



# TIVERTON POLICE DEPARTMENT

## GENERAL ORDERS

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|--|---------------------------------|-------------------------------------|
| <b>Subject:</b> CPR, AED, Choking Rescue Device and Naloxone Use   |                                 | <b>General Order Number:</b> 610.30 |
| <b>Section:</b> 600 – Community Relations and Services             |                                 | <b>Subsection:</b> 10 - Services    |
| <b>Amends/Supersedes:</b> 610.30 (03/11/2015), 610.30 (10/30/2017) |                                 |                                     |
| <b>Effective Date:</b> 03/11/2015                                  | <b>Revised Date:</b> 02/11/2025 | <b>Review Date:</b> As Needed       |
| <b>Per Order Of:</b> Patrick W. Jones, Chief of Police             |                                 |                                     |
| <b>RIPAC:</b> 6.12   |                                 |                                     |
| <b>Distribution:</b> All Department Members                        |                                 |                                     |

NOTE: This written directive is for the internal governance of the Tiverton Police Department, and is not intended and should not be interpreted to establish a higher standard of care in any civil or criminal action than would otherwise be applicable under existing law.

### I. PURPOSE

The purpose of this policy is to establish guidelines and procedures governing the utilization of CPR, choking rescue devices, AEDs and Nasal Naloxone (Narcan) administered by the Tiverton 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, cardiac arrest or choking emergency. As such, members need to recognize the signs and symptoms of such potential medical emergencies as they attempt to protect and aid the individual at the earliest stage possible.

### II. POLICY

It is the policy of the Tiverton Police Department to provide assistance to any person(s) who may be suffering from an apparent opioid overdose, cardiac arrest and/or choking emergency. Sworn members trained in accordance with this policy shall make every reasonable effort, to include the use of Naloxone, an AED and/or a Life Vac Choking Rescue device, combined with rescue breaths/CPR, to revive the victim of any apparent opioid overdose or choking emergency.

### III. DEFINITIONS

- A. AED (Automatic External Defibrillator)** – A medical device that analyzes the heart's rhythm and delivers an electric shock to help restore normal rhythm. AEDs are used to help people experiencing sudden cardiac arrest.

- B. Choking Rescue Device** – A non-powered, non-invasive, airway clearance device developed for resuscitating a victim with an airway obstruction during an apparent choking emergency. The unit consists of a plastic plunger with a one way valve and a facemask that attaches to the plunger.
- C. CPR (Cardiopulmonary Resuscitation)** – An emergency procedure that involves chest compressions and rescue breaths to help someone who is in cardiac arrest. CPR is used to keep oxygenated blood flowing to the brain and other organs until the arrival of medical personnel.
- D. Drug Intoxication** – Impaired mental or physical functioning such as euphoria, dysphoria, apathy, sedation, attention impairment, etc. as a result of the use of physiological and/or psychoactive substances.
- E. 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.
- F. Heimlich Maneuver** – A first-aid procedure for dislodging an obstruction from a person’s windpipe in which a sudden strong pressure is applied on the abdomen, between the navel and the rib cage.
- G. MAD (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.
- H. Naloxone** – an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal or intravenous forms.
- I. Narcan** - 4mg/1ml prefilled syringes compatible with the intranasal mucosal atomization device (MAD) for nasal rescue.
- J. Opioids** – heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, oxycodone
- K. 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.
- L. 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, 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 designee.
2. Prior to use, members shall be trained in the use of the Life Vac choking rescue device by a certified instructor.

3. The Chief of Police, or his/her designee, shall ensure that appropriate personnel receive refresher training every two (2) years that may be done in conjunction with CPR Training.
4. The CPR Training Instructor shall serve as the coordinator responsible for administering the department's training on Naloxone and choking rescue devices.

## **B. USE OF CPR**

1. If a member of this department encounters a victim with any of the following symptoms, CPR is authorized:
  - a) When a victim is not breathing, not breathing normally and/or has no pulse.
  - b) When a victim is suffering from a suspected drug overdose.
  - c) When a victim is suffering from a choking event or any expected cardiac event.
2. If CPR is authorized, the following should be done:
  - a) Perform chest compressions at a rate of 100 to 120 compressions per minute
  - b) Chest compression depth should be at least 2 inches (5cm)
  - c) Open the victim's airway by tilting the head and lifting the chin
  - d) With the use of a shield or at the discretion of the officer, give 2 rescue breaths after every 30 compressions.

## **C. ISSUANCE OF NALOXONE**

1. Naloxone will be provided in a clearly marked kit for intranasal use.
  - a) Each intranasal Naloxone kit shall include:
    - (1) Instructions for administering intranasal Naloxone;
    - (2) One (1) (single-use) Luer-Lock prefilled syringe system;
    - (3) One (1) MAD device, OR
    - (4) One (1) 4ml/1ml Narcan Nasal Spray
  - b) Members carrying Naloxone kit shall have a CPR face mask/barrier device available for mouth-to-mouth resuscitation combined with CPR Chest Compression commensurate with the officer's training.
  - c) 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.
  - d) Any sworn member not required by this policy to carry an intranasal Naloxone kit may elect to carry the intranasal Naloxone kit, provided they have been properly trained and have a CPR face mask available.
  - e) The holding facility/booking area shall be equipped with an intranasal Naloxone kit and a CPR face mask.
  - f) Nasal Narcan kits will be stored with any defibrillators located at police headquarters.

#### **D. USE OF NALOXONE**

If a member of this department encounters the victim of what appears to be a drug overdose, the member shall follow the protocols outlined in their nasal Narcan training.

1. Maintain universal precautions throughout overdose incident
2. Notify Dispatch of a possible opioid overdose in progress and request EMS response as well as a 2nd patrol unit to provide scene cover and control.
3. Keep communications 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.
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 Naloxone using the approved MAD device; Administer Nasal Naloxone.
9. Start rescue breaths using CPR face mask/barrier protection device and continue until victim is revived or EMS responds. OR: If unable to locate pulse or do not have barrier device, begin CPR Chest Compressions
10. If after three to five 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/CPR using CPR face mask/barrier protection device until victim is revived or EMS responds. Utilize an AED if patient is not breathing.
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 department property/evidence policies.
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.

#### **E. ISSUANCE OF CHOKING RESCUE DEVICE**

1. LifeVac choking rescue devices will be provided in a clearly marked kit.
  - a) Each choking rescue device kit shall include:
    - (1) One set of instructions for using the LifeVac
    - (2) One LifeVac suction device with patented one-way valve
    - (3) One Pediatric Mask
    - (4) One Adult Mask

- b) All members of the Patrol Division are required to maintain a LifeVac choking rescue device in their assigned cruiser at all times while on duty.
- c) A LifeVac choking rescue device will be maintained outside of the communications center to service Department headquarters.

#### **F. USE OF CHOKING RESCUE DEVICE**

When a department member encounters a victim of a choking event where the Heimlich maneuver and/or standard procedure of clearing the mouth of debris has failed, the following steps should be followed in the use of a choking rescue device:

1. Place the mask over the victim's nose and mouth and with one hand hold both the jaw and the mask and pull upwards to open the airway.
2. Make sure the mask creates a seal around the nose and mouth in order to prevent air from leaking around the seal and decreasing the suction.
3. Depress the plunger with the other hand and firmly pull back.
4. If the victim fails to ventilate after the first attempt, repeat steps 1-3.
5. Check the mouth for the removed object.
6. If the victim is not spontaneously breathing, attempt CPR in order to ventilate and check for rise and fall of the chest.
7. Check for a pulse and if no pulse exists, begin standard CPR.
8. Once used, the facemask on the choking rescue device is considered bio-hazardous material and shall be turned over to EMS or hospital personnel for proper disposal immediately following administration. The LifeVac unit itself is reusable.

#### **G. ISSUANCE OF AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)**

1. All members of the Patrol Division are required to maintain an AED in their assigned cruiser at all times while on duty.
2. An AED will be maintained outside of the communications center to service Department headquarters.

#### **H. USE OF AUTOMATIC EXTERNAL DEFIBRILLATORS (AEDs)**

When a department member encounters a victim of a cardiac emergency, the following steps should be followed:

1. Ensure that the victim is not reacting to external stimulus (touch, sound, etc.) and is not breathing or only gasping. If in doubt, use the AED.
2. Remove all clothing, including undergarments, from the patient's chest. If the chest is wet or dirty, wipe the chest clean and dry. Remove any medicine patches that may be present on the victim's chest.
3. If the victim is a child less than 8 years old or who weighs less than 55 pounds, press the CHILD MODE button before applying the QUICK-STEP electrodes.
  - a) When the child mode is selected the green LED above the CHILD MODE button is illuminated and a voice prompt announces "child mode." To switch back to adult mode, press the CHILD MODE button again.

- b) The user will be unable to switch from adult mode to child mode when the electrode pads are applied to the victim.
4. Pull the red handle to reveal the electrode pads.
5. Pull the loops on the electrode pads to peel the pads from the tray
6. Apply the pads to the victim's bare chest exactly as shown in the pictures on the pads. If possible, avoid placing the pads over broken skin. Be sure to press firmly so that the pads completely adhere to the patient's chest.

## **V. REPORTING**

After utilization of Naloxone, CPR, AED and/or a choking rescue device, members will:

- A. Prepare a 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 an AED, CPR, Naloxone and/or a choking rescue device was deployed, medical response, hospital of transport, any narcotics seized and final outcome of department and medical personnel response.
- B. If an arrest occurs on-scene, such report shall be linked to the above offense report and indicate whether the arrestee was the person who reported the suspected overdose.
- C. The above reports shall be forwarded to the Uniform Division Commander and the CPR Training Instructor

## **VI. STORAGE AND REPLACEMENT OF NALOXONE**

- A. Inspection of the intranasal Naloxone kit shall be the responsibility of each member of the Patrol Division assigned a kit and shall be conducted during 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 Department issued storage containers to avoid extreme cold, heat and direct sunlight.
- C. Missing, damaged or expired Naloxone kit(s) will be reported, in writing, the Patrol Shift Officer in Charge (OIC). The OIC will forward all reports to the CPR Training Instructor.
- D. Requests for replacement Naloxone shall be made to, through the chain of command, to the CPR Training Instructor.
- E. The CPR Training Instructor shall conduct an inspection of the Narcan kits on a three (3) month basis and denote the equipment's condition in an Interdepartmental Communication to the Uniform Division Commander.

## **VII. STORAGE AND REPLACEMENT OF CHOKING RESCUE DEVICES**

- A. Inspection of the choking rescue device shall be the responsibility of each member of the Patrol Division. An inspection shall be conducted during each scheduled shift.
  1. Check to ensure that the device packaging is sealed

2. Check that both masks (adult and child size) are included in the packaging.

#### **VIII. PROVISIONS**

- A.** In Accordance with The Good Samaritan Overdose Prevention Act of 2016, Department members are governed by relative Rhode Island General Law outlined in Title 21 Food and Drugs, Chapter 28.9. Officers shall review all legislation as it pertains to liability release and immunity from legal repercussions.