

Introduced by: Council Present

AN ORDINANCE FOR THE BERKELEY POLICE DEPARTMENT GENERAL ORDER #44 "NALOXONE" POLICY

WHEREAS, The City of Berkeley hereby finds and declares this ordinance is necessary, appropriate, and in the best interest of the City of Berkeley, Missouri, in accordance to the CALEA standards.

Now, Therefore, Be it ordained by the City Council of the City of Berkeley, Missouri, as follows:

Section 1 The City of Berkeley, Missouri, Council hereby adopts the attached Naloxone Policy in compliance the CALEA standards.

Section 2 The attached agreement is hereby incorporated herein and made a part of this ordinance, as if fully set out herein.

Section 3 This Ordinance shall be in full force and effect from and after its passage.

1st Reading this _____ day of _____ 2017

2nd Reading this _____ day of _____ 2017

3rd Reading, PASSED and APPROVED, this day of **2017**

Theodore Hoskins, Mayor


ATTEST:

Deanna L. Jones, City Clerk

Approved As To Form:
Donnell Smith, City Attorney

Final Roll Call:

Mayor Hoskins	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Hoskins	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Kirkland	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Mathison	Aye ___	Nay ___	Absent ___	Abstain ___
Councilman-at-Large McDaniel	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Mitchell	Aye ___	Nay ___	Absent ___	Abstain ___
Councilwoman Williams	Aye ___	Nay ___	Absent ___	Abstain ___

	BERKELEY POLICE DEPARTMENT GENERAL ORDER	GENERAL ORDERS: 44
NALOXONE		
ISSUE DATE: 6/22/2017	EFFECTIVE DATE: 8/21/2017	DISTRIBUTION: SWORN PERSONNEL
AMENDED:		RESCINDS: ALL PREVIOUS VERSIONS
ACCREDITATION STANDARDS:		NUMBER OF PAGES: 4

PURPOSE

The purpose of this Order is to establish policy and procedure for the pre-hospital administration of naloxone by police officers during an opioid overdose. The objective of the policy and use of naloxone is to reduce the number of fatal opioid overdoses.

AUTHORITY

Missouri Revised Statute 190.255 provides the authority for law enforcement officers to administer naloxone to a person suffering from an apparent narcotic or opioid-related overdose.

DEFINITIONS

Designated Naloxone Coordinator – A department employee chosen by the Patrol Commander to maintain the supply of Naloxone Kits for use by patrol officers.

Intranasal mucosal atomizer device – A syringe modified to have the ability to deliver Naloxone or other medications into the nose of an individual in the form of a fine mist.

Naloxone – An antinarcotic drug used to counteract the effects of narcotic induced impaired breathing, sedation, and lowered blood pressure, whether caused by narcotics or methadone¹.

Naloxone Kit – A hard plastic container containing the equipment and supplies needed to administer Naloxone to an individual experiencing an overdose from an opioid-based drug.

Opioid (Narcotic) – Classification of drugs that act on the central nervous system to relieve pain with potential for physical and psychological dependence².

Overdose – The consumption of excessive quantities of drugs that is large enough to be toxic. An overdose may be accidental or deliberate³.

¹ American Medical Association Complete Medical Encyclopedia. 2003, p. 883.

² American Medical Association Complete Medical Encyclopedia. 2003, p. 884

³ American Medical Association Complete Medical Encyclopedia. 2003, p. 938-939.

PROCEDURES**GENERAL**

- A. It is the policy of the department that all officers of the department are trained in the use of Naloxone to reverse the effects of an opioid-related overdose. Naloxone kits will be deployed in all marked department vehicles for the treatment of overdose victims. Officers dispatched to an overdose are required to bring the Naloxone Kit to the scene.
- B. An officer who finds an unconscious and unresponsive individual shall initiate first aid care to include standard CPR and alert EMS if not already dispatched.
- C. As part of the officer's scene assessment, he or she may find evidence of opioid overdose, either illicit or legally prescribed, based on call history, paraphernalia on scene, bystander reports, or physical examination. If the officer makes a good faith determination of opioid overdose and the patient has signs of inadequate breathing (less than 8 breaths per minute, agonal breathing, cyanosis), the officer shall proceed with Naloxone (Narcan) administration in conjunction with rescue breathing or full CPR with compressions if no pulse.
 1. In order to administer the naloxone, the officer shall don gloves and other available protective gear and then assemble the Naloxone kit. The officer shall then administer a maximum of 1mg in each nostril for a total of 2mg using the mucosal atomizer device.
 2. Continue with rescue breathing or full CPR for 3 to 5 minutes and if no response, administer a second dose of Naloxone as before.
 3. Continue to monitor breathing and pulse and if breathing increases and there is no sign of trauma, place the individual in the recovery position.
 4. Continue to monitor the individual, and if at any time pulse is lost, initiate CPR and AED use per normal protocol.
 5. Officers must stay on the scene until the arrival of EMS and then shall provide a full report to EMS personnel on the care provided prior to EMS arrival.
- D. At the conclusion of the call, officers shall complete a CARE report documenting the care provided at the scene and the use of Naloxone.
- E. In the event of rapid patient resuscitation, the patient may become fully conscious and not desire to seek further medical attention at a hospital. In these cases, officers must ensure that the patient is competent in order to make the decision to refuse further medical treatment.
 1. In cases where the patient is competent and refuses further medical treatment, officers will witness the patient sign the EMS refusal form and document the signing in the CARE report.
 2. In cases where the officer determines that the patient is not competent, the officer shall ensure that the patient is taken to a hospital by ambulance.

ACCOUNTABILITY AND MAINTENANCE OF NALOXONE KITS

- A. Naloxone does not tolerate extreme temperatures well and therefore must be stored near room temperature. Each Naloxone will be housed in a hard plastic case that is resistant to impact. The kits shall not be stored in a police car for any period longer than the duration of a single shift. While not in use, the kits will be stored in a secure, designated area at the precinct station and under the control and supervision of the watch commander.
- B. Once an officer checks out a Naloxone kit for their shift the kit is now the officer's responsibility. The Naloxone kit needs to be secured in the trunk of the patrol vehicle or somewhere locked and out of sight to help keep the theft of these kits to a minimum.
- C. Prior to a shift, officers will check out a Naloxone kit from the desk officer or watch commander. Officers shall inspect the kit for damage and ensure the kit is not expired. Officers discovering damage or other problems shall report the issue to the Naloxone Coordinator and take the kit out of service.
- D. The Naloxone Coordinator will be responsible for maintaining the supply of kits and replenishing kits as needed. As part of the maintenance program, the Coordinator will regularly check the kits for damage and anticipated expiration. For replenishment, the Coordinator will submit an order with the St. Louis County Health Department. The order shall contain the amount needed with a log documenting the reason for replacement (expiration, use, damage).
- E. The Naloxone Coordinator will maintain a log of each kit assigned to his or her platoon and the final disposition of the kit that will include the police report numbers if applicable. The log will be maintained for three years where they will be reviewed during staff inspections.

TRAINING

- A. Only those officers who have received training in the use of Naloxone will be authorized to administer the drug.
- B. Bi-annually, officers shall receive training in the use of Naloxone in conjunction with CPR and AED training. A licensed Paramedic shall conduct the training.
- C. The training shall at a minimum cover the following topics related to Naloxone;
 1. Risk factors for opioid overdose.
 2. Signs of overdose.
 3. Naloxone nasal atomizer use.
 4. Patient care after Naloxone use.

DOCUMENTATION

- A. Officers shall complete a CARE report after the use of Naloxone to reverse an overdose. The report shall include the following elements;
 1. Nature of the call
 2. Type of opioid (illegal or prescribed)

3. Indicators for use of Naloxone
 4. Amount administered
 5. Medical treatment administered
 6. Treatment after Naloxone administration
 7. Transfer of care to EMS
 8. Disposal of naloxone kit
- B. Officers using a naloxone kit for a rescue attempt shall notify the Naloxone Coordinator or the use in person or by email. The notification shall include the police report associated with the use.

DISPOSAL

- A. Upon the use of a naloxone kit for a rescue attempt, the officer shall dispose of the syringe and atomizer in a biohazard kit in an ambulance or at a hospital. The disposal shall be documented in the CARE report.
- B. Syringes and atomizers damaged, but not used for a rescue attempt, shall be destroyed with the approval of the watch commander. In cases of destruction, the Naloxone Coordinator shall be notified in person or by email of the destruction and reason for destruction.

DRAFTED BY: Eye-Liza Conner	DATE: 5/18/17
BY ORDER OF: ART JACKSON INTERIM CHIEF OF POLICE	DATE: 5/22/17
APPROVED BY: Public Safety Committee	DATE: 6/22/17
APPROVED BY: Berkeley City Council	DATE: 8/21/17