

**AN ORDINANCE ESTABLISHING PROCEDURES
FOR THE USE OF NALOXONE BY WAYNESVILLE POLICE DEPARTMENT PERSONNEL;
FIXING AN EFFECTIVE DATE**

WHEREAS, the opioid crisis has resulted in approximately 450,000 deaths since 1999; and

WHEREAS, evidence shows that increasing the availability of naloxone reduces the rate of opioid overdose deaths; and

WHEREAS, Naxolone can be safely administered to prevent overdoes-related injuries and death not only by medical professionals but all first responders who witness an overdose; and

WHEREAS, the City Council has determined that use of Naxolone by Waynesville Police Department Personnel in overdose situations is in the best interest of the citizens of the City and for the officers on scene.

NOW THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF WAYNESVILLE AS FOLLOWS:

SECTION 1. The Procedure Manual of the Waynesville Police Department is hereby amended, according to Exhibit A, attached hereto and made a part of this Ordinance.

SECTION 2. That all other Ordinances or Resolutions regarding the administration of Naxolone by Waynesville Police Department Personnel are hereby repealed.

SECTION 4. This ordinance shall be in full force and effect from and after the date of its passage.

PASSED AND APPROVED BY THE MAYOR AND CITY COUNCIL ON THIS 16th DAY OF SEPTEMBER, 2021


Dr. Jerry Brown, Mayor

ATTEST:


Michele Brown, City Clerk



EXHIBIT A

Administration of Naloxone for Opioid Overdose

I. Purpose

The purpose of this order is to establish policy and procedure for the administration of naloxone (Narcan®) by members of the Waynesville Police Department to reduce mortality from opiate overdoses. Naloxone is a medication that acts to combat the effects of opiate drugs, primarily the depression of the respiratory system. First responder administration of naloxone is intended to restore adequate respiratory effort.

II. 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.

III. Procedures

A. Training

It is the policy of this department that all officers are trained in the use of naloxone to reverse the effects of opioid-related overdose. Officers will receive the training in conjunction with CPR and AED training. Officers trained in the administration of naloxone shall have access to, non-expired medication in the AED case or other approved container.

B. Indications of Naloxone Administration:

1. The patient is unconscious and not responding to any verbal stimuli.
2. The patient has no detectable breathing, OR is breathing slowly, with less than eight (8) breaths per minute.
3. There is evidence that the patient is suffering from an opiate overdose including but not limited to:
 - a. Bystanders have given information that the patient has taken or may have taken an opiate of some kind.
 - b. There is physical evidence of opiate use, such as drug paraphernalia or prescription bottles.
 - c. The patient has a known history of opiate abuse.

- d. The patient has pinpoint pupils along with the respiratory depression or arrest.

C. Contraindications (Don't use if) for Naloxone Administration:

1. Patients who are conscious or semi-conscious and responding to verbal stimuli.
2. Patients who are breathing adequately.
3. Trauma patients with unknown cause for unconsciousness.
4. Known allergy to naloxone. (Check for medical alert bracelet)

D. Administration of Naloxone

1. The primary responsibility of the police officer is scene safety and security. If for any reason the officer believes he or she is unable to safely administer this medication and maintain scene security, the administration shall be delayed until such a time where it can be done safely.
2. Naloxone shall be administered nasally, in strict accordance with naloxone training guidelines and protocol. An ambulance shall be requested for any person who has received naloxone from a police officer.
3. Steps for administration of naloxone:
 - a. Don protective gloves.
 - b. Gain access to the pre-filled syringe.
 - c. Verify the liquid inside the pre-filled syringe is clear.
 - d. Remove pop-off caps.
 - e. Attach nasal atomizer to pre-filled syringe.
 - f. Attach medicine vile to syringe.
 - g. Insert nasal atomizer until flush with an external nostril.
 - h. Administer 0.5 mL of naloxone into a nostril.
 - i. Repeat this procedure on the opposite nostril.
4. Monitor patient for improvement of respiratory effort. If the Waynesville Fire Department or other advanced life support has not yet arrived on scene and the patient has had no improvement in respiratory effort in five minutes, a second dose may be administered. Upon their arrival, advise

advanced life support personnel of the patient's original condition prior to naloxone use, the fact that naloxone was administered, the time of administration and the observed response of the patient.

5. Considerations:

- a. Naloxone is a short acting drug and opiates are longer acting drugs. The naloxone will leave body systems faster than the opiate, so respiratory depression may return in a short period of time. Continue to assess respiratory status until advanced life support arrives. Rescue breathing may be initiated if breathing is absent. Initiate CPR if there is no pulse present.
- b. Naloxone may work rapidly and send the patient into immediate withdrawal. They may feel very ill and may become combative. Other side effects include flushing, sweating, agitation, dizziness and acute pain that may have been masked by the effects of opiates.

E. Disposal

Upon the use of a naloxone kit for a rescue attempt, the officer shall dispose of the syringe and atomizer in a biohazard receptacle on an ambulance or at the Police Department or a hospital.

F. Documentation Requirements

If naloxone is administered, it shall be documented in a police report. The following information should be included in the report:

1. Officer who administered the dose.
2. Time or estimated time the drug was administered.
3. Where the drug was administered into the body.
4. Condition of patient prior to administration, including signs that indicated the need for naloxone.
5. Condition of the patient after administration, including signs that naloxone may have been effective or ineffective.
6. Time or estimated time of arrival of advanced life support.
7. Any complications that may have occurred.
8. Disposal of the used naloxone kit.

IV. Naloxone Supply and Maintenance

- A. At the start of each shift, officers shall inspect the naloxone kit for damage and ensure the kit is not expired. Officers discovering damage or other problems with the kit shall remove the kit from service and report the problem to a supervisor and the Naloxone Coordinator.
- B. Naloxone should be stored near room temperature. Each naloxone kit will be housed in a department approved case. The kits shall not be stored in a police car for any period longer than the duration of a single shift.
- C. If naloxone is administered, officers can restock their medication at the Waynesville Police Department.
- D. The Naloxone Coordinator at the Waynesville Police Department will be responsible for maintaining the supply of kits and replenishing kits as needed.