



# **TALLAHASSEE POLICE DEPARTMENT**

## **GENERAL ORDERS**

 Proudly Policing Since 1826	<b>SUBJECT</b> Emergency Opioid Intervention Program		 Nationally Accredited 1986
	<b>CHIEF OF POLICE</b> <div style="text-align: center; margin-top: 10px;"><i>Signature on file</i></div>		
<b>NUMBER</b> 83	<b>ISSUE DATE</b> 12/03/2019	<b>REVISION DATE</b> 06/18/2025	<b>TOTAL PAGES</b> 7

### **AUTHORITY/RELATED REFERENCES**

FS 381.887, Emergency Treatment for Suspected Opioid Overdose  
 General Order 2, Chain of Command-General Management  
 General Order 11, Communicable Disease Control

### **ACCREDITATION REFERENCES**

CALEA Chapter     41  
 CFA Chapter        14

### **KEY WORD INDEX**

<b>Application Protocols</b> <b>Inventories</b> <b>Authorization to Carry and Storage Protocols</b> <b>General Guidelines</b> <b>Inspection and Replacement</b> <b>Overdose Rescue Kits for Department Canines</b> <b>Training Protocols</b>	Procedure IV Procedure V Procedure II Procedure I Procedure VI Procedure VII Procedure III
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### **POLICY**

The Department shall establish protocols for member utilization of Naloxone Hydrochloride to treat opioid-involved overdoses in circumstances where persons are exhibiting indications of a suspected opioid overdose. Members are responsible for adhering to established protocols in the administration of Naloxone Hydrochloride. Members are not trained or authorized to administer any other type of pharmaceuticals.

### **DEFINITIONS**

**Health Care Practitioner:** The designated Department Medical Director who has oversight of health care related training, equipment and practices.

**Naloxone Hydrochloride:** An opioid antagonist for reversal of respiratory depression and other opioid effects in persons who have become affected by heroin, morphine, or other synthetic opioids. It is a colorless and odorless liquid.

**Opioid:** A medication or drug derived from the opium poppy or a synthetic narcotic which mimics the effect of an opiate (e.g., morphine, methadone, codeine, heroin, fentanyl, oxycodone, hydrocodone).

**Overdose Rescue Kit (ORK):** The Department-issued opioid antagonist delivery system which provides Naloxone Hydrochloride via the nasal passage.

## **PROCEDURES**

### **I. GENERAL GUIDELINES**

- A. The Department's Emergency Opioid Intervention Program (EOIP) is primarily intended for rescue of affected members but does not prohibit administration of Naloxone Hydrochloride to any affected person.
- B. The Chief of Police is responsible for selecting a health care practitioner to have medical oversight of the EOIP.
  - 1. The health care practitioner must be licensed to practice medicine within the State of Florida.
  - 2. The health care practitioner is expected to provide:
    - a. Recommendations to affected policy and procedures,
    - b. Advice and/or assistance in obtaining Naloxone Hydrochloride, and
    - c. Approval of training related to the EOIP.
- C. The following units are responsible for certain tasks concerning the EOIP and include:
  - 1. Training, ORK application protocols, applicable statutes and regulations (Training Unit),
  - 2. Equipment (i.e., ORK), (Supply Office), and
  - 3. Review of this written directive, (Accreditation Unit)

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## TALLAHASSEE POLICE DEPARTMENT

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- D. The Supply office is responsible for ordering and maintaining an adequate inventory of ORKs for the Department.
- E. FS 381.887 does not create a duty or standard of care for a person to administer Naloxone Hydrochloride.

### **II. AUTHORIZATION TO CARRY AND STORAGE PROTOCOLS**

- A. Each member assigned ORK is responsible for the protocols listed below.
  - 1. Determining the appropriate storage of the ORKs, and:
    - a. Being mindful of limitations issued by the manufacturer such as not leaving an ORK in a motor vehicle or other location potentially exposing the ORK to excessive heat or cold, and
    - b. Adhering to established storage protocols.
  - 2. Ensuring ORK expiration dates are provided to supervisors for inclusion in a quarterly report (i.e. Line Inspection).
- B. All members who are issued an ORK shall have it readily available (excluding Special Investigations Section members in a plain clothes capacity) while:
  - 1. On duty,
  - 2. Working a special event, or
  - 3. Working secondary employment.
- C. When a member who is issued an ORK is in uniform, the ORK shall be carried either:
  - 1. On their uniform belt within a Department approved holster, or
  - 2. Kept in a pocket of their uniform or readily available at their workstation.
- D. The only authorized storage locations for an ORK issued to a member are:
  - 1. Inside the member's residence,
  - 2. Their Department mailbox,
  - 3. Their Department-assigned locker,

4. Their workspace, or
5. The Watch Commander's Office.

E. The Property and Evidence Unit will have ORKs readily available in the Temporary Evidence Storage Room and in the Property and Evidence Unit work area.

### **III. TRAINING PROTOCOLS**

- A. Only members who have successfully completed Department-approved EOIP training are authorized to carry an ORK and administer Naloxone Hydrochloride.
- B. The Operational Support Bureau Commander or designee is responsible for providing initial and refresher EOIP training every two years, addressing the following:
  1. An overview of FS 381.887,
  2. Victim assessment to identify the signs and symptoms of opioid-involved overdose,
  3. Standard precautions and infection control when administering Naloxone Hydrochloride,
  4. Carrying and storage of the ORK,
  5. Application of the ORK,
  6. Reporting and notification requirements, and
  7. ORK replacement protocols.

### **IV. APPLICATION PROTOCOLS**

When handling a situation where a person is suspected of an opioid-involved overdose, members are responsible for the following:

- A. Security and Assessment –
  1. Members are responsible for reasonably assessing the safety of the scene and the medical needs of the victim or person in medical distress (and unless already on scene or enroute, requesting emergency medical services [EMS]).

2. Members are responsible for utilizing appropriate precautions as outlined in General Order 11 (Communicable Disease Control).

**B. Medical Aid and Recovery –**

1. If needed, members shall provide CPR/rescue breathing.
2. Application of the ORK is not a replacement for CPR.
3. Members shall apply the ORK in adherence to Department-approved EOIP training.
4. Members should be cognizant the person may regain consciousness in an agitated or combative state.
5. Unless prevented by trauma to the person, members should place the person in a recovery position and provide supportive care after an ORK application.
6. Members are responsible for notifying responding EMS personnel of the application of Naloxone Hydrochloride.

**C. Transportation –**

Members shall ensure a person who received Naloxone Hydrochloride is transported to a medical facility by ambulance when available and expedient.

**D. Notifications and Reports –**

**Notifications**

1. Members are responsible for making prompt notification to their immediate supervisor, or other supervisor if more appropriate, after an ORK application.
2. Members are responsible for obtaining a replacement ORK from the Watch Commander or the Supply Office.

**Reports**

3. Members involved in an ORK application are responsible for ensuring the incident is documented in a Department offense report completed by a member.

4. A separate offense report is not required as mandated in subsection 3 above when the circumstances surrounding the ORK application are adequately documented in a Department offense report of another classification (e.g., If an ORK application occurs during an arrest incident, documentation of the application in the arrest report is sufficient).
5. In addition to the requirements of subsections 3 and 4 above, when a member is the recipient of an ORK application, their immediate supervisor (or other supervisor if more appropriate) shall ensure the following documents are completed and forwarded to Employee Resources:
  - a. Accident/Incident Field Reporting Form (SA-731), and
  - b. First Report of Injury or Illness Form (DSF-F2-DWC-1).

**E. ORK Disposal –**

Members are responsible for properly disposing of a used ORK in one of the following locations:

1. One of the Department's designated biohazard waste containers (Property and Evidence Unit's Temporary Evidence Storage Room or the Forensic Unit),
2. An EMS biohazard waste container, or
3. A biohazard waste container at a local hospital.

**V. INVENTORIES**

The Supply Office shall maintain inventory of all Department ORKs, taking into consideration the expiration dates for each kit.

**VI. INSPECTION AND REPLACEMENT**

- A. It is the responsibility of the member who has an ORK to provide their immediate supervisor with the expiration date of the kit for their quarterly inspection.
- B. A member with an ORK which is no longer useable is responsible for promptly notifying their immediate supervisor. The Watch Commander or the Supply Office are responsible for providing replacement ORK's to members.

- C. The Supply Office is responsible maintaining a supply of ORKs and recognizing the need to reorder ORKs due to shortage or pending expiration dates of currently issued ORKs.

**VII. OVERDOSE RESCUE KITS FOR DEPARTMENT CANINES**

- A. An ORK is authorized for utilization on a Department canine (K-9).
- B. K-9 Handlers are authorized to administer Naloxone Hydrochloride to a Department K-9 only after being trained to do so by the Department's contract veterinarian.
- C. Except as noted below, all portions of this written directive are applicable to K-9 Handlers carrying an ORK for a Department K-9. Not applicable protocols include:
  - 1. Medical Aid and Recovery (subsection IV B above),
  - 2. Transportation (subsection IV C above), and
  - 3. First Report of Injury or Illness Form (subsection IV D 4 b above).

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