

GENERAL ORDER

PORT WASHINGTON POLICE DEPARTMENT

SUBJECT:	OPIOID/OTHER DRUG ISSUES	NUMBER:	6.3.7
		ISSUED:	09/15/2017
SCOPE:	All Sworn Personnel	EFFECTIVE:	09/15/2017
DISTRIBUTION:	General Orders Manual	<input type="checkbox"/> RESCINDS	
		<input type="checkbox"/> AMENDS	
REFERENCE:	WI State Statutes: 256.01, 256.15(8)(e), 256.40(1)(d), 256.40(3)(a), 256.40(3)(b), 961.37	WILEAG STANDARDS: N/A	

INDEX AS: Controlled Substances
 Naloxone
 Opioids
 Opioid Overdoses
 Prescription Drugs
 Prescription Drug Monitoring Program
 Heroin
 Testing and Packaging of Unknown Substances

PURPOSE: The purpose of this Policy & Procedure is to establish guidelines and procedures for members of the Port Washington Police Department for maintaining compliance relating to the duty of law enforcement officers to report to the Prescription Drug Monitoring Program (PDMP) controlled substance violations, opioid-related drug overdoses or deaths, and reports of stolen prescription drugs as well as governing the administration of nasal Naloxone spray to treat opioid overdoses to minimize overdose deaths caused by opioids. By following these procedures, members shall be immune from any criminal and civil liability while performing these duties.

This Order consists of the following numbered sections:

- I. POLICY
- II. DEFINITIONS
- III. PROCEDURE
- IV. NAXOLONE
- V. HEROIN TESTING & PACKAGING OF UNKNOWN SUBSTANCES

I. POLICY

- A. It is the policy of the Port Washington Police Department that officers shall report to the Prescription Drug Monitoring Program (PDMP) controlled substance violations, opioid-related drug overdoses or deaths, and reports of stolen prescription drugs, and for trained personnel to administer nasal Naloxone spray to persons who are undergoing or who are believed to be undergoing an opioid-related drug overdose in an effort to reduce permanent physical impairment or death.

II. DEFINITIONS

- A. **AMBULANCE SERVICE PROVIDER:** means the business of transporting sick, disabled or injured individuals by ambulance to or from facilities or institutions providing health services.
- B. **CONTROLLED SUBSTANCE:** means a drug, substance, or immediate precursor included in Schedules I. to V.
- C. **FIRST RESPONDER:** means a person who is certified as a first responder under WI Statute 256.15 (8) (a) and who, as a condition of employment or as a member of an organization that provides emergency medical care before hospitalization, provides emergency medical care to a sick, disabled or injured individual before the arrival of an ambulance, but who does not provide transportation for a patient.
- D. **LAW ENFORCEMENT AGENCY:** means an agency of a federally recognized Indian tribe or band or a state or political subdivision of a state, whose purpose is the detection and prevention of crime and enforcement of laws or ordinances.
- E. **LAW ENFORCEMENT OFFICER:** means any person employed by a law enforcement agency that is authorized to make arrests for violations of the laws or ordinances that the person is employed to enforce.
- F. **MONITORED PRESCRIPTION DRUG:** means a substance identified in Wis. Stat. § 961.16 (Schedule II), 961.18 (Schedule III), 961.20 (Schedule IV), or 961.22 (Schedule V) or a drug identified by the board by rule as having a substantial potential for abuse.
- G. **NALOXONE:** means an opioid antagonist that can be used to counter the effects of opiate overdose. Specifically, it can displace opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marked under various trademarks including Naloxone®.

- H. **NARCOTIC DRUG:** means an opioid-related substance identified in Wis. Stat. § 961.14 (Schedule I) or 961.16 (Schedule II).
- I. **OPIATE-RELATED DRUG OVERDOSE:** According to Wis. Stat. § 256.40(1)(d), an opioid-related drug overdose is “a condition including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.”
- J. **PHYSICIAN:** means a physician licensed to practice medicine in the State of Wisconsin.

III. PROCEDURE

A. Mandatory Reporting

Officers shall submit a report to the PDMP whenever he/she, while acting in an official capacity, does any of the following:

1. When a law enforcement officer reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred.
2. When a law enforcement officer believes someone is undergoing or has immediately prior, experienced an opioid-related drug overdose.
3. When a law enforcement officer believes someone has died as a result of using a narcotic drug.
4. When a law enforcement officer receives a report of a stolen controlled substance prescription.

B. Reporting Procedure

When conditions requiring mandatory reporting to the PDMP exist, officers shall complete a Prescription Drug Monitoring Program Report Form which shall include the following:

1. The name and date of birth of all of the following, if applicable:
 - a) The individual who is suspected of violating the Controlled Substance Act involving a monitored prescription drug.
 - b) The individual who experienced an opioid-related drug overdose.
 - c) The individual who died as a result of using a narcotic drug.

- d) The individual who filed the report of a stolen controlled substance prescription.
 - e) The individual for whom a prescription drug related to an event listed above was prescribed.
2. If a prescription medicine container was in the vicinity of the suspected violation, drug overdose, or death or if a controlled substance prescription was reported stolen, the following:
- a) The name of the prescribing practitioner.
 - b) The prescription number.
 - c) The name of the drug as it appears on the prescription order or prescription medicine container.
3. After completing a PDMP Report Form, officers shall include a copy as an attachment to their incident report and request the Records Clerk to do one of the following:
- a) E-mail the completed report to Wisconsin PDMP: PDMP@wisconsin.gov (preferred)
 - b) Mail the completed report to Wisconsin PDMP: Prescription Drug Monitoring Program; PO Box 8366 Madison, WI 53708-8366
 - c) Fax the completed report to Wisconsin PDMP: 608-251-3017
4. In accordance with the law, PDMP staff will disseminate the relevant information from each form to affected healthcare professionals who utilize the PDMP.

C. Delayed Reporting

1. If an officer, after consulting with their supervisor, determines that submitting any information in accordance with this policy would interfere with an active criminal investigation, the officer may postpone the action until the investigation concludes. With that said, an officer should consider that reports submitted to the PDMP are not subject to open records requests (§961.385(4)).

IV. NALOXONE (Narcan®)

A. Training requirements

1. The Department shall require all officers to undergo any training necessary to properly and safely administer Naloxone or another opioid antagonist.
2. The Department shall do all of the following:
 - a) Ensure that every officer has obtained the training necessary to properly and safely administer Naloxone or another opioid antagonist and has a supply of Naloxone or the other opioid antagonist available for administration when he or she is performing his or her duties.

B. General Administration

1. Naloxone is a perishable product and therefore, must be stored properly to maintain its effectiveness. When not in use, the drug must be kept in an environment maintaining a temperature range between 58° - 86° Fahrenheit. Unboxed vials should be kept away from direct sunlight.
2. A Naloxone kit shall be carried in each patrol vehicle, kept in the bottom storage compartment of the AED case. A supply of spare/replacement Naloxone kits will be maintained at the department and made available through your shift supervisor. The officer dispensing Naloxone at a call shall replace the used Naloxone kit with a new replacement kit as soon as possible upon clearing the call-for-service, at which the Naloxone was dispensed.
3. Visual verification that each kit is complete and the Naloxone is not expired shall be part of the officer's daily squad inspection.
4. An officer who dispenses Naloxone shall immediately replace the Naloxone kit that has been used during the course of a shift and a memo shall be completed, addressed to the Chief, regarding the circumstances of the deployment. A copy of the memo will be forwarded to the EMS Coordinator at Columbia St. Mary's.
5. Naloxone refresher training will be provided by the Ozaukee County EMS Coordinator or other qualified person and will coincide with CPR and AED recertification.
 - a) Probationary officers will receive Naloxone training as a component of their field training.

C. Use of Naloxone

1. When an officer has arrived at the scene of a medical emergency prior to the arrival of EMS and has made a determination that the patient is believed to be suffering from an opiate overdose, the responding officer shall administer Naloxone as prescribed in training. The following steps should be taken:
 - a) The officer should conduct a medical assessment as prescribed during training; consider statements from witnesses regarding drug use; and note any evidence of drug use observed at the scene.
 - b) If, based on the officer's training and observations, the officer reasonably believes that there has been an opiate overdose; the Naloxone kit should be utilized in strict accordance with Naloxone training guidelines and protocol. An ambulance shall be requested for any person who has received Naloxone from a Port Washington police officer, if not already enroute.
 - c) Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior. The probability of these side-effects is reduced, but not eliminated, by administering Naloxone at the recommended dosage. If Naloxone is administered to a person who is not suffering an opiate overdose, it will do no harm to that person.
 - d) The patient should continue to be observed and treated as the situation dictates.
 - e) The officer shall inform incoming/arriving EMS about the treatment and condition of the patient, and shall not relinquish care of the patient until relieved by a person with a higher level of medical training.
 - f) A patient receiving a Naloxone dosage shall be transported to a medical care facility for advanced treatment if possible.

D. Reporting Naloxone Use

1. An officer administering a Naloxone dosage(s) shall complete a memo to the Chief, documenting the event. A copy of the memo shall be forwarded to the EMS Coordinator at Columbia St. Mary's.
2. The officer shall replace the expended Naloxone kit with a new kit, as soon as possible upon clearing the call-for-service at which the Naloxone was dispensed. A supply of spare/replacement Naloxone kits will be maintained at the department and made available through your shift supervisor.

E. Immunity from Criminal or Civil Liability

1. Per Wis. Stat. § 256.40(3)(b), an officer who reasonably believes a person to be undergoing an opioid-related drug overdose and administers Naloxone or another opioid antagonist to that person, shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person provided the officer is acting pursuant to a written agreement with a physician or ambulance service to administer the opioid antagonist and has obtained the necessary training from the physician or ambulance service.

V. Heroin Testing & Packaging of Unknown Substances

- A. Given the increase in heroin arrests, coupled with the fact that the Wisconsin Crime Lab is finding that dealers are adding Fentanyl to their product to increase its effects; officers are potentially at risk of unwanted opioid exposure. Due to the extreme potency of Fentanyl and Carfentanil, even a slight exposure can potentially be fatal.

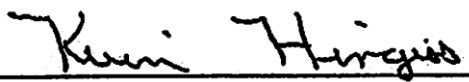
2. Substance Testing and Packaging

- a. **Effective immediately**, all officers who need to test known or suspected heroin shall contact the Saukville Police Department and request the use of their Air Science Purair P5-36 fuming hood, located in their Evidence Staging room.
- b. The officer will then transport the known or suspected substance to Saukville PD along with a personal protective equipment (PPE) kit, where the officer will then conduct the substance testing and packaging, employing the following safety precautions:
 - i. All testing and packaging will be conducted using a “buddy” system.
 - ii. The officer conducting the testing/packaging will wear clear safety glasses, nitrile gloves, and a NIOSH N95 face mask contained in the PPE kit. All protective gear will be worn until the evidence is completely packaged. The mask and gloves are to be properly disposed of following use, while the safety glasses may be reused, if clean.
 - iii. The second officer, acting as the “buddy” safety officer will stand away, but in view of the testing officer. This officer will be prepared with safety glasses, a NIOSH N95 mask, nitrile gloves, and a Narcan dispenser. If at any point the testing officer is overcome as the result of an accidental

opiate exposure, the “buddy” safety officer will don his/her PPE gear and immediately render aide to the exposed officer. If the safety officer’s PPE is not used, it should be placed back into inventory for reuse.

3. Unknown Substances

- a. In the event an officer(s) come across an unknown substance while performing searches of cars, homes, bags, containers, persons, etc., it is the recommendation of the Wisconsin Crime Lab to **NOT** perform field tests on the unknown substance(s). Instead, they recommend submitting the unknown substance(s) to the Crime Lab for testing and identification.
- b. Should you locate such a substance, try to question the suspect thoroughly as to what the substance is before labeling it “unknown.” The Crime Lab does not want to become backlogged with items that could have been identified in the field through determined investigative efforts on behalf of the officer.
- c. If you deem the substance as “unknown,” double package the item as per the Wisconsin Crime Lab protocol, using the “buddy” system outlined above. Once properly packaged and labeled, place the substance into evidence, and notify the Property Officer so arrangements can be made to have the substance tested and identified.



Chief of Police

9/21/17

This Order cancels and supersedes any and all previous Orders and directives relative to the subject matter contained herein.

Revised 9/21/17
09/15/2017