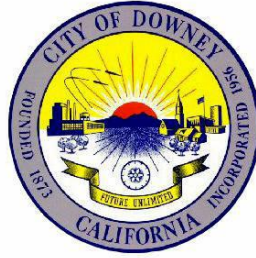


DOWNEY POLICE DEPARTMENT

TRAINING



BULLETIN

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Naloxone (Narcan) Program

With the increase of investigations resulting in the seizure and handling of illegal opioids, including Fentanyl and other similar synthetic opioids, it is of critical importance that department personnel have access to life-saving equipment if an accidental overdose occurs. The intent of this policy is to establish guidelines for the deployment of a medical antidote (may be referred to as Naloxone or Narcan) to selected sworn and non-sworn personnel should they encounter a situation where a department member, or member of the public, is exposed to an opioid causing a life-threatening situation and emergency medical personnel are not on-scene, or delayed in their response.

To accomplish this, all sworn Downey Police personnel at the rank of Sergeant and below, along with Forensics and Property Room personnel, shall be trained to administer Naloxone in accordance with mandated training guidelines as established pursuant to Health & Safety Code 1797.197 and California Civil Code 1714.22.

Policy Overview:

The policy for the department's Naloxone program is covered under Downey Police Manual section 434.9 (see below). In addition, personnel who are issued Naloxone kits and trained in accordance with mandated training guidelines are expected to deploy the Naloxone kits in the field.

In the event a medical emergency is perceived involving the overdose of a suspected opioid by a department member or member of the public, trained personnel should administer Naloxone to the effected person. If department personnel suspect an opioid overdose incident is occurring, they shall treat the incident as a medical emergency and should follow these steps when doing so:

- 1) Confirm emergency medical personnel are responding
- 2) Maintain universal precautions
- 3) Perform patient assessment
- 4) Determine unresponsiveness
- 5) Update dispatch of potential overdose state
- 6) Follow Naloxone-use protocol
- 7) Immediately notify responding emergency medical personnel that Naloxone has been administered
- 8) Ensure their immediate supervisor is aware of the circumstances

- 9) The on-duty supervisor shall make notification to the Watch Commander or Duty Chief if Naloxone is used by department personnel

Department personnel who administer Naloxone shall ensure that the incident is documented in an official report. The Department's Professional Standards Sergeant, or designee, shall report the use of Naloxone to the Medical Director.

Program Coordinator Designation:

Vital Medical Services (VMS) will serve as the Program Coordinator and will work in collaboration with the Downey Police Department's Professional Standard's Sergeant, who will be the Naloxone Program Manager. The Program Manager will be responsible for tracking, storage, maintenance, replacement of Naloxone kits, and reporting to the Program Coordinator.

Initial and Continuing Training:

All sworn Department personnel, Forensics Specialists, and Property Room personnel, shall be trained on the use of Naloxone and be issued a Naloxone kit once the training is complete. The initial training will include, at minimum, an overview of California Civil Code 1714.22, patient assessment (signs/symptomology of overdose), universal precautions, rescue breathing, and the use of intra-nasal Naloxone. Upon completion of training, all personnel will have their training recorded in the department's Training Management System (TMS) by the Training Coordinator. Department personnel will receive refresher training as deemed appropriate by VMS and future mandates. Personnel may not administer Naloxone without the completion of the mandated training by VMS. Upon completion of training, Officers will have their training recorded with the program coordinator

Naloxone Kits:

Naloxone kits will include at a minimum: gloves, mask/eye protection, and Naloxone contained in a secure case. All personnel are also required to have immediate access to an *Artificial Manual Breathing Unit* (AMBU). AMBU kits are available in all marked police cars. All other personnel (motors, detectives, administrative personnel, forensics, and property room personnel) will be issued a pocket resuscitator. Naloxone kits will be serialized and assigned by the Professional Standards Sergeant to all sworn personnel.

Naloxone Storage, Maintenance, and Replacement:

Naloxone is a perishable prescription medication that cannot be exposed to extreme temperatures for prolonged periods of time. Doing so would render this life-saving medication ineffective. The Naloxone kits shall be stored in a cool, dry place. The kits shall not be stored during off-duty time in vehicles or outside lockers. The responsibility of the Naloxone kit shall remain with the personnel who are assigned the equipment. The replacement of Naloxone kits will be the responsibility of the Program Manager or his/her designee. Used, lost, or damaged Naloxone kits shall be reported to a Supervisor and the Program Manager for replacement. If a kit is lost or damaged, an inter-office memorandum shall be completed and directed to the employee's Division Commander via the chain-of-command.

Naloxone Deployment:

Sworn personnel at the rank of Sergeant and below assigned to Field Operations, along with Forensics and Property Room personnel, shall have Naloxone kits accessible at all times while on-duty (the kits may be kept inside their patrol cars, police motorcycle, or other assigned vehicles while on-duty). Sworn personnel assigned to Detectives and Administration

will deploy Naloxone as directed by the Division Commander.

Naloxone Usage:

When Naloxone is used by department personnel, the on-duty supervisor shall notify Vital Medical Services immediately at 844-448-4825 or 818-905-1700. Vital Medical Services will deploy their administrative staff to complete all necessary reporting requirements set forth by Title 22. As part of that deployment, Vital Medical Services personnel will respond immediately to the hospital, or the location of the person the Naloxone was used on, to complete the required EMS paperwork. Part of that process involves obtaining a statement from the employee that administered medication. Use of Naloxone shall also be documented on the *Watch Commander's Log*.

Documentation/Naloxone Reports:

Upon completion of the incident, handling personnel will submit a report detailing the nature of the incident, the care the patient received, and the fact Naloxone was deployed.

Data Collection, Reporting and Retention:

In accordance to EMS regulations and policy, the program coordinator will be responsible for all data collection and reporting. Furthermore, the program coordinator will work closely with the EMS agency and make the data collected easily accessible to the agency for review. The program manager will also attend all committee meetings and be prepared to report all field usages of Naloxone by public safety personnel

Safety Considerations:

If an employee encounters suspected opioids, especially synthetic opioids such as fentanyl, they should take precautionary steps, including but not limited to:

- Wear protective items such as Nitrile (non-latex) gloves and breathing masks
- Do not conduct any field testing
- Do not handle open packages where narcotics are exposed

Downey Police Manual Section – 434.9:

Administration of Opioid Overdose Medication

Members may administer opioid overdose medication in accordance with protocol specified by the licensed health care provider who prescribed the overdose medication for use by the member and (Civil Code § 1714.22; 22 CCR 100019):

- (a) When trained and tested to demonstrate competence following initial instruction.*
- (b) When authorized by the medical director of the LEMSA.*
- (c) In accordance with California Peace Officer Standards and Training (POST) standards.*

434.9.1 Opioid Overdose Medication User Responsibilities

Members who are qualified to administer opioid overdose medication, such as naloxone, should handle, store and administer the medication consistent with their training. Members should check the medication and associated administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired medication or unserviceable

administration equipment should be removed from service and given to the Professional Standards Sergeant. Any member who administers an opioid overdose medication should contact the Communications Center as soon as possible and request response by EMS.

434.9.2 OPIOID OVERDOSE MEDICATION REPORTING

Any member administering opioid overdose medication should detail its use in an appropriate report. The Professional Standards Sergeant will ensure that the Records Supervisor is provided enough information to meet applicable state reporting requirements.

434.9.3 OPIOID OVERDOSE MEDICATION TRAINING

The Training Coordinator should ensure initial and refresher training is provided to members authorized to administer opioid overdose medication. Training should be coordinated with the local health department and comply with the requirements in 22 CCR 100019 and any applicable POST standards (Civil Code § 1714.22).