




Cocoa Beach Police Department

Standard Operating Procedure



Effective Date: October 7, 2025	Replaces: Amends: February 22, 2023	Number: 031.10
Subject: Emergency Opioid Antagonist Program		Re-Evaluation: 2027
Distribution: All Members	Related CFA Standards: 14.14M	
Approving Authority: Wes Mullins Chief of Police		
Approval Date: September 23, 2025		

1. PURPOSE

The purpose of this standard operating procedure is to establish guidelines and regulations governing the utilization of naloxone NARCAN® Nasal Spray by trained Cocoa Beach Police Department personnel.

2. SCOPE

This standard operating procedure shall apply to all sworn members of the Cocoa Beach Police Department, and as applicable, property & evidence custodians.

3. POLICY

It shall be the policy of the Cocoa Beach Police Department for trained agency personnel to treat suspected opioid overdoses as outlined in § [381.887](#) Fla. Stat. to minimize injuries and reduce fatalities due to opioid-involved overdoses, 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.

4. DEFINITION(S)

- A. ADMINISTER OR ADMINISTRATION – Means to introduce an emergency opioid antagonist into the body of a person.
- B. ANTAGONIST – A drug that counteracts the effects of another drug.
- C. AT-RISK MEMBER – Any member of the Cocoa Beach Police Department who may potentially or unknowingly come into contact with fentanyl, in its different forms, carfentanil, or other unknown substances while in the course of their work.
- D. CARFENTANIL – A powerful derivative of fentanyl, a synthetic narcotic analgesic produced from morphine. While fentanyl is about 100 times more powerful than morphine, carfentanil is 100 times more potent than fentanyl, meaning it is 10,000 times more potent than morphine. This drug is not approved for use in humans in any capacity, and it is typically found in veterinary medicine to sedate large animals, primarily elephants. Carfentanil is too powerful for humans who have not developed a tolerance to strong narcotics like heroin and fentanyl. Even for people who have struggled with addiction to powerful narcotics, a dose the size of a grain of salt can rapidly lead to an overdose and death.
- E. 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.
- F. EMERGENCY TREATMENT FOR SUSPECTED OPIOID OVERDOSE – Emergency responders, including law enforcement officers, are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated. Civil immunity is provided for those who possess, administer, prescribe, dispense, and store in compliance with the Good Samaritan Act. (§ [381.887](#) Fla. Stat.)

- G. FENTANYL – A dangerous, powerful synthetic opioid analgesic Schedule II narcotic that is similar to morphine but is 50 to 100 times more potent than heroin.
- H. GOOD SAMARITAN ACT – Any person 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 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 patient or patients 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 (§ [768.13](#) Fla. Stat.).
- I. MEDICAL CONTROL PHYSICIAN – The medical control physician shall be a designated medical doctor who is licensed to practice medicine in the State of Florida. The department shall maintain an affiliation with the medical control physician and shall periodically consult with him/her to review training, equipment, procedures, applicable laws and regulations and/or the review of specific medical cases involving the emergency administration of naloxone.
- J. NALOXONE HYDROCHLORIDE – (commonly marketed as NARCAN®) Nasal Spray - is a colorless and odorless liquid prescription medicine that reverses an opioid overdose (respiratory depression and other opioid effects) by blocking opioids in the brain for thirty (30) to ninety (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, Tramadol, and Demerol.
- K. NARCAN® COORDINATOR – A sworn agency member, as designated by the Chief of Police, or designee.
- L. 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 overdose, will cause people to stop breathing. First responders often encounter opiates in the form of Morphine, Methadone, Codeine, Heroin, Fentanyl, Carfentanil, Oxycodone, and Hydrocodone.
- M. OPIOID OVERDOSE – An acute condition due to excessive opioids in the body, manifested by respiratory and/or central nervous system depression.
- N. PATIENT – A person at risk of experiencing an opioid overdose.
- O. RECOVERY POSITION – A first aid position to protect the airway of an unconscious or semi-unconscious person. The patient is placed on one side with the underneath leg straight while the other leg is fully flexed at the hip, with the knee bent and resting on the ground, to prevent rolling onto the back. The head is supported by the arm, maintaining the desired position with the face tilted toward the ground.

5. PROCEDURES

- A. MEMBER RESPONSIBILITIES (CFA 14.14 MB)
 - 1. Authorized Members are responsible for:
 - a. Completing the emergency opioid antagonist training prior to issuance of NARCAN® Nasal Spray, and during the agency's first aid training or in conjunction with CPR recertification periods thereafter.
 - b. Caring for, maintaining, storing, inspecting, and administering the medication in accordance with this policy.
 - c. Confirming the expiration date of his/her assigned NARCAN® Nasal Spray is current and not expired.
 - (i) Exchange expired or otherwise unusable NARCAN® Nasal Spray.
 - d. Documenting any overdose call for service where Narcan is administered by completing an Information Report.
 - e. Properly documenting administration of any reversal drug or NARCAN® Nasal Spray within twenty-four (24) hours of deployment on:

- (i) An Information Report;
 - (ii) [The Drug Reversal and NARCAN® Administration Reporting Form](#) and
 - (iii) [A NARCAN® Nasal Spray Request Form](#) when a replacement is needed following administration of NARCAN® Nasal Spray by an authorized member.
 - f. Properly documenting any loss or damage of the medication within twenty-four (24) hours of loss or damage discovery on:
 - (i) An Information Report, and
 - (ii) [A NARCAN® Nasal Spray Request Form](#).
 - g. Forwarding the [Drug Reversal and NARCAN® Administration Reporting Form](#) and the [NARCAN® Nasal Spray Request Form](#) to the member's on-duty supervisor for required approval and signature.
2. On-duty Shift Supervisors are responsible for:
 - a. Reviewing all required reports and forms of naloxone administration, loss, or damage submitted by members for supervisor approval and signature in accordance with [SOP 114.00 Reporting Requirements and Review](#) to ensure proper documentation.
 - b. Forwarding signed and approved [Drug Reversal and NARCAN® Administration Reporting Forms](#) and [NARCAN® Nasal Spray Request Forms](#) to the NARCAN® Coordinator.
 - c. Documenting any overdose call for service on shift pass-on and each NARCAN® Nasal Spray or other form of naloxone deployment by personnel assigned to their shift, specifying if the deployment was or was not successful.
 3. The Chief or designee is responsible for assigning:
 - a. A member as the NARCAN® Coordinator and ensuring the associated responsibilities of the position are adhered to.
 4. The NARCAN® Coordinator will be responsible for:
 - a. Requisitioning and maintaining NARCAN® Nasal Sprays and reserve supplies for the department.
 - b. Distributing naloxone units to only those authorized personnel who have received approved emergency opioid antagonist training.
 - (i) The NARCAN® Coordinator shall work in conjunction with the Training Coordinator to accomplish this task.
 - c. Initially assigning identified and authorized members two sealed doses of NARCAN® Nasal Spray.
 - d. Ensuring a [NARCAN® Nasal Spray Request Form](#) is completed, signed by a supervisor, and received documenting a member's administration, loss, or damage replacement request prior to issuing any replacements of NARCAN® Nasal Spray.
 - e. Replacing NARCAN® any time it is either damaged, unusable, expired, or deployed provided the proper documentation is received.
 - f. Ordering replacements for used or expired product.
 - g. Developing inventory and distribution logs indicating the medication's expiration date, the name of the member to whom the medication was issued, and how many doses were issued.
 - h. Implementing the proper inventory controls and safeguards/audits of NARCAN® Nasal Spray.
 - i. Conducting and documenting an annual inspection of all NARCAN® Nasal Sprays, whether issued or in stock, to ensure expiration dates have not been exceeded. (CFA 14.14MD)
 5. A Lieutenant or designee is responsible for:
 - a. Reporting naloxone administrations per grant requirements to the [Washington/Baltimore High Intensity Drug Trafficking Overdose Detection Mapping Application Program](#) (ODMAP), utilizing Information Reports documenting any overdose call for service and the information found on the [Drug Reversal and NARCAN® Administration Reporting Form](#).

B. CRITERIA FOR USE / ADMINISTRATION PROCEDURES (CFA 14.14 MC)

1. Bloodborne and Airborne pathogen procedures and universal precautions will be adhered to at all times.
2. Notify the Communications center and the On-duty Shift Supervisor of the potential overdose situation and continue to provide updates throughout the incident.
3. Immediately request EMS personnel respond to the scene.
4. Perform a patient assessment:
 - a. Determine if it is a suspected heroin/opioid overdose based on:
 - (i) Past heroin/opioid history.
 - (ii) Witness testimony.
 - (iii) Evidence at scene, e.g., heroin, syringes.
 - (iv) Breathing is very slow, irregular, or has stopped.
 - (v) "Pinpoint pupils" or bluish lips.
 - b. Determine patient's unresponsiveness:
 - (i) Will not wake up or respond to your voice/touch.
 - (ii) No response to sternum rubs.
 - c. Check the patient for pulse and breathing:
 - (i) If no pulse, initiate CPR and Automated External Defibrillation (AED) as per normal protocol.
 - (ii) If the pulse is present and the patient is unconscious, assess breathing status.
 - (iii) If breathing is adequate and no signs of trauma, place patient in the recovery position to protect the airway from aspiration (vomiting).
 - (iv) If breathing is very slow, irregular, or has stopped and an opioid overdose is suspected, then proceed with the deployment of the NARCAN® Nasal Spray.
5. NARCAN® Nasal Spray Deployment:

NOTE: When dealing with children under the age of 12, make contact with EMS for guidance prior to deployment of the NARCAN® Nasal Spray. (CFA 14.14 MG)

The manufacturer recommends administering the NARCAN® Nasal Spray to the patient as follows:

 - a. Lay the patient on their back and tilt their head back while providing support under their neck with your hand.
 - b. Peel back the package to remove the device.
 - c. Hold the NARCAN® Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.
 - d. Place the tip of the nozzle in one nostril until your fingers touch the bottom of the patient's nose.
 - e. Press the plunger firmly to release the dose into the patient's nose.
 - f. Remove the spray device from the patient's nose.
 - g. If no response after 2-3 minutes, re-administer another dose of NARCAN® Nasal Spray, if available, in the opposite nostril.
 - h. Monitor the patient's breathing and pulse; if breathing increases and there is no evidence of trauma, place the patient in the recovery position.
 - i. If no pulse is detected at any time, initiate CPR and AED as per normal protocols.
 - j. Continuously advise dispatch of the patient's status.
 - k. Provide Cocoa Beach Fire Department with a full report upon their arrival.
6. Post Deployment Considerations:
 - a. The effects of the NARCAN® Nasal Spray last for a limited time (up to two hours) and the patient may experience another opioid overdose after the effects of the NARCAN® Nasal Spray wear off. In these situations, fire rescue typically transports patients to the hospital for additional care.

- b. If the patient refuses medical treatment or transport to a medical facility with no criminal charges to be filed, the subject should be evaluated and transported to the hospital via ambulance under the provisions of the Marchman Act (§ [397.677](#) Fla. Stat.).
- C. INSPECTIONS AND REPLACEMENT (CFA 14.14 MD)
- 1. Inspections to ensure expiration dates have not been exceeded:
 - a. Members should complete a weekly visual inspection of the sealed NARCAN® Nasal Spray to ensure the packaging is intact and the expiration date has not passed.
 - b. An annual inspection, in conjunction with or in addition to the annual line inspection shall be conducted by the member’s supervisor to ensure this criteria is met.
- D. DOCUMENTATION (CFA 14.14ME)
- 1. All incidents involving overdoses of any type where NARCAN® Nasal Spray is administered shall be assigned a case report number and documented with an Information Report and on the [Drug Reversal and NARCAN® Administration Reporting Form](#) in accordance with [SOP 114.00 Reporting Requirements and Review](#).
 - 2. The following template should be utilized in the narrative of the Information Report in addition to the basic information and noted on the [Drug Reversal and NARCAN® Administration Reporting Form](#):
 - a. What is the nature of the incident?
 - (i) Was this incident a suspected heroin/opioid overdose? (e.g., past drug history, physical evidence, “pinpoint pupils,” bluish lips, witness testimony?)
 - (ii) If this incident was not a suspected heroin/opioid overdose, list any additional drugs/alcohol suspected.
 - b. Was the overdose non-fatal or fatal?
 - (i) All suspected overdose cases that result in death shall be forwarded to the Criminal Investigations Division for follow up.
 - c. Was the victim part of a multiple OD incident?
 - d. Was naloxone not administered/administered?
 - (i) If administered:
 - a) Which authorized member administered the NARCAN® Nasal Spray or EMS member administered another form of naloxone?
 - b) What type of naloxone was administered (e.g., NARCAN® Nasal Spray, injectable, nasal atomizer, auto-injectable)?
 - c) How many NARCAN® Nasal Spray doses were administered by the member or what amount of naloxone was administered by EMS (e.g., single dose, multiple doses, 4mg, 2mg IN, 0.4mg IV)?
 - d) What time was the NARCAN® Nasal Spray or other form of naloxone administered?
 - e) Was the subject conscious and/or breathing before naloxone was used?
 - f) What were the apparent effects or response of the victim of the naloxone deployment?
 - e. What care did the patient receive?
 - f. Was the victim taken to the hospital?
 - g. What time was the patient transferred to EMS’ Care?
 - h. Was the Criminal Investigations Division notified and if so, who?
 - i. Document any statements or evidence of drug use or drug paraphernalia.
 - 3. The following documents shall be forwarded to the member’s On-duty Shift Supervisor for required approval and signature:
 - a. [The Drug Reversal and NARCAN® Administration Reporting Form](#), and

- b. [*The NARCAN® Nasal Spray Request Form.*](#)
 - 4. Any loss or damage of the medication shall be promptly documented in accordance of [*SOP 017.10 Uniforms, Equipment and Grooming*](#) and on:
 - a. An Information Report, and
 - b. [*A NARCAN® Nasal Spray Request Form.*](#)
 - 5. After signature and approval, the On-duty Shift Supervisor shall forward the following documents to the NARCAN® Coordinator.
 - a. [*The Drug Reversal and NARCAN® Administration Reporting Form,*](#) and
 - b. [*The NARCAN® Nasal Spray Request Form.*](#)
 - 6. The [*Drug Reversal and NARCAN® Administration Reporting Form*](#) is completed for statistical value and tracking of overdoses and any NARCAN® Nasal Spray or other form of naloxone deployments by law enforcement or EMS personnel.
 - a. After the data from the [*Drug Reversal and NARCAN® Administration Reporting Form*](#) is entered into ODMAP by a Lieutenant or designee, the original forms shall be forwarded and marked “Confidential” by the Records division.
- E. STORAGE AND RESTRICTIONS (CFA 14.14MGF)
 - 1. One pack of NARCAN® Nasal Spray contains 4 mg naloxone HCl and is 3.5” long, 3” high, and 1” in width.
 - 2. NARCAN® Nasal Spray has a temperature range between 59°F and 77°F (15°C to 25°C) with excursions permitted between 39°F and 104°F (4°C to 40°C). It should not be frozen and should be protected from light.
 - 3. Members issued NARCAN® Nasal Spray will be responsible for proper storage and security of their assigned spray while on-duty and off-duty. Due to the NARCAN® Nasal Spray being a prescribed medication, members must take great care to make sure it is not left out or unsecure for an unauthorized person to gain access to it.
 - 4. Members shall have the medication readily available for use. Uniformed first response personnel shall carry the NARCAN® Nasal Spray on their person while on duty.
 - 5. NARCAN® Nasal Spray shall not be left inside a vehicle for an extended period of time and shall not be stored in the trunk.
 - 6. Members who are off duty for an extended amount of time (i.e., vacation or family medical leave), will store the kit in a climate-controlled environment.
 - 7. If the NARCAN® Nasal Spray is stored in the member’s home while off-duty, it will be the member’s responsibility to ensure it cannot be accessed by other individuals, particularly by children.
 - 8. NARCAN® Nasal Spray doses that are not issued to members will be securely stored by the NARCAN® Coordinator.
 - 9. Members shall not use the NARCAN Nasal Spray unless an intended medical emergency exists.
 - 10. NARCAN® Nasal Spray shall not be made available to any member not properly trained in its use.
 - 11. Used naloxone units shall be treated as “Sharps” and “Regulated Waste” and shall be disposed of in accordance with [*SOP 031.00 Infection Control.*](#)
 - 12. All property and/or evidence (paraphernalia, narcotics, etc.) shall be collected and entered into evidence in accordance with [*SOP 206.00 Property and Evidence Management.*](#)
- F. TRAINING (CFA 14.14MA)
 - 1. Sworn personnel and Property and Evidence Custodians shall be authorized to possess, store, and administer emergency opioid antagonists as clinically indicated, per § [*381.887*](#) Fla. Stat. Other department members may be authorized by the Chief or designee.
 - 2. Each authorized member shall receive initial emergency opioid antagonist training prior to issuance of NARCAN® Nasal Spray.

3. Emergency opioid antagonist training objectives may include, but not be limited to:
 - a. An initial training component providing an overview of the opioid overdose crisis;
 - b. How to provide emergency care and support to an opioid overdose victim, CPR procedures, including patient assessment to identify the signs and symptoms of opioid overdose, responsiveness, rescue breathing and recovery positions;
 - c. Universal precautions and infection control when administering naloxone;
 - d. Summoning medical assistance;
 - e. Possible side effects of naloxone delivery and what to do until medical assistance arrives;
 - f. An overview of § [381.887](#), [768.13](#), and [893.21](#) Fla. Stat. as related to this policy;
 - g. Use and proper delivery (administration) of the NARCAN® Nasal Spray;
 - h. Required reports and documentation relating to the administration of naloxone;
 - i. Reading and electronically signing this policy.
4. The NARCAN® Coordinator will verify each member's training requirement has been satisfied prior to the initial issuance of any NARCAN® Nasal Spray to any authorized member, then forward the training certificate to the Training Coordinator.
5. Members issued NARCAN® Nasal Spray shall receive ongoing education and training on the NARCAN® Nasal Spray every other year or as needed.
6. The Training Coordinator or designee is responsible for:
 - a. Coordinating and assigning approved emergency opioid antagonist training to all authorized members initially and every other year or as needed.
 - b. Ensuring training courses meet or exceed the training objectives found within this policy.
 - c. Ensuring training materials, lesson plans, rosters, and/or individual training records are provided to a Major or designee.