**POLICE PHYSICIANS SECTION CONFERENCE AGENDA**

**ORANGE COUNTY CONVENTION CENTER**

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**SUNDAY, OCTOBER 7, 2018**

**8:00 AM – 9:30 AM**

**POLICE PHYSICIANS SECTION BUSINESS MEETING**

**Room W300**

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**10:00 AM – 11:30 AM**

**FATIGUE TRAINING YIELDS BENEFITS FOR FRONT LINE OPERATIONAL ROYAL CANADIAN MOUNTED POLICE (RCMP) OFFICERS**

**Room W300**

Charles Samuels – Centre for Sleep and Human Performance

C. Fiona Vincent – Royal Canadian Mounted Police

Current research demonstrates a connection between insufficient and poor-quality sleep, and poor health outcomes. The police profession is at risk of these poor health outcomes given the extreme levels of fatigue they routinely experience. Interventions targeted for police officers are believed to be an effective health and wellness strategy. The RCMP identified a potential solution and pioneered an innovative approach. This fatigue management training study, with pre-post measurements, is the first of its kind, showing promise for improving member sleep, health, and wellness. Findings suggest that a 4-hr training program results in increased satisfaction with sleep, sleep quality, along with mental and physical health, and wellness benefits for police officers.

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**12:30 PM – 1:30 PM**

**CRITICAL INCIDENT PEER SUPPORT: AN EVIDENCE-BASED APPROACH TO ENHANCE EFFECTIVENESS AND REDUCE LIABILITY**

**Room W300**

Bradley Feuer – Florida Highway Patrol

This presentation will examine the evidence behind various approaches to assisting law enforcement officers with traumatic and sub-traumatic critical incidents, and provide a model for effective, low-liability peer support including operational strategies for success.

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**2:00 PM – 3:00 PM**

**IS THIS A DRUG BUST OR HAZMAT?**

**Room W300**

Stephen Wood, ACNP – Woburn Police Department / WEMA

There has been a great deal of concern and news pertaining to officer exposure and safety, especially regarding synthetic opioids such as fentanyl and its analogues. There have been case reports of officer exposure and subsequent treatment, even during a routine vehicle stop. Some of the information on safety is valid while other information is not, which has created chaos and confusion. This presentation will review the evidence surrounding safe police procedures for handling drug evidence as well as other considerations such as drug lab and chemical suicide.

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*Application for CME credit has been filed with the American Academy of Family Physicians. Determination of credit is pending.*
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<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker(s)</th>
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<tbody>
<tr>
<td>8:00 AM – 9:30 AM</td>
<td><strong>The Case for Vigorous Prosecution of Non-Fatal Strangulation</strong></td>
<td>David Mcardle – Tac Med MD</td>
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<td>James Henderson, Jr. – Battered Women’s Justice Project</td>
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<td>Analysis by the Alliance for Hope of officers killed in the United States in 2017 by felonious assault showed they had one common denominator: A large portion were killed by suspects who had previously committed non-fatal strangulation of their domestic partners. Strangulation is the ultimate demonstration of power and control in domestic abuse. Demonstrating that life and death can be held in the hands of the perpetrator at a sexual distance marks the crossing of a very dangerous barrier. The San Diego District Attorney’s Office and San Diego Police Department have been in the forefront of research and training related to non-fatal strangulation. Relevant anatomy and physiology will be discussed regarding why these cases need to be vigorously addressed by a multi-disciplinary team approach.</td>
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<td>10:00 AM – 11:30 AM</td>
<td><strong>Public Safety and the Law Enforcement Officer: Unique Fitness for Duty Case Studies</strong></td>
<td>Joseph Mignogna – Comprehensive Health Services</td>
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<td>Law enforcement officers are integral players in our local and national public safety sectors. Although there are many critical factors contributing to successful performance, the officer's overall physical and emotional health and fitness play key roles. This presentation will use actual case studies involving law enforcement officers from a variety of organizations to highlight the unique challenges faced in an often complex and unpredictable day on the job.</td>
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<td>12:30 PM – 1:30 PM</td>
<td><strong>Florida’s Trauma Advisory Boards: A New Tool for Supporting Public Safety</strong></td>
<td>Tim Krafft – Florida Department of Law Enforcement</td>
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<td>Peter Pappas – Florida Regional Domestic Security Task Force 5 Trauma Advisory Board</td>
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<td>An overview of Florida’s pilot program to enhance cooperation among law enforcement, emergency medical services and trauma centers to strengthen public safety and disaster response.</td>
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<td>2:00 PM – 3:00 PM</td>
<td><strong>New Techniques for Predicting and Preventing the Number One Killer of Police: Heart Attack</strong></td>
<td>Jonathan Sheinberg – Cedar Park Police Department</td>
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<td>There is no question, heart attack is one of the most significant killers of law enforcement officers. We have known for years that from age 55 to 59, a civilian has a 1.5% chance of dying from a heart attack, while a police officer’s probability is 56%. We are also seeing the development of non-fatal heart attacks in younger men and women in law enforcement. Fortunately, over the last several years the ability to detect the early stages of heart disease has advanced tremendously. By detecting coronary disease early, countless lives are saved.</td>
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ACTIVE SHOOTER - MASS CASUALTY OFFICER TACTICAL MEDICAL CARE: OFFICER AND VICTIM SURVIVAL

Scott Coyne – Suffolk County Police Department

Active shooter and mass casualty incidents have dramatically increased and law enforcement agencies have focused their efforts on effective, rapid deployment tactical response while maintaining officer safety. Because EMS will generally not respond to such direct threat situations until the scene is deemed 'safe', conventional EMS victim care will not be available during threat mitigation. The challenge to the law enforcement officer (LEO) in these situations cannot be overstated. The LEO has a dual role of threat mitigation and may be the only provider of emergency medical care for fellow officers or victims with life-threatening injuries. This session will discuss and demonstrate LEO Triage, Trauma Care, Transition to EMS, Equipment and Training.

RECOVERING COPS FROM SEVERE PTSD: FDA APPROVED PSYCHEDELIC TREATMENT AND THERAPY

Rick Doblin – Multidisciplinary Association for Psychedelic Studies
Anthony Coulson – NTH Consulting, Inc.
Michael Mithoefer – MDMA-Assisted Psychotherapy for PTSD
Scott Shannon – Wholeness Center

Preliminary studies have shown that 3,4-methylenedioxymethamphetamine (MDMA) in conjunction with psychotherapy, can help cops overcome post-traumatic stress disorder and possibly other disorders. MDMA is known for increasing feelings of trust and compassion towards others, which could make an ideal adjunct to psychotherapy for PTSD. We are studying whether MDMA-assisted psychotherapy can help heal the psychological and emotional damage caused by sexual assault, war, violent crime, and other trauma.

DEVELOPING AN EFFECTIVE RESPONSE TO OFFICER BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE ABUSE CHALLENGES

Aaron Snyder – Indianapolis Metropolitan Police Department
Brian Nanavaty – Healthy Hire-Healthy Retire

Workplace studies have shown healthy employees are more productive, use less sick time, have improved morale, and are more positive about their employer. Studies also show one in three police officers may experience personal or professional challenges during their career and yet many agencies have no policy directing officers and supervisors on appropriate response procedure. Additionally, many agencies have no understanding of insurance or available peer or clinical resources.

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