



Rhode Island State Police

General Order - 61G

<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 Naxolone in order 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. MAD DEVICE - Mucosal Atomization Device - Intranasal mucosal Atomization Device used to deliver a mist of atomized medication that is absorbed directly into a person's blood stream and directly into the brain and cerebrospinal fluid via the nose to brain pathway. This method of medication administration achieves medication levels comparable to injections.
- D. NALOXONE - an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal or intravenous forms.
- E. NARCAN - 2mg/2ml prefilled syringes compatible with the intranasal mucosal automation device (MAD) for nasal rescue.
- F. OPIOIDS - heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxymorphone, methadone, oxycodone.
- G. 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.

- H. 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 (DMAT); or designee.
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. ISSUE OF NALOXONE

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) (single-use) Luer-Lock prefilled syringe system;
 - One (1) MAD device, and
 - b. Members carrying Naloxone kit shall have a CPR face mask/barrier device available for mouth-to-mouth resuscitation.

2. All members of the Patrol Division are required to maintain the intranasal Naloxone kit and CPR face mask within their assigned cruiser at all times while on duty.
3. Any member not required by this policy to carry a intranasal Naloxone kit may elect to carry the intranasal Naloxone kit, provided they have been properly trained and have a CPR face mask available.
4. 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, member on scene shall ensure the subject is in a safe location and remove any sharp or heavy objects from the subject's immediate reach.

The sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, difficulty breathing.

7. Administer Naloxone using the approved MAD device;

8. Start rescue breaths using CPR face mask/barrier protection device and continue until victim is revived or EMS responds.
9. If after five (5) minutes of administering Naloxone, there is no improvement (victim remains unconscious, no breathing or pulse) and if available, one (1) additional dose of Naloxone may be administered. Continue rescue breaths using CPR face mask/barrier protection device until victim is revived or EMS responds.
10. 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.
11. 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 "Naloxone Administration," no crime incident (OF) report in Records Management System (RMS) for documentation purposes to include a description of the individual's condition, behavior, the fact that Naloxone was deployed, medical response, hospital of transport, any narcotics seized and final outcome of Division and medical personnel response.
- B. Submit Offense report through the chain of command to OIC - Professional Standards.

VI. STORAGE and REPLACEMENT

- A. Inspection of the intranasal Naloxone kit shall be the responsibility the member and shall be conducted on each scheduled shift.
 1. Check the expiration date found on either box or vial;
 2. Check condition of MAD device (considered sterile for approximately 4-5 years)

- B. 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.
- C. Missing, damaged or expired Naloxone kit(s) will be reported through the chain of command to the Operations Officer.
- D. Requests for replacement Naloxone shall be made through the chain of command to the Operations Officer.

VII. PROVISIONS

- A. In Accordance with RIGL 21-28.8-4, the 'Good Samaritan Law':
 - 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 21-28.8-3, Authority to Administer Opioid Antagonist-Release from Liability, dated 2012, 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 21-28.8-3 and not subject to civil liability or criminal prosecution.



By Order of Colonel O'Donnell

Steven G. O'Donnell
Colonel
Superintendent