



NORTH MIAMI POLICE DEPARTMENT

STANDARD OPERATING PROCEDURES



NARCAN 300.28

EFFECTIVE DATE: 01-06-21

APPROVED: 
Chief of Police

SUPERSEDES: 10-09-19

CFA: 14:14

I. PURPOSE

To provide Department members with guidelines to utilize Naloxone, pursuant to Florida State Statute, 381.387, in order to reduce a fatal opioid overdose. This policy is intended to address the members' role and responsibility of protecting the safety and welfare of the community. As such, members need to recognize the symptoms of a person suffering from an opioid overdose to attempt to protect and help the individual.

II. POLICY

To provide assistance to any person(s) who may be suffering from an opioid overdose. Department personnel trained in accordance with the policy shall make every reasonable effort, to include the use of Naloxone combined with Cardiopulmonary Resuscitation (CPR), to revive the victim of any apparent drug overdose.

III. SCOPE

This policy applies to all members of the Department.

IV. DEFINITIONS

- A. **DRUG INTOXICATION** – Impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e. euphoria, dysphoria, apathy, sedation, attention impairment.
- B. **MAD DEVICE** – Mucosal Atomization Device – Intranasal mucosal Atomization Device used to deliver a mist of atomized medication that is absorbed directly into a person’s blood stream and directly into the brain and cerebrospinal fluid via the nose to brain pathway. This method of medication administration achieves medication levels comparable to injections.
- C. **NALOXONE** - an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal or intravenous forms.
- D. **NARCAN** - 2mg/2ml prefilled syringes compatible with the intranasal mucosal automation device (MAD) for nasal rescue.
- E. **OPIOIDS** – heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone, oxycodone.
- F. **OPIOID OVERDOSE** – An acute condition including but not limited to extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.
- G. **UNIVERSAL PRECAUTIONS** - is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens.
- H. **LANGUAGE CLARIFICATION:**
- Should: Indicates a general or expected action, absent a rational basis for failing to conform.
 - Shall or Will: Indicates a mandatory action.

V. TRAINING

Prior to issue, members shall be trained in the use of Naloxone by the Department's Training Unit. Members will receive training on the topic of responding to persons suffering from an apparent opioid overdose and the use of Naloxone. **CFA 14.14A**

Members will receive refresher training every two years that may be done in conjunction with First Aid/CPR Training.

VI. PROCEDURES

A. **ISSUE OF NALOXONE:**

1. Naloxone will be provided in a clearly marked kit for intranasal use. Each intranasal Naloxone kit shall include: Instructions for administering intranasal Naloxone; One (1) (single-use) Luer-Lock prefilled syringe system; One (1) MAD device.
2. All members of the Uniform Patrol Section who have been trained and assigned a kit, are required to maintain their intranasal Naloxone kit and CPR face mask within their assigned vehicle at all times while on duty.
3. Any member not required by this policy to carry an intranasal Naloxone kit may elect to carry the intranasal Naloxone kit, provided they have been properly trained.
4. The North Miami Police Station holding facility shall be equipped with an intranasal Naloxone kit and an Automated External Defibrillator (AED).
5. At the start of a shift, the on-duty Uniform Patrol Section supervisor will ensure officers receive their assigned kit from the secure cabinet in the Roll Call Room.
6. At the end of shift, the on-duty Uniform Patrol Section supervisor will re-secure the officer's Naloxone kit in the secure cabinet.

B. USE OF NALOXONE:

If a member of the Department encounters a victim of what appears to be a drug overdose, the member shall: **CFA 14.14B, C**

1. Maintain universal precautions throughout overdose incident;
2. Contact Miami-Dade Fire Rescue via police radio. Advise them of possible opioid overdose and request they respond;
3. Keep the on-duty supervisor apprised of the condition of the overdose victim throughout overdose incident;
4. Perform assessment - Check for unresponsiveness, vital signs such as breathing and pulse. [Is the subject awake and talking; responsive to verbal stimulation only; response to painful stimulation only; or completely unresponsive?];
5. Check for medic alert tags (around wrist, necklace or ankles; (Prior to indicating pre-existing medical condition);
6. Request a backup unit, if not already assigned, as a subject may become violent upon immediate response from the Naloxone;
7. Prior to the administration of Naloxone, the member on scene shall ensure the subject is in a safe location and remove any sharp or heavy objects from the subject's immediate reach. The sudden onset of immediate opioid withdrawal may result in physical symptoms such as pale skin, rapid heart rate, nausea, seizures, difficulty breathing and non-responsiveness;
8. Administer Naloxone using the approved MAD device;
9. Start CPR and continue until victim is revived or Miami-Dade Fire Rescue responds;
10. If after two to three (2-3) minutes of administering Naloxone, there is no improvement (victim remains unconscious, no breathing or pulse) and if available, one (1) additional dose of Naloxone may be administered. The member will continue CPR until the victim is revived or Miami-Dade Fire Rescue responds;

11. Seize all illegal and/or non-prescribed narcotics found on the victim, or around the area of the overdose, and process in accordance with Departmental Policy;
12. Once used, the intranasal MAD device is considered biohazardous material and shall be turned over to Miami-Dade Fire Rescue or hospital personnel for proper disposal immediately following administration.

VII. REPORTING

After utilization of Naloxone, members will prepare an Incident Report for documentation purposes to include a description of the individual's condition, behavior, the fact that Naloxone was deployed, the number of times deployed, medical response, hospital of transport, any narcotics seized or the suspected narcotic used by the victim, the final outcome of the incident, and medical personnel response. **CFA 14.14E**

All incidents will be entered into High Intensity Drug Trafficking Area (HIDTA) Overdose Detection and Mapping Application Program (ODMAP) by assigned Level I ODMAP personnel.

VIII. INSPECTION, STORAGE and RESTRICTIONS

INSPECTION:

The intranasal Naloxone kit must be inspected; **CFA 14.14D**

- A. Check the expiration date found on either box or vial.
- B. Check condition of MAD device (considered sterile for approximately 4-5 years). Testing of the device is not necessary, as each vial is a one-time use only.
- C. Inspection of the intranasal Naloxone kit shall be the responsibility of the member and shall be conducted on each scheduled shift.
- D. The Quartermaster shall be responsible to inspect the intranasal Naloxone kit placed in the holding facility.

- E. The quarterly vehicle and staff inspections will also include inspections of the kits, documenting that the kits are in good condition and not expired.

STORAGE:

The kits will be stored securely in the following manner: **CFA 14.14F**

- A. Naloxone will be stored in accordance with the manufacturer's instructions and in Department approved and provided storage container to avoid extreme cold, heat and direct sunlight.
 - 1. On-duty: Naloxone (Narcan) must not be exposed to temperatures above 104 degrees Fahrenheit (40C) or direct sunlight.
 - 2. Off-duty: Naloxone (Narcan) must be stored at room temperature between 59 degrees Fahrenheit (15C) and 77 degrees Fahrenheit (25C) and must not be frozen. The Uniform Patrol Section will provide a secure cabinet in the Roll Call room for each Uniform Patrol Shift. Naloxone (Narcan) must be stored in the Shift cabinet during all off-duty times, or, if unable to do so, cannot be stored in a vehicle while officers are not on-duty.
- B. Missing, damaged or expired Naloxone kit(s) will be reported through the chain of command to the Quartermaster.
- C. Requests for replacement Naloxone shall be made through the chain of command to the Quartermaster.

RESTRICTIONS: CFA 14.14G

- A. At no time will a damaged or expired Naloxone kit(s) be used to treat any person.

IX. LEGAL PROVISIONS

In accordance with Florida State Statutes (FSS) 768.13, the "Good Samaritan Law," any person, including those licensed to practice medicine, 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 declared pursuant to FSS 381.00315, a state of emergency

which has been declared pursuant to FSS. 252.36, 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 victim or victims 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.

Any member who administers Naloxone in accordance with this policy shall be deemed to be acting in compliance with FSS 768.13 and not subject to civil liability or criminal prosecution.