



**Little Compton Police Department
60 Simmons Road
Little Compton, RI 02837**

ORDER	EFFECTIVE DATE	NUMBER	ISSUING DATE
GENERAL	7/17/20	340.15	7/17/20
SUBJECT TITLE		SUBJECT AREA	
USE OF NARCAN		COMMUNITY RELATIONS & SERVICES	
RIPAC REFERENCE		PREVIOUSLY ISSUED DATES	
DISTRIBUTION	REEVALUATION DATE	PAGES	
ALL	AS NECESSARY	4	

Use of Narcan

I. PURPOSE

The purpose of this policy is to establish guidelines and procedures governing the utilization of the Nasal Naloxone (Narcan) administered by members of the Little Compton Police Department. This policy is intended to recognize the potential life-saving role officers play in their encounters with persons suffering from an apparent opioid overdose. As such, members need to recognize the signs and symptoms of a potential overdose as they attempt to protect and aid the individual at the earliest stage possible.

II. POLICY

It is the policy of the Little Compton Police Department to assist any person who may be suffering from an apparent opioid overdose. As such, members need to recognize the signs and symptoms of a potential overdose as they attempt to protect and aid the individual at the earliest stage possible.

III. 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 as practitioners provide 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 pre-filled nasal spray.

E. OPIOIDS- Heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, 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.

IV. PROCEDURE

A. Training

1. Prior to issue, officers shall be trained in accordance with the Rhode Island Disaster Medical Assistance Team (DMAT) “Naloxone and Overdose Prevention Education” Training.

2. The Training Officer shall ensure that the appropriate personnel receive refresher training every 2 years that may be done in conjunction with First Aid/CPR Training.

3. A designee, chosen by the Chief of Police, shall serve as the department’s coordinator for the Narcan program.

B. Issuance

1. Narcan will be provided in a clearly marked package for intranasal use.

a. Each package will contain one pre-filled 4mg Narcan Nasal Spray.

b. Officers carrying Narcan, shall have a CPR face mask/barrier device available for mouth-to-mouth resuscitation.

2. All first line cruiser shall be equipped with Narcan and a CPR face mask/barrier.

4. The cell block area shall be equipped with Narcan and a CPR face mask/barrier.

C. Use of Naloxone- If an officer of this department encounters the victim of what appears to be a drug overdose; the member shall follow the protocols outlined in their Narcan training:

1. Maintain universal precautions throughout the overdose incident;

2. Notify dispatch of a possible opioid overdose in progress and request EMS response as well as second officer for back-up.

3. Perform Assessment- Check for responsiveness and vital signs, such as breathing and a pulse.

4. Prior to the administration of Narcan, the officer on scene shall ensure the subject is in a safe location and remove any sharp or heavy objects from the officer's immediate reach.
5. Be aware that the sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures and difficulty breathing.
6. Administer 4mg Narcan Nasal Spray.
7. Start rescue breaths using the CPR face mask/barrier protection device and continue until the victim is revived or EMS responds. The officer can request that a family member or friend provided rescue breaths if they are present.
8. If after five (5) minutes of administering Narcan, there is no improvement (victim remains unconscious, no breathing or pulse) and if available, one (1) additional dose of Narcan may be administered. The officer should continue rescue breaths until the victim is revived or EMS responds.
9. The officer should seize all illegal and/or non-prescribed narcotics found on the victim or around the area of the overdose.
10. 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.

D. Reporting Naloxone

1. A "No-Crime" offense report titled "Narcan Administration" will be created after the use of Narcan for documentation purposes. This report should include a description of the victim's condition and behavior, the fact Narcan was administered, the victim's response after administration, medical response, transport to hospital and which one, any narcotics seized and final outcome of department and medical personnel response.
2. If an arrest occurs on-scene, such report shall be linked to the above offense report and indicated whether the arrestee was the person who reported the suspected overdose. This enables tracking for the Good Samaritan Law.

E. Storage and Replacement

1. Inspection of the Narcan kit shall be the responsibility of each officer carrying the Narcan.
2. Check the expiration date found on the box or vial containing the Narcan.
3. Narcan will be stored in each officer's duty bag and will not be stored in the cruisers.
4. Extra Narcan will be stored in the Lieutenant's Office of each shift.
5. The program Coordinator, designated by the Chief of Police, will be notified by email of any missing, damaged or expired Narcan in order to have the Narcan replaced.
6. The program Coordinator, shall conduct an annual inspection of the Narcan kits and denote the equipment's condition.

F. Provisions

1. In accordance with RIGL 21-28.8-4, The "Good Samaritan Law":
 - a. 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 Substances Act) or 21-28.5 (Sale of Drug Paraphernalia) for crimes involving the manufacture or possession with intent to manufacture or deliver a controlled substance, if evidence for the charge was gained as a result of seeking medical assistance.

- b. Any person, who in good faith seeks medical assistance for someone experiencing a drug overdose, or other drug-related emergency shall not be charged or prosecuted for any crime, except of the crimes described above.
2. Under 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.
3. 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.

By Order Of:



Scott N. Raynes
Chief of Police