State of Florida who will prescribe the and naloxone nasal spray kits to trained personnel. This position will also ensure adequate supplies of naloxone for issuance to personnel as appropriate and ensuring the Naloxone supply, integrity and current expiration dates.

E. NALOXONE NASAL SPRAY

1. Storage:
 - a. Naloxone nasal spray kits shall be carried and or kept in a manner consistent with proper storage guidelines as detailed by the manufacturer for temperature and sunlight exposure.
 - (1). Naloxone nasal spray medication shall be kept in an approved pouch on the officer's utility belt, outer vest carrier or uniform pocket. The nasal spray doses shall be stored in a temperature controlled environment when the officer is not on duty.
 - (2). Do not freeze medication
 - (3). Protect from light until ready to use.
 - (4). Replace medication before expiration date.
 - b. Naloxone nasal spray kits will include:
 - (1). Shears
 - (2). Gloves
 - (3). One pair of safety glasses
 - (4). One 4X4 CPR pocket face mask with one-way valve

- (5). Red biohazard disposal bag
- (6). Antimicrobial wipes
- (7). One 4mg Naloxone Nasal Spray Device

2. Maintenance and Inspections:

- a. An inspection of the naloxone nasal spray kit shall be the responsibility of the personnel receiving the equipment. If the required medical seal is broken or removed, the kit will need to be replaced and restocked. Personnel will also be responsible for replacing the naloxone nasal spray kit before its expiration date.
- b. Once monthly, first line supervisors shall inspect Naloxone Nasal Spray for proper maintenance and expiration dates. The inspections shall be documented on the appropriate Employee Inspection Report.
- c. Missing or damaged naloxone nasal spray kit(s) will be reported directly to the Naloxone Liaison who shall issue a new kit. The missing/damaged kit(s) will be documented on an offense report.

F. DEPLOYMENT

1. Naloxone nasal spray kits will be issued to properly trained and authorized personnel. Naloxone nasal spray medication shall be kept in an approved pouch on the officer's utility belt, outer vest carrier or uniform pocket.
2. Upon arriving at a scene of a medical emergency where it has been determined that an overdose has likely occurred, the responding officer will ensure the safety of the scene and request the response of Fire Rescue personnel.
3. When using an naloxone hydrochloride nasal spray kit, officers will first adhere to the following:
 - a. Utilize universal precautions to protect against blood borne pathogens and other communicable diseases.
 - b. Assess the patient to determine unresponsiveness and other indicators of an opioid-induced overdose.
 - c. Provide CPR if needed.
 - d. Prepare and administer the 4 mg dose of naloxone hydrochloride in accordance with proper medical and training protocols.
 - e. If after three (3) minutes the patient does not respond or responds then relapses into respiratory depression, one (1) additional 4 mg dose may be provided.

- f. When feasible, the second dose should be sprayed into the patient's opposite nostril.
- g. The maximum total dose that may be administered prior to Emergency Medical Services (EMS) arrival is 8 mg.
- h. Be aware that patients revived from an opioid overdose may regain consciousness in an agitated or combative state, and may exhibit symptoms associated with withdrawal. Officers should be prepared to use appropriate defensive tactics control measures if necessary.
- i. If the naloxone is effective, immediately place the patient into and maintain the recovery position while providing supportive care until relieved by Fire Rescue personnel. Immediately notify responding Fire Rescue personnel of the use of the naloxone hydrochloride, the manner in which it was administered and the number of doses used.
- j. If the patient refuses medical treatment or transportation to a medical facility and no criminal charges are to be filed, the subject may be held in protective custody under the Baker Act or Marchman Act (FS 397.677) provided all required criteria have been met. Once a police officer administers Naloxone nasal spray to a patient, the patient must be transported to a medical facility by Fire Rescue personnel.
- k. The administration of the naloxone shall be documented in an offense report and will indicate the responding Fire Rescue unit designator who assumed primary care of the patient. The offense report will detail the officer's observations of the necessity to deploy the naloxone, the number of doses and manner in which administered and the final disposition of the patient. The offense report will be forwarded to the Training Unit and the Naloxone Liaison for tracking purposes.
- l. Used naloxone nasal spray kits will be discarded in appropriate biohazard disposal bags and discarded in accordance with policy 105.1.

M. TRAINING

- 1. The Training unit is responsible for coordinating and providing an approved emergency opioid antagonist training course for all employees with first responder responsibilities.
- 2. Initial training:
 - a. All sworn personnel will receive the initial naloxone hydrochloride training prior to the issuance or administration of naloxone.
 - b. The initial training will include but not be limited to:
 - (1). An overview of FS 381.887 which permits law enforcement use of naloxone hydrochloride.

- (2). An overview of the Marchman Act FS 397.677.
- (3). Proper carrying and storage of the naloxone hydrochloride administration devices.
- (4). Patient assessment. (e.g. signs, symptoms of opioid overdose)
- (5). Universal precautions to protect against blood borne pathogens and other communicable diseases.
- (6). The use and administration of the intra-nasal naloxone spray.
- (7). Recovery position and follow-up care.
- (8). Simulated/scenario based administration.

3. Continuing education:

- a. After receiving initial training, personnel will be required to receive recertification training biennially, which will coincide with the CPR recertification schedule. This training will consist of an overview of the initial training including:
 - (1). Updates to policy and or state statute
 - (2). Refresher of patient assessment and universal precautions
 - (3). Refresher on the use and administration of the nasal spray.
 - (4). Simulated/scenario based administration.
- b. During the continuing education for all certified personnel, the naloxone coordinator or designee will conduct an inspection of all naloxone kits.

N. Quality Control and Oversight:

1. The Naloxone Liaison, Coordinator or designee will attend the Fire Department monthly Continuous Quality Improvement (CQI) meeting. This meeting occurs with the City's Medical Director and Fire Rescue to ensure the quality medical services provided by the City. The City's Medical Director will oversee the quality control of the Naloxone administration within the police department as part of the prescription process.
2. The Naloxone Coordinator will be responsible for maintaining all records related to the Naloxone program to include:
 - a. Training Records
 - b. Police reports documenting the administration of Naloxone nasal spray.

3. The Naloxone Coordinator will coordinate all training for certification and mandatory retraining.
4. The Naloxone Liaison will be responsible for inventory control of the Naloxone nasal spray medication and kits.
5. The Naloxone Liaison will also be the primary point of contact between the Medical Director and the police department and will ensure any issues or recommendations related to the Naloxone program as a result of the CQI meetings or other information provided by the Medical Director are addressed.