



# POLICY & PROCEDURE

## PORTAGE POLICE DEPARTMENT

SUBJECT: **OPIOID/OTHER DRUG ISSUES**

SCOPE: All Department Personnel  
DISTRIBUTION: Policy & Procedure Manual

REFERENCE: WI State Statutes: 256.01, 256.15(8)(e),  
256.40, 961.37, 961.385(4)

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**PURPOSE:** The purpose of this Policy & Procedure is to establish guidelines and procedures for members of the Portage 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 Policy & Procedure consists of the following numbered sections:

- I. POLICY
- II. DEFINITIONS
- III. PROCEDURE
- IV. NAXOLONE

### I. POLICY

- A. It is the policy of the Portage 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.

### III. 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. This definition also includes the Portage Fire Department EMS service, paramedic units, or rescue squads who are certified to be involved in these 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:** means 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

A report shall be submitted to the PDMP by the chief or designee whenever an officer, while acting in an official capacity, does any of the following:

1. Reasonably suspects that a violation of the Controlled Substances Act involving a prescribed drug is occurring or has occurred.
2. Believes someone is undergoing or has immediately prior experienced an opioid-related drug overdose.
3. Believes someone died as a result of using a narcotic drug.
4. Receives a report of a stolen controlled substance prescription.

## B. Reporting procedure

When conditions requiring mandatory reporting to the PDMP exist, officers shall complete detailed report including the following information:

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 prescriber DEA number, if known
  - c) The prescription number.
  - d) The name of the drug as it appears on the prescription order or prescription medicine container.
3. After completing the report, officers shall forward a copy of the report to the

chief or designee. The chief or designee will do one of the following:

- a) E-mail the completed report to Wisconsin PDMP: [PDMP@wisconsin.gov](mailto: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.
  5. Supervisors shall monitor incident reports to ensure compliance with PDMP reporting requirements.

#### C. Delayed reporting

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

### IV. NALOXONE

#### A. Training requirements

1. The department shall train all officers and provide in-service training as needed to safely and properly administer Naloxone or another opioid antagonist.

#### B. General Administration

1. A Naloxone kit will be issued to each officer. Due to Naloxone's sensitivity to extreme temperatures, officers assigned to make sure in very cold or very warm temperatures the kits are kept as close to room temperature which may entail leaving squads run for AC or heat needed. Officers store the kits in their lockers inside the department when not on duty. A Naloxone kits will also be available in the front lobby for citizens, in the evidence processing room, and in the drug take back area.
2. Each officer issued Naloxone will verify their kit has two doses and the Naloxone is not expired before the start of each shift.
3. If an officer uses a kit during the course of their shift they shall immediately contact a supervisor for a replacement.
4. Naloxone refresher training will coincide with CPR and AED recertification.

- a) Newly hired officers will receive Naloxone training as part of their field training if they did not receive the training in the academy or within the last two years.

### 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. officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the patient and/or violent behavior.

The speed with which the side-effects may present is reduced, but not eliminated, by administering one dose of Naloxone and observing for any changes in observations of the patient. If Naloxone is administered to a person who is not suffering an opiate overdose, it will do no harm to that person.

- c) The patient should continue to be observed and treated as the situation dictates. Additional doses of Naloxone may be required, thus when an officer suspects an opiate overdose all responding officers should bring in their kits.
- d) 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. A patient receiving a Naloxone dosage shall be transported to a medical care facility for advanced treatment.
- e) Patients refusing transport shall be placed into protective custody under Chapters 51 or 55 Wisconsin Statutes and transported by EMS to a medical care facility until a complete examination can be conducted by a medical physician, refer to Policy & Procedure 6.24: Elder Abuse Issues or Policy & Procedure 6.25: Mental Health Issues.

### D. Reporting Naloxone Use

1. Officers administering a Naloxone application(s) shall complete a report documenting the event.

E. Immunity from criminal or civil liability

1. 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.

Keith J. Klafke  
Chief of Police

This Policy & Procedure cancels and supersedes any and all written directives relative to the subject matter contained herein.

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