



Rhode Island State Police

General Order - 61G

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| <i>Section:</i> | Law Enforcement Operations - Field Operations |
| <i>Article:</i> | 61 - Community Relations and Caretaking |
| <i>Title:</i> | Use of Intranasal Naloxone |
| <i>Special Instructions:</i> | |

I. PURPOSE

The purpose of this policy is to provide Division members with guidelines to utilize nasal Naloxone (NARCAN®) to reduce fatal opioid overdose.

This policy is intended to address the varying role Division members play in their encounters with persons and their role of protecting the safety and welfare of the community. As such, members need to recognize the symptoms of a person suffering from an opioid overdose to attempt to protect and help the individual.

II. DEFINITIONS

- A. DRUG INTOXICATION - Impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e.: euphoria, dysphoria, apathy, sedation, attention impairment.
- B. EMS - "Emergency Medical Services" that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.
- C. NALOXONE - an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal or intravenous forms.
- D. NARCAN® - 4mg/1ml Nasal Spray.
- E. OPIOIDS - heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone, oxycodone.
- F. OPIOID OVERDOSE - An acute condition including but not limited to extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.

- G. UNIVERSAL PRECAUTIONS - is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other blood borne pathogens.

III. POLICY

It is the policy of the Division to provide assistance to any person(s) who may be suffering from an opioid overdose. Division members trained in accordance with the policy shall make every reasonable effort, to include the use of Naloxone combined with rescue breaths, to revive the victim of any apparent drug overdose.

IV. PROCEDURES

A. TRAINING

1. Prior to issue, members shall be trained in the use of Naloxone by the Rhode Island Disaster Medical Assistance Team's Medical Reserve Corps' (DMAT/MRC) Naloxone and Overdose Prevention Education Program; or view the NARCAN® Training Video - Instructions for administration of NARCAN® Nasal Spray 4mg.
2. The Commandant of the Training Academy shall ensure that all recruits attending the Training Academy receive training on the topic of responding to persons suffering from an apparent opioid overdose and the use of Naloxone.
3. The Commandant of the Training Academy shall ensure that Division personnel receive refresher training every two years that may be done in conjunction with First Aid/CPR Training.

B. NALOXONE DISTRIBUTION

1. Naloxone will be provided in a clearly marked kit for intranasal use.
 - a. Each intranasal Naloxone kit shall include:
Instructions for administering intranasal Naloxone;
One (1) 4mg/1ml NARCAN® Nasal Spray
 - b. Members carrying Naloxone kit shall have a CPR face mask/barrier device available for mouth-to-mouth resuscitation.
2. All members are required to maintain the intranasal Naloxone kit and CPR face mask within their assigned cruiser at all times while on duty.

3. Each barracks/facility that maintains a holding facility/booking area shall be equipped with an intranasal Naloxone kit and a CPR face mask.

C. USE OF NALOXONE

If a member of the Division encounters the victim of what appears to be a drug overdose, the member shall:

1. Maintain universal precautions throughout overdose incident;
2. Contact barracks via police radio, advise of possible opioid overdose and request EMS response. The Office Trooper shall then contact appropriate EMS personnel;
3. Keep barracks personnel apprised of condition of overdose victim throughout overdose incident;
4. Perform assessment - Check for unresponsiveness, vital signs such as breathing and pulse. [Is the subject awake and talking; responsive to verbal stimulation only; response to painful stimulation only; or completely unresponsive?]
5. Check for medic alert tags (around wrist, necklace or ankles; indicating pre-existing medical condition)
6. Prior to the administration of Naloxone, the on-scene member shall ensure the subject is in a safe location and remove any sharp or heavy objects from the subject's immediate reach.
7. The sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, difficulty breathing.
8. Administer the full dose of NARCAN® in one nostril using the approved nasal Naloxone device.
9. Start rescue breaths using CPR face mask/barrier protection device or Hands Only CPR using chest compressions and continue until victim is revived or EMS responds.
10. If after two (2) to three (3) minutes after administering Naloxone, there is no improvement (victim remains unconscious, no breathing or pulse) and if available, administer one (1) additional dose of

NARCAN® in the other nostril. Continue rescue breaths using CPR face mask/barrier protection device or Hands Only CPR using chest compressions until victim is revived or EMS responds.

11. Seize all illegal and/or non-prescribed narcotics found on the victim, or around the area of the overdose, and process in accordance with GO 53A Property Management and Control for destruction.
12. Once used, the intranasal Naloxone device is considered bio-hazardous material and shall be turned over to EMS or hospital personnel for proper disposal immediately following administration.

V. REPORTING

After utilization of Naloxone members will:

- A. Prepare a "Suspected Overdose" no crime incident (OF) report in Records Management System (RMS) for documentation purposes to include the name(s) and date(s) of birth of all involved participants, a description of the individual's condition, behavior, the fact that Naloxone was deployed, the number of NARCAN® devices used, medical response, hospital of transport, any narcotics seized and outcome of Division and medical personnel response.
- B. Prepare a [Naloxone Incident Form](#) located in MSWord Templates.
- C. Submit both the no crime incident offense (OF) report and [Naloxone Incident Form](#) through the appropriate chain of command to the Opioid Enforcement & Prevention Coordinator.

VI. STORAGE and REPLACEMENT

- A. Inspection of the intranasal Naloxone kit shall be the responsibility of the member and shall be conducted during each scheduled shift, with special attention to the expiration date on the issued device.
- B. The Opioid Enforcement & Prevention Coordinator will maintain records of all Division issued NARCAN® devices, to include dates of expiration.
- C. Naloxone will be stored in accordance with manufacturer's instructions and in Division approved and provided storage container to avoid extreme cold, heat and direct sunlight.

- D. All requests for replacement Naloxone shall be made by submitting a [Naloxone Request Form](#) to the Opioid Enforcement & Prevention Coordinator.
- E. The [Naloxone Request Form](#) can be accessed by selecting the following link: https://RISPNARCAN.formstack.com/forms/narcan_request or accessing the link from the Rhode Island State Police Sharepoint site.
- F. Missing, damaged or expired Naloxone units shall be reported by submitting a Naloxone Request Form to the Opioid Enforcement & Prevention Coordinator.

VII. PROVISIONS

- A. In Accordance with RIGL 21-28.9, the 'Good Samaritan Law Overdose Prevention Act of 2016':
 - 1. Any person who experiences a drug overdose or other drug-related medical emergency and is in need of medical assistance cannot be charged or prosecuted for any crime under RIGL 21-28 (Uniform Controlled Substance Act) or 21-28.5 (Sale of Drug Paraphernalia) except for crimes involving the manufacture or possession with intent to manufacture or deliver a controlled substance, if the evidence for the charge was gained as a result of seeking medical assistance.
 - 2. Any person, who in good faith seeks medical assistance for someone experiencing a drug overdose or other drug-related medical emergency shall not be charged or prosecuted for any crime, except for the crimes described in VII, A, 1 above.
- B. Under the RIGL 21-28.9, Authority to Administer Opioid Antagonist-Release from both liability or criminal prosecution, any person can administer Naloxone to another person if he or she, in good faith, believes the individual is experiencing a drug overdose and acts with reasonable care in administering the drug to the overdose victim.
- C. Any member who administers Naloxone in accordance with this policy shall be deemed to be acting in compliance with RIGL 21-28.9 and not subject to civil liability or criminal prosecution.



By Order of Colonel Assumpico

Ann C. Assumpico
Colonel
Superintendent