

City of
MARTINSBURG
FIRE and POLICE DEPARTMENT



Overdose Response Strategies
PAST..PRESENT..FUTURE

City of Martinsburg
Fire and Police Department Overdose Response Strategies ...
Past-Present-Future

- I. Fire Department
 - a. Mission
 - b. Organizational Chart
 - c. EMS Vehicles
 - d. EMS Licensure
 - e. Comparison of Responses
 - f. Combined Response Statistics
 - g. EMS Certification / Training
 - h. Martinsburg Fire Department Forging the Future
 - i. Berkeley Medical Center Representation by MFD
 - 1. Multidisciplinary Trauma Committee
 - 2. Cardiovascular / STEMI Committee
 - 3. Stroke Committee
 - 4. Emergency Services Committee
 - i. Lieutenant David J. Weller, EMS Coordinator
 - i. Special Advisor to the State Medical Director
 - ii. West Virginia State EMS Advisory Council
 - iii. Authored the current Statewide EMS protocols and the State EMS certification/recertification policies
 - iv. DEA and WV Board of Pharmacy License
 - j. Overdose Responses
 - i. Past
 - 1. Narcan administration by EMS
 - ii. Present
 - 1. Requires more manpower – 4 people per overdose
 - 2. Cost incurred
 - 3. Various drugs – not only dealing with the effects of a single drug
 - 4. Standard of care for administering Narcan is focused on restoring the respiratory drive.
 - 5. Length of drug interaction vs half-life of Narcan
 - iii. Future
 - 1. Rely on factual data
 - 2. Increase response resources
 - 3. Community awareness / education
 - 4. Stay ahead of the issues
- II. Police Department
 - a. Mission
 - b. The Growing Problem
 - c. Police Department Response
 - d. Danger of Fentanyl
 - e. Naloxone Use by First Responders
 - f. Jurisdictional Assessment
 - g. Martinsburg Police Department's Recommendation



FIRE DEPARTMENT

Mission Statement

The Martinsburg Fire Department is to provide the citizens of Martinsburg with an effective and efficient emergency response service. The mission is to also provide other necessary services essential to the health, safety, and well-being of the community. Services offered include, but are not limited to, delivery of the following:

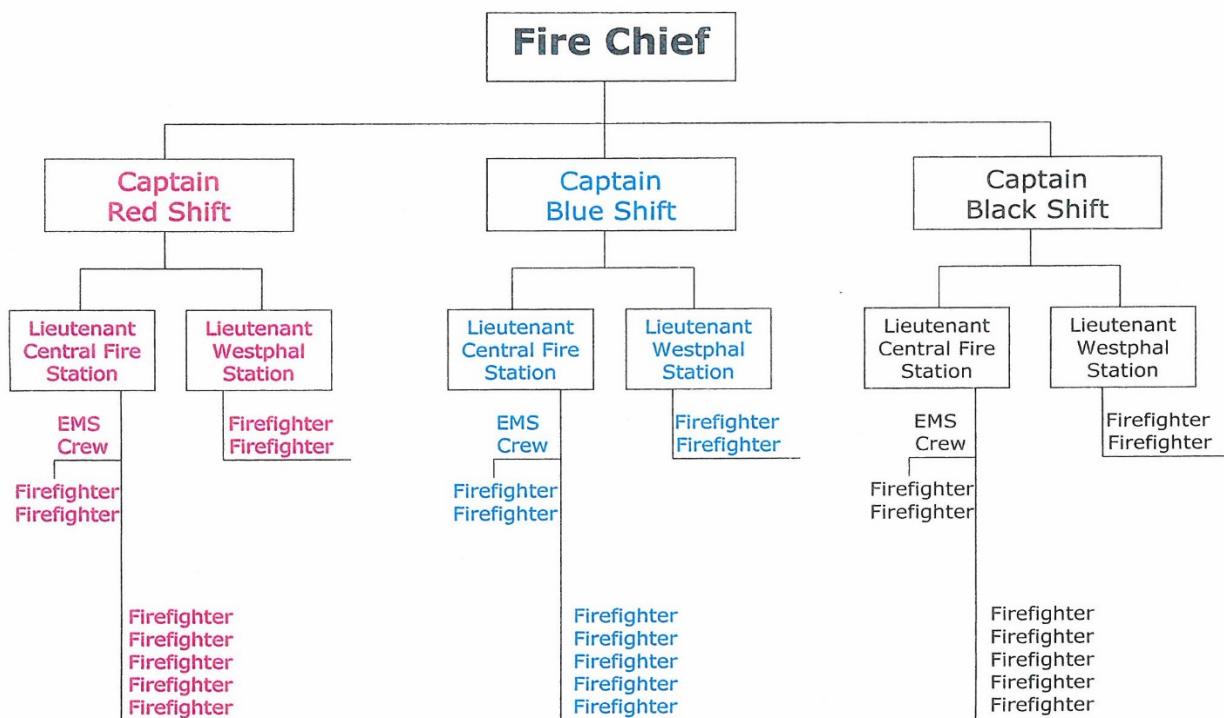
- Fire Suppression
- Emergency Medical Services
- Specialized Rescues
- Mitigation of Man-made or Natural Catastrophes
- Risk Prevention
- Public Safety Education
- Investigation

Our value to the community will be measured in the type and quality of services we provide, our attitude, our compassion, and department training and preparedness.

We believe our members are the most valuable resources we have available.

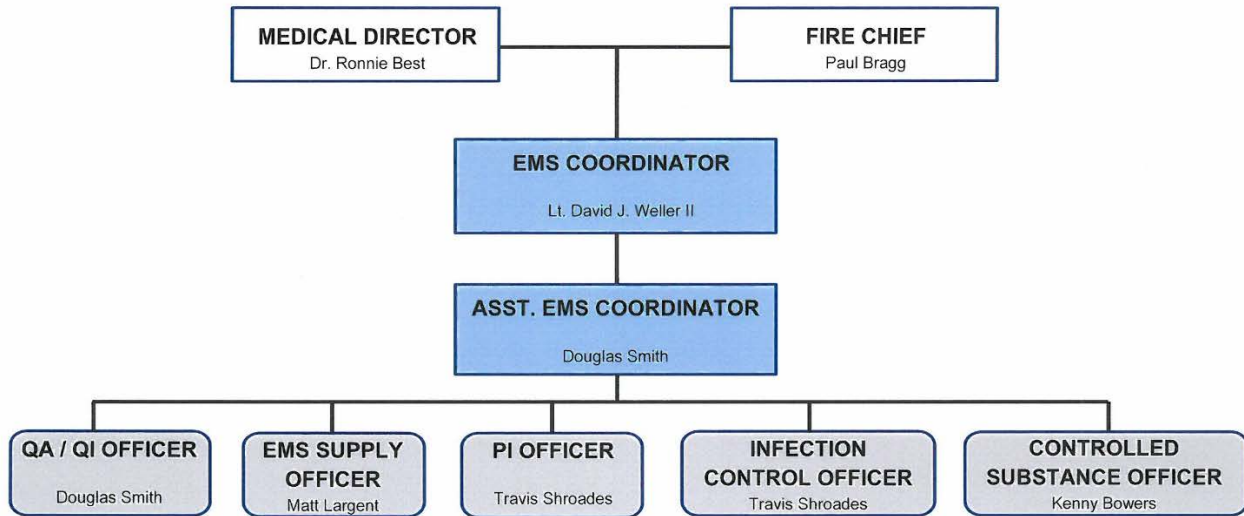
Organizational Charts

**MARTINSBURG FIRE DEPARTMENT
ORGANIZATIONAL CHART**



Organizational Charts

Martinsburg Fire Department EMS Organizational Chart



EMS Vehicles

- New 2015 International Terrastar 4X4 with state of the art technology
- Require state certification through WVOEMS

EMS Licensure



Combined Response Statistics

YEAR	FIRE	EMS	TOTAL
2005	1110	2492	3602
2010	1319	3028	4347
2015	1583	3975	5558

EMS Certification and Training

- Currently a 2 year certification
- Re-certification is a constant process
- State certification as well as National certification
- BLS provider are requires to have 52 hours to recertify
- ALS providers are required to have 72 hours to recertify

Martinsburg Fire Department Forging the Future

- Berkeley Medical Center Representation by MFD
 - Multidisciplinary Trauma Committee
 - Cardiovascular / STEMI Committee
 - Stroke Committee
 - Emergency Services Committee
- Lieutenant David J. Weller, EMS Coordinator
 - Special Advisor to the State Medical Director
 - West Virginia State EMS Advisory Council
 - Authored the current Statewide EMS protocols and the State EMS certification/recertification policies
 - DEA and WV Board of Pharmacy License

Overdose Responses

PAST

- EMS has administered Naloxone for over 25 years
- Opioid overdoses were not as prevalent
- Coma Cocktail for every unconscious patient? Evidence based medicine has prevailed.

PRESENT

- Complex mixtures of many drugs
 - Heroin
 - Laced with Acetyl Fentanyl, PCP, rat poison,
 - Spice (MoJo, Scooby snacks, K2, Annihilation, etc.)
 - Vaping
 - Minimal treatment available
 - Bath Salts (Flakka, Cloud 9, Vanilla Sky, Lunar Wave, etc.)
 - Flakka (Gravel)
 - Super Human Strength
 - Very small therapeutic threshold
- Dabbing
 - Using Butane to extract THC from marijuana=Butane Hash Oil
 - Quicker highs and can be utilized in an e-cigarette.
- Increase in opioid responses (Does this mean an increase in opioid related deaths?)
- Multiple directions of special interest groups such as rehab facilities (12 step process), needle exchange programs, relaxation of legal consequences. (Have any of these corrected or impacted the problem?)
- The half-life of Narcan is 40 minutes verses the effects of the opioid that may be up to 4 hours. Once Narcan is administered, the patient can relapse into respiratory depression or arrest once the Narcan effects have subsided.
- Narcan needs to be maintained within a temperature threshold of 40 – 80 degrees.
- EMS is trained to the National Standard of care which is to administer the medication in doses that simply restore the respiratory drive and not necessarily revive the patient to full consciousness.
- Although some states, including West Virginia, have legislated to provide Naloxone OTC, it remains an FDA regulated prescription drug.
- Senate Bill 335
 - “Initial Responder” links EMS and Law Enforcement portraying equality of ability to treat.
 - EMS is no longer part of Public Safety but is instead now part of the Health Care System.
 - EMS Malpractice Cap legislated into law.
- Naloxone
 - Naloxone is a fairly expensive drug with a shelf life of 12 – 18 months. (Syringe - \$48.71, Auto-injector - \$1859.50)
 - Naloxone administration can result in combativeness, withdrawal, vomiting, aspiration, and flash pulmonary edema. Those administering the medication should have necessary

knowledge and equipment available to care for these side effects.

- Narcan only works on patients that have taken an opioid. If that opioid was laced with another drug, it may only reverse the singular effect and the patient will still have symptoms of the secondary drug.
- Naloxone will not harm a patient if administered in error or the patient has not overdosed on an opioid.
- It is proven to save lives in areas where law enforcement is consistently on scene 30 minutes prior to EMS.

FUTURE

- Martinsburg Fire Department will continue to review factual data to trend the responses to overdoses.
- Martinsburg police Department officers will be trained in the administration of Naloxone for instances where they could assist EMS.
- There will be a sealed emergency Narcan Kit placed at the police department for emergency use.
- Martinsburg Fire Department will continue to provide additional manpower on overdose calls.
- Martinsburg Fire Department will carry Narcan on each piece of fire apparatus
- Martinsburg Fire Department is placing a Rapid Response ALS unit as well as a Rapid Response BLS unit in service to supplement the three fully equipped ALS ambulances.

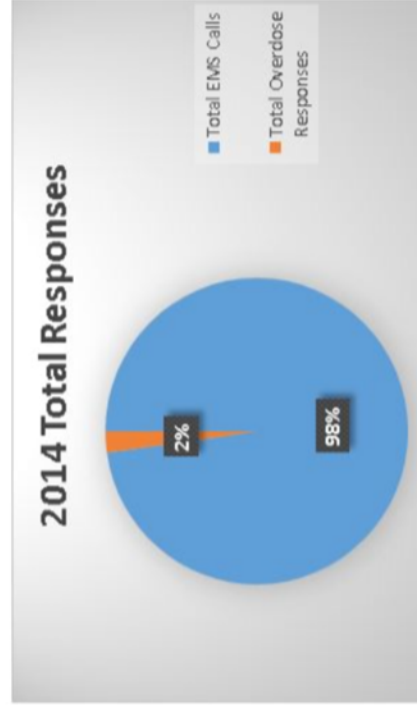
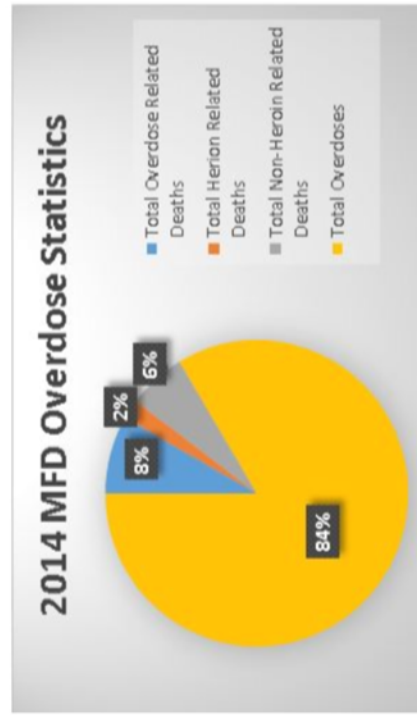
CONCLUSION

The City of Martinsburg Fire Department remains committed to delivering the highest level of care to the citizens we serve. We remain diligent in our efforts to combat the increasing responses to overdoses and have shown a clear direction in doing so. The data shows that while incidents of overdoses have increased, the incidents of overdose deaths have remained extremely low in comparison. The addition of ALS and BLS Rapid Response units, coupled with the addition of Naloxone to all fire apparatus, adds secondary and tertiary measures to combat the increasing overdose issue.

Overdose Statistics

2014 Martinsburg Fire Department Overdose Report

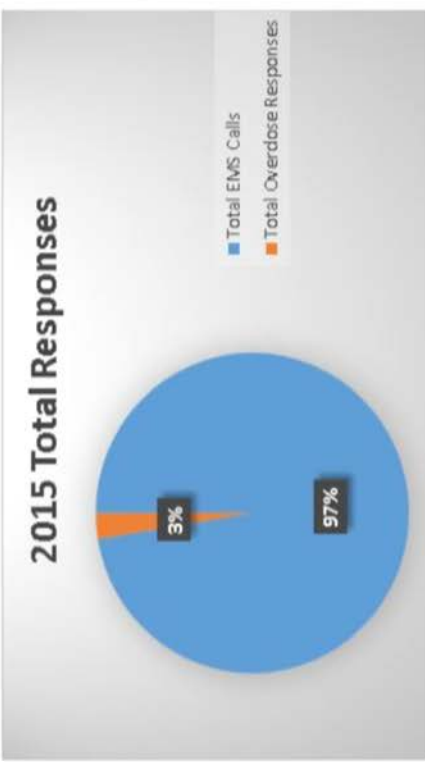
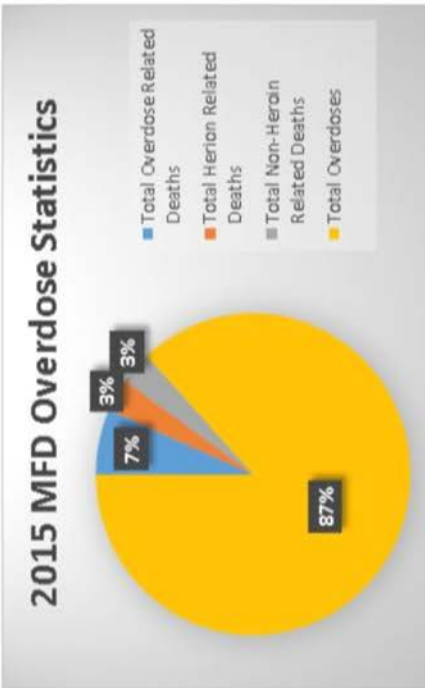
Total Overdoses	81	Doses of Narcan Administered	88	Total Overdose Deaths	8	Non-Heroin Overdose Deaths	2	Heroin (Opiate) Overdose Deaths	6
BREAKDOWN									
Date	Patient Downtime > than 30 minutes	Notes							
1/1/2014	<input type="checkbox"/>	Heroin Related							
4/28/2014	<input type="checkbox"/>	Heroin Related							
6/3/2014	<input type="checkbox"/>	Heroin Related							
7/27/2014	<input type="checkbox"/>	NON-Heroin Overdose							
8/9/2014	<input checked="" type="checkbox"/>	Downtime too long to provide effective resuscitation (>30 Minutes)							
8/9/2014	<input checked="" type="checkbox"/>	Downtime too long to provide effective resuscitation (>30 Minutes)							
8/15/2014	<input type="checkbox"/>	NON-Heroin Overdose							
10/5/2014	<input type="checkbox"/>	Heroin Related							



Overdose Statistics

2015 Martinsburg Fire Department Overdose Report

Total Overdoses	105	Doses of Narcan Administered	119	Total Overdose Deaths	8	Non-Heroin Overdose Deaths	4	Heroin (Opiate) Overdose Deaths	4
BREAKDOWN									
Date	Patient Downtime > than 30 minutes	Notes							
2/25/2015	<input checked="" type="checkbox"/>	Heroin Related - Downtime too long to provide effective resuscitation (>30 Minutes)							
5/2/2015	<input type="checkbox"/>	NON-Heroin Overdose							
5/4/2015	<input type="checkbox"/>	NON-Heroin Overdose							
6/13/2015	<input type="checkbox"/>	NON-Heroin Overdose							
11/28/2015	<input checked="" type="checkbox"/>	Heroin Related - Downtime too long to provide effective resuscitation (>30 Minutes)							
12/4/2015	<input checked="" type="checkbox"/>	Heroin Related - Downtime too long to provide effective resuscitation (>30 Minutes)							
12/16/2015	<input type="checkbox"/>	Heroin Related							
12/27/2015	<input type="checkbox"/>	NON-Heroin Overdose							



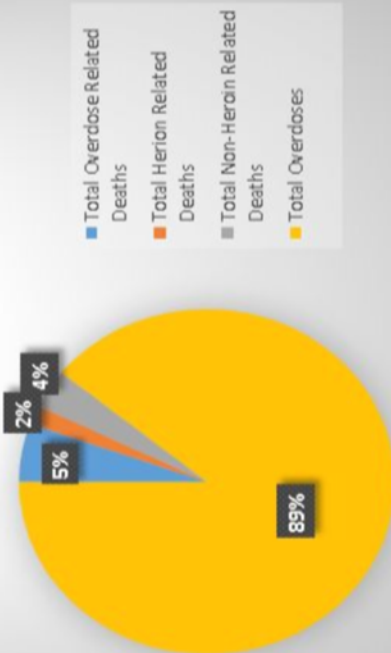
Overdose Statistics

January - March 2016 Martinsburg Fire Department Overdose Report

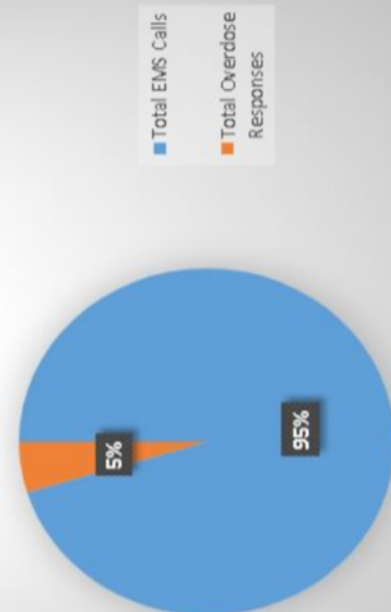
Total Overdoses	49	Doses of Narcan Administered	67	Total Overdose Deaths	3	Non-Heroin Overdose Deaths	2	Heroin (Opiate) Overdose Deaths	1
BREAKDOWN									
Date	Patient Downtime > than 30 minutes	Notes							
1/6/2016	<input type="checkbox"/>	NON-Heroin Overdose							
1/17/2016	<input type="checkbox"/>	NON-Heroin Overdose							
2/6/2016	<input checked="" type="checkbox"/>	Heroin Related - Downtime too long to provide effective resuscitation (>30 Minutes)							

*1/26/2016 – Responded to a NON-Heroin Overdose (Mutual Aid to Berkeley County)

2016 MFD Overdose Statistics



2016 Total Responses





POLICE DEPARTMENT

Mission Statement

The Martinsburg Police Department is committed to preserving, promoting, and securing a feeling of security and safety for all members of our community through the practice and delivery of lawful and professional law enforcement services.

The Growing Problem

Heroin and Prescription Pain Pill Abuse—A Growing Problem

Opioid use and addiction is on the rise all across the United States. West Virginia, Berkeley County, and the City of Martinsburg are in the midst of an opioid epidemic, in a struggle against the addictions caused by prescription pain killer abuse and heroin, the criminal activity of both illegal drug dealing, illegal drug possession, and other crimes that are directly related to illegal drug activity. Heroin is both a law enforcement as well as a public health crisis. The Martinsburg Police Department is committed to fighting this challenge utilizing all available law enforcement resources and continually building strong partnerships with residents, schools, and community organizations. We can only be successful by using a multi-faceted strategy of enforcement, treatment, and prevention.

Police Department Response

MPD strategies include: Aggressively going after high level drug dealers and Drug Trafficking Organizations through our active participation in the Eastern Panhandle Drug Task Force; conducting local investigations and working with neighborhood residents in identifying drug dealers in our City and developing probable cause to arrest and prosecute them; actively partnering with schools, youth organizations, and community groups to develop drug prevention programs; assist whenever possible help and treatment for those addicted to drugs; and proposing municipal “drug house ordinances”. These ordinances will be a vital tool in shutting down drug houses, reclaiming our neighborhoods from disorder, and improving the quality of life in all Martinsburg communities.

The Danger of Fentanyl

Fentanyl is a Schedule II narcotic used as an analgesic and anesthetic. It is the most potent opioid available for use in medical treatment – 50 to 100 times more potent than morphine and 30 to 50 times more potent than heroin. Fentanyl is a rapid-acting opioid (synthetic opiate) drug that alleviates pain without causing loss of consciousness (analgesic). Fentanyl depresses the central nervous system and respiratory function. A properly

prescribed medical use of fentanyl is in the form of a patch that transfers the pain killer by absorption through a patient's skin. Non-prescribed fentanyl in powder form is potentially lethal, even in very small amounts.

Heroin & Fentanyl—A Deadly Mixture

Fentanyl is commonly laced in heroin, causing significant problems across the country, particularly as heroin abuse has increased. Most of the fentanyl now seen in the United States is being produced in clandestine laboratories in China and Mexico. Ounce for ounce, fentanyl can be up to 30 times cheaper than heroin. Drug dealers mix fentanyl with heroin to maximize their illegal drug profits—with no regard for the many deaths that this has caused. Not only has the threat of fentanyl increased the risk of overdoses by heroin users but also the Drug Enforcement Administration issued safety alerts for police and other law enforcement personnel who may unknowingly come in direct contact with the substance. Across the country, the number of fentanyl-related seizures have more than tripled over the last two years alone.

Naloxone Use by First Responders

Naloxone, most commonly sold under the brand name Narcan, is a medication used to block the effects of opioids, especially in overdose emergencies. An opioid overdose depresses a person's central system and can cause death by shutting down the respiratory function. The administering of Naloxone is usually successful in reversing this effect. State governments across the country including West Virginia, have authorized all first responders (police departments as well as fire departments) to carry and administer Naloxone. Hundreds of police departments and other law enforcement agencies are now evaluating whether or not they should adopt policies to authorize their officers to carry and administer this drug.

Jurisdictional Assessment

While the opioid overdose problem is widespread, every law enforcement agency's municipality or jurisdiction is different and so is the ability of their jurisdiction's emergency medical services to effectively respond. In determining a Naloxone policy, many cities and agencies first evaluate the speed and effectiveness of emergency medical response to overdose calls for service in their communities. EMS response times can vary widely due to a number of factors including: the numbers of calls for service that need to be responded to, the distances to be covered, numbers of EMS ambulances available in their departments, or other factors. Some police departments have decided to issue Naloxone and others have not.

Here in West Virginia for example, the Morgantown Police Department concluded that due to population density, the number of calls for service, and associated factors—the ambulance services serving their city were not adequate alone to provide an effective response to opioid overdoses. Consequently, Morgantown P.D. has authorized its officers to carry and administer the drug. The Wheeling Police Department however, came to a

different conclusion. Wheeling P.D., which patrols an area of 14 square miles, determined that their EMS ambulance service was fully capable of maintaining an effective overdose response and has decided not to issue their police officers Nalaxone.

Martinsburg Police Department's Recommendation

The Martinsburg Police Department has carefully studied and researched this important issue. Members of our Command Staff have engaged in in-depth discussions with MPD Fire Chief Paul Bragg and Lieutenant Jamie Weller to develop and guide our policy. Due to the immediate and effective response by Martinsburg EMS ambulances and the additional extensive backup measures MFD has put in place to ensure delivery of Nalaxone to overdose scenes, the Martinsburg Police Department has determined that at this time it is not necessary to issue Nalaxone to our officers.

Community residents should also be aware of additional public safety steps that MPD is taking on this important issue. By the end of April we anticipate that all of our police officers will be trained in Nalaxone policy and procedures. MFD Lieutenant Weller is a certified instructor in this field and will conduct this training. Finally, through the assistance of our Fire Department, arrangements have been made to keep an adequate emergency supply of Narcan in our police station that can be accessed by our officers in the extremely unlikely event that our officers encounter an overdose situation that Fire cannot respond to.



