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MEMORANDUM

**Date: 8/1/2018**

**To: San Mateo County Chiefs and Sheriffs Association**

**From: Chief Dave Bertini**

**Re: Menlo Park PD DRAFT Narcan Deployment Policy**

**Medical Aid and Response**

**470.1 PURPOSE AND SCOPE**

This policy recognizes that members may encounter persons who appear to be in need of medical aid. This policy establishes guidelines and regulations governing the utilization and reporting of naloxone by members of the Menlo Park Police Department for opiate exposure/overdose. The objective of this policy is to treat and reduce injuries and fatalities from opiate overdose and when encountering individuals needing medical aid.

**470.2 POLICY**

It is the policy of the Menlo Park Police Department that all officers and other designated members be trained to identify, respond to, and administer treatment to individuals needing medical aid until EMS can arrive.

Reference1: <https://www.smchealth.org/sites/main/files/file-attachments/per_6_public_safety_first_aid_cpr_op_skills_6-2018_final.pdf>

Reference2: <https://www.smchealth.org/ems/policyprocedure>

It is the policy of the Menlo Park Police Department that all officers are required to be initially trained in the use of naloxone by The Menlo Park Police Departments Training staff.

1. Each Beat or District should strive to have a minimum of one AED available in one of the patrol vehicles within 1 year of policy approval.
2. Each Department cell phone shall have the application [PULSEPOINT](https://www.pulsepoint.org/) downloaded and functioning. All officers are encouraged to have this application on their personal cell phone to enhance their ability to locate an AED during an emergency.
3. The Department should consider provide employees with Body Substance Isolation (BSI) protection consisting of gloves, eye shields, and face masks.
4. 9‐1‐1 shall be contacted for any patient/officer suffering from narcotic overdose or receiving naloxone administration.

**470.3 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION**

Members may administer naloxone in accordance with this policy and any direction provided by the licensed health care provider who prescribed, dispensed and / or issued a standing order for the medication when all of the following criteria have been met (Civil Code § 1714.22; 22 CCR 100019):

(a) The member has completed an opioid overdose prevention and treatment training program compliant with Civil Code § 1714.22 and tested to demonstrate competence following initial instruction. Minimum one-hour training.

(b) The member has been authorized by the medical director of the Local Emergency Medical Services Agency (LEMSA).

(c) In accordance with California Peace Officer Standards and Training (POST) standards.

**470.4 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES**

Members who are qualified to administer 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, used or unserviceable administration equipment should be removed from service and given to the Training Manager.

When deploying naloxone members will maintain universal precautions and personal safety, perform a patient assessment, and determine unresponsiveness, absence of breathing and / or lack of pulse and update the communications that the patient is in cardiac arrest and a potential overdose state, if applicable. Communications will then update the fire department and ambulance service if not already done to arrange for transport to a local hospital emergency department.

If practicable, prior to any member administering opioid overdose medication, they should notify Public Safety Communications and request response by Emergency Medical Service (EMS). Otherwise, notification should occur as soon as possible. The member shall also notify their supervisor as soon as practicable.

**470.5 OPIOID OVERDOSE MEDICATION REPORTING**

Any use of opioid overdose medication requires a written report.

Responsibilities:

• Officer - Any member administering opioid overdose medication shall detail its use in an appropriate report.

• Sergeant/Supervisor - The supervisor will ensure that the report contains the needed information to meet applicable reporting requirements. In addition, the supervisor shall notify via email the appropriate division commander within 24 hours of the use of opioid overdose medication. The notification will include the date of the incident, case number, and involved staff.

* Department - Shall complete and submit the San Mateo County Law Enforcement reporting form, email to Gregory Gilbert, [ghgilbert@stanford.edu](mailto:ghgilbert@stanford.edu), San Mateo County Medical Director, Garrett Fahey, [gfahey@smcgov.org](mailto:gfahey@smcgov.org), and keep a copy of form on file.

• Records Division - Staff will process the report and forward a copy of the report to the San Mateo County Emergency Medical Services Agency, Garrett Fahey, [gfahey@smcgov.org](mailto:gfahey@smcgov.org).

**470.6 OPIOID OVERDOSE MEDICATION TRAINING**

The Menlo Park Police Department Training Unit should ensure initial and refresher training in compliance with POST Continuing Professional Training (CPT - 2 year cycle) is provided to members authorized to administer opioid overdose medication. The training shall consist of patient assessment (e.g., signs / symptoms of overdose), universal precautions, rescue breathing, medical attention, and the use of intra-nasal naloxone. **Pulsepoint** training [video](https://www.pulsepoint.org/resources/#engagement videos) and overview shall be watched.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).

**470.7 PERSONS REFUSING EMS CARE**

A member should make all attempts to encourage patient to be evaluated by EMS. If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, a member shall not force that person to receive care or be transported. However, members may assist EMS personnel when EMS personnel determine the person lacks the mental capacity to understand the consequences of refusing medical care or to make an informed decision and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

In cases where mental illness may be a factor, the member should consider proceeding with a 72- hour treatment and evaluation commitment (5150 W&I commitment) process in accordance with the Mental Illness Commitments Policy.

If a member believes that a person who is in custody requires EMS care and the person refuses, he/ she should encourage the person to receive medical treatment. The officer may also consider contacting a family member to help persuade the person to agree to treatment or who may be able to authorize treatment for the person. If the person still refuses, the member will require the person in custody to be transported to the nearest medical facility. In such cases, the officer should consult with a supervisor prior to the transport.

Members shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

**470.8 MEDICAL ATTENTION RELATED TO USE OF FORCE**

Specific guidelines for medical attention for injuries sustained from a use of force may be found in the Use of Force, Handcuffing and Restraints, Control Devices and Techniques, and Conducted Energy Device policies.