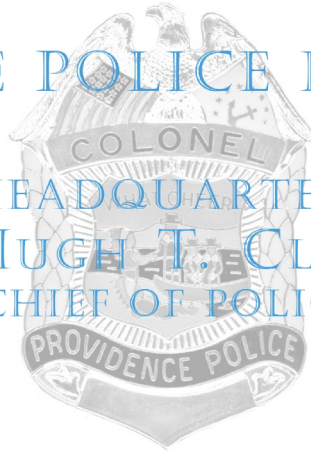


PROVIDENCE POLICE DEPARTMENT

HEADQUARTERS
COLONEL HUGH T. CLEMENTS, JR.
CHIEF OF POLICE



TYPE OF ORDER	NUMBER/SERIES	ISSUE DATE	EFFECTIVE DATE
General Order	500.01	6/5/2014	6/8/2014
SUBJECT TITLE		PREVIOUSLY ISSUED DATES	
Use of Intranasal Naloxone		N/A	
REFERENCE		RE-EVALUATION DATE	
N/A		6/5/2017	
SUBJECT AREA		DISTRIBUTION	
Community Relations & Services		All Sworn Personnel	

PURPOSE

The purpose of this policy is to provide sworn officers with guidelines to utilize naloxone in order to reduce fatal opioid overdose.

POLICY

It is the policy of the Providence Police Department to provide assistance to any person(s) who may be suffering from an opioid overdose. Officers trained in accordance with this policy shall make every reasonable effort to use naloxone to revive victims of any apparent drug overdose.

DISCUSSION

This policy is intended to address one of the responsibilities of all sworn officers, which is to protect the safety and welfare of all persons and the community. In this regard, officers need to recognize the symptoms that victims who are suffering from an opioid overdose display so as to ensure that fast and effective medical assistance is dispensed.

For the purpose of this General Order, the following definitions shall apply:

Drug Intoxication: Impaired mental or physical functioning resulting from the use of physiological and/or psychoactive substances; i.e. euphoria, dysphoria, apathy, sedation, attention impairment.

EMS: “Emergency Medical Services”, rendered by EMS practitioners, which ensure the provision of emergency medical assistance in the field for those persons suffering from an illness or injury.

MAD: The intranasal “Mucosal Atomization Device” which is 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.

Naloxone: an opioid receptor antagonist and antidote for opioid overdose which is produced in intramuscular, intranasal or intravenous forms.

Narcan: 2mg/2ml prefilled naloxone syringes that are compatible with the intranasal MAD.

Opioids: Heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, methadone, oxycodone.

Opioid Overdose: An acute condition indicated by symptoms 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 caused by an opioid-related drug overdose that requires medical assistance.

Universal Precautions: An approach to infection control whereby all human blood and human body fluids are treated as if they were known to be infectious for HIV, HBV, and other blood-borne pathogens.

PROCEDURE:

I. TRAINING

- A. Officers shall receive Department-approved and authorized training on responding to persons suffering from an apparent opioid overdose and the use of naloxone prior to being issued an intranasal naloxone kit and/or being authorized to administer naloxone.
- B. The Commanding Officer of the Administrative Division shall ensure that all recruits attending the Training Academy receive Department-approved and authorized training on responding to persons suffering from an apparent opioid overdose and the use of naloxone.
- C. The Commanding Officer of the Administrative Division shall ensure that all officers receive Department-approved and authorized refresher training on responding to persons suffering from an apparent opioid overdose and the use of naloxone every two years.

II. ISSUANCE OF NALOXONE

- A. Naloxone for intranasal use will be issued to all sworn officers in a clearly marked kit.
 - 1. Each intranasal naloxone kit shall include:
 - a. Instructions for administering intranasal naloxone.
 - b. One (1) single-use Luer-Lock prefilled syringe system.
 - c. One (1) MAD.
- B. All officers who have received the proper documented training are required to maintain and have available the intranasal naloxone kit at all times while on duty in the field (i.e. regular duty, details, etc.).
- C. Each detention area shall be equipped with an intranasal naloxone kit for use by any sworn officer who responds there for a report of a drug overdose.

III. USE OF NALOXONE

- A. Whenever an officer encounters a person who appears to be encounters the victim of a drug overdose, the officer shall:
 - 1. Maintain universal precautions throughout the overdose incident.
 - 2. Contact and advise the dispatcher of a possible opioid overdose and request EMS response.
 - 3. Keep the dispatcher apprised of the condition of the overdose victim throughout the incident.
 - 4. Perform an assessment of the victim, checking for unresponsiveness and decreased vital signs.
 - 5. Check for Medic Alert tags or the like, which may indicate a pre-existing medical condition, around the victim's wrists, neck or ankles.
 - 6. Prior to the administration of naloxone, officers shall ensure that the victim is in a safe location and shall remove any sharp or heavy objects from the victim's immediate reach, as the sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, and difficulty breathing.
 - 7. Administer naloxone using the approved MAD.

8. Seize all illegal and/or non-prescribed narcotics found on the victim or around the area of the overdose, and process in accordance with Department policy.
9. Once used, the intranasal naloxone device is considered bio-hazardous material, and shall be turned over to EMS or hospital personnel for proper disposal as soon as practicable following administration.

IV. REPORTING

- A. After utilization of naloxone, officers shall:
 1. Prepare an incident report for documentation purposes, to include at a minimum a description of the individual's condition, symptoms and behaviors; the fact that naloxone was deployed; EMS response; the hospital to which the victim was transported; any narcotics seized; and the outcome of the Department and EMS response.
 2. Forward a copy of the incident report through the chain of command to the OIC of the Office of Professional Responsibility.

V. STORAGE AND REPLACEMENT

- A. Inspection of the intranasal naloxone kit shall be the responsibility of the officer to whom it is issued, and shall be conducted by the officer prior to the each shift and/or field deployment.
 1. Check the expiration date found on either box or vial.
 2. Check the condition of the MAD, which when unopened is considered sterile for approximately 4-5 years.
- B. Naloxone will be stored in accordance with the manufacturer's instructions, avoiding extreme cold, heat and direct sunlight, and in a Department-approved and provided storage container.
- C. Missing, damaged, or expired intranasal naloxone kits will be reported through the chain of command to the Commanding Officer of the Administrative Division.
- D. Requests for replacement Naloxone shall be made through the chain of command to the Commanding Officer of the Administrative Division.

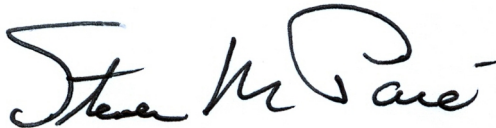
VI. PROVISIONS

- 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 VI, 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 officer 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.

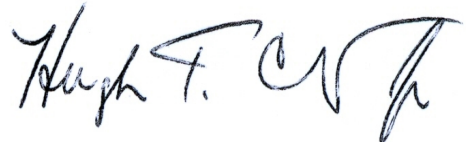
NOTE: This order is for internal use only, and does not enlarge an officer's civil or criminal liability in any way. It should not be construed as the creation of a higher standard of safety or care in an evidentiary sense, with respect to third-party claims. Violations of this directive, if proven, can only form the basis of a complaint by this department, and then only in a non-judicial administrative setting.

APPROVED:



STEVEN M. PARÉ
COMMISSIONER
DEPARTMENT OF PUBLIC SAFETY

APPROVED:



HUGH T. CLEMENTS, JR.
COLONEL
CHIEF OF POLICE