

Public Safety Committee Meeting

Date: October 20, 2016

Attendance: Toby Nixon, Penny Sweet, Dave Asher, Marilynne Beard, Kurt Triplett, Cherie Harris, , Michel St. Jean, Bill Hamilton, George Dugdale, Joe Sanford, Mike Remington, Patti Jean Hooper, Michael Olson, Lorrie McKay, Aimee Vance, Lynn Zwaagstra, Kathy Cummings, Norm Alberg (King County)

Agenda Item:	Action Items:
<p>1. Topic: Storm Debrief</p> <p>Notes: Fire, Police, Parks, CMO and Emergency Management staff provided information about what the City did to prepare for and respond to the rain and wind storm forecast for last week. All departments reported that communication and coordination between departments was excellent and that the level of pre-storm precautionary measures was greater. Although the storm was not as severe as first predicted it provided an opportunity for the City to provide enhanced public information, Preventative street sweeping to prevent flooding and activation of additional staff. The Parks Department closed parks and cancelled or rescheduled some outdoor activities. The City increased its social media interactions and received positive feedback about the availability and timeliness of information. The Public Safety Committee asked that staff memorialize the efforts to use a blueprint going forward.</p>	
<p>2. Topic: Animal Services</p> <p>Notes: City Manager Triplett presented an alternative proposal from King County that was offered to provide greater incentive for Kirkland to remain in the RASKC system rather than starting its own program (Attachment A). The primary differences were in the County's agreement for Kirkland to use PAWS instead of the County Shelter</p>	

Agenda Item:	Action Items:
<p>and the ability for the City to keep any residual revenue over and above the cost of service. The proposal maintains a portion of the Kent Shelter subsidy based on population.</p> <p>The Committee asked for more information on the possible number and types of cases that may be referred to the Hearing Examiner based on King County's experience and to provide an estimated cost for Hearing Examiner services in the City's model.</p>	
<p>3. Topic: 2017-2018 Public Safety Budget Preview</p> <p>Notes: City Manager Triplett provided an overview of funding recommendations included in the City Manager's proposed budget for 2017-2018 (Attachment B). Significant one-time investments are recommended to increase productivity and enhance customer service. The Budget includes one-time funding for enhanced Court security to include 2 .60 temporary limited commissioned officers to provide additional hours of security. Councilmember Asher asked what the cost would be to contract for a like service.</p> <p>The proposed budget also includes ongoing funding for inmate jail services. Now that the Jail has more experience with actual use and the availability of inmate medical, the proposed amount should be more accurate. The increase is offset by a reduction in contracted jail bed costs which is lower than anticipated. Councilmember Asher asked whether the City can bill an inmate's insurance when it is available. The City can bill in some circumstances provided the inmate has coverage.</p>	<ul style="list-style-type: none"> • Obtain estimate of cost of contracting for Court security versus temporary staff

Agenda Item:	Action Items:
<p>4. Fire Station Update</p> <p>Notes: City Manager Triplett provided on update on property purchases for new Stations 24 and 27. He reported that negotiation with the owner of the Rite Aid property (for Station 24) continues and that the preliminary appraisal was higher than the amount budgeted.</p> <p>The City continues to work with Evergreen Hospital on the use of a parcel that currently serves as a parking lot. There are several challenges with regard to easements and setbacks with the property which staff is studying.</p>	
<p>5. Upcoming Topics</p> <p>Notes: November meeting to include police and fire dashboards, the draft COOP and COG's and an update on the Fire Strategic Plan progress.</p>	
<p>Future Agenda Topics:</p> <ul style="list-style-type: none"> • Fire Public Education (5/16) • King County CMT Program Report • What policies and training do Police officers have to deal with cultural and language differences (post-Alabama)? • Continuity of Government and Operations plans • Dashboard review • Road barrier removal/replacement on Finn Hill (1/16) • Fire Strategic Plan Update • Pokeman Go follow-up 	

**CITY OF KIRKLAND****Police Department**11750 NE 118th Street, Kirkland, WA 98034-7114 425.587.3400www.kirklandwa.gov

MEMORANDUM

To: Kurt Triplett, City Manager

From: Cherie Harris, Chief of Police
Bill Hamilton, Police Captain
George Dugdale, Financial Analyst

Date: September 13, 2016

Subject: Patrol Vehicle Purchase

RECOMMENDATION:

The Department respectfully recommends purchasing the requested vehicles with identified 2016 salary savings and mitigating the financial impacts by extending the life cycle of the patrol fleet by one additional year

BACKGROUND:

The transition from a 12 hour patrol officer shift to the newly implemented 10 hour shift, replaced an unhealthy and inefficient schedule. The current 10 hour model creates a third shift of officers during a 24 hour period, with overlapping hours of work which are designed to coincide with peak activity periods. The distribution of staffing is now data driven to include calls for service by volume, geographical coverage, peak traffic flow patterns, calls for service by priority type, response protocol complexities and officer safety considerations.

The Department has 18 vehicles assigned to the Patrol function, which under the previous 12 hour shift configuration, provided 3 vehicles over the maximum staffing of 15 officers. This "staffing plus 3" vehicle model has remained constant for many years as it has adequately provided for the continuation of police services while patrol vehicles were otherwise unavailable for use due to routine vehicle maintenance, large scale repairs (such as a transmission, engine or collision repairs). When available, these 3 vehicles are also used for additional patrol staffing during special events and/or special emphasis patrols.

In contrast to the static 12 hour shift staffing of 15, the current 10 hour patrol shift schedule requires fewer officers per shift during non-peak activity, but provides for an additional 6 patrol officers during peak activity periods, for a maximum of 21 officers. This has created a deficit of 6 patrol vehicles. The Police Department wishes to avoid any delayed response to calls for service due to a lack of vehicles.

The Department has experienced a significant amount of salary savings during the 2016 budget cycle that could be used to purchase the vehicles when the Washington State Bid opens on KPD-2007-092

October 1st. In an effort to reduce the amount of on-going costs associated with their purchase, the Department has worked with Fleet Services to analyze the replacement schedule and historic use of vehicles assigned to Patrol. The current replacement schedule estimates replacing patrol vehicles every 2.5 years. More often than not the Department continues to use vehicles scheduled for replacement if they are not incurring costly repairs for an average of 3.5 years. After careful consideration, the Department is recommending extending the rotation for replacement patrol vehicles to 3.5 years in an effort to reduce the ongoing costs of Operating & Maintenance. The result is the need for an approximate \$30,000 dollar increase in ongoing costs (instead of approximately \$80,000 dollars) as a result of the purchase of these new patrol vehicles. The table below depicts the one time cost of purchasing vehicles and the ongoing costs associated with an increase in Fleet Operating & Maintenance.

2016-2017*		2018		Biennial	
Ongoing	One Time	Ongoing	One Time	Ongoing	One Time
29,507	330,000	29,819	-	59,326	330,000
			Total	389,326	

*Vehicles will be ordered in October 2016 but may not be delivered until 2017. The approved salary savings will be moved into the Fleet fund to cover the cost of the vehicles.

The Department fully understands and appreciates the financial impacts of the requested patrol vehicle purchase and carefully consulted with the City's Fleet Manager, to better understand fleet sizing concepts as well as the potential advantages or disadvantages of the proposed increase in the life cycle of our vehicles. Additionally, Staff has reviewed current fleet and personnel deployment practices, but found no viable, nor sustainable alternative to this request. The Department therefore respectfully submits this request in an effort to maintain effective public safety service delivery and high customer satisfaction.

Kurt Triplett

Date

Michael Olson

Date

**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:

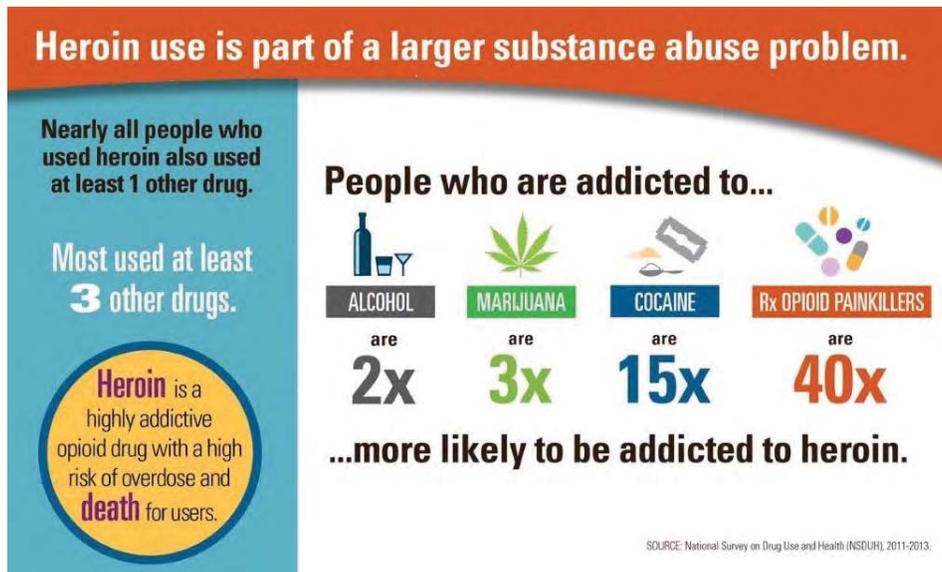
Heroin and opioid use has increased significantly over the past few years and has reached crisis levels. Between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, and more than 8,200 people died in the United States in 2013. There were 225 heroin related deaths in King County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

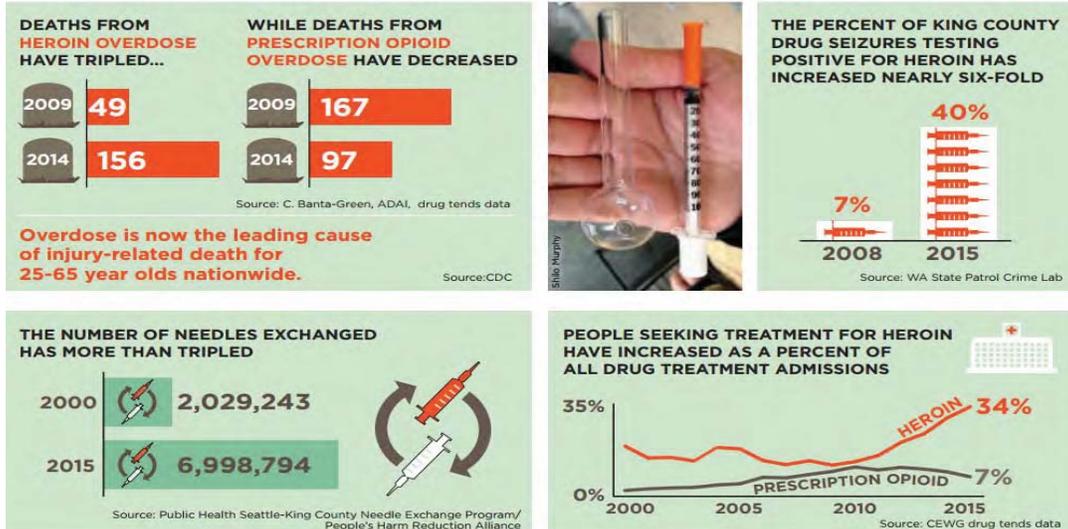
- People who are addicted to prescription opioid painkillers
- People who are addicted to cocaine
- People without insurance or enrolled in Medicaid
- Non-Hispanic whites
- Males
- People who are addicted to marijuana and alcohol
- People living in a large metropolitan area
- 18 to 25 year olds



- 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.