

**BOARD OF PUBLIC WORKS AND SAFETY  
Agenda Request Form**

(Form B-01-2012)

Organizations and individuals are asked to submit a request form and supporting documents to be placed on the agenda. You will be contacted by the City confirming the date of the meeting in which your request will be heard.

Please make sure that your contact information is accurate in case we need to get in touch with you. The Board of Works meets on the 1st and 3rd Monday of each month at 5:00 p.m. in City Hall located at 70 E. Monroe Street.

Date Submitted:	03/25/2015	Requested Meeting Date:	04/06/2015		
		Confirmed Meeting Date:			
Received by:					
<b>Contact Information: Please provide all requested information in the fields below. (Print or Type)</b>					
On Behalf of Organization or Individual:		Franklin City Police Department			
Name:	Lynnette Gray & Tim O'Sullivan	Telephone:	(317) 738-3365 (317) 736-3670		
Title or Position:	City Attorney/Chief of Police				
E-Mail:	<a href="mailto:lynng@jgmlawfirm.com">lynng@jgmlawfirm.com</a> and <a href="mailto:tosullivan@franklin.in.gov">tosullivan@franklin.in.gov</a>				
Address:	2801 N. Morton				
City:	Franklin	State:	IN	ZIP:	46131
<b>Who will attend the meeting and present the request?</b>					
Name:	Lynnette Gray & Tim O'Sullivan	Telephone:	(317) 738-3365 (317) 736-3670		
Title or Position:	City Attorney/Chief of Police				
E-Mail:	<a href="mailto:lynng@jgmlawfirm.com">lynng@jgmlawfirm.com</a> and <a href="mailto:tosullivan@franklin.in.gov">tosullivan@franklin.in.gov</a>				
<b>Please describe the purpose or title of your presentation.</b>					
To request approval of the Memorandum of Understanding between Johnson Memorial Hospital and the City of Franklin Police Department for use of Opioid Rescue Kit and Overdose Intervention Drug – Naloxone.					
<b>Supporting documents: All supporting documents should be submitted with the request form.</b>					
1. Memorandum of Understanding Between Johnson Memorial Hospital and City of Franklin Police Department for Use of Opioid Rescue Kit					

**MEMORANDUM OF UNDERSTANDING BETWEEN JOHNSON MEMORIAL  
HOSPITAL and CITY OF FRANKLIN POLICE DEPARTMENT  
FOR USE OF OPIOID RESCUE KIT**

This Memorandum of Understanding is made and entered into on the \_\_\_\_ day of \_\_\_\_\_, 2015 by and between Johnson Memorial Hospital, (hereinafter known as “Hospital”); and the City of Franklin Police Department, (hereinafter known as “First Responder Agency”);

This Memorandum of Understanding is made pursuant to IC 16-31-3-23.5(b), for First Responder Agencies that choose to implement a program for the use of Opioid Rescue Kit and “Overdose Intervention Drug”, (hereinafter known as “Naloxone”) as defined by IC 16-18-2-263.9.

First Responders employed by the First Responder Agency will function under the drug order and/or protocol approved by the medical director affiliated with the Hospital with said protocol being attached hereto and incorporated herein as Exhibit “A”;

**NOW THEREFORE**, the parties mutually agree as follows:

The **Hospital** agrees:

1. To identify a medical director to design and keep updated a drug order and/or protocol for the medical aspects and standards of administration of the program;
2. To review all uses and administration of Naloxone and/or overdose intervention drug by First Responder Agency for quality assurance and continuous quality improvement purposes;
3. To establish policies and protocols to ensure all First Responders complete a trip record that is submitted to the medical director indicating the administration of Naloxone and/or

overdose intervention drug, the patient's disposition, the transporting agency, and the receiving facility.

4. To ensure proper storage, shelf-life, disposal, and replacement of the Naloxone or other overdose intervention drug included within the Opioid rescue kit.

The **First Responder Agency** agrees:

1. To participate in all quality assurance/continuous quality improvement and/or training procedures and protocols established by the Medical Director;

2. To provide the Medical Director accurate and timely documentation regarding all First Responder administration of Naloxone and/or other overdose intervention drug;

3. To ensure First Responders complete initial training and any refresher training required by the Medical Director;

4. To adhere to the Hospital policies or protocols regarding the proper storage, shelf-life, disposal and replacement of the Naloxone and/or overdose intervention drug;

5. To submit trip records to the Medical Director regarding the administration of Naloxone and/or overdose intervention drug, the patient's disposition, the transporting agency, and the receiving facility;

6. To maintain in a manner reasonably safe from water and fire damage, for a period of not less than seven (7) years at the main office of the First Responder agency, accurate records documenting successful completion of training, for each First Responder that will use Naloxone and/or overdose intervention drug.

**IT IS FURTHER AGREED BY ALL PARTIES:**

1. Any party may terminate this agreement by giving sixty (60) days written notice.
2. That nothing contained in this agreed is intended to induce, encourage, solicit or reimburse the referral of any patient or business, including any patient or business funded in whole or in part by a state or federal healthcare program, to any party hereunder.

**HOSPITAL CHIEF EXECUTIVE OFFICER**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**HOSPITAL MEDICAL DIRECTOR:**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FIRST RESPONDER AGENCY CHIEF**

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INTRODUCED & APPROVED** by the Board of Public Works and Safety of the City of Franklin, Johnson County, Indiana, this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**City of Franklin, Indiana, By its Board of Public Works and Safety:**

Voting Affirmative:

Voting Opposed:

\_\_\_\_\_  
Mayor Joseph E. McGuinness

\_\_\_\_\_  
Mayor Joseph E. McGuinness

\_\_\_\_\_  
Steve Barnett

\_\_\_\_\_  
Steve Barnett

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Robert Swinehamer

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Robert Swinehamer

**Attest:**

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Janet P. Alexander, Clerk Treasurer

Prepared by: Lynnette Gray  
Attorney No.: 11567-41

## FRANKLIN POLICE DEPARTMENT STANDARD OPERATING PROCEDURE NO. 3.15

Subject: <b>OPIOID RESCUE KIT PROTOCOL</b>		References:
Special Instructions:		No. of pages: -2-
Distribution: All Units	Effective Date:	Reevaluation Date:

### 3.15.1 PURPOSE

To establish guidelines and regulations governing utilization of the Opioid Rescue Kits used by the Franklin Police Department. The objective of this protocol is to reduce injuries and deaths caused by opioids in the City of Franklin.

### 3.15.2 CIVIL IMMUNITY

Compliance with this protocol provides an individual employed by the Franklin Police Department with civil immunity when using an Opioid Rescue Kit, except if that individual commits an act of gross negligence or willful misconduct, pursuant to IC 16-31-6-2.5.

### 3.15.3 DEPLOYMENT

Franklin Police Department employees trained pursuant to this protocol will be issued an Opioid Rescue Kit. Kits will be deployed in the following areas: PATROL CARS.

### 3.15.4 TRAINING

Each individual employed by the Franklin Police Department that is issued an Opioid Rescue Kit will undergo training approved by the agency.

#### A. TRAINING TOPICS

1. Overview of opioid and heroin problem in the City of Franklin.
2. Review of common opioids.
3. Recognition of opioid overdose.
  - a. Physical signs
  - b. Environmental signs.
4. Use of Naloxone.
5. Opioid Rescue Kit Protocol.

#### B. TRAINERS

The agency shall select qualified trainer(s). An Emergency Medical Services Provider may provide the training.

### 3.15.5 USE OF OPIOID RESCUE KIT

Consistent with their training, and while maintaining officer safety, an employee of the Franklin Police Department may use their Opioid Rescue Kit when indicated:

#### A. ASSESSMENT

1. The scene shall be assessed for environmental signs consistent with opioid use.
2. The imperiled person shall be assessed for breathing and alertness with sternal rub.

#### B. REASONABLE BELIEF OF OPIOID OVERDOSE

1. Ensure EMS is en-route and informed of likely opioid overdose.
2. Administer Naloxone IN (Intranasal) 2 mg, 1 mg each nostril.
3. Conduct rescue breathing and/or CPR as needed.

#### C. REPORTING

1. Call for supervisor.
2. Complete Supervisory Report with narrative describing the totality of the circumstances of the event and interview witnesses.
3. Complete Sick/Injured person report detailing observations and actions.
4. Follow Immediate Detention process if patient refuses medical transportation.

#### D. REPLACE USED KIT

1. If an Opioid Rescue Kit is used, complete the "Data Report on Nasal Naloxone Use" and forward to Administration. A replacement Opioid Rescue Kit will be picked up at Johnson Memorial Health by a designated officer.

### 3.15.6 OPIOID RESCUE KIT CARRY/STORAGE PRACTICES

The Opioid Rescue Kit should be protected from extreme temperatures. It is best practice to store the kit between 68 degrees to 77 degrees Fahrenheit. Kits should be removed from environments if they will be susceptible to prolonged exposure outside this range.

## Data Report on Nasal Naloxone Use

**To be turned into the JMH pharmacy when refilling after use**

Date: _____	Reporting Officer: _____
Date of overdose: _____ Time of overdose: _____	
City/area where overdose occurred _____	
Gender of the person who overdosed: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	
Overdosed on what drugs (if known)? (check all that apply)	
<input type="checkbox"/> Heroin	<input type="checkbox"/> Benzos/Barbituates
<input type="checkbox"/> Any other opiod	<input type="checkbox"/> Alcohol
<input type="checkbox"/> Cocaine/Crack	<input type="checkbox"/> Suboxone
<input type="checkbox"/> Methadone	
If nasal naloxone was administered:	
Did it work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
If yes, how long did it take to work?	
<input type="checkbox"/> Less than 1 min	<input type="checkbox"/> 1 – 3 min
<input type="checkbox"/> 3 – 5 min	<input type="checkbox"/> >5 min <input type="checkbox"/> Unknown
Response to nasal naloxone: (check one)	
<input type="checkbox"/> Responsive and alert	<input type="checkbox"/> Responsive but sedated
<input type="checkbox"/> No response	
Did the person live? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition (check one)	
<input type="checkbox"/> Care transferred to EMS	<input type="checkbox"/> Refused transport
<input type="checkbox"/> Other (specify): _____	
Notes/Comments: _____	
_____	
_____	
_____	
_____	