

PUBLIC SAFETY COMMITTEE
September 27, 2016
Rose Hill Room
11:00 pm – 12:30 pm

Agenda

1. 2016 Patrol Car Purchase
2. Use of Narcan (Naloxone)
3. Pokeman Go
4. Upcoming Topics
 - a. (See Attached)

Outstanding Topics

Police handling of cultural and language differences	Staff Report	Committee	March 2015	Prepare report to Committee
Continuity of government plan and COOP	Staff Report	Committee	March 2015	Report to Committee about how to complete these plans
Policy on drones	Staff Report	Committee	March 2015	Report to committee about how the City could use drones (included in Police Strategic Plan Scope)
Police Strategic Plan	Periodic Updates	Staff	November 2015	Report on progress of strategic plan
Fire Public Education	Staff Report	Committee	April 2016	Discuss potential for Fire Corps to provide public education
Pokeman Bo	Staff Report	Committee	September 2016	
Finn Hill Barrier Removal	Staff Report	City Council	February 2016	Revisit project
Prepare Dashboard of Key Indicators	Periodic Report	Committee	May 2015	



CITY OF KIRKLAND

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MEMORANDUM

To: Kurt Triplett, City Manager

From: Joseph Sanford, Fire Chief
Cherie Harris, Police Chief

Date: September 20, 2016

Subject: Emergency Services Use Of Naloxone (Narcan)

BACKGROUND:

Heroin and opioid use has increased significantly over the past few years and has reached crisis levels. Between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, and more than 8,200 people died in the United States in 2013. There were 225 heroin related deaths in King County last year.

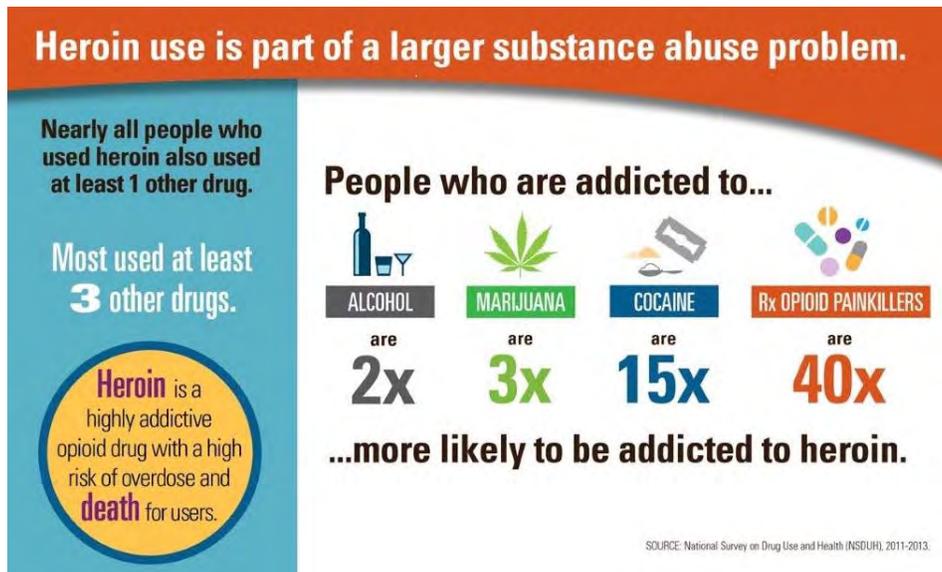
Heroin use is increasing, and so are heroin-related overdose deaths.

How is heroin harmful?

- Heroin is an illegal, highly addictive opioid drug.
- A heroin overdose can cause slow and shallow breathing, coma, and death.
- People often use heroin along with other drugs or alcohol. This practice is especially dangerous because it increases the risk of overdose.
- Heroin is typically injected but is also smoked or snorted. When people inject heroin, they are at risk of serious, long-term viral infections such as HIV, Hepatitis C, and Hepatitis B, as well as bacterial infections of the skin, bloodstream, and heart.

Who is most at risk of heroin addiction?

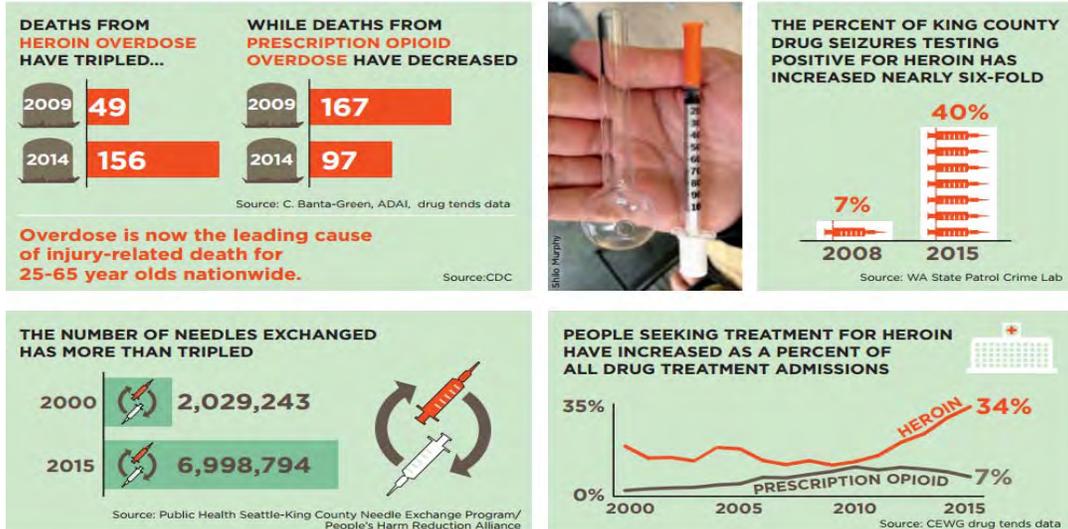
- People who are addicted to prescription opioid painkillers
- People who are addicted to cocaine
- People without insurance or enrolled in Medicaid
- Non-Hispanic whites
- Males
- People who are addicted to marijuana and alcohol
- People living in a large metropolitan area
- 18 to 25 year olds



- Heroin use more than doubled among young adults ages 18–25 in the past decade.
- More than 9 in 10 people who used heroin also used at least one other drug.
- 45% of people who used heroin were also addicted to prescription opioid painkillers.



HEROIN AND OPIOID USE ARE AT CRISIS LEVELS



Task Force Recommendation

King County has created a heroin task force to study the problem and come up with solutions. The task force supports placing Naloxone (Narcan) kits in the hands of first responders and others interacting with opioid users.

Narcan is a prescription drug that can reverse the effects of opioid and heroin overdose, and can be life-saving if administered in time. Narcan is a standard medication carried by the Advanced Life Support paramedic units providing services throughout King County including those serving Kirkland. Kirkland Firefighter/EMTs do not currently carry Narcan.

Washington State Legislation

In April 2015 the Washington State Legislature passed House Bill 1671 allowing law enforcement and emergency medical technicians to use Narcan for opioid overdose.

<http://apps.leg.wa.gov/RCW/default.aspx?cite=69.50.315>

Intent—2015 c 205: "(1) The legislature intends to reduce the number of lives lost to drug overdoses by encouraging the prescription, dispensing, and administration of opioid overdose medications.

(2) Overdoses of opioids, such as heroin and prescription painkillers, cause brain injury and death by slowing and eventually stopping a person's breathing. Since 2012, drug poisoning deaths in the United States have risen six percent, and deaths involving heroin have increased a staggering thirty-nine percent. In Washington state, the annual number of deaths involving heroin or prescription opiates increased from two hundred fifty-eight in 1995 to six hundred fifty-one in 2013. Over this period, a total of nine thousand four hundred thirty-nine people died from opioid-related drug overdoses. Opioid-related drug overdoses are a statewide phenomenon.

(3) When administered to a person experiencing an opioid-related drug overdose, an opioid overdose medication can save the person's life by restoring respiration. Increased access to opioid overdose medications reduced the time between when a victim is discovered and when he or she receives lifesaving assistance. Between 1996 and 2010, lay people across the country reversed over ten thousand overdoses.

(4) The legislature intends to increase access to opioid overdose medications by permitting health care practitioners to administer, prescribe, and dispense, directly or by collaborative drug therapy agreement or standing order, opioid overdose medication to any person who may be present at an overdose - **law enforcement, emergency medical technicians**, family members, or service providers - and to permit those individuals to possess and administer opioid overdose medications prescribed by an authorized health care provider." [[2015 c 205 § 1](#).

Current Medical Best Practices

The best practices for dealing with an opioid overdose patient is to request the paramedics, ensure the patient's airway is intact, use an airway adjunct and provide rescue breathing using a bag valve mask and high flow O2. The use of nasal Narcan before BLS or ALS arrives on

scene will reduce the effects of the opioid but may lead to other serious medical conditions including nausea, vomiting, and extreme agitation. The patient will also need to be transported to an area hospital for definitive medical care. The newer version of nasal Narcan is available to the public with a prescription.

Medical Oversight and Authority

The King County Medical Program Director (MPD) is responsible for providing medical oversight and guidance to Emergency Medical Services Technicians and Paramedics. The MPD must develop or adopt written prehospital patient care protocols to direct Emergency Medical Services personnel in patient care as per the [WAC 246-976-920](#).

Quality Assurance and Review of Data

King County EMS will collect data on the use of Narcan by EMS personnel and will study the results to determine the effectiveness of EMT use of Narcan vs. deferring its use to responding paramedics. The scope of the study may be expanded as King County EMS is exploring grants to support additional research.

Potential Issues with Administration of Narcan

Contraindications

- Naloxone is contraindicated in patients known to be hypersensitive to it.
- Use with extreme caution in narcotic-dependent patients who may experience withdrawal syndrome (including neonates of narcotic-dependent mothers).
- Is incompatible with bisulfite and with alkaline solutions.

Side Effects

- Central Nervous System: Tremor, agitation, belligerence, papillary dilation, seizures, increased tear production, sweating, seizures secondary to withdrawal.
- Cardio: Hypertension, hypotension, ventricular tachycardia, pulmonary edema, ventricular fibrillation.
- GI: Nausea, vomiting.

Warnings

Naloxone should be administered cautiously to persons including newborns of mothers who are known or suspected to be physically dependent on opiates. May precipitate an

acute abstinence syndrome. May need to repeat. Naloxone is not effective against a respiratory depression due to non-opiate drugs. Use caution during administration as patient may become violent as level of consciousness increases.

Side effects from Narcan administration is very rare and use of Intranasal Narcan is an excellent method of safely administering an opioid antagonist to a person suffering a severe opioid overdose. It can restore spontaneous respirations and prevent cardiac arrest.

Recommendation:

Fire and Police recommend the following:

1. Kirkland Fire Department participate in the King County EMS program to train firefighter/EMTs on the administration of nasal Narcan.
2. Kirkland Police Department monitor the results of the administration of nasal Narcan by law enforcement officers in the City of Seattle study to determine the efficacy of KPD carrying Narcan. The Police Department will report back to the Public Safety Committee within one year.

City of Kirkland Fire Department Process

The Kirkland Fire Department will partner with King County EMS in the use of nasal Narcan by firefighter/EMTs. King County's Medical Program Director, Dr. Rea has authorized EMT training on the use of nasal Narcan. EMT Training begins in the fall of 2016 starting in South King County where opioid overdose incidents are highest.

Kirkland Fire Time Line

- Fall 2016 – King County EMS establishes protocols for EMT use of Narcan. Training lesson plans completed. Kirkland Fire Department briefed on training process, protocols and implementation schedule.
- February through March 2017 – Kirkland Firefighter/EMTs begin training on the use of nasal Narcan. King County EMS provides initial Narcan Kits.
- Spring 2017 – Kirkland Firefighter/EMTs will have Narcan for treating patients experiencing opioid overdose. Procedures in place for ordering nasal Narcan, inventory control and monitoring expiration dates.

Kirkland Police Department Process

The Kirkland Police Department is actively monitoring the study on the use of Narcan within the Seattle Police Department's bike patrol unit that started in March 2016. To date, no research has studied the impact of police officers carrying naloxone on the long-term health and prognosis of overdose victims — the SPD study will be the first in the country in collaboration with scientists.

Kirkland PD do not carry Narcan. One key reason is Kirkland PD and Kirkland Fire use the same dispatch center (NORCOM) with associated dispatch protocols for simultaneous dispatching Police and Fire/EMT/Paramedic units to such overdose incidents. Medic 23 paramedics, responding from Evergreen Hospital, have carried Narcan for over four decades making it available at overdose incidents. The results of the regional studies will provide the necessary data to determine the efficacy of Kirkland PD incorporating the use of Narcan into our emergency response protocols.

Note: Currently, no other police departments on the eastside carry Narcan. Redmond Police have requested approval from King County, but no details have been worked out. There is anticipation that on-line training can be developed to standardize and streamline training.

Summary:

Approval of this recommendation will provide for early administration of Narcan to patients experiencing opioid overdose in the City of Kirkland. With Police and Fire emergency responders arriving on scene nearly simultaneously, there will be no delay in delivering Narcan and Kirkland Police Department will provide critical scene safety and investigation while Kirkland Fire Department EMTs deliver BLS patient care.

This recommendation will support King County's EMS system as they streamline the important details related to Narcan training, documentation requirements, and the purchasing, delivery, storage, and inventory of the drug. Once these details are worked out it will be easier to incorporate Narcan into police departments protocols when and if the scientific research study provides supporting evidence that it is advantageous for law enforcement officers to administer Narcan in our region.