

**MEMORANDUM OF AGREEMENT  
BETWEEN  
TOWN OF WATERTOWN  
AND  
WATERTOWN POLICE SUPERVISORS ASSOCIATION,  
MCOP LOCAL 373**

The Town of Watertown and the Watertown Police Supervisors Association, MCOP Local 373 hereby agree, subject to ratification by the Union membership and appropriation by the Town Council, to a three (3) year collective bargaining agreement effective July 1, 2013 through June 30, 2016 which shall contain the same terms and conditions as the parties' most recent agreement, except as modified by the following:

1. Duration: July 1, 2013 through June 30, 2016.
2. Wage increases:
  - a. July 1, 2013 – 2.5%
  - b. July 1, 2014 – 2.5%
  - c. July 1, 2015 – 2.5%
3. Step increase: Effective January 1, 2015, add new Step 3 to sergeant pay scale that is 1% higher than existing Step 2. All current sergeants will move to this third step on January 1, 2015. In the future, employees will move to this new step on the anniversary date signifying the beginning of the officer's 3<sup>rd</sup> year of full-time employment as a sergeant. Also, effective January 1, 2015 adjust the pay scales of the lieutenants and captains accordingly in accordance with the 17% rank differentials.
4. Effective on or after August 1, 2015, implement drug testing policy. (Attachment A hereto)
5. Effective July 1, 2014, decrease from four (4) to three (3) the number of shift coverages that the officers who work administrative schedules may be utilized during their regular work shifts to backfill supervisory vacancies that occur during their regular work shifts in other divisions of the Police Department as provided for in Article 15(c).
6. ARTICLE 3, SECTION B – SPECIALIST PAY  
Effective July 1, 2013, increase annual stipend for Detective Lieutenant to \$2,000.00.
7. ARTICLE 14, SECTION B – PAID DETAILS (DISTRIBUTION)  
Insert new sentence at end of section as follows:  
"Officers who receive less than four (4) hours' notice of a detail and who refuse same shall not have said refusal charged against him/her."
8. ARTICLE 14, SECTION C(1) – PAID DETAILS (RATES)  
Effective upon implementation of CBA, increase private detail rate to \$53.00 per hour.

9. ARTICLE 14, SECTION C(2) – PAID DETAILS (RATES)

Effective upon implementation of CBA, revise section to read as follows:

“In addition to the detail rates provided in paragraph C1, an additional rate of \$10.00 per hour shall be paid to employees for all hours worked at a strike or labor dispute, with a minimum guarantee of four (4) hours pay per detail for each employee so assigned. An employee who works a detail that exceeds eight (8) hours in duration and who is held over on said detail shall be paid 1 ½ times the detail rate for the hours for which the employee is held over past the eight (8) hours.”

10. ARTICLE 14, SECTION J (NEW) – PAID DETAILS (SUPERVISION)

Effective upon implementation of CBA, add new Section J to read as follows:

“Whenever there are twelve (12) or more details scheduled for a given shift, the Department will assign a supervisor to oversee said details. The supervisor will be paid at his/her overtime rate for a minimum of four (4) hours. If at any time after the first four (4) hours the number of details drops below twelve (12), the Chief, in his discretion, may release the supervisor from said duty. For purposes of this section, the officers assigned to multi-officer details which already require the assignment of a supervisor to said detail per the provisions of Section C(1) above shall not be counted when determining whether twelve (12) or more details exist within the meaning of this section.”

(Note: Work under this Section to be assigned to sergeant first. Existing OIC position to be assigned to lieutenant first.)

11. ARTICLE 16 – CLOTHING ALLOWANCE

Effective July 1, 2015, annual clothing allowance, which is currently \$1,300.00, to be rolled into base pay. Officers shall be responsible for purchasing and maintaining their own uniforms.

12. ARTICLE 30, SECTION C – DEFIBRILLATOR PAY

Effective January 1, 2015, increase defibrillator pay to 2% of top step sergeant base rate.

13. ARTICLE 32 – PERFORMANCE EVALUATION SUBCOMMITTEE

Activate performance appraisal sub-committee per existing CBA provision.

(Note: No change in current language is being proposed. Town intent is to provide notice to Union of Town’s desire to activate current language.)

14. RESIDENCY – (NEW ARTICLE)

In accordance with MGL c. 31 sec. 58, as amended, and MGL c.41 sec. 99A, the parties agree that the residency limit under the contract shall be within fifteen (15) miles of the limits of the Town. Said distance shall be measured from the closest border limits of the Town to the closest border limits of the city or town in which the employee lives.

15. POLICY CHANGES (NON-CBA CHANGES)

The Union accepts the following policies:

- a. Mandatory Body Armor policy (Attachment B)
- b. Narcan policy (Attachment C)

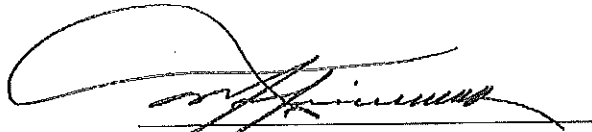
- c. Epi-pens – Officers will carry in addition to Narcan.
- d. New policy – Require all officers to inform Police Chief within 24 hours of any contacts with other law enforcement agencies that result in the officer's arrest, the filing of an application for criminal complaint or summons for a show cause proceeding where the officer is the subject of the application or proceeding and/or an application for a restraining order against the officer.

16. WAGE AND POLICY REOPENERS

In the event that the Town becomes party to a contract covering any other public safety bargaining unit, which contract provides for increases in compensation (computed in percentage terms, for purposes of comparison) greater than provided by this Watertown Police Superior Officers Association ("WPSOA") Agreement, the WPSOA shall have the right to reopen and renegotiate its Agreement with respect to compensation.

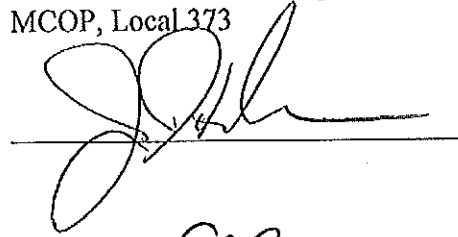
The parties also agree that if the Town enters into agreement with the Watertown Police Patrolmen's Association where the Police Department policies concerning Narcan, drug testing or body armor are any different than the agreements reached between the WPSOA and the Town that the parties will meet to reconcile these differences.

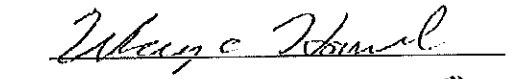
For the Town of Watertown


  
 Michael J. Driscoll, Town Manager

Dated: 6/9/2015

For Watertown Police Supervisors Association,  
 MCOP, Local 373

  
 James P. O'Connell

  
 Wayne C. Howard

  
 Vincent J. Law

Dated: 6.8.15

## TOWN OF WATERTOWN POLICE DEPARTMENT DRUG TESTING POLICY

### Section 1. General

a) The Town of Watertown has a strong commitment to its employees to provide a safe workplace and to establish programs promoting high standards of employee health. Consistent with the spirit and intent of this commitment, the Town of Watertown has established this policy with the goal of continuing to maintain a work environment that is free from the effects of drug use.

### Section 2. Policy

a) The illegal use, sale or possession of narcotics, drugs, or other controlled substances is a serious offense and is strictly prohibited.

b) Officers who are under the influence of narcotics, drugs or other controlled substances, either on the job or when reporting for work, have the potential for interfering with their own, as well as their co-workers' safe and efficient job performance.

c) Officers are expected to follow any directions of their health care provider concerning prescription medication and must immediately notify their supervisor if any prescription drug is likely to have an impact on job performance. In addition, notification must be given at the time of testing or screening as to any drugs or medicine being taken, provided, however, in cases of a first positive result, notice of such drugs or medicine may be given within 24 hours of the officer's notice of the test result.

d) Officers, while on Town property or during an officer's work shift, including without limitation all breaks and meal periods, shall not consume or use, or possess, on his or her person or in his or her locker or desk or other such repository, drugs, which are not medically authorized, nor shall officers use or be under the influence of such drugs..

e) Any conduct on the part of an employee resulting from the use of drugs off-duty that brings the Town into disrepute is expressly prohibited.

f) A positive confirmation test as described in Section 4 below shall be a violation of this policy.

g) Officers shall not refuse to comply with the testing or other requirements of this policy.

h) Any officer who voluntarily requests assistance in dealing with a personal drug problem may participate in the Employee Assistance Program (EAP) without jeopardizing his or her continued employment with the Watertown Police Department by reason of such request or participation. Because the program is being offered confidentially, an officer may utilize the program without the Town's knowledge. If an officer chooses to notify the Town or request assistance from the Town regarding a drug problem, that notice or request will not jeopardize his or her continued employment, provided the officer stops any and all involvement with the substance being used in accordance with his/her treatment, and maintains adequate job performance and proper conduct. While the EAP is a valuable source for dealing with a wide variety of personal problems, participation in the program will not preclude disciplinary action for violations of this policy where appropriate.

### Section 3. Causes for Drug Testing

a) Serious Incidents – Subject to the provisions of this article, an employee may be subject to drug testing if involved in a "serious incident" which is defined as an unplanned, unexpected and unintended event which:

1. occurs during working hours;  
and
2. initially appears to have been caused wholly or partially by the employee's actions;  
and
3. results in either:
  - i. a fatality,
  - ii. an unexplained life threatening injury to any involved party requiring significant medical treatment away from the scene of the event, or
  - iii. damage to property in excess of \$20,000.00.

An unexplained and unintended discharge of a firearm is also a "serious incident".

b) Career Assignments -- An employee will be tested as a condition of promotion.

c) Reasonable Suspicion – An employee may be tested after a determination by the Department that there is reasonable suspicion to test the employee that is based on specific, articulable facts and reasonable inferences therefrom.

d) Random Testing – An employee will be subject to testing at random, but not more often than two (2) times per calendar year. Random testing will occur through a computer generated random selection process administered by the Town's third party testing administrator.

### Section 4. Testing Procedure

1. A urine sample will be taken from an employee according to directions provided by Mt. Auburn Occupational Health.

2. The laboratory selected to conduct the analysis must be experienced and capable of quality control, documentation, and chain of custody and must possess technical expertise and demonstrated proficiency in radioimmunoassay testing.

3. If required by the testing facility, the employee to be tested will be interviewed to establish the use of any drugs currently taken under medical supervision. Any employee taking

drugs by prescription from a licensed physician as a part of treatment, which would otherwise constitute illegal drug use, must notify the tester in writing and include a letter from the treating physician.

4. Confirmed test results will be made available to the employee at the same time they are made known to the Town. Employees having negative drug test results shall receive a memorandum stating that no illegal drugs were found. If the employee requests it, a copy of the memorandum will be placed in the employee's personnel file.

5. The testing procedures and safeguards provided in this policy shall be adhered to by all personnel associated with the administering of drug tests. The employee will be assigned a test code identification for the purposes of maintaining anonymity and to assure privacy throughout the sampling and testing procedure. The employee will sign and certify appropriate documentation that the coded identification on the testing sample corresponds with the assigned test code identification. Each urine specimen collected under these requirements will be divided to make two specimens, i.e. a primary specimen and a "split" specimen. Both specimens will be properly identified and sealed using tamper evident identification seals. Copies of the completed custody form will accompany the specimens that are shipped to the designated, certified testing laboratory.

6. The employee to be tested will immediately report to the medical facility or laboratory designated by the Town to obtain the testing sample at the time specified by the Town. In the case of random tests, the Town will contact the testing facility to schedule the employee to be tested within five (5) business-days of the Town being notified by the third party administrator that the employee's name has been drawn. All testing of employees will occur immediately prior to, during or immediately after the employee's tour of duty and will be with pay.

7. The Town will designate to the testing facility the purpose for which the sample is to be analyzed. The testing facility will report confirmed findings only as to those specific areas for which the Town requested testing. The testing shall consist of an initial screening test, and, if that is positive, a confirmation test. The confirmation test shall be by gas chromatography/mass spectrometry.

8. Each step of the processing of the test sample shall be documented to establish procedural integrity and the chain of custody. Where a positive result is confirmed, test samples shall be maintained in secured storage for as long as appropriate. Split specimens submitted to the initial testing laboratory will be maintained in frozen storage for at least 60 days from the date of arrival if a positive test occurs on the primary specimen to allow the employee the opportunity to obtain, at his/her own expense, a follow-up test.

9. If an employee produces a confirmed positive urine test, that individual will be given the opportunity to present a legitimate medical explanation for the positive test to the MRO. The MRO shall contact the employee directly, on a confidential basis, to determine whether the employee wishes to discuss the test result. A staff person under the MRO's supervision may make the initial contact, and medically licensed or certified staff person may gather information

from the employee. The MRO shall talk directly with the employee before verifying a test as positive.

The MRO shall review all medical records made available by the tested employee when a confirmed positive test could have resulted from legally prescribed medication. Prior to making a final decision to verify a positive test result for an employee, the MRO shall give the employee an opportunity to discuss the test result with him/her. After such discussion/opportunity, the MRO will make a final decision on the disposition of the test. Upon completion of all review procedures, the MRO will report a verified test result to the Department. If the employee is unable to provide an acceptable medical explanation for the presence of the substance, the MRO will report a positive test. The employee will also be advised by the Department of his/her right to request, at his/her own expense, a test of the split sample.

10. All urine specimens will be analyzed for the following drugs:
- Marijuana metabolites
  - Cocaine metabolites
  - Amphetamines
  - Opiate metabolites (including heroin)
  - Phencyclidine (PCP)

Positive tests will be determined using the then current cutoff levels established by the United States Department of Transportation. Although subject to change, the cutoff levels as of the time of this policy were as follows:

Initial test analyte	Initial test cutoff concentration	Confirmatory test analyte	Confirmatory test cutoff concentration
Marijuana metabolites	50 ng/mL	THCA <sup>1</sup>	15 ng/mL
Cocaine metabolites	150 ng/mL	Benzoylcegonine	100 ng/mL
Opiate metabolites			
Codeine/Morphine <sup>2</sup>	2000 ng/mL	Codeine	2000 ng/mL
		Morphine	2000 ng/mL
6-Acetylmorphine	10 ng/mL	6-Acetylmorphine	10 ng/mL
Phencyclidine	25 ng/mL	Phencyclidine	25 ng/mL
Amphetamines <sup>3</sup>			
AMP/MAMP <sup>4</sup>	500 ng/mL	Amphetamine	250 ng/mL
		Methamphetamine <sup>5</sup>	250 ng/mL
MDMA <sup>6</sup>			
	500 ng/mL	MDMA	250 ng/mL
		MDA <sup>7</sup>	250 ng/mL
		MDEA <sup>8</sup>	250 ng/mL

### Section 5. Refusal to Participate / Tampering

- a) Any refusal to participate in any of the tests authorized in this policy will be treated as a positive result and a violation of this policy.
- b) If there is any evidence that an officer engaged in sample tampering, such conduct shall be treated as a refusal to participate in testing and positive test result.

### Section 6. Information

- a) All current and new officers will receive written information about the testing requirements and how and where they may receive assistance for drug misuse. All officers must receive a copy of this policy and sign the Acknowledgement of Receipt.

### Section 7. Record Keeping

- a) The Town is required to keep detailed records of its drug misuse prevention program.
- b) Officer's drug testing records are confidential. Test results and other confidential information may only be released to the Town's agents with a need to know, the substance abuse professional, the MRO, and any arbitrator or hearing officer of a grievance filed in accordance with this policy. Any other release of this information may only be made with the officer's consent.

### Section 8. Policy Violations

Violations of this policy will be addressed in the following manner:

- a) First positive test for drugs:
  - i. An employee who receives a verified positive test for drugs and whom has not previously received a positive test result for drugs within the meaning of this policy shall be suspended without pay for a period of thirty (30) days.
  - ii. During the period of suspension, the employee must be evaluated by a Substance Abuse Professional (SAP) and is required to comply with any and all treatment recommendations made by the SAP. The cost of such evaluation and any treatment recommendations shall be at the sole expense of the employee, including the employee's health insurance. If the treatment recommended by the SAP will require the employee to be out of work beyond thirty (30) days, the time in such treatment may be designated as Family and Medical Leave Act leave.
  - iii. Before an employee may be permitted to return to duty, the SAP must certify to the Town that the employee has successfully completed all treatment recommendations. In addition, the employee will be administered a return to duty test and must successfully pass same. Return to duty testing will take into account that marijuana may be in a person's urine after he/she has discontinued using marijuana.
  - iv. Following the employee's return to duty, the employee will be subject to follow-up urine tests at the request of the Town without the need to establish reasonable suspicion for doing so and independent of the random testing procedures outlined in this policy for a period of three (3) years as measured from the date that the employee returned to active duty. Said test(s) will be administered in accordance with Section 4 above.



v. Notwithstanding the provisions of subsections (a)(i) through (a)(iv) above, an employee who tests positive for drugs whom has not previously received a positive test result for drugs within the meaning of this policy shall be subject to more severe disciplinary action up to and including termination of employment when the surrounding facts and circumstances that preceded the positive test provide additional just cause for disciplinary action beyond the mere fact that the employee tested positive.

b) Subsequent positive tests for drugs:

An employee who receives a second verified positive test for drugs within the meaning of this policy after returning to duty from a first positive test for drugs under this policy will be terminated.

c) Other violations of this policy:

An employee who commits violations of the provisions of this policy not addressed in subsections (a) or (b) above will be subject to disciplinary action, up to and including termination of employment.

d) Violations of other policies:

Nothing in this Policy shall be construed as limiting the Town's authority to impose discipline for violations of the Rules and Regulations of the Department or for violations of other policies of the Department not included in this Policy.

WATERTOWN POLICE DEPARTMENT  
BODY ARMOR POLICY

A. PURPOSE:

The purpose of this policy is to provide sworn members of the Watertown Police Department with guidelines for the proper use and care of body armor.

B. POLICY:

It is the policy of the Watertown Police Department to maximize officer safety through the use of body armor in combination with prescribed safety procedures. While body armor provides a significant level of protection, it is not a substitute for the observance of officer safety procedures.

C. DEFINITIONS:

1. Field Activities: Duty assignments and/or tasks that place or could reasonably be expected to place officers in situations where they would be required to act in enforcement rather than administrative or support capacities.
2. Officers: All sworn Police Officers of the Watertown Police Department.

D. PROCEDURES:

1. Issuance of Body Armor

- a. All body armor issued must comply with protective and related requirements prescribed under current standards of the National Institute of Justice or its successor agency.
- b. All officers shall be issued agency approved body armor.
- c. Body armor that is worn or damaged shall be replaced by the Department. Body armor that must be replaced due to misuse or abuse by the officer shall be paid for by the officer.

2. Use of Body Armor

- a. Officers shall wear only agency approved body armor.
- b. Officers that are assigned to the uniformed function are required to wear body armor during their shift while engaged in field activities. In addition, all officers must wear protective vests during high risk and/or tactical situations. Examples of "high risk" or "tactical" situations include, but are not limited to, search warrant executions, drug raids, initial crime scene response, and serving felony warrants.
- c. It is highly recommended that all officers assigned to the Detective/Administrative Division or while working paid details as defined in

the respective labor contracts, wear body armor during their tour of duty. However, those officers in the Detective/Administrative Division and/or working paid details who choose not to wear their body armor must have it immediately available at all times during their shift or paid detail. Immediately available means easily accessible.

- d. Those uniformed officers assigned to administrative duties shall wear body armor when outside the confines of the Police Station to perform field activities.
- e. However, there are Departmental exemptions as follows:
  - i. When an agency approved physician determines that an officer has a medical condition that would preclude wearing body armor; or
  - ii. When the officer is involved in undercover or plain clothes work that his supervisor determines could be compromised by wearing body armor; or
  - iii. When the Department determines that circumstances make it inappropriate to mandate wearing body armor.

### 3. Inspections of Body Armor

- a. Supervisors shall be responsible for ensuring that body armor is worn and maintained as required by this policy through routine observation and periodic documented inspections at roll call and spot checks in the field.
- b. Annual inspections of body armor shall be conducted for fit, cleanliness, and signs of damage, abuse and wear. This may be accomplished as part of annual firearms training.

### 4. Care, Maintenance and Replacement of Body Armor

- a. Officers shall routinely inspect personal body armor for signs of damage and for general cleanliness.
- b. As dirt and perspiration may erode ballistic panels, each officer shall be responsible for cleaning personal body armor in accordance with the manufacturer's instructions.
- c. Officers are responsible for the proper storage, maintenance and care of body armor in accordance with the manufacturer's instructions.
- d. Officers are responsible for reporting damage or excessive wear to the ballistic panels or cover to their immediate supervisor and the Community Staff and Development Lieutenant.

e. Body armor will be replaced by the Department when it expires.

5. Training

The Community Staff and Development Lieutenant shall be responsible for:

- a. Monitoring technological advances in the body armor industry that may necessitate a change in body armor.
- b. Assessing weapons and ammunition currently in use and the suitability of approved body armor to protect against those threats.
- c. Providing training that emphasizes body armor's safe and proper use.
- d. Maintaining statistics on incidents where armor has or has not protected officers from harm, including traffic crashes.

6. Non-waiver

Nothing contained within this policy and procedure or any requirement hereof will in any way serve as the basis for denying an officer any rights and/or benefits under G.L. c. 41, §111F or G.L. c. 32, federal benefits or any other entitlement.



# Watertown Police Department

## ADMINISTRATION OF NASAL NALOXONE

### Chapter XX



General Order Number: Effective Date:  
Reference: Watertown PD Policy 1.25 Revised Date:  
Accreditation Standards:  
Mass. Gen. Law: Ch. 94C § 34A, Ch. 94C § 19, Ch. 94C § 7, Ch. 258C § 13  
Other: 105 CMR 171, 105 CMR 700

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#### I. BACKGROUND

Opiate overdose is the leading cause of accidental death in Massachusetts. Fatal and nonfatal overdose can result from the abuse of opiates such as morphine, heroin, fentanyl, oxycodone as found in OxyContin®, Percocet® and Percodan®, and hydrocodone as found in Vicodin®. Naloxone, commonly known by the brand-name Narcan®, is an opioid antagonist which means it displaces the opioid from receptors in the brain and can therefore reverse an opiate overdose. It is a scheduled drug, but it has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opiate overdose, it will do no harm. Naloxone has been available as an injectable since the 1960s, but was recently developed as a nasal spray.

To reduce the number of fatalities which can result from opiate overdoses, the Watertown Police Department will train its officers in the proper pre-hospital administration of nasal naloxone. In order to implement a safe and responsible nasal naloxone plan, the Department will establish and maintain a professional affiliation with a Medical Director who will provide medical oversight over its use and administration. The Medical Director shall be licensed to practice medicine within the Commonwealth of Massachusetts. At his or her discretion, he or she may make recommendations regarding the policy, oversight, and administration of the nasal naloxone program developed and implemented by the Department. In order to implement this policy the Watertown Police Department relies upon the following statutes:

M.G.L. Ch. 94C § 34A which states that "a person acting in good faith may receive a naloxone prescription and administer naloxone to an individual appearing to experience an opiate related overdose." The statute imposes no limitation on who may possess and administer nasal naloxone, and only requires that it is (1) obtained with a prescription and (2) administered in good faith.

M.G.L. Ch. 94C § 19 which states that "Naloxone or other opioid antagonist may lawfully be prescribed and dispensed to a person at risk of experiencing an opiate-related overdose or a family member, friend or other person in a position to assist a person at risk of experiencing an opiate-related overdose. For purposes of this chapter and chapter 112, any such prescription shall be regarded as being issued for a legitimate medical purpose in the usual course of professional practice."

M.G.L. Ch. 94C § 7 which states that "any public official or law enforcement officer acting in the regular performance of his official duties" shall not require registration and may lawfully possess and distribute controlled substances.

M.G.L. Ch. 258C § 13 which states that "No person who, in good faith, provides or obtains, or attempts to provide or obtain, assistance for a victim of a crime as defined in section one, shall be liable in a civil suit for damages as a result of any acts or omissions in providing or obtaining, or attempting to provide or obtain, such assistance unless such acts or omissions constitute willful, wanton or reckless conduct."

## II. POLICY

Naloxone will be deployed in the carry cases of all cruisers assigned Watertown PD Automated External Defibrillators (AED) for the treatment of drug overdose victims. Two doses of Naloxone will also be available in the booking area first aid kit.

A patrol unit shall be dispatched to any call that relates to a drug overdose. The goal of the responding officers shall be to provide immediate assistance via the use of naloxone where appropriate, to provide any treatment commensurate with their training as first responders, to assist other EMS personnel on scene, and to handle any criminal investigations that may arise.

## III. DEFINITIONS

**Opiate:** An opiate is a medication or drug that is derived from the opium poppy or that mimics the effect of an opiate (a synthetic opiate). Opiate drugs are narcotic sedatives that depress activity of the central nervous system, reduce pain, and induce sleep. Police officers often encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin®, Percocet® and Percodan®) and hydrocodone (Vicodin®).

**Naloxone:** Naloxone is 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 marketed under various trademarks including Narcan®.

**Medical Director:** Shall be a designated Medical Doctor who is licensed to practice medicine in Massachusetts. The Watertown Police department shall maintain an affiliation with a Medical Director through a Memorandum of Agreement for the administration of intranasal naloxone.

#### IV. PROCEDURE:

- A. **Usage:** When an officer of the Watertown Police Department has arrived at the scene of a medical emergency prior to the arrival of EMS and reasonably believes that the person is suffering from an opiate overdose, the responding officer should administer naloxone in accordance with his/her training.

The following steps should be taken:

1. Officers shall use universal precautions.
  2. Officers should conduct a preliminary assessment of the person to include taking into account statements from witnesses and/or family members regarding drug use.
  3. If the officer reasonably believes that there has been an opiate overdose, the naloxone kit should be utilized.
  4. The officer shall use the nasal mist adapter to administer naloxone in accordance with his/her training. Officers should be aware that a rapid reversal of an opiate overdose may cause projectile vomiting by the person and/or violent behavior. This most often occurs with the intravenous administration of naloxone but it is also possible with the nasal application.
  5. The person should continue to be observed and assisted as the situation dictates.
  6. The officer shall inform incoming EMS about the actions taken and condition of the person, and shall relinquish attention to the person when relieved by a person with a higher level of training.
  7. Naloxone does not "cure" the overdose, it is only a temporary remedy. Once the medication wears off, the person will be at risk again. It is therefore necessary that anyone who receives naloxone be transported to a hospital for emergency medical treatment. Watertown PD personnel who administer the Naloxone shall render aid in accordance with his/her training to the person until relieved by fire or ambulance personnel.
- B. **Reporting:** A complete offense report of the event shall be completed by the responding officer, or the primary responding officer, prior to the end of his/her shift. The report will detail the nature of the event, the care administered, the condition of the person and any other pertinent information.
- C. **Equipment and maintenance:** It shall be the responsibility of officers to inspect naloxone kits stored in the AED case prior to the start of each shift to ensure that the kits are intact. Damaged equipment shall be reported to a shift supervisor immediately. If a cruiser is not going to be used or if it is placed out of service, then the naloxone kit shall be placed in the AED storage area with the AED unit.

The Department's AED coordinator will maintain an inventory documenting the quantities and expirations of naloxone replacement supplies, and document the issuance of replacement units. The naloxone will be inspected annually to ensure that the medication is not expired and is in operational condition.

- D. **Replacement:** Shift supervisors shall immediately notify the Department's AED coordinator to replace naloxone kits that have been used during the course of a shift.
- E. **Training:** Prior to carrying and using naloxone, each officer will be trained in its use. New officers will be trained as part of the FTO program. Only officers who are trained in the use of Naloxone will be authorized to administer the medication.