

## OFFICE OF OPERATIONS

OPERATIONS ORDER NO. 7

November 20, 2017

**SUBJECT: NALOXONE HYDROCHLORIDE (NARCAN) PROGRAM**

**PURPOSE:** The Centers for Disease Control and Prevention (CDC) designates opiate overdose as a major public health concern in the United States. Overdose rates have increased roughly five-fold since 1990 and resulted in 33,091 opioid-related deaths in 2015. The CDC attributes the rise in drug overdose deaths to a higher use of prescription painkillers and increasing numbers of overdoses of cocaine, heroin, and prescription sedatives. Each day, more than 1,000 people are treated in emergency departments for not using prescription opioids, as directed.

To combat this growing problem, the Department is collaborating with the Los Angeles Fire Department (LAFD) to train and equip officers to administer the Naloxone Hydrochloride nasal spray (Opioid Antagonist, trade name is NARCAN) in potential or actual situations of opioid overdoses. The purpose of this Order is to establish procedures governing the administration of Naloxone by sworn personnel prior to the arrival of emergency medical service personnel, to increase the chances of an individual's survival.

### PROCEDURE:

- I. **TRAINING.** Prior to the deployment and administration (the act of pressing the NARCAN nasal spray into the subject's nasal passage) of Naloxone by sworn personnel in the field, personnel shall complete Department-approved opioid antagonist training.
- II. **SWORN PERSONNEL RESPONSIBILITIES.** All sworn personnel assigned to patrol in an Area equipped with opioid antagonists shall adhere to the following procedures:
  - A. **REQUIREMENT TO EQUIP.** Sworn personnel who have successfully completed the necessary Department training on the use of opioid antagonists shall check out one opioid antagonist pack, per unit, from the kit room and secure it in the glovebox of their patrol vehicle.
  - B. **ADMINISTRATION.** When trained and equipped personnel encounter a subject suffering from an opioid overdose or is perceived to be suffering from an opioid overdose prior to the arrival of emergency medical services and elect to provide medical intervention, they shall:
    - Ensure that a Rescue Ambulance has been requested;
    - Administer the opioid antagonist in accordance with Department training;
    - If an opioid antagonist is administered, then exchange any used and unused doses with LAFD personnel as soon as practical; and,

**Example:** Officers administer one dose and then exchange both the used dose and the unused dose to LAFD personnel.

- Check in all opioid antagonist equipment at end of watch.

**Note:** An officer's decision to administer or not to administer an opioid antagonist, consistent with Department training, shall not be the sole basis to initiate a complaint or frame an additional allegation of negligence. No adverse employment action shall arise from a deviation of any Narcan policy, procedure or training unless the allegation(s) involves serious misconduct.

- C. DOCUMENTATION.** Document the administration of any opioid antagonist on a subject not in custody on an Employee's Report, Form 15.07.00. Include in the narrative of the Employee's Report: the Source of Activity, Descriptors, Observations that Indicated an Overdose had Likely Occurred, Any Visible Effect the Medication had on the Subject, Contact Information for any Witnesses of the Intervention, and Identifying Information of LAFD or Hospital Staff Assuming Responsibility for Medical Treatment following the Contact. Document the administration of any opioid antagonist on a subject in custody under the "medical treatment/injuries" heading of an Arrest Report, Form 05.02.00.
- D. DISTRIBUTION.** The original Employee's Report or a copy of the Arrest Report shall be provided to the Watch Commander for attachment to the Watch Commander's Daily Report, Form 15.80.00.
- E. LIABILITY.** California Civil Code Section 1714.22 provides that persons who are trained in accordance with the requirements of California Health and Safety Code Section 1797.197, and who act with reasonable care and good faith in administering an opioid antagonist to a person experiencing or suspected of experiencing an opioid overdose shall not be subject to professional review, liable in a civil action or subject to criminal prosecution for such administration.
- III. SUPERVISOR'S RESPONSIBILITIES.** Supervisors who are assigned to an Area equipped with opioid antagonists shall:
- Remind officers who deploy opioid antagonists that they must have already completed Department-required training and remain familiar with applicable policies and procedures;
  - When notified of any missing or damaged opioid antagonists, investigate the incident in accordance with Department Manual Section 4/282, and ensure that appropriate reports and/or corrective actions are taken; and,
  - Ensure that officers return opioid antagonists at the end of their shifts.
- IV. WATCH COMMANDER'S RESPONSIBILITIES.** Watch commanders assigned to an Area equipped with opioid antagonists shall:
- Ensure that sworn personnel adhere to policy and procedures in regard to the opioid antagonist deployment and administration. This should be accomplished through proactive and continuous training of sworn personnel (i.e., roll call training, supervisory training, divisional training days, and formal or informal training sessions);

- Assign a supervisor to investigate any evidence of grossly negligent or willful damage or loss of opioid antagonist units;
- Attach the original Employee's Report or a copy of any Arrest Report, documenting the administration of an opioid antagonist to the Watch Commander's Daily Report; and,
- Forward a copy of the Employee's Report or Arrest Report, documenting the administration of an opioid antagonist, to the Area training coordinator.

**V. AREA KIT ROOM OFFICER'S RESPONSIBILITIES.** Sworn personnel assigned to the kit room in an Area equipped with opioid antagonists shall:

- Ensure that all opioid antagonist packs are fully equipped and ready to be issued for deployment;
- Evaluate opioid antagonist packs that are being issued to ensure the expiration date located on the red medical seal is valid for the duration of the shift;
- Notify the Area training coordinator of any opioid antagonist packs that are expired or near its printed expiration date; and,
- Ensure that all opioid antagonist packs are stored in the kit room, serialized (i.e., barcoded on the exterior of the pack), and issued via the Kit Room Inventory Tracking System.

**VI. TRAINING COORDINATOR'S RESPONSIBILITIES.** Training coordinators assigned to any Area equipped with opioid antagonists, shall:

- Ensure that sworn personnel in their Area receive Department-approved opioid antagonist training prior to its deployment in the field;
- Document the training and the acknowledgement of training for each officer deploying the opioid antagonists in the Learning Management System;
- Be proactive in the continuous training of sworn personnel in the deployment and administration of opioid antagonists through roll calls, supervisory training, divisional training days, and formal or informal training sessions;
- Regularly brief the watch commanders and commanding officers regarding deviations in policy and procedures and the corrective actions taken;
- Deliver all expired medication to the Opioid Antagonist Program Coordinator for exchange; and,
- Forward copies of all Employee's Reports and Arrest Reports, which document the administration of an opioid antagonist, to the Opioid Antagonist Program Coordinator.

**VII. COMMANDING OFFICER'S RESPONSIBILITIES.** Area commanding officers assigned to divisions equipped with opioid antagonists shall be responsible for the compliance with this Order.

**VIII. BUREAU COMMANDING OFFICER'S RESPONSIBILITIES.** Bureau commanding officers assigned to bureaus equipped with opioid antagonists shall be responsible for the compliance with this Order.

**IX. OPIOID ANTAGONIST PROGRAM COORDINATOR.** The Department Homeless Coordinator, or his or her designee, shall be assigned as the Department Opioid Antagonist Program Coordinator as an ancillary duty and shall:

- Coordinate prescription medication storage with the LAFD;
- Ensure that the Areas are supplied with valid medication;
- Replace expired medication; and,
- Review Employee's Reports and Arrest Reports documenting opioid antagonist administration to track program implementation and success.

**AUDIT RESPONSIBILITY:** The Commanding Officer, Audit Division, shall review this directive and determine whether an audit or inspection shall be conducted in accordance with Department Manual Section 0/080.30.

Should you have questions regarding this matter, please contact the Evaluation and Administration Section, Office of Operations, at (213) 486-6050.



MICHEL R. MOORE, First Assistant Chief  
Director, Office of Operations

Attachment

DISTRIBUTION "D"



LOS ANGELES POLICE DEPARTMENT  
**EMPLOYEE'S REPORT**

DR

15.07.00 (04/62)

SUBJECT <b>Naloxone Hydrochloride (NARCAN) deployment - EXEMPLAR</b>					
DATE & TIME OCCURRED <b>03/30/2017 15:00</b>		LOCATION OF OCCURRENCE <b>2nd Street/ Spring Street</b>		DIVISION OF OCCURRENCE <b>CENTRAL AREA</b>	
TO: (Rank, Name, Assignment, Division) <b>Captain Timothy Harrelson, Patrol Commanding Officer, Central Area</b>				DATE & TIME REPORTED <b>03/30/2017 15:00</b>	
DETAILS: (IF MORE SPACE IS NEEDED GO TO THE NEXT PAGE)					
<p><b>1: SOURCE OF ACTIVITY:</b></p> <p>Example:       <i>On 03/30/2017, at approximately 1200 hours, my partner Officer Smith, Ser No. 40001, and I, Officer Johnson, Ser No. 39000, were assigned to Central Area Patrol. We responded to a radio call of an intoxicated man (390 male) at 2nd Street and Spring Street.</i></p> <p><b>2: DESCRIPTORS:</b></p> <p>Example:       <i>We observed a male white wearing a brown jacket, blue jeans, and no shoes.</i></p> <p><b>3: OBSERVATIONS THAT AN OVERDOSE HAS LIKELY OCCURED:</b></p> <p>Example:       <i>a) We observed a depleted hypodermic needle with an orange cap and a burnt spoon lying on the ground next to him; b) We observed an empty orange pill bottle with a label that read "oxycodone;" c) We observed a piece of tin foil with a trail of black tar like residue and burn marks; or, d) We observed punctures on his arm.</i></p> <p><b>4: ANY VISIBLE EFFECT THE MEDICATION HAD ON THE SUBJECT:</b></p> <p>Example:       <i>Based on the above observations, we administered one dose of Naloxone Hydrochloride.</i></p> <p style="padding-left: 40px;"><i>a) We observed the subject's chest begin to rise and fall; b) We heard the subject begin to breathe again; or, c) We observed the subject begin to stir.</i></p> <p><b>5: WITNESS INFORMATION:</b></p> <p>Example:       <i>Sarah Kimber (213-486-6050)</i></p> <p><b>6: IDENTIFYING INFORMATION OF LAFD OR HOSPITAL STAFF ASSUMING RESPONSIBILITY:</b></p> <p>Example:       <i>RA368, Paramedic John, Ser No. 459744, and EMT Ken, Ser no. 99987, responded. We advised them of the time and dosage of Naloxone Hydrochloride we provided and they replaced our supply and then transported to California Hospital.</i></p>					
DATE & TIME TYPED	DIVN. RPTG	CLERK	EMPLOYEE(S) REPORTING	SERIAL NO.	DIVN.
			SMITH	40001	CENT
SUPERVISOR APPROVING		SERIAL NO.	JOHNSON	39000	CENT