

GENERAL ORDER

June 2023

Immediately

III-44

Distribution: All Employees

Subject: **NALOXONE (Narcan)**

Index as:	Emergency Opioid Antagonist	Naloxone Coordinator	Overdose Rescue Kit
	Medical Director	Narcan	Recovery Position
	Naloxone	Opioid	Universal Precautions
	Naloxone Administration Program	Opioid Overdose Triad	

Accreditation Standards: 41.2.8, CFA 14.14
Cross Reference: I.O. V.5:22, Infectious Diseases and Exposure Control Plan
I.O. V.5:35, Automated External Defibrillator (AED)
USB SOP I-18, K-9 Unit
§ 381.887, Florida Statutes
Replaces: G.O. III-44, Naloxone (Narcan) (June 12, 2023)

This General Order establishes guidelines governing the use of Naloxone. It consists of:

- I. [Policy](#)
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I. POLICY

- A. It is the policy of the St. Petersburg Police Department to ensure members are properly trained in the use and deployment of Naloxone, in accordance with the laws of the State of Florida and commonly accepted medical practices.
- B. The Department will accept appropriate medical input from the Medical Director, Pinellas Emergency Medical Services, regarding the proper field administration of Naloxone, as well as the training of Department personnel.
- C. Naloxone will only be deployed by trained personnel in accordance with agency policy and training guidelines.
- D. Personnel will only carry Department-issued Naloxone devices.

II. PURPOSE

- A. This Directive establishes guidelines and regulations governing the utilization of Naloxone by trained Department personnel.

- B. The objective is to minimize injuries and reduce fatalities due to opioid-involved overdoses or exposures, in circumstances where law enforcement is the first to arrive upon the scene of suspected overdose or where a member may become exposed to an opioid during the course of their duties.

III. DEFINITIONS

- A. Emergency Opioid Antagonist – Means 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. Medical Director – A medical physician who assumes the ultimate responsibility for the patient care aspects of the St. Petersburg's Fire Rescue EMS system.
- C. Naloxone – Commonly known as Narcan, is a 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 and respiratory system.
- D. Naloxone Coordinator – The Major, Special/Disaster Operations, or designee coordinates and manages the Overdose Rescue Kit program.
- E. 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 and will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. Law enforcement personnel often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone, and hydrocodone.
- F. Overdose Rescue Kit – The kit includes the following:
 - 1. Two (2) Naloxone nasal spray devices.
 - 2. Medical gloves.
 - 3. Information pamphlet with overdose prevention and step-by-step instruction for overdose responses and Naloxone administration.

IV. TRAINING

- A. All members will receive initial training that will, at a minimum, consist of the following topics:
 - 1. Overview of Florida State Statutes permitting law enforcement officers to administer Naloxone
 - 2. Patient assessment, including signs and symptoms of suspected overdose
 - 3. Universal precautions (See I.O. V.5:22, Infectious Diseases and Exposure Control Plan)
 - 4. Rescue breathing
 - 5. Summoning medical assistance
 - 6. Appropriate delivery of Naloxone
 - 7. Post-delivery protocols
 - 8. Documentation and Reporting requirements
- B. The Training Division will ensure that all personnel receive approved agency training on a biennial basis.
- C. Training curriculum will be developed in collaboration with the St. Petersburg Emergency Medical Services (EMS) Medical Director.

V. DUTIES AND RESPONSIBILITIES

A. The Naloxone Coordinator, or designee is responsible for the following:

1. Maintain proper inventory control to ensure there is a supply of Overdose Rescue Kits and that the Kits are current and non-expired.
2. Conduct an annual inspection to ensure expiration dates have not been exceeded.
3. Replace any Overdose Rescue Kit that is damaged, unusable, expired, or deployed.
4. Ensure any deployment of Naloxone has a corresponding incident report documenting the entirety of circumstances regarding the deployment.
5. Documenting deployment and status of Naloxone in an annual report, via the Chain-of-Command, to the Chief of Police.

VI. ISSUANCE OF OVERDOSE RESCUE KITS

A. The Overdose Rescue Kits are issued on a voluntary basis to trained Department personnel.

B. The Overdose Rescue Kits are available in the following locations:

1. **Property and evidence** intake area
2. Strategic Operations Division evidence intake area
3. Other locations deemed appropriate by the Naloxone Coordinator

VII. AUTHORIZED USE

A. Members authorized to administer Naloxone will determine the need for treatment by evaluating the individual for symptoms. Symptoms include:

1. Pinpoint pupils,
2. Unconsciousness, and
3. Respiratory depression

B. If an opioid overdose is suspected, the member will:

1. Immediately request EMS and, if the member is non-sworn, request an officer respond to the scene.
2. If the affected individual has respiratory depression or is unresponsive, the member may administer Naloxone into the affected individual's nostrils by use of the nasal atomizer.
3. If breathing ceases, initiate rescue breathing.
4. If there is no pulse and the member has received training in accordance with I.O. V.5:35, Automated External Defibrillator (AED), initiate CPR.
5. If there is no improvement after 3-5 minutes, administer a second dose of Naloxone.
6. Continue to monitor breathing and pulse and remain with the individual until EMS arrives.
7. Inform EMS of the support, if any, which was provided to the person.

VIII. DOCUMENTATION AND REPORTING

- A. Subsequent to the administration of an Overdose Rescue Kit, the responding officer will complete an incident report detailing the nature of the incident. The report will include, at a minimum, the following information regarding the administration of Naloxone:
1. Date, Time, and Location of the suspected overdose
 2. Reason(s) the member suspected an opiate overdose (subject looked blue, subject would not wake, subject stopped breathing, no response to sternal rub or painful stimuli, etc.)
 3. Suspected drug(s) involved (Heroin, Fentanyl, Carfentanyl, Oxycodone, Methadone, etc.)
 4. The degree to which the person who was administered Naloxone experienced any symptoms of withdrawal (none, mild, severe, etc.), including any aggression subsequent to administration.
 5. Number of vials of Naloxone administered
 6. Serial number(s) for Naloxone utilized
 7. How long it took for Naloxone to impact the individual
 8. Whether the person survived the overdose
 9. Other relevant information
- B. After administering Naloxone and prior to the conclusion of their scheduled shift, the responding officer will send a notification email to NARCAN@stpete.org. The email will be titled with the incident report number.

IX. MAINTENANCE, DISPOSAL AND REPLACEMENT

- A. The Overdose Rescue Kit will be carried and/or stored in a manner consistent with manufacturer guidelines.
- B. Subsequent to the administration of a Naloxone nasal spray, the responding officer will ensure the disposal of the used Overdose Rescue Kit in a bio-hazardous container.
- C. The member will contact the Equipment Room for the replacement of a lost, damaged, unusable, expired, or deployed Overdose Rescue Kit.

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