

PROVIDENCE POLICE DEPARTMENT  
  
 HEADQUARTERS  
 COLONEL OSCAR L. PEREZ  
 CHIEF OF POLICE

TYPE OF ORDER	NUMBER/SERIES	ISSUE DATE	EFFECTIVE DATE
General Order	500.01	7/1/2024	7/5/2024
SUBJECT TITLE		PREVIOUSLY ISSUED DATES	
Use of Intranasal Naloxone		6/29/2022; 7/12/2021; 6/1/2020; 5/28/2019; 5/16/2018; 5/5/2017; 5/2/2017; 6/5/2014	
REFERENCE	RE-EVALUATION DATE		
N/A	6/28/2027		
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 overdoses.

**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.

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

NARCAN® Nasal Spray: 4mg/4ml prefilled naloxone applicator which are distributed in a peel-back blister pack.

Opioid Antagonist: A drug which is a competitive antagonist that binds to the opioid receptors with higher affinity than agonists but does not activate the receptors, effectively blocking the receptor, preventing the human body from making use of opiates and endorphins.

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.

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

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 NARCAN® Nasal Spray and/or being authorized to administer naloxone.
  - 1. The Department is completing its transition to NARCAN® Nasal Spray from the MAD Nasal™ Intranasal Mucosal Atomization Device that has been in use. Any officers who currently carry the MAD device shall not dispose of them; rather, said devices shall be exchanged for NARCAN® Nasal Spray during the transition process.
- B. The Commanding Officer of the Training Bureau 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 Training Bureau 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 at least once every two years.

## **II. ISSUANCE OF NALOXONE**

- A. Naloxone for intranasal use will be issued to selected sworn officers in the form of NARCAN® Nasal Spray.
- B. All officers who have received Department training are required to maintain and have available the NARCAN® Nasal Spray that has been issued to them, when on duty.
- C. Each detention area shall be equipped with NARCAN® Nasal Spray 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 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 NARCAN® Nasal Spray.
    - a. If additional dosages of NARCAN® Nasal Spray are available, re-administer naloxone every 2 to 3 minutes until the person responds or emergency medical help is received.
  - 8. Position the victim in the recovery position, whenever practicable.
  - 9. 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.

10. Once used, a NARCAN® Nasal Spray 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 prepare an incident report, to include at a minimum:
  1. A description of the subject's condition, symptoms, and behaviors upon arrival to the scene.
  2. The clock time(s) that naloxone was administered.
  3. The time of EMS arrival, and when appropriate, the clock time(s) of EMS Naloxone administration.
  4. The hospital to which the victim was transported.
  5. Any narcotics seized.
  6. Any charges that were levied against the subject, as well as a notation of the charges that were not levied due to the prohibitions of RIGL Chapter 21-28.9, the "Good Samaritan Overdose Prevention Act of 2016", Section § 21-28.9-4, "Emergency overdose care – Immunity from legal repercussions" (see below).
  7. The outcome of the Department and EMS response (i.e. the effect of the use of naloxone by the officer and/or by EMS; whether or not the subject was revived on scene; etc.).

#### **V. STORAGE AND REPLACEMENT**

- A. Inspection of the NARCAN® Nasal Spray, including checking the expiration date found on the applicator peel-back blister pack, shall be the responsibility of the officer to whom it is issued, and shall be conducted by the officer prior to each shift and/or field deployment.
- B. NARCAN® Nasal Spray are agency Department property, and as such shall be cared for maintained by the officers to whom they have been issued, in accordance with all applicable Department policies and directives. Furthermore, they shall be stored in accordance with the manufacturer's instructions, avoiding extreme cold, heat, and direct sunlight.
- C. Missing, damaged, or expired NARCAN® Nasal Spray doses will be reported through the chain of command to the Commanding Officer of the Administrative Division.

- D. Requests for replacement doses of naloxone NARCAN® Nasal Spray shall be made through the chain of command to the Commanding Officer of the Administrative Division.

## VI. PROVISIONS

- A. In Accordance with RIGL Chapter 21-28.9, the “Good Samaritan Overdose Prevention Act of 2016”, Section § 21-28.9-3, “Authority to administer opioid antagonists – Release from liability.”:
  - 1. A person may administer an opioid antagonist to another person if:
    - a. They, in good faith, believe the other person is experiencing a drug overdose; and
    - b. They act with reasonable care in administering the drug to the other person.
  - 2. A person who administers an opioid antagonist to another person pursuant to this section shall not be subject to civil liability or criminal prosecution as a result of the administration of the drug.
- B. In Accordance with RIGL Chapter 21-28.9, the “Good Samaritan Overdose Prevention Act of 2016”, Section § 21-28.9-4, “Emergency overdose care – Immunity from legal repercussions.”:
  - 1. Any person who, in good faith, without malice and in the absence of evidence of an intent to defraud, seeks medical assistance for someone experiencing a drug overdose or other drug-related medical emergency shall not be charged or prosecuted for any crime related to the possession of a controlled substance or drug paraphernalia, or the operation of a drug-involved premises, if the evidence for the charge was gained as a result of the seeking of medical assistance.
  - 2. A person who experiences a drug overdose or other drug-related medical emergency and is in need of medical assistance shall not be charged or prosecuted for any crime related to the possession of a controlled substance or drug paraphernalia, or the operation of a drug-involved premises, if the evidence for the charge was gained as a result of the overdose and the need for medical assistance.
  - 3. The act of providing first aid or other medical assistance to someone who is experiencing a drug overdose or other drug-related medical emergency may be used as a mitigating factor in a criminal prosecution pursuant to the controlled substances act.
  - 4. The immunity related to the possession of a controlled substance or drug paraphernalia or the operation of a drug-involved premises afforded under this section shall also extend to a violation of probation and/or parole on those grounds.

- C. In accordance with RIGL Chapter 21-28.9, the “Good Samaritan Overdose Prevention Act of 2016”, Section § 21-28.9-5, “Law enforcement reports.”:
1. The Providence Police Department shall provide to the RI Office of the Attorney General information pertaining to incidents in which the Department was barred, due to the immunity provisions of § 21-28.9-4, from charging or prosecuting a person under chapters 28 and 28.5 of RIGL Title 21 who would have otherwise been so charged or prosecuted, and indicating whether the person was charged with, or prosecuted for, any other criminal offense resulting from the agency's response to the request for medical assistance.

**APPROVED:**

A handwritten signature in black ink, appearing to read 'Oscar L. Perez', with a stylized flourish at the end.

COLONEL OSCAR L. PEREZ  
CHIEF OF POLICE