



LAW ENFORCEMENT OFFICERS + NARCAN = LIVES SAVED FROM OPIOID OVERDOSES¹

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ISSUE

Should law enforcement officers and public employees in San Mateo County be trained and equipped to provide emergency opioid overdose medication to prevent deaths?

SUMMARY

The opioid epidemic is not somebody else's problem. Over 42,000 Americans died of opioid overdose in 2016.² In that year, opioid deaths in California exceeded 1,900, including 19 people in San Mateo County (the County).³

Opioids of all varieties can kill. Abuse of heroin and prescription opioids are the leading causes of opioid overdose in the County. New opioids pose an even greater threat. Fentanyl and its derivatives are opioids 50 to 100 times more powerful than prescription opioids (such as Oxycodone) and heroin. While not yet reported being found in the County, carfentanil, an illegal laboratory-created analog that is estimated to be 10,000 times more powerful than morphine, has been increasingly implicated in overdose deaths nationwide.

Carfentanil and other powerful fentanyl derivatives not only endanger the lives of users but also present a potential source of accidental exposure (through skin contact or breathing airborne particles) for law enforcement officers and other first responders.⁴ A lethal dose of Fentanyl may be as low as 2 to 3 milligrams, less than 3 grains of salt.⁵

Opioid overdose may induce respiratory failure which, if left untreated, will lead to severe brain damage and death within minutes.⁶ Administration of naloxone is the standard emergency treatment to reverse opioid overdose. Naloxone is safe, fast acting, and effective, having been used by medical personnel in its injectable form since 1971.⁷

¹ NARCAN® (naloxone HCl) Nasal Spray is the first and only FDA-approved nasal form of naloxone for the emergency treatment of a known or suspected opioid overdose. Use of the term "Narcan" in this report is neither an endorsement of NARCAN nor Adapt Pharma, Inc. Narcan is used in this report as a generic reference to intranasal naloxone.

² Centers for Disease Control. "Understanding the Epidemic" Last modified August 30, 2017.

<<https://www.cdc.gov/drugoverdose/epidemic/index.html>>.

³ California Department of Public Health, "San Mateo Numbers at a Glance" *California Opioid Overdose Surveillance Dashboard* (2018). Accessed February 26, 2018. <https://pdop.shinyapps.io/ODdash_v1>

⁴ DEA Public Affairs, "DEA Warning to Police and Public: Fentanyl Exposure Kills" *Drug Enforcement Agency*, June 10, 2016. <<https://www.dea.gov/divisions/hq/2016/hq061016.shtml>>

⁵ U.S. Department of Justice, "A Briefing Guide for First Responder" *Drug Enforcement Agency*, June 6, 2017: 9. <https://www.dea.gov/druginfo/Fentanyl_BriefingGuideforFirstResponders_June2017.pdf>.

⁶ Zawn Villines, "What Happens After a Lack of Oxygen to the Brain" *Spinalcord.com*. Last Modified June 13, 2016. <<https://www.spinalcord.com/blog/what-happens-after-a-lack-of-oxygen-to-the-brain>>

⁷ Food and Drug Administration. "Summary Review for Regulatory Action: NARCAN® (naloxone hydrochloride) nasal spray," *FDA Approved Drug Products*. Last modified January 24, 2017.

<https://www.accessdata.fda.gov/drugsatfda_docs/summary_review/2017/208411s001SumR.pdf>

Equipping law enforcement officers with intranasal naloxone (trade name Narcan®) can expedite treatment for overdose victims and officers who are accidentally exposed to powerful fentanyl derivatives.

Law enforcement officers can be the first to respond to an opioid overdose, particularly in more sparsely populated areas.⁸ Even when paramedics are the first to respond to an overdose, if the scene compromises their safety, paramedics must wait until law enforcement arrives and secures the area before offering medical assistance.

Lethal doses of fentanyl derivatives can be accidentally absorbed, posing a risk of overdose to those individuals whose jobs bring them into potential proximity. In particular, law enforcement officers and employees in the Coroner's Office and the Sheriff's Forensic Laboratory are at heightened risk of exposure.⁹ Equipping these at-risk employees with intranasal naloxone can mitigate their risk from accidental exposure. Police dogs in K-9 units are also at special risk and can also be protected with naloxone.

Law enforcement officers, following approximately one hour of training, can easily administer intranasal naloxone to opioid overdose victims. Available in the United States since November 2015, all first responders in the County are authorized to carry intranasal naloxone subject to being able to fulfill EMS standards and requirements. Although the San Mateo County Joint Narcotics Task Force (the NTF) is currently developing an officer-carry naloxone pilot program, no law enforcement agencies in the County train and equip their personnel to carry and administer intranasal naloxone.¹⁰ The only emergency responders within the County currently carrying naloxone are fire department and ambulance paramedics (paramedics).¹¹

In 2017, the White House Commission on Combating Drug Addiction and the Opioid Crisis concluded: "We must equip all law enforcement in the United States with naloxone to save lives."¹² Over 1,200 law enforcement agencies in 39 states have authorized officers to carry naloxone. In California, 36 law enforcement agencies currently equip officers with naloxone and 6 agencies have approved, but not yet implemented, naloxone programs (Appendix 1).¹³

The 2017-18 San Mateo County Civil Grand Jury recommends that all law enforcement officers in the County, and employees of the Sheriff's Forensic Lab and County Coroner's Office be equipped with intranasal naloxone on their person or in their vehicles as a minimum standard of practice.

⁸ Emergency Medical Services, "When Every Second Counts: San Mateo County Emergency Medical Services System Overview 2015-2016" *County of San Mateo*. Accessed on March 5, 2018.

<https://www.smchealth.org/sites/main/files/file-attachments/ems_annual_final_0.pdf>

⁹ DEA Public Affairs, "DEA Warning to Police and Public: Fentanyl Exposure Kills" *Drug Enforcement Agency*, June 10, 2016. <<https://www.dea.gov/divisions/hq/2016/hq061016.shtml>>

¹⁰ Ibid.

¹¹ Grand Jury interviews with law enforcement agencies and other County officials.

¹² The President's Commission on Combating Drug Addiction and the Opioid Crisis, "Final Report Draft", Presidential Commission Reports. by Chris Christie, Charlie Baker, Roy Cooper, Patrick J. Kennedy, Bertha Madras, and Pam Blondi. Last Modified November 1, 2017: 119.

<https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Final_Report_Draft_11-1-2017.pdf>.

¹³ Grand Jury interviews and investigations.

Defined Terms

The County	San Mateo County
K-9	Canine Law Enforcement Unit
Paramedics	Fire department and ambulance paramedics in San Mateo County (County)
NTF	Narcotics Task Force (County)
CDC	Centers for Disease Control and Prevention (Federal)
DEA	Drug Enforcement Administration (Federal)
SWAT	Special Weapons and Tactics Unit (County)
CHS	San Mateo County Health System (County)
EMS	Emergency Medical Services (County)
FDA	U.S. Food and Drug Administration (Federal)
HHS	U.S. Department of Health and Human Services (Federal)
NIDA	National Institute of Drug Abuse
NIH	National Institutes of Health
NCHS	National Center for Health Statistics

BACKGROUND

On October 26, 2017, the U.S. Department of Health and Human Services declared the opioid crisis a nationwide public health emergency.¹⁴ Opioid overdoses killed over 42,000 Americans in 2016 (an average of over 115 per day).¹⁵ More than 2.5 million Americans abused opioids in 2015.¹⁶

¹⁴ Eric D. Harden, “Determination that a Public Health Emergency Exists” *Office of the Assistant Secretary for Preparedness and Response*, Last modified October 26, 2017.

<https://www.phe.gov/emergency/news/healthactions/phe/Pages/opioids.aspx>

¹⁵ California Department of Public Health, *San Mateo Numbers at a Glance* (2018).

¹⁶ Department of Health and Human Services, “Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health” *Substance Abuse and Mental Health Services Administration*. Last modified September 2016. <https://www.samhsa.gov/data/sites/default/files/NSDUH-FFR1-2015/NSDUH-FFR1-2015/NSDUH-FFR1-2015.pdf>.

Opioids

Opioids are powerful pain relievers prescribed to alleviate moderate to severe pain.¹⁷ Prescription opioids, including codeine, hydrocodone, morphine, and oxycodone, are among the most prescribed drugs in the country. They are ordinarily safe and reliable when prescribed as part of a strictly supervised, short-term treatment plan to relieve suffering caused by acute pain.¹⁸ But, patients using opioids to treat chronic pain are at risk of abuse and addiction.¹⁹ Among patients who take opioids for more than 30 days in the first year, 47 percent continued to do so for three years or longer.²⁰ The Centers for Disease Control and Prevention (CDC) reports that up to 25 percent of patients who are prescribed opioids for long-term pain management struggle with addiction.²¹ Of the more than 42,000 opioid overdose deaths in 2016, an estimated 14,400 were the result of prescription opioid overdose.²²

In response to the opioid epidemic, the medical community is restricting access to prescription opioids.²³ When opioid abusers lose access to their prescriptions, they often turn to illegal means of obtaining opioids.²⁴ Among the most dangerous opioids they can obtain are certain synthetic opioids, such as fentanyl, carfentanil, and their derivatives (fentanyl derivatives). Fentanyl derivatives are chemically related to, and utilize the same neurological pathways as other opioids such as morphine and codeine. However, fentanyl derivatives can be extraordinarily potent, delivering more than 50 times the dose of opioids as morphine.²⁵

Opioid abusers who have lost their prescriptions are increasingly turning to these fentanyl derivatives due to their relatively low cost, accessibility, and potency. As a result, synthetic opioid-related deaths nationwide have increased from 3,000 in 2013, to 20,100 in 2016 – an increase of over 500 percent.²⁶

¹⁷ National Institute on Drug Abuse, “Opioids” *National Institutes of Health*. Accessed February 26, 2018. <<https://www.drugabuse.gov/drugs-abuse/opioids>>

¹⁸ Ibid.

¹⁹ Brady Dennis, “Opioids are among the most prescribed drugs. Here are the most common versions” *Washington Post*, April 14, 2014. <www.washingtonpost.com/news/to-your-health/wp/2014/04/14/ban-some-pain-killers-here-are-6-common-opioids/>

²⁰ National Institute of Drug Abuse, “Opioid Prescribers Play a Key Role in Stopping the Opioid Overdose Epidemic” *National Institutes of Health*. Last modified March 2017.

<<https://www.drugabuse.gov/publications/improving-opioid-prescribing/improving-opioid-prescribing>>

²¹ Centers for Disease Control and Prevention, “Prescription Opioid Overdose Data” Last Modified August 1, 2017. <<https://www.cdc.gov/drugoverdose/data/overdose.html>> .

²² Ibid.

²³ Bloomberg School of Public Health, and the Clinton Foundation, Clinton Health Matters Initiative, “*The Opioid Epidemic from Evidence to Impact*” Johns Hopkins, October 2017. Pg. 13.

<<https://www.jhsph.edu/events/2017/americas-opioid-epidemic/report/2017-JohnsHopkins-Opioid-digital.pdf>>

²⁴ German Lopez, “The opioid epidemic, explained” *Vox*, December 21, 2017. <<https://www.vox.com/science-and-health/2017/8/3/16079772/opioid-epidemic-drug-overdoses>>

²⁵ “Synthetic Opiates List--Drugs that Derive from Opium,” *Opium.com*, Accessed on February 26, 2018.

<<http://www.opium.org/synthetic-opiates-list-drugs-derive-opium.html>>

²⁶ Josh Katz, “The First County of Fentanyl Deaths in 2016: Up 540% in Three Years” *New York Times*, September 2, 2017. <<https://www.nytimes.com/interactive/2017/09/02/upshot/fentanyl-drug-overdose-deaths.html>>

Naloxone

Naloxone (naloxone hydrochloride) is an opioid antidote that blocks opioid overdose and reverses its symptoms. It is a safe, non-narcotic drug that can be easily administered nasally or by injection.²⁷ Naloxone is considered safe enough to administer as a diagnostic tool with unresponsive patients to eliminate opioid overdose as a possible cause.²⁸ Narcan[®], the brand of naloxone that is commonly used by emergency responders, is a nasal aerosol spray.

An opioid overdose may cause respiratory failure, which can lead to asphyxiation, cardiac arrest, and death.²⁹ Once administered, naloxone can reverse the overdose and restore breathing within minutes.³⁰ However, prompt medical attention thereafter is essential because the effects of naloxone can wear off before the opioids.³¹

Timely emergency administration of naloxone is essential. As Figure 1. shows, when opioid overdose causes breathing to stop, permanent damage can result within minutes.³²

Figure 1.	
Timeline after Breathing Stops	
Between 30-180 seconds	Loss of consciousness
After one minute	Brain cells begin dying
After three minutes	Brain damage is likely
After five minutes	Coma and brain damage are almost inevitable
After ten minutes	Death is imminent

While paramedics in the County carry naloxone, they may not arrive at the scene of an opioid overdose in time to save the victim. The required Emergency Medical Services (EMS) response times for the County shown in Figure 2. are illustrative. Law enforcement response times may be substantially less.³³

²⁷Centers for Disease Control and Prevention, “Expanding Naloxone use could reduce drug overdose deaths and save lives” CDC Office of Media Relations, April 24, 2015. <<https://www.cdc.gov/media/releases/2015/p0424-naloxone.html>>

²⁸ Grand Jury interview with County official.

²⁹ Department of Health and Human Services, “Opioid Overdose Toolkit” *Substance Abuse and Mental Health Services Administration*, January 2017: 15. <https://store.samhsa.gov/shin/content/SMA14-4742/Overdose_Toolkit.pdf>

³⁰ German Lopez, “How Fentanyl became America’s leading cause of overdose deaths” *Vox*, December 21, 2017. <<https://www.vox.com/science-and-health/2017/5/8/15454832/fentanyl-carfentanil-opioid-epidemic>>

³¹ Peter Lurie, et al. “Multiple Naloxone Administrations Among Emergency Medical Service Providers is Increasing” *Journal of Prehospital Emergency Care* (Vol. 21: 4) 2017: 1. <<https://www.tandfonline.com/doi/full/10.1080/10903127.2017.1315203>>

³²Zawn Villines, “What Happens After a Lack of Oxygen to the Brain” (2016)

³³ Grand Jury Interviews with City and County law enforcement leadership.

Figure 2.			
Emergency Medical Services - Permitted Response Times³⁴			
EMS Required Response Times	Area Type	Emergency Ambulance	Fire-Paramedic Non-Transport
Priority Response 1³⁵	Urban/Suburban	< 13 minutes	< 7 minutes
	Rural	< 20 minutes	< 12 minutes
	Remote	< 30 minutes	< 22 minutes
Priority Response 2	Urban/Suburban	< 23 minutes	< 15 minutes
	Rural	< 60 minutes	< 25 minutes
	Remote	< 60 minutes	< 30 minutes

The White House Commission on Opioids made the following recommendation regarding naloxone:

Naloxone is a lifesaver that rapidly reverses opioid overdose. It is the first line of defense in many parts of our country; if we lose someone to overdose we obviously have no chance to treat them and return them to a productive life. We urge you to mandate, with federal assistance, that naloxone be in the hands of every law enforcement officer in the United States...The Federal Government should ensure that naloxone is made available when there is the greatest chance for an overdose.³⁶

DISCUSSION

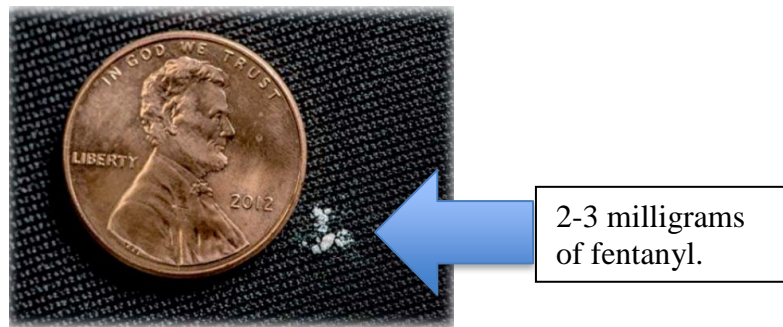
Equipping law enforcement with naloxone

Equipping law enforcement officers with intranasal naloxone empowers them to protect the public and themselves from opioid overdose. Officer-carry naloxone programs are increasingly common and implemented by law enforcement agencies with minimal training and cost. These programs do not expose officers to criminal or civil liability.³⁷

³⁴ Emergency Medical Services, “When Every Second Counts: San Mateo County Emergency Medical Services System Overview 2015-2016” *County of San Mateo*. Accessed on March 5, 2018. <https://www.smchealth.org/sites/main/files/file-attachments/ems_annual_final_0.pdf>
³⁵ Emergency Medical Services, “When Every Second Counts: San Mateo County Emergency Medical Services System Overview 2015-2016” pg. 10.
³⁶ The President’s Commission on Combating Drug Addiction and the Opioid Crisis, “Final Report Draft” (2017)
³⁷ California Assembly Bill No. 635, October 10, 2013. <http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab_0601-0650/ab_635_bill_20130912_enrolled.htm>

Fentanyl derivatives, including fentanyl, carfentanil and other analogs, can be absorbed into the body through any physical contact, including injection, oral ingestion, inhalation, transdermal transmission (through the skin), and contact with any mucus membranes.³⁸ While, in each individual case the size of a lethal dose depends on individual tolerance and body mass, per the Drug Enforcement Administration (DEA), a lethal dose of fentanyl may be as low as 2 to 3 milligrams, the equivalent of a few grains of salt. (See Figure 3.)

Figure 3.



The threat of accidental exposure is present in any instance where an officer is in proximity to fentanyl derivatives. The DEA identified the following situations, among others, as presenting a heightened risk of exposure: while purchasing fentanyl during undercover operations, processing drug evidence containing fentanyl or fentanyl-related substances, and processing non-drug evidence which may be contaminated with these substances or while providing aid to overdose victims.³⁹

While all law enforcement officers in proximity to fentanyl derivatives are at risk of accidental exposure, the degree of risk corresponds to the individual officer's duties. Per DEA's policy guidance and Grand Jury interviews, law enforcement officers in the following units in San Mateo County are at a heightened risk of exposure to fentanyl derivatives: narcotics units, crime suppression units, Special Weapons and Tactics (SWAT) teams, K-9 units,⁴⁰ and evidence-handling units.^{41 42}

Law enforcement officers have been exposed to fentanyl derivatives when responding to opioid overdoses, serving search warrants, supporting national law enforcement actions, and during narcotics operations. Fortunately, however, no law enforcement officers in the County have, as of the date of this report, suffered overdose as the result of accidental exposure to fentanyl

³⁸ U.S. Department of Justice, "A Briefing Guide for First Responder" *Drug Enforcement Agency*, June 6, 2017: 9. <https://www.dea.gov/druginfo/Fentanyl_BriefingGuideforFirstResponders_June2017.pdf>.

³⁹ Ibid.

⁴⁰ K-9's can suffer the full effects of an opioid overdose, and due to the nature of their duties are at heightened risk of exposure. Naloxone is also an effective antidote for opioid overdose in canines. "New drug kits save police dogs from opioid overdoses" *CBS News*, June 1, 2017. <<https://www.cbsnews.com/news/new-drug-kits-save-police-dogs-from-opioid-overdoses/>>. V.S. Copland, S.C. Haskins, J. Patz, "Naloxone reversal of oxymorphone effects in dogs" *American Journal of Veterinary Research* 50 (1989): 1854-8. <<https://www.ncbi.nlm.nih.gov/pubmed/2482683>>.

⁴¹ U.S. Department of Justice, "A Briefing Guide for First Responder" (2017): 13.

⁴² Grand Jury Interviews with law enforcement leadership.

derivatives.⁴³ As fentanyl derivatives continue to become more common in the County, the risk of exposure will continue to increase. The DEA recommends that, where an individual may have been exposed to fentanyl derivatives, immediate medical attention be sought.⁴⁴

Law enforcement agencies across the U.S. have successfully implemented officer-carry naloxone programs. As of December 2016, over 1,200 law enforcement agencies in 39 states have equipped their officers with intranasal naloxone.⁴⁵

As of the date of this report, 40 agencies in 24 California counties have implemented programs for their officers to carry naloxone. Another six agencies have approved an officer-carry naloxone program but have not yet implemented it. For a complete list of agencies that equip officers with Narcan in California, see Appendix 1.

Only eight California agencies have, as of the date of this report, published information regarding officer-administered naloxone “rescues” of overdose victims.⁴⁶ Those eight have reported a total of 103 rescues. As a majority of these agencies have not reported on their rescues, the actual number may well be higher than 103.

Officer-carry naloxone programs can be implemented with as little as one hour of training and can be added into existing annual first aid certification programs.⁴⁷ Such programs are readily available through a variety of sources.⁴⁸ Additionally, using “train-the-trainer” methods, agencies can quickly and efficiently train their entire force with minimal impact.⁴⁹

The Commission on Peace Officer Standards and Training (POST) sets minimum selection and training standards for California law enforcement.⁵⁰ While the POST has yet to establish training protocols for the administration of naloxone, in October 2014 POST and California Emergency Medical Standards Authority began the process of developing course content and competencies for naloxone administration as an “optional skill.”⁵¹

⁴³ Grand Jury Interviews with law enforcement leadership.

⁴⁴ U.S. Department of Justice, “A Briefing Guide for First Responder” (2017): 16.

⁴⁵ “US Law Enforcement Who Carry Naloxone” North Carolina Harm Reduction Coalition Last modified February 12, 2018 <<http://www.nchrc.org/law-enforcement/us-law-enforcement-who-carry-naloxone>>.

⁴⁶ The Grand Jury counts a “rescues,” as an intervention in which a trained officer administered nasal naloxone, the naloxone reversed the effects of an opioid overdose, the patient survived the incident, and the law enforcement agency publicized the results.

⁴⁷ Rian Fisher, Daniel O’Donnell, Bradley Ray, and Daniel Rusyniak “Police Officers Can Safely and Effectively Administer Intranasal Naloxone” *Journal of Prehospital Emergency Care* (Vol. 20:6, 2016): 675-680. DOI: 10.1080/10903127.2016.1182605

⁴⁸ “Law Enforcement Training Safety Videos and Resources” North Carolina Harm Reduction Coalition. Accessed on April 5, 2018 <<http://www.nchrc.org/law-enforcement/law-enforcement-safety-videos-and-resources>>

⁴⁹ Grand Jury Interviews with law enforcement leadership.

⁵⁰ “About POST” *The Commission on Peace Officer Standards and Training*. Accessed on: May 10th, 2018 <<https://post.ca.gov/About-Us>>

⁵¹ POST Monthly Reports, “Monthly Report: October 2014” *The Commission on Peace Officer Standards and Training* Accessed on May 10th, 2018. <<https://post.ca.gov/October-2014-Report>>

Equipping Officers with intranasal naloxone is inexpensive. The Los Angeles Police Department's (LAPD's) naloxone program provides a cost example for a complete and self-contained Narcan field kit. The LAPD determined that each Narcan field kit costs \$137.95 and should contain:

Figure 4. Narcan Field Kit and Costs

- Narcan atomizer unit (two doses) (\$75.00)
- Bag/pouch (\$4.95)
- Expiration Pull Tight Security Seal (\$17.99)
- Gloves (\$6.00)
- A Safety Shield Face Mask (\$35.00)⁵²



Based on the LAPD numbers, the cost of initially equipping a police department with 50 units of Narcan field kits would be approximately \$6,900. Costs of supplying a unit with Narcan can be reduced to \$75 where only the atomizer unit is purchased (and carried in existing first aid bags), rather than a full field kit. Narcan atomizer units do expire and must be replaced every eighteen to twenty-four months. But the ongoing cost should not be prohibitive. Some County law enforcement agencies stated that the estimated cost of equipping officers with Narcan could be absorbed within existing department budgets.⁵³

Partnerships with public and private entities can further reduce these costs. For instance, the LAPD received a donation of 6,000 Narcan doses from Adapta Pharmaceuticals, Los Angeles Sheriff's Department received 5,000 Narcan doses from the California Department of Public Health, and San Francisco received a donation of 3,600 doses of Narcan from the Drug Overdose Prevention and Education Project.⁵⁴ The Santa Cruz Police Department financed the purchase of Narcan for their initial implementation with funds from Janus, a local nonprofit organization, through a Substance Abuse Block Grant.⁵⁵

⁵² Kevin Bayona, "Factsheet: NARCAN Program" *Los Angeles Police Department Evaluation and Administration Unit*, January 2017. Last modified March 1, 2017. <http://www.lapdpolicecom.lacity.org/031417/BPC_17-0077.pdf>.

⁵³ Grand Jury Interviews with law enforcement leadership.

⁵⁴ "California Comprehensive Overdose Treatment Protection Signed by Governor" *Harm Reduction Coalition* Accessed on February 26, 2018 <<http://harmreduction.org/overdose-prevention/caoverdoseprev/>>.

⁵⁵ Ryan Masters, "Santa Cruz police issue overdose antidote in nasal spray form to officers" *Santa Cruz Sentinel*, December 5, 2016. <<http://www.santacruzsentinel.com/article/NE/20161205/NEWS/161209867>>.

Officer-carry naloxone programs will not expose officers to criminal or civil liability. California Civil Code Section 1714.22 protects trained first responders from professional review, liability in a civil action, or criminal prosecution for possession or administration of an opioid antagonist.⁵⁶ However, an analysis of any possible claims that might be pursued for failure to administer naloxone is beyond the scope of this report.

Opioids in San Mateo County

In February 2017, San Mateo County Health System (CHS) issued the public health alert *Opioid Dependency and Deaths in San Mateo County*.⁵⁷ The alert reported that an estimated 7,800 County residents were dependent upon opioids, that prescription opioid use in adolescents was increasing, and that “the prevalence of synthetic fentanyl laced drugs [in the County] is likely to increase.”⁵⁸ The California Department of Public Health confirmed 19 opioid overdose fatalities in the County during 2016.⁵⁹ Fortunately, rates of opioid abuse, including prescription and street drugs, are currently lower in the County than in many other Bay Area communities.⁶⁰ The CHS updated its February 2017 alert in October 2017, to report that “...the County does not seem to be experiencing anywhere near the same level of morbidity and mortality that other jurisdictions in the United States are experiencing.”⁶¹

San Mateo County has taken steps to address opioid abuse. The CHS is monitoring opioid prescription rates and educating prescribers about best practices. The CHS is also tracking the presence of fentanyl derivatives in the County in conjunction with law enforcement, the Coroner’s Office, and other agencies.

Fentanyl derivatives are becoming more prevalent in the County. The Sheriff’s Forensic Laboratory, which conducts chemical testing on suspect substances seized in law enforcement operations, saw the number of fentanyl samples triple between 2016 and 2017.⁶² The County’s close proximity to San Francisco, a major point of entry for fentanyl derivatives imported from abroad, further exposes County law enforcement and residents to fentanyl derivatives.⁶³

At present, the only first responders in the County authorized to carry naloxone are fire department and ambulance paramedics. While the Sheriff’s Office is considering implementing a naloxone carry program for the NTF, no law enforcement agencies in the County have

⁵⁶ These protections were added by California Assembly Bill No. 635, October 10, 2013.

<http://www.leginfo.ca.gov/pub/13-14/bill/asm/ab_0601-0650/ab_635_bill_20130912_enrolled.htm>

⁵⁷ Scott Morrow, “Public Health Alert: Opioid Dependency and Deaths in San Mateo County” *County of San Mateo Health System* February 7, 2017: 1. <http://www.smchealth.org/sites/main/files/file-attachments/opioid_health_alert_-_020717.pdf>.

⁵⁸ Ibid.

⁵⁹ California Department of Public Health, “San Mateo Numbers at a Glance” *California Opioid Overdose Surveillance Dashboard* (2018).

⁶⁰ Detailed information comparing opioid abuse statistics for the County to other California counties is available at <https://pdop.shinyapps.io/ODdash_v1>.

⁶¹ Scott Morrow, Greg Gilbert, “Open Letter to Sheriff Bolanos and Police Chiefs in San Mateo County” *County of San Mateo Health System* October 24, 2017.

⁶² Grand Jury Interviews with Sheriff’s Forensic laboratory leadership.

⁶³ Grand Jury Interviews with law enforcement leadership.

authorized officers to carry naloxone. Employees in the Coroner’s Office and Forensic Laboratory are also at heightened risk of accidental exposure, and are not equipped with naloxone.

Despite the lack of official authorization, the risk posed by accidental synthetic opioid exposure is such that some individual County employees, including one County official, have purchased intranasal naloxone using their own funds to safeguard themselves and their colleagues. Another County official advised employees to buy their own naloxone to protect themselves.⁶⁴

Arguments against equipping law enforcement with naloxone include:

- The number of “rescues” that law enforcement in the County could make is uncertain, and therefore the public health benefits of officer-carry naloxone programs are uncertain.
- Any program comes with costs, including the “cost” of not pursuing other opportunities to enhance public safety.
- Additionally, there are concerns that law enforcement officers are not medical professionals and should not be relied upon to provide medical treatment to opioid overdose victims.

However, the Grand Jury finds that the potential benefits of officer-carry naloxone programs outweigh these concerns.

- As fentanyl derivatives continue to become more prevalent and more dangerous, it is reasonable to assume--based on “rescues” reported by other agencies--that some lives in the County will be saved if officers carry naloxone.
- The costs of an officer-carry intranasal naloxone program are small; therefore the reasonably expected future benefits outweigh the costs.
- Narcan (which is administered intranasally) is not intravenous naloxone--administration does not require an IV, shot, or other medical procedure. Law enforcement agencies in California and nationwide who have already implemented an officer-carry Narcan program recognize that trained officers are fully capable of administering this safe, fast acting, and effective drug.
- By equipping officers with Narcan, San Mateo County is not pioneering a new program. Rather, the County will be following the recommendations of federal agencies and a White House commission by implementing a program that has already been put in place by over 1,200 police agencies nationwide.

Those who survive an overdose are still in considerable danger. Continuous care, readily accessible, medically assisted treatment for overdose patients, ongoing community education and diligent oversight is essential to protect residents and County personnel from the effects of the opioid epidemic. Equipping officers to carry naloxone is a necessary first step.

⁶⁴ Grand Jury Interviews with law enforcement leadership.

FINDINGS

The 2017-2018 San Mateo County Civil Grand Jury finds the following to be true:

- F1. Untreated opioid overdose can cause brain damage and death.
- F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.
- F3. Narcan[®] is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.
- F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.
- F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.
- F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.
- F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.
- F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

RECOMMENDATIONS

The 2017-2018 San Mateo County Civil Grand Jury recommends that the San Mateo County Sheriff's Office, the Broadmoor Police Protection District, and the Police Departments of Atherton, Belmont, Brisbane, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Hillsborough, Menlo Park, Pacifica, Redwood City, San Bruno, San Mateo, and South San Francisco, do the following by December 31, 2018:

- R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.
- R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

The 2017-2018 San Mateo County Civil Grand Jury further recommends that the San Mateo County Coroner do the following by December 31, 2018:

R3. Train and equip Coroner's Office personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

The 2017-2018 San Mateo County Civil Grand Jury further recommends that the San Mateo County Sheriff do the following by December 31, 2018:

R4. Train and equip Sheriff's Forensic Lab personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

REQUEST FOR RESPONSES

Pursuant to Penal Code Section 933.05, the Grand Jury requests the following to respond to the foregoing Findings and Recommendations referring in each instance to the number thereof:

- San Mateo County cities and the Broadmoor Police Protection District to respond no later than 90 days after the date of this Grand Jury Report.
- San Mateo County Sheriff to respond no later than 60 days after the date of this Grand Jury Report.
- The San Mateo County Board of Supervisors to respond no later than 90 days after the date of this Grand Jury Report.
- The Coroner to respond no later than 60 days after the date of this Grand Jury Report.

The governing bodies indicated above should be aware that the comment or response of the governing body must be conducted subject to the notice, agenda, and open meeting requirements of the Brown Act.

METHODOLOGY

The Grand Jury interviewed law enforcement officers from these organizations within the County:

- Belmont Police Department
- Daly City Police Department
- East Palo Alto Police Department
- Menlo Park Police Department
- San Mateo County Narcotics Task Force
- Redwood City Police Department
- San Mateo County Sheriff's Office
- San Mateo Police Department
- South San Francisco Police Department

The Grand Jury interviewed individuals at the County Coroner's Office, the Sheriff's Forensic Laboratory, and the County Health System.

The Grand Jury reviewed numerous publications and materials regarding the opioids epidemic, including without limitation those listed in the bibliography.⁶⁵

⁶⁵ The Grand Jury's source for local statistical and demographic information regarding the opioid crisis comes from the California Department of Public Health's (CDPH) California Opioid Overdose Surveillance Dashboard. https://pdop.shinyapps.io/ODdash_v1/ The CDPH collected this data in conjunction with the Office of Statewide Health Planning and Development, the Department of Justice, and the California Health Care Foundation. Data sources include; Multiple Cause of Death Files, Emergency Department Visit & Inpatient Discharge Data, and Controlled Substance Utilization Review and Evaluation System (CURES) prescription drug data. The Grand Jury also utilized data from county entities. National data is from the Centers for Disease Control and Prevention (CDC), Department of Health and Human Services, the Commission on Combating Drug Addiction and the Opioid Crisis Final Report Draft, Drug Abuse, the National Institutes of Health (NIH), National Institute on Drug Abuse, NIDA, Drug Enforcement Administration (DEA), Substance Abuse and Mental Health Services Administration (SAMHSA), North Carolina Harm Reduction Coalition.

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GLOSSARY OF TERMS

Analog - a chemical compound with a molecular structure analogous to another compound.

Antidote - a substance taken to counteract a poison or the effects of a drug.

Derivative- a substance or compound obtained from, or regarded as derived from, another substance or compound.

Opioid - all drugs having morphine-like effects and high abuse and addiction potential, including opiates, semi-synthetic opioids derived from opiates (and synthetic opioids *Not all opioids are opiates, but all opiates are not opioids.* They are listed as Schedule II drugs., Side effects include: constipation, sweating, and increased sensitivity to pain, dependency.

Generic	Brand Name
Hydrocodone	Vicodin, Lorcet, Lortab, Norco, Zohydro
Oxycodone	Percocet, OxyContin, Roxicodone, Percodan
Morphine	MSContin, Kadian, Embeda, Avinza
Codeine	Tylenol with Codeine, Tyco, Tylenol #3
Fentanyl	Duragesic
Heroin	
Hydromorphone	Dilaudid
Oxymorphone	Opana
Meperidine	Demerol
Methadone	Dolophine, Methadose
Buprenorphine	Suboxone, Subutex, Zubsolv, Burnavil, Butrans

Carfentanil - a synthetic opioid analgesic a derivative of fentanyl, 100 times more potent than fentanyl, and 10,000 times more potent than morphine. Two milligrams of carfentanil can be lethal. As a prescription drug, Carfentanil (trade name Wildnil) is sold as a general anesthetic for elephants and other large animals. It can cause respiratory depression in humans, leading to death. Unique derivatives of carfentanil continue to be created, as they can be manufactured at a low cost and cut into heroin.

Fentanyl - a synthetic opioid, an analogue of morphine but 50 to 100 times its strength. Fentanyl is a synthetic that is legally made as a pharmaceutical drug to treat pain, or illegally made and sold as an additive to intensify the effects of other drugs, such as heroin. As a Schedule II prescription drug, it is typically used to treat patients with severe or chronic pain or to manage post-surgical pain. Fentanyl is known by such names as Actiq®, Duragesic®, and Sublimaze® in prescription form. Street names: Fentanyl or for fentanyl-laced heroin are Apache, China girl, China white, dance fever, friend, Goodfella, jackpot, murder 8, tatch, Tango and Cash, and TNT.

Naloxone – an opioid antagonist drug given by injection, nasal inhalation or subcutaneously to block opioid effects in case of overdose. It works within minutes to reverse the effects of opioid overdose; effects last about 30-90 minutes; it is not effective with respiratory depression caused

by non-opioid drugs (such as cocaine, LSD, ecstasy (Molly), sedatives, tranquilizers or marijuana) or alcohol; antagonizes opioid effects such as respiratory depression, analgesia, and miosis. Repeat doses often needed due to naloxone's action time being shorter than the effects of many opioids.

Intranasal Naloxone - a mucosal atomization device, drug is a fine mist sprayed into nasal cavity; works quickly and painlessly in vascular mucosa to absorb naloxone directly into the bloodstream (slightly slower than intramuscular or intra-venous injections), minimal training involved for law enforcement personnel and trained friends or relatives of overdose victims to use; may need repeated doses. Commonly known brand name for intranasal naloxone is Narcan®.

Narcan® - the commercial brand name of the intranasal prescription medicine, naloxone (HCL), used for the treatment of an opioid emergency such as a possible overdose with signs of breathing problems, severe sleepiness or nonresponsiveness. NARCAN Nasal Spray is the FDA-approved nasal form of naloxone for the emergency treatment of a known or suspected life-threatening opioid overdose. The side-effects of Narcan are minimal, though its use may result in symptoms of acute opioid withdrawal in overdose patient.

Opioid Overdose - an opioid overdose (OD) is the body's response to being overwhelmed or poisoned by too much of a substance. Overdoses can be but are not always life-threatening or life ending. They can result in unconsciousness, respiratory depression or failure, sleepiness, contracted pupils, unresponsive, seizures, possible bluish skin color indicating lack of oxygen, cold, clammy skin, irregular or stopped, faint pulse. failed breathing, heart failure, and seizures. Many overdoses are the result of taking drugs of inconsistent or unknown strength or drugs that are mixed with other substances.

Scheduled Drugs - in 1971, under Title II of the Comprehensive Drug Abuse Prevention and Control Act, a federal drug policy was established for the United States regulating the manufacture, import, use, possession and distribution of categories of specific substances. Five Schedules (or classifications) were created, identifying drugs and other substances that met the qualifications and restrictions for each category. The Drug Enforcement Administration (DEA) classifies opioids and other drugs into three schedules (II, III, and IV), based upon their abuse potential and relative risks. For example, Schedule II includes drugs such as heroin or other substances with high potential for abuse, having no medical use, and determined medically unsafe.

APPENDIX 1: CALIFORNIA LAW ENFORCEMENT AGENCIES WITH NASAL NALOXONE PROGRAMS BY COUNTY

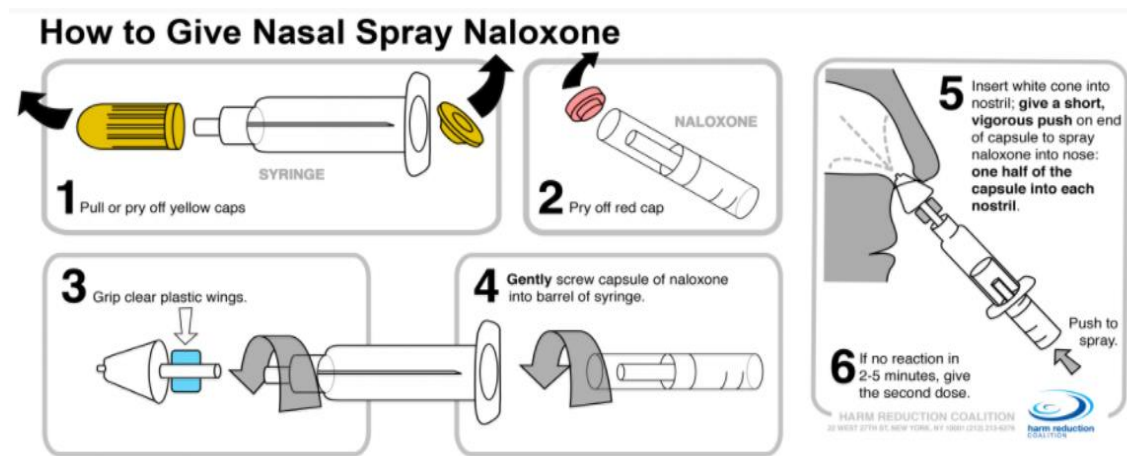
COUNTY	DEPARTMENT	DATE STARTED
Alameda	Alameda Sheriff/ K-9	July 2017
Alameda	Fremont	January 2018* ⁶⁶
Alameda	Newark	January 2018*
Amador	Amador Sheriff	November 2017
Butte County	Chico Police	February 2018
Contra Costa	Brentwood Police	March, 2018
Contra Costa	Contra Costa Sheriff	November 2017
Contra Costa	Lafayette Sheriff	November 2017
Contra Costa	Orinda Police	November 2017*
Contra Costa	Pleasant Hill Police	November 2017
Contra Costa	Pinole Police	November 2017*
Contra Costa	San Pablo Police	November 2017*
Fresno	Fresno Police	Spring, 2018
Fresno	Sheriff	November, 2017
Humboldt	Arcata Police	June 2016
Kern	Kern County Sheriff	August 2016
Kings	Hanford Police	August 2017
Kings	Kings County Sheriff	July 2017
Los Angeles	Glendora Police	2015

⁶⁶ * Department has approved an officer-carry naloxone program, but deployment is pending completed training.

COUNTY	DEPARTMENT	DATE STARTED
Los Angeles	Long Beach	Fall, 2017
Los Angeles	Los Angeles Police	Spring 2017
Los Angeles	Los Angeles Sheriff	June 2017
Marin	Central Marin Police Authority	April 2017
Marin	Fairfax Police	April 2017
Marin	Marin City Police	April 2017
Marin	San Rafael Police	April 2017
Monterey	Carmel Police	September 2017
Monterey	Pacific Grove Police	September 2017
Monterey	Seaside Police	November, 2017
Nevada	Grass Valley Police	September 2016
Orange	Orange County Sheriff	October 2015
Orange	Anaheim Police	September 2017
Placer	Roseville Police	July 2017
Sacramento County	Sacramento Police	February 2018
Sacramento County	Sacramento Sheriff	February 2018
San Diego	San Diego Sheriff	July 2014
San Francisco	San Francisco Police	March 2015
Santa Barbara	Santa Barbara Sheriff	April 2017
Santa Clara	Campbell Police	March 2017
Santa Cruz	Santa Cruz Police	December 2016

COUNTY	DEPARTMENT	DATE STARTED
Shasta	Redding Police	December 2018
Shasta	Shasta Sheriff	August 2016
Solano	Benicia Police	January 2018
Solano	Vallejo Police	March 2018
Sonoma	Petaluma Police	April 2018
Tehama	Tehama Police	September 2017*

APPENDIX 2: NASAL NALOXONE ADMINISTRATION INSTRUCTIONS



Issued: June 28, 2018



County of San Mateo

Inter-Departmental Correspondence

Department: COUNTY MANAGER

File #: 18-912

Board Meeting Date: 10/2/2018

Special Notice / Hearing: None
Vote Required: Majority

To: Honorable Board of Supervisors

From: John L. Maltbie, County Manager

Subject: Board of Supervisors' Response to the 2017-2018 Civil Grand Jury Report, "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

RECOMMENDATION:

Approve the Board of Supervisors' response to the 2017-2018 Grand Jury Report, "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses."

BACKGROUND:

On June 28, 2018, the 2017-2018 San Mateo County Civil Grand Jury issued a report titled "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses." The Board of Supervisors is required to submit comments on the findings and recommendations pertaining to the matters over which it has some decision making authority within 90 days. The Board's response to the report is due to the Honorable V. Raymond Swope no later than September 26, 2018.

DISCUSSION:

The Grand Jury made eight findings and four recommendations in its report. The Board responses follow each finding and the eight recommendations that the Grand Jury requested that the Board respond to within 90 days.

FINDINGS

Finding 1:

Untreated opioid overdose can cause brain damage and death.

Response:

The respondent agrees with the finding.

Finding 2:

Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response:

The respondent agrees with the finding.

Finding 3:

Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response:

The respondent agrees with the finding.

Finding 4:

Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response:

The respondent disagrees with the finding. Law enforcement personnel assigned to the San Mateo County Narcotics Task Force, the Sheriff's Crime Suppression Unit (gangs and street drugs) and the Vehicle Theft Task Force currently carry naloxone.

Finding 5:

Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response:

The respondent agrees with the finding.

Finding 6:

Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response:

The respondent agrees with the finding.

Finding 7:

Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response:

The respondent agrees with the finding.

Finding 8:

Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response:

The respondent partially disagrees with the finding. The preliminary estimate for equipping all law enforcement personnel in the San Mateo County Sheriff's Office is \$50,000.

RECOMMENDATIONS

Recommendation 1:

Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

Response:

The San Mateo County Sheriff's Office has developed policy, trained, and equipped our personnel working assignments with a heightened risk of exposure to fentanyl derivatives with intranasal naloxone. These assignments include sworn personnel assigned to the San Mateo County Narcotics Task Force, the Sheriff's Crime Suppression Unit (gangs and street drugs) and the Vehicle Theft Task Force.

Further, we have naloxone available to both staff and inmates through Correctional Health Services. Naloxone is currently deployed in three locations in Corrections.

1. The nurse's station at Intake at the Maguire Correctional Facility
2. The medical "crash cart" at the Maguire Correctional Facility
3. The medical "crash cart" at the Maple Street Correctional Center

As a point in reference, a "crash cart" is a medical term used in hospitals for a cart containing various emergency medicine and equipment that nurses deploy during medical emergencies. Medical personnel are on duty 24 hours a day in both Correctional Facilities.

Recommendation 2:

Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

Response:

The San Mateo County Sheriff's Office has completed its evaluation and will begin the process of training and equipping all law enforcement officers in the agency with intranasal naloxone.

Recommendation 3:

Train and equip Coroner's Office personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

Response:

The recommendation has not yet been implemented, but will be implemented in the future. The Office of the Coroner agrees that personnel at a heightened risk of exposure to fentanyl derivatives should be equipped with intranasal naloxone; however, the response vehicles driven by personnel and the locations where they usually congregate and work would need to be additionally equipped with AED devices. The procurement of at least 8 AED devices to accompany at least 9 naloxone kits would burden the Office of the Coroner's budget. As a result, the Office of the Coroner will research funding opportunities to alleviate the cost of acquiring the naloxone and AED devices.

Recommendation 4:

Train and equip Sheriff's Forensic Lab personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

Response:

The San Mateo County Sheriff's Office will train and equip Sheriff's Forensic Lab personnel with intranasal naloxone by December 31, 2018.

Acceptance of the report contributes to the Shared Vision 2025 outcome of a Collaborative Community by ensuring that all Grand Jury findings and recommendations are thoroughly reviewed by the appropriate County departments and that, when appropriate, process improvements are made to improve the quality and efficiency of services provided to the public and other agencies.

FISCAL IMPACT:

There is no Net County Cost associated with accepting this report.



BROADMOOR POLICE DEPARTMENT

388 Eighty Eighth Street
Broadmoor, CA 94015-1717
(650) 755-3838 • Fax (650) 755-9732



David Parenti
Chief of Police

Board of Police Commissioners
Hon. Michael P. Connolly
Hon. Ralph Hutchens
Hon. Sylvia Koh

January 17, 2019

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center, 2nd Floor
Redwood City, CA 94063-1655

Subject: Broadmoor Police Protection District's response to 2017-2018 Civil Grand Jury Report entitled "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

Honorable Judge Swope,

After reviewing the 2017-2018 Grand Jury report entitled "'Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses,'" The Broadmoor Police Protection District respectfully submit our responses to the Grand Jury's findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response: The Broadmoor Police Protection District agrees with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response: The Broadmoor Police Protection District agrees with this finding.

F3. Narcan@ is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response: The Broadmoor Police Protection District agrees with this finding.

F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response: The Broadmoor Police Protection District agrees with this finding.

F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response: The Broadmoor Police Protection District agrees with this finding.

F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response: The Broadmoor Police Protection District agrees with this finding.

- F7. Certain law enforcement officers and Sheriff Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.**

Response: The Broadmoor Police Protection District agrees with this finding.

- F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.**

Response: The Broadmoor Police Protection District agrees with this finding.

The following are the Broadmoor Police Protection District's responses to the Grand Jury's recommendations:

- R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.**

Response: The Broadmoor Police Department is in the process of training all officers on administering intranasal naloxone, and we anticipate equipping all officers with intranasal naloxone by January 31, 2019.

- R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.**

Response: The Broadmoor Police Department is in the process of training all officers on administering intranasal naloxone, and we anticipate equipping all officers with intranasal naloxone by January 31, 2019.

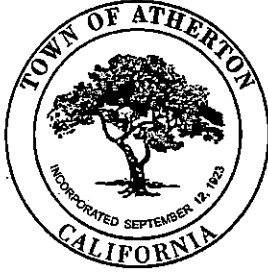
The Broadmoor Police Commission approved this response letter at its public meeting on December 11th, 2018.

Sincerely,



Chief David Parenti

Broadmoor Chief of Police/District Manager



Town of Atherton
Office of the Mayor
91 Ashfield Road
Atherton, California 94027
Phone: (650) 752-0500
Fax: (650) 614-1212

September 21, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center; 2nd Floor
Redwood City, CA 94063-1655

Subject: Response of the Town of Atherton to the Grand Jury Report "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

Dear Judge Swope,

Thank you for the opportunity to respond to the Grand Jury report entitled "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses." The Town of Atherton's response to both the findings and recommendations are listed below.

Responses to Grand Jury Findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response:

The Town of Atherton agrees with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response:

The Town of Atherton understands this finding and believes it to be true.

F3. Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response:

The Town of Atherton agrees with this finding.

F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response:

The Town of Atherton agrees with this finding.

F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response:

The Town of Atherton agrees with this finding.

F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response:

The Town of Atherton agrees with this finding.

F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response:

The Town of Atherton agrees with this finding.

F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response:

The Town of Atherton agrees with this finding.

Responses to Grand Jury Recommendations:

The 2017-2018 San Mateo County Civil Grand Jury recommends that the San Mateo County Sheriff's Office, the Broadmoor Police Protection District, and the Police Departments of Atherton, Belmont, Brisbane, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Hillsborough, Menlo Park, Pacifica, Redwood City, San Bruno, San Mateo, and South San Francisco, do the following by December 31, 2018:

R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

Response:

The purchase of intranasal naloxone hydrochloride will be included in the Fiscal Year 2018/2019 Atherton Police Department budget. In addition, the Atherton Police Department will provide its officers with training on the risk of exposure to fentanyl derivatives and equip the officers with intranasal naloxone as a minimum standard of practice. The Police Department is finalizing the development of policy and training for staff. It is anticipated that this substance will be deployed in the field by the fall of 2018.

R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

Response:

The Town of Atherton will ensure that all officers are trained and equipped with intranasal naloxone in order to protect themselves and the general public. It is anticipated that this substance will be deployed in the field by the fall of 2018.

Sincerely,

Cary Wiest
Mayor



OFFICE OF THE CORONER

COUNTY OF SAN MATEO

50 TOWER ROAD • SAN MATEO • CALIFORNIA 94402

ROBERT J. FOUCRAULT
CORONER

EMILY N. TAUSCHER
ASSISTANT CORONER

August 14, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center, 2nd floor
Redwood City, CA 94063-1655

Re: Law Enforcement Officers + Narcan = Lives Saved from Opioid Overdoses

Dear Judge Swope,

We are in receipt of the Grand Jury's final report "Law Enforcement Officers + Narcan = Lives Saved from Opioid Overdoses." Pursuant to your request for response, the Office of the Coroner responds to the Grand Jury's findings, conclusions and recommendations as follows:

Findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response: The Office of the Coroner **agrees** with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response: The Office of the Coroner **partially disagrees** with this finding. The deployment of naloxone may stop and reverse the effects of opioid overdose; however, the naloxone may take several minutes to work. A person who suffers an overdose stops breathing and requires chest compressions from cardiopulmonary resuscitation (CPR) to maintain blood flow and oxygen to the brain. An automated external defibrillator (AED) can be deployed to restore a normal heart rhythm. Despite the deployment of naloxone, in the several minutes awaiting the effects, the person could be suffering from brain damage and death if the deployment of naloxone is not accompanied with chest compressions and AED.

F3. Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response: The Office of the Coroner **agrees** with this finding.

F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response: The Office of the Coroner neither **agrees nor disagrees** with this finding. The Office of the Coroner is not intimately familiar with the practices of other emergency responder jurisdictions regarding whether response equipment includes naloxone and does not have enough information to comment on this finding.

F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response: The Office of the Coroner **agrees** with this finding.

F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response: The Office of the Coroner neither **agrees nor disagrees** with this finding. The Office of the Coroner is not intimately familiar with the roles and responsibilities of Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units and does not have enough information to comment on this finding.

F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response: The Office of the Coroner **agrees** with the finding Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives. The Office of the Coroner neither **agrees nor disagrees** with the finding certain law enforcement officers and Sheriff's Forensic Lab personnel are at heightened risk of exposure to fentanyl derivatives. The Office of the Coroner is not intimately familiar with the roles and responsibilities of law enforcement officers and Sheriff's Forensic Lab personnel.

F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response: The Office of the Coroner **disagrees wholly** with this finding. The responsible deployment of naloxone would be accompanied by the performance of CPR and use of AED, if needed. The associated costs of equipping and training officers would require the procurement of AED for response vehicles. While the Grand Jury referenced a Narcan Field Kit could cost \$137, an AED can cost between \$1200 (Heartsine PAD 350P) to \$3000 (Zoll AED Pro). The costs to equip all the response vehicles driven by personnel at heightened risk of exposure and locations where personnel at heightened risk of exposure operate could not be absorbed into the Coroner's Office existing budget.

Recommendations:

R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

Response: This recommendation does not pertain to the Office of the Coroner.

R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

Response: This recommendation does not pertain to the Office of the Coroner.

R3. Train and equip Coroner's Office personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

Response: The recommendation has not yet been implemented, but will be implemented in the future. The Office of the Coroner agrees that personnel at a heightened risk of exposure to fentanyl derivatives should be equipped with intranasal naloxone; however, the response vehicles driven by personnel and the locations where they usually congregate and work would need to be additionally equipped with AED devices. The procurement of at least 8 AED devices to accompany at least 9 naloxone kits would burden the Office of the Coroner's budget. As a result, the Office of the Coroner will research funding opportunities to alleviate the cost of acquiring the naloxone and AED devices.

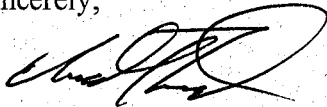
R4. Train and equip Sheriff's Forensic Lab personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

Response: This recommendation does not pertain to the Office of the Coroner.

The San Mateo County Office of the Coroner appreciates the opportunity to provide written responses to the San Mateo County Civil Grand Jury Report "Law Enforcement Officers + Narcan = Lives Saved from Opioid Overdoses."

Should the Grand Jury require any additional information, please contact me directly at 650-312-5233.

Sincerely,



Robert J. Foucrault
Coroner

cc: San Mateo County Board of Supervisors
Rodina M. Catalano, Court Executive Officer



COUNTY OF SAN MATEO
OFFICE OF THE SHERIFF

CARLOS G. BOLANOS
SHERIFF

MARK C. ROBBINS
UNDERSHERIFF

400 COUNTY CENTER ◻ REDWOOD CITY ◻ CALIFORNIA 94063-1662 ◻ TELEPHONE (650) 599-1664 ◻ www.smcsheriff.com

ADDRESS ALL COMMUNICATIONS TO THE SHERIFF

August 14, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
C/O Charlene Kresevich
Hall of Justice
400 County Center; 2nd Floor
Redwood City CA 94063-1655

Re: Grand Jury Report: "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

Dear Judge Swope:

Please accept this letter as a formal report back to the Court on the Grand Jury Report on the issuance of Narcan to law enforcement officers within the County. The information in this letter references the Findings and Recommendations contained within the Grand Jury Report filed on June 28, 2018.

FINDINGS

Finding #1

Untreated opioid overdose can cause brain damage or death.

The respondent agrees with the finding.

Finding #2

Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

The respondent agrees with the finding.

Finding #3

Narcan is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

The respondent agrees with the finding.

Finding #4

Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

The respondent disagrees with the finding. Law enforcement personnel assigned to the San Mateo County Narcotics Task Force, the Sheriff's Crime Suppression Unit (gangs and street drugs) and the Vehicle Theft Task Force currently carry naloxone.

Finding #5

Law enforcement officers may arrive at the scene of an opioid overdose before paramedics.

The respondent agrees with the finding.

Finding #6

Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at heightened risk of exposure.

The respondent agrees with the finding.

Finding #7

Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

The respondent agrees with the finding.

Finding #8

Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

The respondent partially disagrees with the finding. The preliminary estimate for equipping all law enforcement personnel in the San Mateo County Sheriff's Office is \$50,000.

RECOMMENDATIONS

Recommendation #1

Train and equip law enforcement officers at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

The San Mateo County Sheriff's Office has developed policy, trained, and equipped our personnel working assignments with a heightened risk of exposure to fentanyl

derivatives with intranasal naloxone. These assignments include sworn personnel assigned to the San Mateo County Narcotics Task Force, the Sheriff's Crime Suppression Unit (gangs and street drugs) and the Vehicle Theft Task Force.

Further, we have naloxone available to both staff and inmates through Correctional Health Services. Naloxone is currently deployed in three locations in Corrections.

1. The nurse's station at Intake at the Maguire Correctional Facility
2. The medical "crash cart" at the Maguire Correctional Facility
3. The medical "crash cart" at the Maple Street Correctional Center

As a point of reference, a "crash cart" is a medical term used in hospitals for a cart containing various emergency medicine and equipment that nurses deploy during medical emergencies. Medical personnel are on duty 24 hours a day in both Correctional Facilities.

Recommendation #2

Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and general public.

The San Mateo County Sheriff's Office has completed its evaluation and will begin the process of training and equipping all law enforcement officers in the agency with intranasal naloxone.

Recommendation #4

Train and equip Sheriff's Forensic Lab personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

The San Mateo County Sheriff's Office will train and equip Sheriff's Forensic Lab personnel with intranasal naloxone by December 31, 2018.

Sincerely,



Carlos G. Bolanos
Sheriff



August 28, 2018

Hon. V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center; 2nd Floor
Redwood City, CA 94063-1655

Dear Judge Swope,

Thank you for the opportunity to respond to the Grand Jury report entitled "Law Enforcement Officer + Narcan = Lives Saved From Opioid Overdoses." The City of Belmont's required responses, which were approved by the City Council on this date, are listed below:

Grand Jury Findings:

- F1. Untreated opioid overdose can cause brain damage and death.
- F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.
- F3. Narcan is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.
- F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.
- F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.
- F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.
- F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.
- F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

City of Belmont Response to Findings 1-8:

The City of Belmont generally agrees with the Grand Jury findings, although in some cases lacks the data to confirm or refute assertions.

Grand Jury Recommendations (Applicable to the City of Belmont):

R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

City of Belmont Response to Recommendations 1-2:

Staff is in the process of identifying policy and training needs that would have to be implemented with the intention to complete the recommendations within the next year.

Sincerely,



Daniel J. DeSmidt
Chief of Police



CITY OF BRISBANE

50 Park Place
Brisbane, California 94005-1310
(415) 508-2100
Fax (415) 467-4989

October 4, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 Old County Road, 2nd Floor
Redwood City, CA 94063-1655

Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses

Dear Honorable V. Raymond Swope:

This letter is in response to the 2017/2018 Grand Jury report of June 28, 2018, which contained findings that pertain to the City of Brisbane. Listed below are the Jury's findings and recommendations followed by the City of Brisbane response. The Brisbane City Council reviewed and approved the below recommendations at a public meeting on October 4, 2018. The City of Brisbane responds to the Grand Jury's findings, conclusions and recommendations as follows:

The San Mateo County 2017-2018 Grand Jury makes the following findings to the City Councils of the cities of San Mateo County:

F1: Untreated opioid overdose can cause brain damage and death.

RESPONSE: *The City of Brisbane Agrees with the finding. We have no reason to disagree with the information contained in the Grand Jury's report.*

F2: Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

RESPONSE: *The City of Brisbane Agrees with the finding. We have no reason to disagree with the information contained in the Grand Jury's report.*

F3: Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

RESPONSE: *The City of Brisbane Agrees with the finding. We have no reason to disagree with the information contained in the Grand Jury's report.*

F4: Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

RESPONSE: *The City of Brisbane Agrees with the finding. We have no reason to disagree with the information contained in the Grand Jury's report.*

F5: Law enforcement officers may arrive at the scene of opioid overdose before paramedics.



RESPONSE: *The City of Brisbane Agrees with the finding. We have no reason to disagree with the information contained in the Grand Jury's report.*

F6: Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

RESPONSE: *The City of Brisbane Agrees with the finding. We have no reason to disagree with the information contained in the Grand Jury's report.*

F7: Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

RESPONSE: *The City of Brisbane Agrees with the finding. We have no reason to disagree with the information contained in the Grand Jury's report.*

F8: Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

RESPONSE: *The City of Brisbane Agrees with the finding. We have no reason to disagree with the information contained in the Grand Jury's report.*

The San Mateo County 2017-2018 Grand Jury made a number of recommendations to the cities of San Mateo County, the San Mateo Sheriff, and the San Mateo County Coroner. Recommendations R1 and R2 pertain to the City of Brisbane.

R1: Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

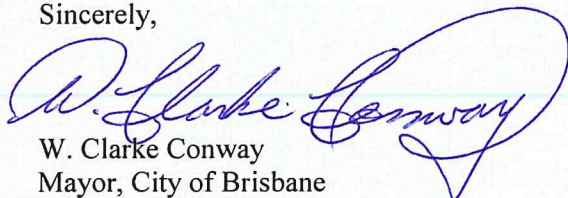
RESPONSE: *The recommendation has not yet been implemented, but will be implemented by December 30, 2018.*

R2: Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

RESPONSE: *The recommendation has not yet been implemented, but will be implemented by December 30, 2018.*

On behalf of the City of Brisbane, I would like to thank the members of the Grand Jury for their efforts.

Sincerely,


W. Clarke Conway
Mayor, City of Brisbane

CC: San Mateo County Grand Jury
Brisbane City Clerk



MICHAEL BROWNRIGG, MAYOR
DONNA COLSON, VICE MAYOR
EMILY BEACH
ANN KEIGHRAN
RICARDO ORTIZ

The City of Burlingame

CITY HALL -- 501 PRIMROSE ROAD
BURLINGAME, CALIFORNIA 94010-3997

TEL: (650) 558-7200
FAX: (650) 566-9282
www.burlingame.org

August 20, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center, 2nd Floor
Redwood City, CA 94063-1655

Subject: City of Burlingame's response to 2017-2018 Civil Grand Jury Report entitled "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

Dear Judge Swope:

After reviewing the 2017-2018 Grand Jury report entitled "'Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses," the following are the City of Burlingame's responses to the Grand Jury's findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response: The City of Burlingame agrees with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response: The City of Burlingame agrees with this finding.

F3. Narcan@ is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response: The City of Burlingame agrees with this finding.

F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response: The City of Burlingame agrees with this finding.

F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response: The City of Burlingame agrees with this finding.

- F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.**

Response: The City of Burlingame agrees with this finding.

- F7. Certain law enforcement officers and Sheriff Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.**

Response: The City of Burlingame agrees with this finding.

- F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.**

Response: The City of Burlingame agrees with this finding.

The following are the City of Burlingame's responses to the Grand Jury's recommendations:

- R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.**

Response: The Burlingame Police Department completed First Aid Training in 2017, and all officers received training in administering intranasal naloxone. However, officers were not equipped with intranasal naloxone at that time.

- R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.**

Response: The Burlingame Police Department will continue to train all officers on administering intranasal naloxone, and will equip all officers with intranasal naloxone by the Grand Jury's recommended date of December 31, 2018.

The Burlingame City Council approved this response letter at its public meeting on August 20, 2018.

Sincerely,


Michael Brownrigg
Mayor



TOWN OF COLMA

1198 El Camino Real • Colma, California • 94014-3212
Tel 650-997-8300 • Fax 650-997-8308

City Council

July 25, 2018

Raquel P. Gonzalez
Mayor

Honorable V. Raymond Swope
Judge of the Superior Court
Hall of Justice
400 County Center, 2nd Floor
Redwood City, CA 94063-1655

Joanne F. del Rosario
Vice Mayor

John Irish Goodwin
Council Member

Diana Colvin
Council Member

Re: Grand Jury Report: "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

Helen Fiscaro
Council Member

Dear Judge Swope:

City Manager

Brian Dossey
City Manager

The City Council received the San Mateo Civil Grand Jury report titled, "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

The Town was requested to submit comments regarding the findings and recommendations within 90 days and no later than September 26, 2018. The Town of Colma's response to both the findings and recommendations are listed below.

The Grand Jury instructed each agency in San Mateo County to respond to findings 1-8 (F1-F8) and recommendations 1-2 (R1-R2).

For the "findings", the Town was to indicate one of the following:

1. The respondent agrees with the finding.
2. The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefore.

Additionally, for each Grand Jury "recommendation", the Town was requested to report one of the following actions;

1. The recommendation has been implemented, with a summary regarding the implemented action.
2. The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.
3. The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body

4. of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the Grand Jury report.
5. The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the Grand Jury report.
6. The recommendation will not be implemented because it is not warranted or reasonable, with an explanation therefore.

The following are responses to findings 1-8:

F1. Untreated opioid overdose can cause brain damage and death.

Town Response: The Town of Colma agrees with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Town Response: The Town of Colma agrees with this finding.

F3. Narcan is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Town Response: The Town of Colma agrees with this finding.

F4. Fire department and ambulance paramedics are the only responders within the county currently carrying naloxone.

Town Response: The Town of Colma agrees with this finding.

F5. Law enforcement officers may arrive at the scene of an opioid overdose before paramedics.

Town Response: The Town of Colma agrees with this finding.

F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Town Response: The Town of Colma agrees with this finding.

F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of fentanyl derivatives.

Town Response: The Town of Colma agrees with this finding.

F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Town Response: The Town of Colma agrees with this finding.

The following are responses to recommendations 1-2:

R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

Town Response: The recommendation has not yet been implemented but will be implemented by December 31, 2018.

R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone to protect themselves and the public.

Town Response: The recommendation has not yet been implemented but will be implemented by December 31, 2018.

This response was approved by the City Council at the July 25, 2018 public meeting.

On behalf of the Town of Colma, I would like to thank the Grand Jury for their work on this report.

Sincerely,



Raquel P. Gonzalez
Mayor



CITY OF DALY CITY

333 - 90TH STREET

DALY CITY, CA 94015-1895

PHONE: (650) 991-8000

Sent Via Email: grandjury@sanmateocourt.org

August 22, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center, 2nd floor
Redwood City, CA 94063-1655

Re: Law Enforcement Officers + Narcan=Lives Saved from Opioid Overdoses

Dear Judge Swope,

We are in receipt of the Grand Jury's final report entitled; "Law Enforcement Officers + Narcan = Lives Saved from Opioid Overdoses." Pursuant to your June 28, 2018 request for response, the Daly City, City Council held a public meeting on August 13, 2018 and approved this response. The City of Daly City responds to the Grand Jury's findings, conclusions and recommendations as follows:

Findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response: The City agrees with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response: The City agrees with this finding.

F3. Narcan is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response: The City agrees with this finding.

- F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response: The city **neither agrees or disagrees** with this finding. Many San Mateo County Law Enforcement Agencies are exploring naloxone as a tool for combatting opioid overdoses. It is unknown if any police agencies have implemented a program as of this writing.

- F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response: The City **agrees** with this finding

- F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their role and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units and evidence-handling units are at a heightened risk of exposure.

Response: The City **agrees** with this finding.

- F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response: The City **agrees** with this finding.

- F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response: The City **agrees** with this finding.

RECOMMENDATIONS:

- R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives and intranasal naloxone as a minimum standard practice.

Response: The recommendation **has not yet been implemented, but will be implemented in the future.** The Daly City Police Department will issue naloxone to all sworn personnel by December 31, 2018.

- R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

Response: The recommendation **has not yet been implemented, but will be implemented in the future.** The Daly City Police Department will issue naloxone to all sworn personnel by December 31, 2018.

Honorable V. Raymond Swope
Page 3

The City of Daly City appreciates the opportunity to provide written responses to the San Mateo County Civil Grand Jury Report Law Enforcement Officers + Narcan=Lives Saves from Opioid Overdoses.

Should the Grand Jury require any additional information, please contact me directly at 650-991-8127.

Sincerely,



Shawna Maltbie
Interim City Manager

cc: City Council
Annette Hipona, City Clerk
Rose Zimmerman, City Attorney



CITY OF EAST PALO ALTO
OFFICE OF THE MAYOR
2415 UNIVERSITY AVENUE
EAST PALO ALTO, CA 94303

September 21, 2018

Hon. V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center; 2nd Floor
Redwood City, CA 94063-1655
Email: ckresevich@sanmateocourt.org

Dear Members of the Grand Jury,

The City of East Palo Alto does agree that untreated opioids can cause brain damage and death and Naloxone is a safe non-toxic drug that can stop and reverse the effects of opioids. Currently, the Fire department and paramedic ambulance provider that serves our city carry Naloxone. Although we only found three reported cases of opioid overdoses in our city in 2017, there is a possibility one of our police officers could arrive at the scene first. We further recognize that during the course of our police officer's duties, one of them could come in contact with opioids requiring them to need emergency treatment.

However, we disagree that training our personnel to become qualified to administer Naloxone is a simple low-cost process. Our research into the amount of training required for our personnel to be qualified to administer Naloxone to another person indicates they will be required to receive a minimum of one hour of training. Because our police department is small and we only have a limited number of officers on duty at any given time, we must conduct some of the training at the end of the officer's shift and this will cause us to incur overtime costs charged to the police departments training budget.

The police department will adjust its budget to fund the cost of purchasing the Naloxone, the cost related of paying for a qualified trainer to certify their personnel and the associated overtime costs related to this training. The police department anticipates having its officers trained by December 31, 2018.

Sincerely

Ruben Abrica
Mayor
City of East Palo Alto



CITY OF EAST PALO ALTO
OFFICE OF THE CITY MANAGER
2415 UNIVERSITY AVENUE
EAST PALO ALTO, CA 94303

Consent
Item #: 4F

City Council Agenda Report

Date: September 18 , 2018
To: Honorable Mayor and Members of the City Council
Via: Sean Charpentier, Assistant City Manager *Sean Charpentier*
From: Albert Pardini, Police Chief
Subject: Response to San Mateo County Civil Grand Jury Report:
“Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses”

Recommendation

Adopt a resolution approving the City Council’s response letter to the San Mateo Civil Grand Jury Report, Dated June 28, 2018, entitled “Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses” and authorizing the Mayor to sign the response letter and transmit it to the Presiding Judge of the Superior Court of San Mateo County.

Alignment with City Council Strategic Plan

This recommendation is primarily aligned with:

- Priority #1: Enhance Public Safety and Emergency Preparedness
- Priority #3: Increase Organizational Effectiveness and Efficiency
- Priority #6: Create a Healthy and Safe Community

Background

The San Mateo Civil Grand Jury filed a report on June 28, 2018 entitled, “Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses” California Penal Code Section 933.05 requires agencies that are the subject of such a report to reply in writing and to consider such a reply at a public meeting. The City must submit comments within 90 days or by September 26, 2018 to the Presiding Judge of the San Mateo County Superior Court.

The National Center for Disease Control (CDC) reported that in 2017 there were 49,068 deaths nationwide due to opioid overdoses. From 2002 to 2017, the CDC estimates a 4.1-fold increase in the total number of deaths due to all types of opioid drugs. In 2017, there were 39 opioid overdoses in the San Mateo County including 3 in East Palo Alto. In

addition to overdoses, the opioid ingredient Fentanyl is often in a power form that can be airborne and pose a risk to public safety workers. The City Manager has prepared the attached reply in consultation with staff, the City Attorney and the Mayor. The reply is presented here for Council consideration and approval.

The responsibility and guidelines for responses to Grand Jury reports are included in the California Penal Code 933. Responding entities must respond within 90 days. The response must indicate that the respondent agrees with the finding or disagrees wholly or partially with the finding, in which case the response must specify the portion of the finding that is disputed and include an explanation of the reasons. Related to specific recommendations included in the Grant Jury report, the respondent must indicate the following:

- The recommendation has been implemented, with a summary regarding the implemented action.
- The recommendation has not yet been implemented, but will be implemented in the future, with a timeframe for implementation.
- The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a timeframe for the matter to be prepared for discussion by the officer or head of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This timeframe shall not exceed six months from the date of publication of the grand jury report.
- The recommendation will not be implemented because it is not warranted or is not reasonable, with an explanation.

Analysis

This staff report is in response to the Civil Grand Jury report entitled “Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses” (the Report) that was released on June 28, 2018. The Report researched whether law enforcement officers and public employees in San Mateo County should be trained and equipped to provide emergency opioids overdose medication to prevent deaths. The Civil Grand Jury developed eight (8) findings and made four (4) recommendations. However, only two (2) of the four (4) recommendations pertain to law enforcement personnel, the other two (2) recommendations are directed to members of the Coroner’s office and Sheriff’s Forensic Lab.

Response to Civil Grand Jury Findings:

F1. Untreated opioids overdose can cause brain damage and death.

Response to F1: The respondent agrees with the finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioids overdose.

Response to F2: The respondent agrees with the finding.

F3. Narcan is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response to F3: The respondent agrees with the finding.

F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response to F4: The respondent agrees with the finding.

F5. Law enforcement officers may arrive at the scene of opioids overdose before paramedics.

Response to F5: The respondent agrees with the finding.

F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crimes suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response to F6: The respondent agrees with the finding.

F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroners' Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response to F7: The respondent agrees with the finding.

F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response to F8: The respondent disagrees with this statement as the costs associated with purchasing the naloxone, paying for a certified medical professional to train the department personnel and the overtime required to train the patrol division were not included in the budget. This will require the department to re-direct funds from the existing budget to equip and train our personnel.

Response to Civil Grand Jury Recommendations:

Recommendation 1 (R1): Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

Response to R1: The East Palo Alto Police Department has a total of thirty-six sworn personnel and all but two are assigned to patrol or investigations duties. Because any of the thirty-four individuals has the potential to be exposed to fentanyl derivatives, the most practical response is to train all of the sworn personnel to administer naloxone.

Recommendation 2 (R2): Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

Response to R2: The East Palo Alto Police Department has a total of thirty-six sworn personnel and all will be trained to administer intranasal naloxone in order to protect themselves and the general public.

Recommendation 3 (R3): Train and equip Coroner's Office personnel at a heightened risk of exposure to the fentanyl derivatives with intranasal naloxone.

Response to R3: This recommendation does not apply to the East Palo Alto Police Department.

Recommendation 4 (R4): Train and equip Sheriff's Forensic Lab personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

Response to R4: This recommendation does not apply to the East Palo Alto Police Department.

Policy Issues

Staff will draft a policy based on the training received from the certified medical professional utilizing the "best practices" for first responders.

Fiscal Impact

It is estimated to cost approximately \$750.00 to pay for a certified medical professional to train the department personnel to administer naloxone. Many of the police department staff will be trained while on-duty except for some of the patrol division officers who will be required to stay after their assigned shift. The related overtime costs are expected to be approximately \$1,100.00. Lastly, the purchase of the naloxone and related supplies are expected to be approximately \$2,500.00. In total, implementing the recommendation of the Grand Jury is approximately \$4,350.00. The shelf life of the naloxone is two years so cost of replacing it will be minimal and can be placed into future budgets.

Public Notice

The public was provided notice of this agenda item by posting the City Council agenda on the City's official bulletin board outside City Hall and making the agenda and report available at the City's website and at the San Mateo Co. Library located at 2415 University Avenue, East Palo Alto.

Environmental

The action being considered by the City Council is exempt from the California Environmental Quality Act (CEQA) because it is not a “project” pursuant to 15378(b)(4) because it is a fiscal activity which does not involve any commitment to any specific project which may result in a potentially significant impact on the environment.

Attachments

1. Resolution
2. Mayors written response to San Mateo Civil Grand Jury Report
3. 2017-2018 San Mateo Civil Grand Jury Report:
“Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses”

RESOLUTION NO. _____

**A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF EAST PALO ALTO
AUTHORIZING THE MAYOR TO FILE A RESPONSE TO THE SAN MATEO CIVIL
GRAND JURY REPORT DATED JUNE 28, 2018, ENTITLED “LAW
ENFORCEMENT OFFICERS + NARCAN = LIVES SAVED FROM OPIOID
OVERDOSES”**

WHEREAS, pursuant to California Penal Code section 933, a public agency which receives a Grand Jury Report addressing aspects of the public agency's operations, must respond to the Report's findings and recommendations contained in the Report in writing within ninety days to the Presiding Judge of the San Mateo County Superior Court; and

WHEREAS, the City Council has received and reviewed the San Mateo Grand Jury Report, dated June 28, 2018, entitled “Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses”; and

WHEREAS, the City Council has reviewed and considered the response to the Grand Jury, which is Attachment 3 of the Staff Report accompanying this Resolution.

NOW, THEREFORE, BE IT RESOLVED THAT THE CITY COUNCIL OF THE CITY OF EAST PALO ALTO hereby approves the City Council’s response letter to the San Mateo Grand Jury Report, dated June 28, 2018, entitled “Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses” as stated in Exhibit A, which is incorporated herein by this reference, and authorizes the Mayor to sign the response letter and transmit it to the Presiding Judge of the Superior Court of San Mateo County.

PASSED AND ADOPTED this 18th day of September, 2018, by the following vote:

AYES:

NOES:

ABSENT:

ABSTAIN:

SIGNED:

Ruben Abrica, Mayor

ATTEST:

APPROVED AS TO FORM:

María Buell, Deputy City Clerk

Rafael E. Alvarado Jr., City Attorney



City of Foster City

ESTERO MUNICIPAL IMPROVEMENT DISTRICT

610 FOSTER CITY BOULEVARD
FOSTER CITY, CA 94404-2222

August 20, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center; 2nd Floor
Redwood City, CA 94063-1655

RE: Response of the City of Foster City to the Grand Jury Report “Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses”

Honorable V. Raymond Swope:

Thank you for the opportunity to review and comment on the above referenced Grand Jury Report issued on June 28, 2018. The City of Foster City’s response to both the findings and recommendations are listed below.

Responses to Grand Jury Findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response to F1:

The City agrees with this finding, relying on the Grand Jury’s representations in their report.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response to F2:

The City agrees with this finding, relying on the Grand Jury’s representations in their report.

F3. Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response to F3:

The City agrees with this finding, relying on the Grand Jury's representations in their report.

- F4. Fire department and ambulance paramedics are the only emergency responders within the county currently carrying naloxone.

Response to F4:

The City agrees with this finding, relying on the Grand Jury's representations in their report. However, since the completion of this report, several law enforcement agencies are at different stages of deploying intranasal naloxone.

- F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response to F5:

The City agrees with this finding, relying on the Grand Jury's representations in their report.

- F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response to F5:

The City agrees with this finding, relying on the Grand Jury's representations in their report.

- F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response to F7:

The City agrees with this finding, relying on the Grand Jury's representations in their report.

- F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response to F7:

The City agrees with this finding, relying on the Grand Jury's representations in their report.

Responses to Grand Jury Recommendations:

- R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

Response to R1:

The City of Foster City has completed an evaluation and will be equipping all Foster City Police Department officers with access to intranasal naloxone for the protection of the public and the officers. We anticipate having our policy, training and purchase of intranasal naloxone completed within the next few months.

- R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

Response to R2:

The City of Foster City has completed an evaluation and will be equipping all Foster City Police Department officers with access to intranasal naloxone for the protection of the public and the officers. We anticipate having our policy, training and purchase of intranasal naloxone completed within the next few months.

Pursuant to Penal Code Section 933.05 and the Brown Act, this response to the Grand Jury was approved by Minute Order at a public meeting on August 20, 2018.

Respectfully,



Sam Hindi
Mayor, City of Foster City

Enclosure

MINUTE ORDER

No. 1558

OFFICE OF THE CITY CLERK
FOSTER CITY, CALIFORNIA


Date: August 22, 2018

Attention: City Council/EMID Board
Jeff Moneda, City Manager
Joe Pierucci, Police Chief
Tracy Avelar, Police Captain

City Council/EMID Board of Directors Meeting Date: August 20, 2018

Subject: Response to the San Mateo County Civil Grand Jury Report, Dated June 28, 2018, Entitled "Law Enforcement Officers + Narcan = Lives Saved From Opiod Overdoses"

Motion by Councilmember Perez, seconded by Councilmember Bronitsky, and carried unanimously by roll call vote, 5-0-0, IT WAS ORDERED approving the response letter to the Honorable V. Raymond Swope, Judge of the Superior Court, pertaining to the San Mateo County Civil Grand Jury Report, dated June 28, 2018.



CITY CLERK/DISTRICT SECRETARY
BY YELENA CAPPELLO, DEPUTY CITY CLERK



TOWN OF HILLSBOROUGH

1600 FLORIBUNDA AVENUE

HILLSBOROUGH

CALIFORNIA

94010-6418

August 14, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center, 2th Floor
Redwood City, CA 94063-1655

Re: Grand Jury Report: "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

Dear Judge Swope:

The City Council received the San Mateo County Civil Grand Jury report titled, "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses". The Town was requested to submit comments in regards to the findings and recommendations within 90 days and no later than September 26, 2018.

The report contains findings and recommendations pertaining to the Hillsborough Police Department. The Grand Jury instructed each agency in San Mateo County to respond to findings 1-8 (F1-F8) and for the Hillsborough Police Department to respond to recommendations 1 and 2 (R1 and R2).

For the "findings", the Town was to indicate one of the following:

1. The respondent agrees with the finding.
2. The respondent disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons therefore.

Additionally, for each Grand Jury "recommendation", the Hillsborough Police Department was requested to report one of the following actions:

1. The recommendation has been implemented, with a summary regarding the implemented action.
2. The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.

3. The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the Grand Jury report.
4. The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of publication of the Grand Jury report.
5. The recommendation will not be implemented because it is not warranted or reasonable, with an explanation therefore.

On August 13, 2018, the Hillsborough City Council held a public meeting and approved the following responses:

FINDINGS:

The 2017-2018 San Mateo County Civil Grand Jury finds the following to be true:

- F1. Untreated opioid overdose can cause brain damage and death.

The Town of Hillsborough agrees with this finding based on the research conducted by the Grand Jury.

- F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

The Town of Hillsborough agrees with this finding based on the research conducted by the Grand Jury.

- F3. Narcan[®] is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

The Town of Hillsborough agrees with this finding based on the research conducted by the Grand Jury.

- F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

The Town of Hillsborough agrees with this finding based on the research conducted by the Grand Jury.

- F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

The Town of Hillsborough agrees with this finding based on the research conducted by the Grand Jury.

- F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

The Town of Hillsborough agrees with this finding based on the research conducted by the Grand Jury.

- F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

The Town of Hillsborough agrees with this finding based on the research conducted by the Grand Jury.

- F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

The Town of Hillsborough agrees with this finding based on the research conducted by the Grand Jury.

RECOMMENDATIONS:

The 2017-2018 San Mateo County Civil Grand Jury recommends that the San Mateo County Sheriff's Office, the Broadmoor Police Protection District, and the Police Departments of Atherton, Belmont, Brisbane, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Hillsborough, Menlo Park, Pacifica, Redwood City, San Bruno, San Mateo, and South San Francisco, do the following by December 31, 2018:

- R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

The recommendation has not yet been implemented and will be implemented prior to the end of 2018.

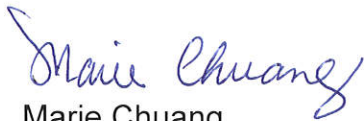
Honorable V. Raymond Swope
August 14, 2018
Page 4

R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

The recommendation has been implemented. There are currently conflicting recommendations on how to safely utilize intranasal naloxone. The matter remains under evaluation.

On behalf of the Town of Hillsborough, I would like to thank the Grand Jury for their work on this report.

Sincerely,

A handwritten signature in blue ink that reads "Marie Chuang". The signature is written in a cursive, flowing style.

Marie Chuang
Mayor



August 28, 2018

The Honorable V. Raymond Swope
Superior Court of California, County of San Mateo
400 County Center
Redwood City, CA 94063

RE: Grand Jury Report “Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses”

Dear Judge Swope,

The Menlo Park City Council received the above referenced San Mateo County Civil Grand Jury Report in June of 2018. The report identifies certain findings and recommendations, and requests that the City Council respond in writing to those findings no later than September 26, 2018. On August 28, 2018, the Menlo Park City Council held a public meeting and approved this response.

Regarding the “findings” of the San Mateo County Civil Grand Jury, Council is requested to respond with one of the following:

1. Council agrees with the finding.
2. Council disagrees wholly or partially with the finding, in which case the response shall specify the portion of the finding that is disputed and shall include an explanation of the reasons thereafter.

Regarding the “recommendations” of the San Mateo County Civil Grand Jury, Council is requested to report one of the following actions:

1. The recommendation has been implemented, with a summary regarding the implemented action.
2. The recommendation has not yet been implemented, but will be implemented in the future, with a time frame for implementation.
3. The recommendation requires further analysis, with an explanation and the scope and parameters of an analysis or study, and a time frame for the matter to be prepared for discussion by the officer or director of the agency or department being investigated or reviewed, including the governing body of the public agency when applicable. This time frame shall not exceed six months from the date of the publication of the Grand Jury report.
4. The recommendation will not be implemented because it is not warranted or reasonable with an explanation therefore.

Findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response

The City of Menlo Park agrees with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response

The City of Menlo Park agrees with this finding.

F3. Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response

The City of Menlo Park agrees with this finding.

F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response

The City of Menlo Park agrees with this finding.

F5. Law enforcement officers may arrive at the scene of an opioid overdose before paramedics.

Response

The City of Menlo Park agrees with this finding.

F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response

The City of Menlo Park agrees with this finding.

F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at a heightened risk of exposure to fentanyl derivatives.

Response

The City of Menlo Park agrees with this finding.

F8. Equipping and training officers with the intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response

The City of Menlo Park agrees with this finding.

Recommendations:

The Civil Grand Jury recommends that the Police Department of the City of Menlo Park:

R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naxolone as a minimum standard of practice.

Response

This recommendation is currently being implemented for all sworn Menlo Park Police Officers and those employees who face a heightened risk of exposure.

The Menlo Park Police Department has already established an Opioid Medical Aid and Response policy which was approved by the San Mateo County EMS Medical Director. The policy provides direction in identifying, responding to, and administering naxolone during an opioid overdose. Additionally, the policy also provides guidelines for the content of both initial and subsequent refresher training.

The Menlo Park Police Department expects to have all identified personnel trained and equipped with naxolone by December 1, 2018.

R2. Evaluate training and equipping all law enforcement officers with intranasal naxolone in order to protect themselves and the general public.

Response

This recommendation is currently being implemented for all sworn Menlo Park Police Officers and those employees who face a heightened risk of exposure.

The Menlo Park Police Department has already established an Opioid Medical Aid and Response policy which was approved by the San Mateo County EMS Medical Director. The policy provides direction in identifying, responding to, and administering naxolone during an opioid overdose. Additionally, the policy also provides guidelines for the content of both initial and subsequent refresher training.

The Menlo Park Police Department expects to have all identified personnel trained and equipped with naxolone by December 1, 2018.

Sincerely,



Peter I. Ohtaki

Mayor

Enclosure:

Draft Menlo Park Police Department Opioid Medical Aid and Response policy

Narcotic Overdose Medical Aid and Response

470.1 PURPOSE AND SCOPE

This policy recognizes that members may encounter persons who appear to be in need of medical aid. This policy establishes guidelines and regulations governing the utilization and reporting of naloxone by members of the Menlo Park Police Department for opiate exposure/overdose. The objective of this policy is to treat and reduce injuries and fatalities from opiate overdose and when encountering individuals needing medical aid.

470.2 POLICY

It is the policy of the Menlo Park Police Department that all officers and other designated members be trained to identify, respond, and administer treatment to individuals needing medical aid until Emergency Medical Services (EMS) can arrive.

All Menlo Park Police Department police officers are required to be initially trained in the use of naloxone by the Menlo Park Police Department's training staff.

1. Each department issued cell phone shall have the application PULSEPOINT downloaded and functioning.
2. The Department should consider providing employees with Body Substance Isolation (BSI) protection consisting of gloves, eye shields, and face masks.
3. EMS shall be contacted for any patient/officer suffering from narcotic overdose or receiving naloxone administration.

470.3 ADMINISTRATION OF OPIOID OVERDOSE MEDICATION

Members may administer naloxone in accordance with this policy and any direction provided by the licensed health care provider who prescribed, dispensed and/or issued a standing order for the medication when all of the following criteria have been met (Civil Code § 1714.22; 22 CCR 100019):

- (a) The member has completed an opioid overdose prevention and treatment training program compliant with Civil Code § 1714.22 and tested to demonstrate competence following initial instruction. Minimum one-hour training.
- (b) The member has been authorized by the medical director of the Local Emergency Medical Services Agency (LEMSA).
- (c) In accordance with California Peace Officer Standards and Training (POST) standards.

470.4 OPIOID OVERDOSE MEDICATION USER RESPONSIBILITIES

Members who are qualified to administer naloxone should handle, store and administer the medication consistent with their training. Members should check the medication and associated

Menlo Park Police Department

Menlo Park PD Policy Manual

Narcotic Overdose Medical Aid and Response

administration equipment at the beginning of their shift to ensure they are serviceable and not expired. Any expired medication, used or unserviceable administration equipment should be removed from service and given to the Training Manager.

When deploying naloxone, members will maintain universal precautions and personal safety, perform a patient assessment, and determine unresponsiveness, absence of breathing and/or lack of pulse and update the communications that the patient is in cardiac arrest and a potential overdose state, if applicable. Communications will then update the fire department and ambulance service, if not already done, to arrange for transport to a local hospital emergency department.

If practicable, prior to any member administering opioid overdose medication, they should notify Public Safety Communications and request response by Emergency Medical Service (EMS). Otherwise, notification should occur as soon as possible. The member shall also notify their supervisor as soon as practicable.

470.5 OPIOID OVERDOSE MEDICATION REPORTING

Any use of opioid overdose medication requires a written report.

Responsibilities:

- Officer - Any member administering opioid overdose medication shall detail its use in an appropriate report.
- Sergeant/Supervisor - The supervisor will ensure that the report contains the needed information to meet applicable reporting requirements. In addition, the supervisor shall notify via email the appropriate division commander within 24 hours of the use of opioid overdose medication. The notification will include the date of the incident, case number, and involved staff.
- Department - Shall complete and submit the San Mateo County Law Enforcement reporting form to the San Mateo County Medical Director, and keep a copy of the form on file with the original report.
- Records Division - Staff will process the report and forward a copy of the report to the San Mateo County Emergency Medical Services Agency.

470.6 OPIOID OVERDOSE MEDICATION TRAINING

The Menlo Park Police Department Training Unit should insure initial and refresher training in compliance with POST Continuing Professional Training (CPT - 2 year cycle) is provided to members authorized to administer opioid overdose medication. The training shall consist of patient assessment (e.g., signs / symptoms of overdose), universal precautions, rescue breathing, medical attention, and the use of intra-nasal naloxone. **Pulsepoint** training video and overview shall be included in the training curriculum. Training should be coordinated with the local health department and comply with the requirements in 22 CCR 100019 and any applicable POST standards (Civil Code § 1714.22).

Menlo Park Police Department

Menlo Park PD Policy Manual

Narcotic Overdose Medical Aid and Response

470.7 PERSONS REFUSING EMS CARE

A member should make all attempts to encourage a patient to be evaluated by EMS. If a person who is not in custody refuses EMS care or refuses to be transported to a medical facility, a member shall not force that person to receive care or be transported. However, members may assist EMS personnel when EMS personnel determine the person lacks the mental capacity to understand the consequences of refusing medical care or to make an informed decision and the lack of immediate medical attention may result in serious bodily injury or the death of the person.

In cases where mental illness may be a factor, the member should consider proceeding with a 72- hour treatment and evaluation commitment (5150 W&I commitment) process in accordance with the Mental Illness Commitments Policy.

If a member believes that a person who is in custody requires EMS care and the person refuses, he/ she should encourage the person to receive medical treatment. The officer may also consider contacting a family member to help persuade the person to agree to treatment or who may be able to authorize treatment for the person. If the person still refuses, the member will require the person in custody to be transported to the nearest medical facility. In such cases, the officer should consult with a supervisor prior to the transport.

Members shall not sign refusal-for-treatment forms or forms accepting financial responsibility for treatment.

470.8 MEDICAL ATTENTION RELATED TO USE OF FORCE

Specific guidelines for medical attention for injuries sustained from a use of force may be found in the Use of Force, Handcuffing and Restraints, Control Devices and Techniques, and Conducted Energy Device policies.



Scenic Pacifica
Incorporated Nov. 22, 1957

CITY OF PACIFICA

170 Santa Maria Avenue • Pacifica, California 94044-2506
www.cityofpacifica.org

MAYOR
John Keener

MAYOR PRO TEM
Sue Vaterlaus

COUNCIL
Sue Digre
Mike O'Neill
Deirdre Martin

September 10, 2018

Honorable V. Raymond Swope, Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center, 2nd Floor
Redwood City, CA 94063-1655

Re: Grand Jury Report: "Law Enforcement Officers+ Narcan = Lives Saved From Opioid Overdoses"

Honorable Judge Swope:

Thank you for the opportunity to review and comment on the above referenced Grand Jury Report filed on June 28, 2018. The City of Pacifica's response to both the findings and recommendations are listed below.

Response to Grand Jury Findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response to F1: The City agrees with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response to F2: The City agrees with this finding.

F3. Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response to F3: The City agrees with this finding.

F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response to F4: The City agrees with this finding.

F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response to F5: The City agrees with this finding.

F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response to F6: The City agrees with this finding.

F7. Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response to F7: The City agrees with this finding.

F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response to F8: The City agrees with this finding.

Response to Grand Jury Recommendations:

The 2017-2018 San Mateo County Civil Grand Jury recommends that the San Mateo County Sheriff's Office, the Broadmoor Police Protection District, and the Police Departments of Atherton, Belmont, Brisbane, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Hillsborough, Menlo Park, Pacifica, Redwood City, San Bruno, San Mateo, and South San Francisco, do the following by December 31, 2018:

RI. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

The City accepts this recommendation and will train and equip all officers with intranasal naloxone (Narcan) no later than December 31, 2018.

R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

The City accepts this recommendation and will train and equip all officers with intranasal naloxone (Narcan) no later than December 31, 2018.

The 2017-2018 San Mateo County Civil Grand Jury further recommends that the San Mateo County Coroner do the following by December 31, 2018:

R3. Train and equip Coroner's Office personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

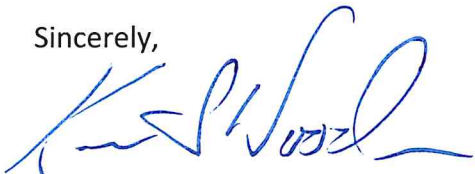
Response to R3: This recommendation is not applicable to the City of Pacifica.

The 2017-2018 San Mateo County Civil Grand Jury further recommends that the San Mateo County Sheriff do the following by December 31, 2018:

R4. Train and equip Sheriffs Forensic Lab personnel at a heightened risk of exposure to fentanyl derivatives with intranasal naloxone.

Response to R4: This recommendation is not applicable to the City of Pacifica.

Sincerely,



KEVIN WOODHOUSE
City Manager

cc: Pacifica City Council

Mayor Ian Bain
Vice Mayor Diane Howard

Council Members
Alicia C. Aguirre
Janet Borgens
Jeffrey Gee
Shelly Masur
John D. Seybert



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September 11, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center, 2nd Floor
Redwood City, CA 94063-1655

**RE: San Mateo County Civil Grand Jury Report: "Law Enforcement Officers +
Narcan = Lives Saved From Opioid Overdoses"**

Dear Judge Swope:

On behalf of the City Council of the City of Redwood City, I would like to thank you for the opportunity to respond to the Grand Jury Report released on June 28, 2018, entitled "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses."

The following response to the Grand Jury Report was reviewed and approved by the City Council at its meeting on September 10, 2018.

Pursuant to Penal Code § 933.05, the Grand Jury requested a response from the City of Redwood City on Findings 1 through 8 and Recommendations 1 and 2. The Findings and Recommendations and the City's response are detailed as follows:

Findings

Finding 1: Untreated opioid overdoses can cause brain damage and death.

Response - The City agrees with the finding.

Finding 2: Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response - The City agrees with the finding.

Finding 3: Narcan[®] is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response - The City agrees with the finding.

Finding 4: Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response - The City partially agrees with the finding. Officers and deputies assigned to the San Mateo County Narcotics Task Force, San Mateo County Vehicle Theft Task Force, and San Mateo County Crime Suppression Unit have also been trained and equipped with intranasal naloxone and are carrying it while on duty.

Finding 5: Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response - The City agrees with the finding.

Finding 6: Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response - The City agrees with the finding.

Finding 7: Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response - The City agrees with the finding.

Finding 8: Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response - The City agrees with the finding.

Recommendations

Recommendation 1: *Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice by December 31, 2018*

The City agrees with the recommendation and the Police Department is in the process of implementing the recommendation. The Police Department is currently in the process of developing policy, conducting and certifying training, and starting the process to identify resources to implement an intranasal naloxone program for officers and evidence technicians. Our goal is to have the program operational before December 31, 2018.

Recommendation 2: *Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public by December 31, 2018.*

The City agrees with the recommendation and the Police Department is in the process of implementing the recommendation. The policy the Redwood City Police Department adopts regarding the use of intranasal naloxone will include provisions to evaluate the training and use of naloxone. The policy will require officers to document the circumstance surrounding the use and effectiveness of intranasal naloxone. The data will be used to evaluate and improve future training and deployment criteria. Our goal is to have the evaluation program operational before December 31, 2018.

The City Council of Redwood City appreciates the work the Grand Jury did in the preparation of this report and the value it places on forging strong relationships between local law enforcement and the diverse communities served within the County of San Mateo.

Sincerely,



Ian Bain, Mayor
City of Redwood City

Cc: City Council, Redwood City
Melissa Stevenson Diaz, City Manager
Dan Mulholland, Chief of Police



Rico E. Medina
Mayor

August 28, 2018

Honorable V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center; 2nd Floor
Redwood City, CA 94063-1655

Subject: Response of the City of San Bruno to the Grand Jury Report "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses"

Dear Judge Swope,

Thank you for the opportunity to respond to the Grand Jury report entitled "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses." The City of San Bruno's response to both the findings and recommendations are listed below.

Responses to Grand Jury Findings:

F1. Untreated opioid overdose can cause brain damage and death.

Response:

The City of San Bruno agrees with this finding.

F2. Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose.

Response:

The City of San Bruno understands this finding and believes it to be true.

F3. Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training.

Response:

The City of San Bruno agrees with this finding.

F4. Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone.

Response:

The City of San Bruno agrees with this finding.

F5. Law enforcement officers may arrive at the scene of opioid overdose before paramedics.

Response:

The City of San Bruno agrees with this finding.

F6. Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence-handling units are at a heightened risk of exposure.

Response:

The City of San Bruno agrees with this finding.

F7. Certain law enforcement officers and Sheriffs Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.

Response:

The City of San Bruno agrees with this finding.

F8. Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.

Response:

The City of San Bruno agrees with this finding.

Responses to Grand Jury Recommendations:

The 2017-2018 San Mateo County Civil Grand Jury recommends that the San Mateo County Sheriff's Office, the Broadmoor Police Protection District, and the Police Departments of Atherton, Belmont, Brisbane, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Hillsborough, Menlo Park, Pacifica, Redwood City, San Bruno, San Mateo, and South San Francisco, do the following by December 31, 2018:

R1. Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice.

Response:

The purchase of intranasal naloxone hydrochloride was included in the Fiscal Year 2017/2018 San Bruno Police Department. This purchase has been completed and received. The Police

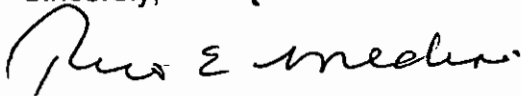
Department is finalizing the development of policy and training for staff. It is anticipated that this substance will be deployed in the field within a few weeks.

R2. Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public.

Response:

The purchase of intranasal naloxone hydrochloride was included in the Fiscal Year 2017/2018 San Bruno Police Department. This purchase has been completed and received. The Police Department is finalizing the development of policy and training for staff. It is anticipated that this substance will be deployed in the field within a few weeks.

Sincerely,

A handwritten signature in black ink that reads "Rico E. Medina". The signature is written in a cursive style with a large initial "R" and "M".

Rico E. Medina
Mayor



OFFICE OF THE MAYOR

330 W. 20th Avenue
San Mateo, CA 94403-1921
Telephone: 650-522-7048
FAX: 650-522-7041
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September 17, 2018

Hon. V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center; 2nd Floor
Redwood City, CA 94063-1655

**RESPONSE TO GRAND JURY REPORT: "LAW ENFORCEMENT OFFICER +
NARCAN = LIVES SAVED FROM OPIOID OVERDOSES"**

Honorable Judge Swope –

Thank you for the opportunity to review and comment on the above referenced Grand Jury Report filed on June 28, 2018. After reviewing the Grand Jury Report and all available data pertaining to our community, below is the City of San Mateo's response to the findings and recommendations of the report.

Response to Grand Jury Findings:

- F1** Untreated opioid overdose can cause brain damage and death. **The respondent agrees with this finding, relying on the Grand Jury's representations in their report.**
- F2** Naloxone is a safe, nontoxic drug that can stop and reverse the effects of opioid overdose. **The respondent agrees with this finding, relying on the Grand Jury's representations in their report.**
- F3** Narcan® is a brand of intranasal naloxone, which can be successfully administered with no more than one hour of training. **The respondent agrees with this finding, relying on the Grand Jury's representations in their report.**
- F4** Fire department and ambulance paramedics are the only emergency responders within the County currently carrying naloxone. **The respondent disagrees with this finding. It is our understanding that some agencies may be supplying Narcan to officers in certain assignments.**
- F5** Law enforcement officers may arrive at the scene of opioid overdose before paramedics. **The respondent agrees with this finding.**

F6 Law enforcement officers' risk of accidental exposure to fentanyl derivatives varies based on their roles and responsibilities. Narcotics units, crime suppression units, SWAT teams, K-9 units, and evidence handling units are at a heightened risk of exposure.
The respondent agrees with this finding.

F7 Certain law enforcement officers and Sheriff's Forensic Lab and Coroner's Office personnel are at heightened risk of exposure to fentanyl derivatives.
The respondent agrees with this finding.

F8 Equipping and training officers with intranasal naloxone is inexpensive and the associated costs can be absorbed into existing programs and budgets.
The respondent agrees with this finding.

Response to Grand Jury Recommendations:

The 2017-2018 San Mateo County Civil Grand Jury recommends that the San Mateo County Sheriff's Office, the Broadmoor Police Protection, and the Police Departments Atherton, Belmont, Brisbane, Burlingame, Colma, Daly City, East Palo Alto, Foster City, Hillsborough, Menlo Park, Pacifica, Redwood City, San Bruno, San Mateo, and San Francisco, do the following by December 31, 2018:

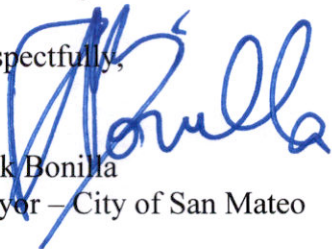
R1 Train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as a minimum standard of practice. **This recommendation is already being implemented. In a process unrelated to the Grand Jury report, the San Mateo Police Department has been working with representatives from the San Mateo County Health Department to receive authorization to purchase naloxone. We plan to purchase, train and equip all of our law enforcement officers with intranasal naloxone, and fully expect that this will be completed by December 31, 2018.**

R2 Evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public. **This recommendation is already being implemented. As described in the above response to R1, the San Mateo Police Department has plans to purchase, train and equip all of our law enforcement officers with intranasal naloxone.**

This response to the Grand Jury was approved at a public meeting on September 17, 2018.

The City of San Mateo and the San Mateo Police Department believe in taking proactive measures to protect the community as well as our law enforcement officers, and we commend the County's endeavor to raise awareness of this issue.

Respectfully,


Rick Bonilla
Mayor – City of San Mateo



CITY COUNCIL 2018

LIZA NORMANDY, MAYOR
KARYL MATSUMOTO, MAYOR PRO TEMPORE
MARK ADDIEGO, COUNCILMEMBER
RICHARD A. GARBARINO, COUNCILMEMBER
PRADEEP C. GUPTA, PH.D. COUNCILMEMBER

MIKE FUTRELL, CITY MANAGER

OFFICE OF THE CITY MANAGER

September 13, 2018

Hon. V. Raymond Swope
Judge of the Superior Court
c/o Charlene Kresevich
Hall of Justice
400 County Center, 2nd Floor
Redwood City, CA 94063-1655
Email: ckresevich@sanmateocourt.org

Dear Members of the Grand Jury:

This correspondence is in response to the Civil Grand Jury report entitled "Law Enforcement Officers + Narcan = Lives Saved From Opioid Overdoses" ("Report") that was released on June 28, 2018.

The City Council of the City of South San Francisco agrees with the Grand Jury's recommendations, however, only two are relevant to the City's Police Department; recommendation one (R1) and recommendation two (R2). R1 states that police departments should train and equip law enforcement officers at heightened risk of exposure to fentanyl derivatives with intranasal naloxone as minimum standards of practice and recommendation; and R2 states that police departments should evaluate training and equipping all law enforcement officers with intranasal naloxone in order to protect themselves and the general public. Authorization to submit this letter was approved by the City Council at a public meeting on September 12, 2018.

Additionally, the South San Francisco Police Department plans to complete implementation of R1 and R2 by or before December 31, 2018, as recommended by the San Mateo County Civil Grand Jury.

Sincerely,


Mike Futrell
City Manager