

Policy: 1101.7, Life Saving Devices

Effective Date: 6/28/2023

Distribution Group: All Employees

Review Responsibility: Patrol Services Bureau Commander

Accreditation Chapter(s): 14

Chief of Police: Eric D. Smith

Contents

- I. PURPOSE
- II. POLICY
- III. DEFINITIONS
- IV. PROCEDURES
 - 1. AUTOMATED EXTERNAL DEFIBRILLATOR
 - 2. NALOXONE
- V. FORMS AND APPENDICES
- VI. REFERENCES

I. PURPOSE

This directive establishes procedures for the use, maintenance, and training of the automated external defibrillator (AED) and Naloxone by first responders of the Department.

II. POLICY

It is the policy of the Orlando Police Department to train all first responders in the proper use of AEDs and to deploy them to a limited number of officers in Patrol. When available, AEDs will be at special events and high-stress law enforcement training classes. Additionally, Naloxone will be issued to first responders after viewing the training video and signing off in Power DMS.

III. DEFINITIONS

Automated External Defibrillator (AED): A portable fully automated device that is designed to analyze heart rhythm and advises when to push a button on the unit to deliver a potentially life-saving shock (defibrillation) to the victim of sudden cardiac arrest.

First Responder: A police officer or community service officer who has successfully completed the curriculum for the American Heart Association or the American Red Cross for cardiopulmonary resuscitation and emergency cardiac care. First responder also refers to those officers who have been trained in the use of the AED.

Naloxone Nasal Spray: An opioid antagonist indicated for the emergency treatment of a known or suspected opioid overdose, as manifested by respiratory and/or central nervous system depression.

IV. PROCEDURES

1. AUTOMATED EXTERNAL DEFIBRILLATOR

1.1 TRAINING

In addition to biennial CPR training, all first responders shall successfully complete a training course in the operation of an AED. The Training Unit will be responsible for ensuring that all first responders receive appropriate training. No member of this agency will employ the use of an AED prior to meeting the training criteria set forth in this policy.

1.2 PROCEDURES

The following section outlines procedures for inspection, control, and maintenance of all automated external defibrillators.

1.2.1 EQUIPMENT AND INSPECTION

Preventative maintenance checks will be conducted at the beginning of each shift. Each operator assigned an AED shall verify that the equipment is operational by conducting a battery check. The officer shall inspect the AED to ensure that the date on the pads has not expired, that the pads are securely wrapped in plastic, and that electrodes are checked for loose wires. If any damage is noted, the officer will advise the OPD AED Coordinator.

1.2.2 PRECAUTIONS

The AED should not be used if the patient is a trauma victim; if there is a direct pathway for the flow of electricity between the patient and the officer or any other person; if the patient is less than 8 years old or weighs less than 55 pounds. Due to the chance of electrocution, the AEDs shall not be used in the rain or in standing water. Extreme care shall be used when using the AED with drowning victims.

When the AED is in the analyzing phase, the officer should ensure that the patient, the AED, and the AED electrode wires are not touched. Officers should also avoid transmitting on the police radio or cellular phone within 100 feet of the patient and AED.

Before delivering a shock to a patient, officers should visually ensure that no one is in physical contact with the patient and announce, "STAND CLEAR."

1.2.3 DOCUMENTATION

Any officer who attaches an AED to a victim, regardless of whether a shock is delivered, shall document usage in an incident report and AED Usage Form (Attachment A). The AED Usage Form and a copy of the incident report or charging affidavit (if applicable) will be forwarded to the AED Coordinator. A copy of the form should also be sent to the Patrol Services Bureau Aide.

After each use, the old defibrillation pads will be discarded, and a new set will be placed inside the case. Replacement pads will be obtained through the AED Coordinator.

2. NALOXONE

2.1 TRAINING

All first responders, CSOs, and CSIs shall be trained bi-annually by the Orlando Police Training Unit during the CPR block of instruction. New employees shall be trained by the Orlando Police Training Unit during their orientation.

2.2 PROCEDURES

The following section outlines procedures for inspection, control, and maintenance of Naloxone. Naloxone nasal spray, either Narcan or Kloxxado, is intended to be administered immediately as emergency treatment in settings where opioids may be present.

2.2.1 EQUIPMENT AND INSPECTION

After completing the required training, first responders, CSOs, and CSIs shall go the Quartermaster Unit and sign for one dose of Naloxone, either Narcan or Kloxxado, which should be carried on their person or readily accessible. Naloxone is not to be left in a location of extreme temperatures for a prolonged period of time. Do not leave Naloxone in the trunk of your vehicle. Employees shall inspect the issued Naloxone plunger on a monthly or at least semiannual basis.

2.2.2 UTILIZATION OF NALOXONE

An employee suspecting an overdose should immediately seek emergency medical services. Naloxone will be administered as quickly as possible in order to reverse the effects of the opioid. Keep the patient under continued surveillance until emergency personnel arrives.

1. Place the patient on their back facing upwards prior to administering; be sure the device nozzle is inserted into either nostril of the patient and provide support to the back of the neck to allow the head to tilt back. Do not prime or test the device prior to administering the Naloxone.
2. To administer the dose, press firmly on the device plunger.
3. Remove the device nozzle from the nostril after use.
4. Additional doses of Naloxone may be required until emergency medical assistance becomes available. Additional doses would only be available when other officers arrive.
5. Do not attempt to reuse Naloxone or Kloxxado. Each device contains a single dose of Naloxone and cannot be reused.
6. Turn the patient on their side after administration of the first dose of Naloxone.
7. Re-administer Naloxone, using a new nasal spray, every 2 to 3 minutes if the patient does not respond or responds and then relapses into respiratory depression.
8. Administer Naloxone in alternate nostrils with each dose.

2.3 DOCUMENTATION

If Naloxone has been deployed, an incident report shall be generated to document the deployment of Naloxone. The employee must also complete the Naloxone Usage Form (Attachment B) and make a copy. The employee shall

Policy and Procedure: 1101.7, Life Saving Devices

forward the form to the Records Unit, the Overdose Investigative Unit Supervisor, and the Patrol Services Bureau Aide. The employee shall go to the Quartermaster Unit and sign out an additional dosage of Naloxone via a requisition.

2.4 ADDITIONAL INFORMATION

Any employee who deploys Naloxone shall make an immediate notification to the on-duty or on-call Overdose Investigative Unit Supervisor. The OIU Supervisor will make the determination at that time if an immediate response will be made to the scene based on the condition of the victim. If the victim is alert and stable and declines to provide information or speak with a detective, this notification can be made via email using the Naloxone Usage Form.

V.FORMS AND APPENDICES

ATTACHMENT A- Automated External Defibrillator Usage Form

ATTACHMENT B- Naloxone Usage Form

VI.REFERENCES

This policy rescinds Policy and Procedure 1101.6

Related Policies: Not applicable

Related Laws: Not Applicable