March 9, 2015

To:       All Commissioned Staff

From:    Deputy Chief of Police

Subject:  Opiate Related Over-Dose Naloxone Administration Procedure

Purpose: To provide access to emergency medication that will reverse opioid-induced overdoses through the establishment of standard guidelines and procedures governing the administration of naloxone by Port Angeles Police Department personnel.

Background: All authorized personnel who are properly trained in the use and administration of naloxone in suspected opioid-induced overdose patients are authorized to administer naloxone as allowed under RCW 18.130.3455 which states: “The administering, dispensing, prescribing, purchasing, acquisition, possession, or use of naloxone shall not constitute unprofessional conduct under chapter 18.130 RCW, or be in violation of any provisions under this chapter, by any practitioner or person, if the conduct or alleged violation results from a good faith effort to assist: (1) A person experiencing, or likely to experience, an opiate-related overdose; or (2) A family member, friend, or other person in a position to assist a person experiencing, or likely to experience, an opiate-related overdose”.

Employees of the Port Angeles Police Department are also covered from liability under house bill ESB 5516 which states: “A person acting in good faith may receive, possess, and administer naloxone to an individual suffering from an apparent opiate-related overdose. Health practitioners or persons who administer, dispense, prescribe, purchase, acquire, possess, or use naloxone in a good faith effort to assist a person experiencing or likely to experience an opiate-related overdose will not be in violation of professional conduct standards or provisions. Effective June 10, 2010”.

Procedure: After completing department approved training on the administration of naloxone employees of the Port Angeles Police Department will be issued single dose naloxone auto-injectors. The auto-injectors will be carried in such a manner that they are readily accessible and free from being damaged. Should an authorized employee come across an unconscious and unresponsive individual whom they suspect could be suffering from an opiate related overdose they should administer one dose of naloxone in accordance with their training. If after 3
minutes the individual’s condition has not improved then another dose of naloxone may be administered.

Port Angeles Police Department personnel should request medical assistance from the Port Angeles Fire Department at the earliest possible time. However, medical response should not delay the administration of naloxone or other life saving measures (CPR/First-Aid).

Used naloxone auto-injectors will be disposed of in an appropriate sharps container. Any administration of naloxone shall be reported to the department medical officer and the on-duty supervisor. The medical officer will forward the report to the MPD for review. The minimum amount of information to be reported is listed below:

a. Name of agency naloxone program;
b. Name of responder submitting report;
c. Name of person to whom naloxone was administered;
d. Address of person to whom naloxone was administered;
e. Amount of naloxone administered;
f. Route and dosage of naloxone administered;
g. If known, list the overdose drugs taken by the person to whom naloxone was administered;
h. Circumstances relating to overdose (If known);
i. Date of overdose;
j. Signs and symptoms indicating overdose;
k. Emergency Medical Service called?
l. Was the rescue breathing performed on the person who overdosed?
m. Clinical disposition of overdose patient (If known).

Brian S. Smith
Deputy Chief of Police
**RCW 18.130.345**

Naloxone - Administering, dispensing, prescribing, purchasing, acquisition, possession, or use — Opiate-related overdose.

The administering, dispensing, prescribing, purchasing, acquisition, possession, or use of naloxone shall not constitute unprofessional conduct under chapter 18.130 RCW, or be in violation of any provisions under this chapter, by any practitioner or person, if the unprofessional conduct or violation results from a good faith effort to assist:

1. A person experiencing, or likely to experience, an opiate-related overdose; or
2. A family member, friend, or other person in a position to assist a person experiencing, or likely to experience, an opiate-related overdose.

**RCW 69.50.315**

Medical assistance — Drug-related overdose — Naloxone — Prosecution for possession.

1. (a) A person acting in good faith who seeks medical assistance for someone experiencing a drug-related overdose shall not be charged or prosecuted for possession of a controlled substance pursuant to RCW 69.50.4013, or penalized under RCW 69.50.4014, if the evidence for the charge of possession of a controlled substance was obtained as a result of the person seeking medical assistance.

   (b) A person acting in good faith may receive a naloxone prescription, possess naloxone, and administer naloxone to an individual suffering from an apparent opiate-related overdose.

2. A person who experiences a drug-related overdose and is in need of medical assistance shall not be charged or prosecuted for possession of a controlled substance pursuant to RCW 69.50.4013, or penalized under RCW 69.50.4014, if the evidence for the charge of possession of a controlled substance was obtained as a result of the overdose and the need for medical assistance.

3. The protection in this section from prosecution for possession crimes under RCW 69.50.4013 shall not be grounds for suppression of evidence in other criminal charges.

The legislature intends to save lives by increasing timely medical attention to drug overdose victims through the establishment of limited immunity from prosecution for people who seek medical assistance in a drug overdose situation. Drug overdose is the leading cause of unintentional injury death in Washington state, ahead of motor vehicle-related deaths. Washington state is one of sixteen states in which drug overdoses cause more deaths than traffic accidents. Drug overdose mortality rates have increased
significantly since the 1990s, according to the centers for disease control and prevention, and illegal and prescription drug overdoses killed more than thirty-eight thousand people nationwide in 2006, the last year for which firm data is available. The Washington state department of health reports that in 1999 unintentional drug poisoning was responsible for four hundred three deaths in this state; in 2007, the number had increased to seven hundred sixty-one, compared with six hundred ten motor vehicle-related deaths that same year. Many drug overdose fatalities occur because peers delay or forego calling 911 for fear of arrest or police involvement, which researchers continually identify as the most significant barrier to the ideal first response of calling emergency services." [2010 c 9 § 1.]