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November 15, 2016

Honorable Members of the City Council
City of Los Angeles
City Hall, Room 395
Attn: City Clerk

Honorable Eric Garcetti
Mayor, City of Los Angeles
City Hall, Room 303
Attn: Mandy Morales, Legislative Coordinator

[BFC 16-121] – LAPD NALOXONE BOARD REPORT

At its meeting of November 15, 2016, the Board of Fire Commissioners approved the report. The report is hereby transmitted concurrently to the Mayor and City Council for consideration and approval.

Should you need additional information, please contact the Board of Fire Commissioners' office at 213-978-3838.

Sincerely,


Sandra Gonzalez
Acting Commission Executive Assistant

cc: Board of Fire Commissioners
Fire Chief Ralph M. Terrazas


LOS ANGELES FIRE DEPARTMENT

RALPH M. TERRAZAS
FIRE CHIEF

October 19, 2016

BOARD OF FIRE COMMISSIONERS FILE NO. 16-121
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TO: Board of Fire Commissioners

FROM: *RMT* Ralph M. Terrazas, Fire Chief

SUBJECT: LAPD NALOXONE BOARD REPORT

FINAL ACTION: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved w/Corrections <input type="checkbox"/> Received & Filed	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
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SUMMARY

Opiate overdose has become a major public health problem, contributing to significant morbidity and mortality among opiate users within the City of Los Angeles. Many deaths resulting from overdose of opiates can be prevented through the timely administration of naloxone, an antagonist that displaces opiates from receptors in the brain and reverses the respiratory depression which can lead to death. Naloxone is safe, effective, inexpensive, and relatively easy to administer via intramuscular injection or nasal spray.

In response to an alarming increase in opioid related overdose deaths in the United States in recent years, federal, state, and local law enforcement agencies are considering allowing the use of naloxone by first responders to treat individuals who have overdosed on these types of drugs. As a result, several law enforcement agencies across the nation now have their officers carrying naloxone.

The Los Angeles Fire Department (LAFD) has partnered with the Los Angeles Police Department (LAPD) to organize and implement a naloxone program to allow for the rapid recognition and treatment of opioid overdose by LAPD field officers in order to decrease mortality rates.

RECOMMENDATION

That the Board:

1. Approve the Department report.
2. Transmit the report to the City Council for the acceptance of the donation of 6,000 Units of intranasal naloxone from Adapta Pharmaceuticals, valued at \$225,000.00.

FISCAL IMPACT

The Los Angeles County Emergency Medical Services Agency has recommended naloxone kits for law enforcement deployment and should contain the following:

<u>ITEM</u>	<u>QUANTITY</u>	<u>UNIT COST</u>	<u>TOTAL COST</u>
Naloxone Atomizer Unit (Two Doses)	3,000	\$75.00	<i>In-Kind</i>
Naloxone bag/pouch (Red/Marked)	1,000	\$ 4.95	\$4,950.00
Expiration Pull Tight Security Seal	Box of 100	\$17.00	\$1,700.00
Gloves	Box of 100	\$ 6.00	\$ 600.00
Safety Shield Face Masks	Box of 25	\$35.00	\$ 875.00
Total Net Cost:			\$8,125.00

If this donation of medication is approved, we will work with the Los Angeles Police Foundation to secure these additional funds for the equipment itemized above.

DISCUSSION

Drug overdoses have continued to be a leading cause of death in the United States. Since 2001, overdose related deaths from heroin have increased 594%, while overdose deaths from prescription opioids have increased 342% (Source: *National Institute on Drug Abuse*).

Los Angeles County has experienced a dramatic increase in the use of both illegal and prescription opiates. Between 2011 and 2013, there were on average 40 fentanyl-related deaths reported per year. In 2014 alone, this number increased to 62 reported deaths. Though 2015 data is not yet available, the Los Angeles County Department of Public Health is concerned about a further increase in deaths due to the lethality of fentanyl and reports that it is being found in street drugs and in counterfeit prescription drugs (Source: *California Department of Public Health*).

Current practice necessitates the arrival of the first Paramedic with Advanced Life Support (ALS) measures to arrive on scene of the incident and administer the opioid antidote naloxone. By implementing a program which provides training on the signs and symptoms of opioid overdoses and the administration of naloxone by LAPD officers, this life-saving antidote can be provided prior to the arrival of LAFD resources. These timely actions should effectively increase patient survivability, while simultaneously decreasing irreversible brain injury.

TRAINING IMPLICATIONS FOR LAPD TO ADMINISTER DRUGS

- a) LAFD's Emergency Medical Services Bureau/EMS Training Unit will be responsible for facilitating training and providing instructional materials to the LAPD's Training Coordination Unit/In-Service Training Division to administer naloxone in accordance with mandated training guidelines as determined and

established by the Los Angeles County Emergency Medical Services Agency pursuant to Health & Safety Code §1797.197 and California Civil Code §1714.22. Initial implementation of the naloxone program will begin in the LAPD Central Division, with plans of expanding the program to the Rampart and Newton Divisions.

- b) Officers who are trained in accordance with mandated training guidelines shall be deployed with naloxone kits in the field. However, the officer will retain the discretion to administer or not administer naloxone to persons experiencing or suspected of experiencing opioid-related overdoses. There is no legal obligation to administer naloxone.
- c) Naloxone is currently available in a metered dose nasal spray. This allows for the safe administration of naloxone without the need to use any needles or injections, which is a significant safety issue for law enforcement officers.
- d) Officers who administer naloxone are protected from civil and criminal liability if they “act with reasonable care” and “in good faith.” This is accomplished by administering naloxone according to established training protocol.
- e) If an officer has a valid reason for not participating in the program, such as religious objections, the officer will be excused with the approval of his/her Division Commander.
- f) A LAPD Program Coordinator will be established to oversee the naloxone program and will designate program managers at each participating division. The Program Managers will be responsible for the storage, maintenance, medication replacement, tracking, and reporting to the Program Coordinator.
- g) **LIABILITY PROTECTION:** California legislation Assembly Bill 635 (Civil Code §1714.22) established complete protection from professional review and civil/criminal liability for person(s) who are trained and act with reasonable care in administering opioid reversing naloxone.
- h) **TRAINING PROTOCOL:** The training will be conducted as a “train the trainer” course to the LAPD Training Cadre, whom in turn will train each participating patrol division personnel in the deployment and administration of naloxone. The administration of naloxone is relatively simple and the LAFD EMS Training Unit has developed a one hour training certification course that includes:
 - Course of instruction and handout review
 - PowerPoint/Video demonstration
 - Tracking/Documentation/Restock form review and procedures
 - Naloxone storage review

- Naloxone training device demonstration
- Naloxone Kit review
- Brief competency skills and written examination

NALOXONE CACHE

The LAFD Emergency Medical Services Bureau has secured a donation of 6,000 doses of naloxone nasal spray from Adapta Pharmaceuticals. The cost for a carton containing two doses of the naloxone retails for \$75.00 each. Thus, this donation is valued at \$225,000.00.

EXPANSION OF LAFD'S EMT SCOPE OF PRACTICE

LAFD's first responders are often called to respond to situations involving opioid-related emergencies. These calls may involve a variety of patient conditions including chronic pain management for musculoskeletal pain or cancer-related pain, illicit drug use and intentional overdose. Current practice for Emergency Medical Technicians (EMTs) on scene of an opioid overdose is to recognize inadequate oxygenation, due to central nervous system and respiratory depression, and take immediate supportive measures through mechanical patient ventilation via a Bag Valve Mask (BVM) device.

The California State Emergency Medical Services Authority is currently considering the expansion of the EMT scope of practice to include the intranasal administration of naloxone prior to the arrival of ALS intervention. However, these EMS regulations have not yet been approved. Once they are, the LAFD intends to add naloxone to the local EMT scope of practice and stock naloxone nasal spray on all field EMT resources.

CONCLUSION

The growing number of LAFD responses to patients with opioid-related emergencies is placing an increasing demand on our already strained EMS delivery system. Intranasal naloxone is a safe and effective method of safely administering an opioid antagonist to a patient suffering a severe opioid overdose. It can restore spontaneous respirations and prevent cardiac arrests. Supplying this life-saving medication to law enforcement officers will allow for earlier time-critical intervention prior to paramedic arrival. Side effects from naloxone are exceedingly rare and intranasal administration is a safe technique for field use, since it does not involve any needles. The collaborative efforts between the LAFD and LAPD of implementing this naloxone program will result in benefits that include: the reversal of possible fatal overdose and decreased mortality, improved job satisfaction, improved community relations, and positive media exposure.

Board Report prepared by Marc Eckstein, M.D., MPH, Medical Director, Commander, Emergency Medical Services Bureau.