TRANSIT POLICE

OPIOID OVERDOSE and USE OF NALOXONE

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POLICY

It is the policy of the Transit Police to provide Naloxone in an intranasal spray format, and training regarding its safe use, to sworn and civilian staff who may come into contact with opioids such as fentanyl, or who may be a first responder to overdose incidents. The primary purpose of the Transit Police Personnel carrying Naloxone is the resuscitation of Transit Police Personnel in the event of accidental exposure with an opioid which results in an overdose. Notwithstanding the primary purpose, in emergent situations, Transit Police Personnel must, if safe to do so, administer Naloxone to a member of the public (includes other first responders) if an opioid overdose is suspected, and British Columbia Ambulance Service (BCAS) and/or Fire Rescue Service (FRS) attendance is not imminent.

Definitions

BCAS – British Columbia Ambulance Service.

Chief Officer – The Transit Police Chief Officer or delegate.

Fentanyl[1] – Fentanyl is a synthetic opiate that is 50-100 times more toxic than morphine and is typically prescribed to control severe pain. Pills or powders containing illicitly-manufactured fentanyl are especially dangerous because there is no quality control or regulated manufacturing process. These drugs may contain toxic contaminants or have different levels of fentanyl in each batch. Even pills produced in the same batch may range from low to lethal levels of fentanyl[2].

JPD – Jurisdictional Police Department.

Member – Designated Constable, the Chief Officer or a Deputy Chief Officer of the Transit Police.

Naloxone[3] – Naloxone (Narcan®) is an antidote to opioid. Taking too much of opioid drugs (e.g. morphine, heroin, methadone, oxycodone, and fentanyl) can make breathing

[1] Fentanyl: Toward the Heart, BCCDC
[2] Fentanyl in BC: Toward the Heart, BCCDC
[3] Naloxone: Frequently Asked Questions, College of Pharmacists of BC

slow down or stop. Naloxone reverses this effect, restoring normal breathing and consciousness. For the purpose of this policy, Naloxone Intranasal Spray will be referred to as 'Naloxone'.

Naloxone Kit – A container with equipment and supplies within that are needed to administer Naloxone Intranasal Spray to an individual experiencing an apparent overdose from an opioid-based drug.

OCC – Operations Communication Center of the Transit Police.

Opiate – A medication or drug that is derived from the opium poppy. Opioids are synthetic drugs that mimic the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; they will reduce pain, induce sleep, and in overdose, will cause people to stop breathing.

First responders may encounter opiates/opioids in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin® and Percocet®), hydrocodone (Vicodin®)[4], carfentanyl, and the W18 compounds.

Overdose – An overdose is when the body is overwhelmed by exposure to something, in this case a toxic amount of drug or combination of drugs which cause the body to be unable to maintain or monitor functions necessary for life. These are functions like breathing, heart rate, and regulating body temperature. Not everyone who overdoses will die; however, there can be long term medical impacts from overdoses.

Police Act – The *BC Police Act*, [RSBC 1996], c. 367, and the regulations thereto, including the *South Coast British Columbia Transportation Authority Police Service Complaints and Operations Regulation*, all as amended from time to time.

Transit Police – The South Coast British Columbia Transportation Authority Police Service.

Transit Police Personnel – The sworn Members and civilian staff working for the Transit Police.

Authority

1. Administration and use of Naloxone by Transit Police Personnel on duty will be consistent with the requirements of provincial and federal legislation, Ministry of Public Safety and Solicitor General, provincial health authorities, and Transit Police policies and procedures.

2. Effective October 20, 2016 (Ministerial Order M397), the *Health Professions General Regulation, B.C. Reg. 275/2008,* was amended to allow anyone to administer Naloxone outside of a hospital in emergency situations.

[4] Opioid Overdose and Intranasal Naloxone Training for Law Enforcement Trainer's Guide, New York State Division of Criminal Justice Services.

3. Transit Police use and reporting of Naloxone will be consistent with the Independent Investigations Office of British Columbia (IIO) policy no. 5015 on "Medical Incident Notification":

   (1) Pursuant to sections 38.09 and 38.10 of the *Police Act* and the Memorandum of Understanding Respecting Investigations (MOU) with police agencies, Members must immediately notify the IIO where it appears that:

      a. a person may have died or suffered serious harm as a result of the actions of an officer, whether on or off duty, or

      b. an officer, whether on or off duty, may have contravened a prescribed provision of the Criminal Code or a prescribed provision of another federal or provincial enactment.

   (2) Police agencies in British Columbia are not required to notify the IIO of an incident involving serious harm or death where a police officer provides immediate medical care such as the administration of CPR, Naloxone or other life-saving measures, except in the following circumstances:

      a. where there has been any use of force by police prior to or after the administration of CPR, Naloxone or other life-saving measures;

      b. where a person dies or suffers serious harm while detained[5] or in custody of the police;

      c. where a person dies or suffers harm as a result of a motor-vehicle incident involving police or a police pursuant.

   (3) As per sections 38.09 and 38.10 of the *Police Act* and MOU, police agencies shall continue to notify the IIO where there are any concerns or reasonable belief that an officer may have contributed to serious harm or death.

General

4. Opioid overdose from prescription and illicit drugs is an important health issue in British Columbia. Since 2011, there has been a progressive increase in the number of illicit drug overdose deaths in which fentanyl was detected, either alone or in combination with other drugs. Unintentional deaths and injury from opioid overdose are preventable with overdose and Naloxone education. Naloxone quickly reverses the respiratory depression caused by opioids in an overdose. It is not a controlled substance, cannot be abused, and is an extremely safe antidote. In the course of duties as first responders, there are many instances where Transit Police are first on scene or may be the only first responder available. Accordingly, the Transit Police will make Naloxone available for use by Members who may encounter members of the public from a known or suspected opioid overdose. *(For the purpose of this*

[5] "Detention" is as defined by Supreme Court of Canada as, "when a police officer or other agent of the state assumes control over the movement of a person by a demand or direction which may have significant legal consequence and which prevents or impedes access to counsel" and includes both physical and psychological compulsion. R. v. Therens, [1985] 1 SCR 613, 1985 CanLII 29 (SCC).

policy, the 'member of the public' means all non-Transit Police Personnel, including other first responders and transit staff.)

5. As first responders and in the course of investigation, arrest or collecting evidence, Members are also at risk of accidental exposure to dangerous opioids such as fentanyl, carfentanyl, and W18 compounds, as described in s. 4 of this policy. (Transit Police exhibit custodians may be at risk when handling drug exhibits.) Should Transit Police Personnel inadvertently introduce fentanyl to mucous membranes (i.e. fingers/hands touching eyes or nose), the Transit Police will make Naloxone available for use as an occupational health and safety measure.

6. The primary purpose of the Transit Police Personnel carrying of Naloxone is the resuscitation of Transit Police Personnel in the event of accidental exposure with an opioid which results in an overdose. Notwithstanding the primary purpose above, in emergent situations, Naloxone carried by Transit Police Personnel must, if safe to do so, be administered to a member of the public (includes other first responders) if an opioid overdose is suspected, and BCAS and/or FRS attendance is not imminent (seconds away).

    (1) If BCAS/FRS arrival is imminent, Transit Police Personnel may wait for BCAS/FRS to attend and administer the Naloxone. Once Naloxone is administered by Transit Police Personnel, they must remain on-scene until BCAS or FRS attends and assumes care (barring exigent circumstances).

7. All trained Transit Police Personnel are permitted to carry and use issue Naloxone.

8. The Transit Police will train its Members and designated civilian staff that may be likely to be called upon to administer Naloxone. Transit Police Personnel will use Naloxone in accordance with their training, including the use of universal precautions against blood-borne pathogens and communicable diseases during Naloxone administration (i.e., putting on protective gloves and mask).

9. The Deputy Chief Officer Administrative Services Division will be responsible for the oversight of the Naloxone Program, including training curriculum approval and designating of a Naloxone Program Coordinator.

10. The safety risk to Transit Police Personnel can be reduced by using proper handling procedures of substances/drugs. Transit Police Personnel will follow training on the proper handling of opioids.

Illicit Drug Overdose Response Approach

11. The primary reason for Transit Police attendance at an illicit drug overdose call is to assist with life saving measures and to assist with public safety. Transit Police will not normally attend calls for a routine drug overdose unless "Assistance is Requested" via E-COMM or the OCC for any or all of the reasons below:

    (1) death of a person from an overdose is likely; or

(2) BCAS (or may be transit operating centre in rare instance) request police attendance to assist with public safety; or

(3) BCAS request police attendance because there is something suspicious about the incident.

PROCEDURES

Prevention and Person Protection

12. Members will carry issue nitrile gloves as part of their uniform equipment while in the field.

13. When attending to a person who is the subject of a suspected opioid overdose, Transit Police Personnel should use personal protective equipment, including full sleeve or long sleeve shirt or jacket, nitrile gloves, eye protection and mask. In particular, caution should be used where there is a risk of exposure to fentanyl, carfentanyl, or the W18 compounds, due to their high potency and the risk of permucosal exposure. The responder should avoid touching their eyes, nose and mouth, or smelling unknown substances of being an opioid.

14. When conducting drug investigations, Members will wear personal protection equipment and follow training on safe handling techniques for potentially toxic substances. This includes properly disposing of any items exposed to opioids by placing them in hazardous material bags or disposal containers.

    (1) The disposable gloves can be placed in the sharps containers (considered medical waste) located in various places within Transit Police facilities.

15. Transit Police Personnel are to consult with their Supervisor if unsure on appropriate personal protective equipment to use and safe handling of a substance/drug.

[Refer to Transit Police policy OB100 – Drugs]

Operations

16. Evidence of a person experiencing a suspected opioid overdose includes:

    (1) person can't stay awake, walk or talk;

    (2) slow or absent pulse;

    (3) slow or absent breathing, snoring or gurgling. Less than 10-12 breaths per minute (a breath every 5 seconds is normal);

    (4) skin looks pale or blue, especially nail beds and lips, feels cold;

    (5) pupils are pinpoint or eyes rolled back;

    (6) vomiting;

(7) body is limp;

(8) no response to noise or knuckles being rubbed hard on the breast bone.[6]

17. After the Member (or civilian staff person, as applicable) has made a determination there is reason to suspect the person will suffer serious harm or death as a result of a known or suspected use of opioids or exposure to opioids, the Member will:

(1) immediately radio the OCC (or call 911 if not on radio) to request BCAS attendance and to have a Supervisor attend;

(2) commensurate with training, don protective equipment and render first aid treatment to victim;

(3) determine unresponsiveness, absence of breathing and/or no/faint pulse, and if immediate medical assistance is unavailable, administer Naloxone in accordance with training (if BCAS is already present, then offer to assist as needed);

a. Naloxone should only be administered if an opioid overdose is suspected and the person has a decreased level of consciousness or a decreased respiratory rate;

b. <u>if the person is conscious and able to give consent, then consent should be obtained before the Naloxone is administered</u>;

(4) continue to observe and treat the victim as the situation dictates, if the victim does not respond by waking up to voice or touch, or is not breathing normally, a repeat Naloxone dose may be needed (follow training);

(5) continue to monitor breathing and pulse, and if breathing increases and there is no sign of trauma, place the victim in the recovery position (if at any time pulse is lost, initiate CPR and AED use if available); and

(6) inform the arriving BCAS personnel about the treatment and condition of the victim.

18. Administering Naloxone is safe for pregnant women and children.

<u>Contraindications</u>

19. Naloxone should not be administered to a person who is known to have an allergy to Naloxone but it may be considered in exigent circumstances in which death is likely to occur.

<u>Side Effects</u>

20. Members will need to monitor the person for aggressive behaviour post-administration of the Naloxone.

(1) Naloxone itself does not cause side effects but sudden reversal of the effects of opioids may cause withdrawal symptoms, including sweating, nausea,

[6] Naloxone Training Manual – Toward the Heart.

weakness and aggression. Though not life threatening, these symptoms can be quite unpleasant. Persons who are opioid dependant have a higher likelihood of presenting assaultive behaviour upon regaining consciousness.

Monitoring Person in Custody

21. After receiving medical assistance for an opioid overdose, a person should only be released into a Member's custody after they are cleared by medical personnel. If released into a Member's custody, they are to be monitored for signs of overdose in accordance with recommendations of medical or health care professionals.

After Deployment

22. Following the administration of Naloxone, Members will:

    (1) report deployment of Naloxone to the Watch Commander as soon as is practicable after safety of those involved is addressed;

    (2) treat the used Naloxone equipment as bio-hazardous material and retain as an exhibit for medical practioner, if required. Members' gloves can be disposed of in sharps container; and

    (3) document actions taken in the Member's notebook (including Kit number used) and complete the Transit Police Form AZ1800 – Naloxone Post Administration Report, the general occurrence report on PRIME (and associated PRIME template for Naloxone spray - once made available on PRIME), as well as any additional reports requested by the Supervisor and those required (if any) by the health authority;

        a. include in the incident report elements on the administration of the Naloxone, for example: type of opioid (illegal or prescribed if known), indicators for use of antidote, amount of doses administered and time in between doses, first aid rendered, treatment after Naloxone administered, and transfer to care of BCAS (including unit number and paramedic names) and disposal of the Naloxone Kit; and

        b. apply the UCR coding for Naloxone to the file.

23. The Watch Commander will advise the Inspector Operations of the incident, who will then inform the Executive and other senior staff, as appropriate.

24. If the Naloxone was administered to Transit Police Personnel, the Watch Commander will ensure Transit Police Form AZ1800 – Naloxone Post Administration Report and injury reporting forms are completed by the involved Transit Police Personnel and their Supervisor, as set out in Transit Police Standard Operating Procedures.

    (1) The Application for Compensation and Report of Injury or Occupational Disease must be completed and submitted to WorkSafeBC[7].

[7] WorkSafeBC Application for Compensation and Report of Injury or Occupational Disease – Form 6.

[Refer to Transit Police SOP53 - Injuries in the Workplace]

25. As soon as is practicable after the event, the Watch Commander will electronically notify the Naloxone Program Coordinator of the Naloxone deployment and associated file number, and provide a copy of the completed Form AZ1800 – Naloxone Post Administration Report, and any other tracking data as required by the Coordinator or the Ministry of Public Safety and Solicitor General.

26. The Naloxone Program Coordinator will responsible for:

    (1) providing a copy of each completed Form AZ1800 – Naloxone Post Administration Report to the Transit Police designated medical practitioner for a medical review;

    (2) upon receipt of the medical review, identifying any recommendations or observations from the medical practitioner and inform the relevant senior staff at the Transit Police of same; and

    (3) retaining all medical reviews received for records.

Training and Program Coordination

27. The Transit Police Training Unit will be responsible for the development and delivery of Police Service approved training curriculum regarding the use of nasal Naloxone to treat and reduce the injury and fatality of police officers from apparent opioid-related overdose. Absent a provincially issued training curriculum, the training at a minimum will cover:

    (1) risk factors for opioid use;

    (2) victim assessment (e.g., signs/symptoms of overdose);

    (3) universal precautions;

    (4) Naloxone use;

    (5) seeking medical attention;

    (6) patient care after Naloxone use;

    (7) reporting requirements; and

    (8) training directives and policy.

28. Members and designated civilian staff will be provided training in the use of Naloxone. Transit Police Personnel who have completed the training course and required refresher training (such frequency as so determined by the Deputy Chief Officer Administrative Services Division) will be authorized to carry and administer Naloxone.

    (1) In exigent situations where no trained Transit Police Personnel are available, non-trained Transit Police Personnel may administer the Naloxone.

29. The Transit Police Training Unit will conduct an annual assessment of training needs concerning the Naloxone Program and related policy, and will maintain a record of Transit Police Personnel currently qualified in the use of Naloxone.

30. The designated Naloxone Program Coordinator will be responsible for managing the acquisition, issuance, maintenance and inventory of Naloxone Kits, the medical review process, and related record retention for the Transit Police Naloxone Program.

31. A Naloxone Program tracking log is to be established and maintained, including data on Kit issuance, destruction, damage, and incident use.

32. The Naloxone Program Coordinator will monitor anticipated expiry dates of the Naloxone Kits so that replacement can be requisitioned prior to the expiration date.

Availability and Maintenance of Naloxone Kits

33. The Transit Police will make available Naloxone Kits as follows:
    (1) temporary issue to Patrol Members (including Neighbourhood Police Officers) for block sign-out, via their Supervisor, while on duty;
        a. Depending upon availability of Naloxone Kits at the Transit Police, the Transit Police may move to personal issue, if so determined by the Chief Officer;
    (2) personal issue to Members of specialty units (i.e., Crime Reduction Unit) and specified positions, via their Supervisor, and upon authorization of the Inspector Operations;
    (3) personal issue to designated civilian staff, via their Supervisor, and upon authorization of the Inspector Support Services; and
    (4) static locations as follows:
        a. exhibit processing area at Transit Police Headquarters and Bridgeport Reporting Office;
        b. main exhibit storage area at Transit Police Headquarters;
        c. Public Service Counter Area at Transit Police Headquarters (beside AED Station); and
        d. other locations/places as so determined by the Deputy Chief Officer Administrative Services Division.

34. The Transit Police will supply a carrying pouch for the issue Naloxone Kit.

35. As nasal Naloxone is light and temperature sensitive, it must not be stored in police vehicle trunks by Members, left in a police vehicle for extended periods, or subjected to extreme temperatures (heat or cold), as the effectiveness of the medication may be degraded. When patrolling outside in winter, Members are to be mindful that if the temperature drops below 4℃ there may be potential need to switch location of the Naloxone being carried.

NOTE: The Naloxone Kit must be kept out of direct light and stored at a temperature between 15°C and 25°C. (It may be stored for short periods between 4°C and 40°C. Do not freeze Naloxone.)

36. At the completion of the Member's shift, the Member will place their Naloxone Kit inside their locker at Transit Police (specific to the period of assigned issue), or as otherwise so directed by the Deputy Chief Officer Administrative Services Division.

37. Members will be responsible for regularly inspecting their issued Naloxone Kits for damage. If damaged or other discrepancy is identified, the Member is to report the issue to the Stores Coordinator via their Supervisor.

38. Damaged Kits are to be taken out of service and the Stores Coordinator will facilitate a replacement Kit as soon as is practicable.

39. Members will report any loss of their issued Naloxone Kit to the Supervisor and submit a report upon requested.

40. The Stores Coordinator will be responsible for regular inspection of the non-personal issue Naloxone Kits posted in Transit Police facilities.

41. Upon administering of Naloxone, the Supervisor will inform the Stores Coordinator so that a replacement Naloxone Kit can to be supplied to the Member (as appropriate).

Incident Investigation

42. The Inspector Operations will ensure that an investigation is conducted into an incident involving use of Naloxone on any Transit Police Personnel and submit a report to the Deputy Chief Officer Operations Division and Deputy Chief Officer Administrative Services Division. This includes an investigation of any related crime in accordance with law and file protocols with Jurisdictional Police.

Key References

BC Police Act [RSBC 1996], c. 367
Good Samaritan Act [RSBC 1996], c. 172
Minister of Health Canada – Interim Order Respecting Naloxone Hydrochloride Nasal Spray, July 6, 2016
Adapt Pharma product information on Narcan Nasal Spray, Online - September 29, 2016
Ministry of Public Safety and Solicitor General correspondence and draft model policy on Naloxone use by police, dated October 17, 2016
BC Emergency Health Services October 25, 2016 directive on Ministerial Order No. M397, dated October 20, 2016 on amended regulations to administer Naloxone
http://towardtheheart.com/Naloxone/
https://knowyoursource.ca/what-is-fentanyl/
http://www.bcpharmacists.org/Naloxone
http://www.narcan.com/
Independent Investigation Office of British Columbia policy no. 5015, "Medical Incident Notification", dated December 2, 2016