



MEMORANDUM OF AGREEMENT

Between

RHODE ISLAND DEPARTMENT OF HEALTH

and

Central Falls Police Department

Esteemed Lieutenant Craig M. Viens

In 2018, the Rhode Island Department of Health received funding to train law enforcement officers and equip them with naloxone. To accomplish the goals of the grant, the Center for Emergency Medical Services has developed a Memorandum of Agreement to establish the program with Law Enforcement Agencies.

This Agreement stipulates that RIDOH will provide Naloxone and training to Law Enforcement agencies for the total amount of law enforcement officers within the law enforcement agency. To move forward with receiving the benefits of the program, we require that you complete the information requested in this agreement as well as submit the following information electronically:

- Provide LEO Roster List including BLS training information
- Complete the Point of Contact Information Form
- Sign the Memorandum of Agreement and Initial each page.

This face sheet and the signed memorandum of understanding should be emailed to c.robertssantana@health.ri.gov or mailed to RI Department of Health, 3 Capitol Hill, Room 105 Providence, RI 02908. Please contact me at c.robertssantana@health.ri.gov or give me a call at 401-222-2597 if you have any questions, comments or concerns.



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RHODE ISLAND DEPARTMENT OF HEALTH

And

Central Falls Police Department

This Memorandum of Agreement (this Agreement), entered into as of January 15, 2020 and effective through September 30, 2022, is between the Rhode Island Department of Health (RIDOH) and the Central Falls Police Department

The purpose of this memorandum of understanding is to establish a collaborative relationship between Law Enforcement Agencies and the partners of this project. Law Enforcement agencies within the State of Rhode Island can opt-in or opt-out of this project.

WHEREAS, Law Enforcement Agencies will train law enforcement officers to respond to an overdose and utilize Naloxone to save a life;

WHEREAS, RIDOH administers the Substance Abuse and Mental Health Services Administration (SAMHSA) First Responder's Project to Combat Opioid Overdoses in Rhode Island (CARA grant) grant; and

WHEREAS, Central Falls Police Department, and RIDOH have agreed to enter into this agreement to set forth operation and programmatic relationship to fulfill program requirements.

WHERE AS, The Central Falls Police Department and the RIDOH, will provide Medical Direction and a standing order for use for agencies that elect to implement a program in accordance with the established RIDOH training.

NOW THEREFORE, the parties hereto agree as follows:

1) Scope and Requirements: This Agreement stipulates that RIDOH will provide Naloxone and training to Law Enforcement agencies for the total amount of law enforcement officers within the law enforcement agency. The amount of Naloxone provided will be contingent upon full federal funding and any reduction in federal funding may result in reduced Naloxone in this Agreement. In return, law enforcement agencies will participate in a RIDOH approved training,

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report Naloxone use to RIDOH and commit to referring overdoses to Rhode Island State Police (RISP) Heroin Overdose Prevention Efforts (HOPE).

2) Program Scope of Work:

The CARA grant partners include the Rhode Island Department of Health (RIDOH) Center for Emergency Medical Services (EMS), the Rhode Island State Police (RISP), Heroin Opioid Prevention Efforts (HOPE) and individual Law Enforcement Agencies. For the purpose of this project First Responders is defined as Law Enforcement officer (LEOs), Emergency Medical practitioners and Fire Fighters. This project will be offered between 2019 and 2022. The CARA grant project has the following goals:

- Ensure that 100% of Law Enforcement agencies in Rhode Island have access to Naloxone.
- Ensure that First Responders are educated on Naloxone administration and mental health substance use training.
- Ensure that First Responders participate in referral to treatment services.

General Requirements

Naloxone Coordinator: LEAs can appoint a Naloxone coordinator to serve as a liaison between the law enforcement agency, RIDOH and its partners. Recommended role of the Naloxone coordinator includes:

1. Accepting and requesting Naloxone kits.
2. Establishing and maintaining inventory and usage of Naloxone kits.
3. Reporting use of Naloxone in the field.
4. Scheduling the mandatory Naloxone administration training and any additional supplemental training that will enhance LEOs ability to recognize and respond to possible overdose. This mandatory Naloxone Administration Training requirement must be completed within 365 calendar days from receipt of Naloxone in accordance with the spirit of this project. Supplemental training opportunities include, but are not limited to, First Responder Safety surrounding Fentanyl, CPR course (AHA) and blood-borne pathogens course (AHA).
5. Additional role may include:
 - a. Instructing LEOs regarding internal controls within agency, which shall be, at a minimum:
 - i. Upon each shift change within the department, the corresponding officer in charge of his/her dose will check for any damage to medication container and ensure that all parts are accounted for.
 - ii. Check expiration date.
 - iii. Provide correct environment of temperature for the drug, (59-77 degrees Fahrenheit) as well as shielding the drug from direct sunlight.

Access to Naloxone and Barrier Devices

1. **Initial Naloxone supply:** RIDOH will determine the amount of Naloxone for each law enforcement agency (LEA) based on the number of officers within the LEA and will provide a reserve supply that will be equivalent to 1/5 of the amount of LEOs.
 - a. **Naloxone Brand and Dose:** LEAs will be receiving Narcan (Naloxone HCL) nasal spray which is 4 mg/0.1 mL intranasal spray. Each box has 2 units. The initial supply will be given by boxes and not units. Therefore, LEAs will receive 2 units per LEO. If Naloxone brand and dose changes, LEAs will be notified by RIDOH.
 - b. **Cost:** Compliance with this MOU allows the CARA project to provide Naloxone to LEAs at no cost to the agencies.
2. **Naloxone resupply:** LEAs can request additional Naloxone if one the following occurs:
 - a. Naloxone is used to revert an overdose. When Naloxone is used to revert an overdose, LEOs are required to report using the reporting mechanism provided by RIDOH.
 - b. Naloxone expires or is damaged. An inspection of the Nasal Naloxone kit shall be the responsibility of the personnel assigned the equipment. Please notify RIDOH so that we can collect expired or damaged doses and provide new kits. Kits that are expiring within six months should be exchanged for new kits. LEAs should ensure LEOs are properly storing Naloxone kits. Naloxone kits should be kept at room temperature between 59- and 77-degrees Fahrenheit as well as shielding it from direct sunlight.
 - c. Naloxone is lost. Naloxone kits are approximately \$200 in value. We strongly recommend that LEAs keep track of all the kits purchased through the CARA grant project. If a kit is lost, please report immediately to RIDOH for required tracking of use of Naloxone in the field.

Participation in Training

1. RIDOH will be conducting Naloxone administration training for law enforcement officers in the state. Committing to participation in training is a requirement for initial supply and participation is required to continue resupplying Naloxone to the LEA.
2. RIDOH will coordinate with the LEA Naloxone coordinator the Naloxone Administration training for all LEOs. This training **MUST** be completed within 365 calendar days of LEA receipt of Naloxone. The training is approximately 1 hour in duration.
3. RIDOH will coordinate with LEA Naloxone coordinators that already have training through their FIRE/EMS local agencies to align efforts.

Referral to Treatment Services

When Naloxone is administered to a patient in the field, LEOs should make a referral to the RISP HOPE initiative or embedded clinician for follow-up to treatment services.

Documentation and Reporting

1. Reporting use of Naloxone to the CARA grant project is one of the most important components of the project.

2. LEAs should encourage timely and accurate documentation of use of Naloxone in the field.
3. LEAs should submit a roster of all of the Law Enforcement Officers
4. LEAs should submit information about CPR training
5. Documentation will be required for resupply and to establish effectiveness. LEOs will need to submit a report to the LEA designated Naloxone coordinator.
6. The Naloxone use report sample is below (not final version):

Question	Yes	No
Was it a suspected overdose?		
Was Naloxone used prior to LEO arrival?		Number of doses:
Was Naloxone used by LEO?		Number of doses:
Did the patient improve?		
Was the patient transported?		By whom:
Was a referral to RISP HOPE made?		
Law Enforcement Agency		
Incident Location Address		
Incident Location type	Private residence Public outdoor location Indoor public place	Unknown Other (specify) _____
Comments		

7. This documentation will be submitted to the Naloxone coordinator for the Law Enforcement agency at the end of the shift and to the RIDOH EMS office via fax to 401-222-3352 or email to christina.crowley@health.ri.gov by Friday, end of business day.
8. A verbal report (and written report) should also be provided to EMS in the field.
9. Since this drug is a prescribed medication requiring medical control oversight, it is imperative that reporting be accurate so that the Rhode Island Department of Health (RIDOH) can ascertain any change, (positive or negatively) to opioid overdose conditions, situations, prevention and/or education efforts (present or future) in reducing/curbing opioid overdoses. All reporting will be to the RIDOH Center for EMS.

Law Enforcement Agencies Opt-Out

1. Law enforcement agencies that choose to opt-out of this program cannot receive any "emergency supply" of Naloxone through this project should the agency not have the appropriate amount based on current conditions within their area of responsibility.
2. Agencies can opt-in after initially declining to participate. The agency will need to comply with the stipulations of the memorandum of agreement and additional policies and procedures established by the project partners.

Point of Contact Information:

Name of law enforcement agency: Central Falls Police Department

Address or headquarters of department: 160 Illinois Street

City/Town: Central Falls R.I. 02863

Chief of the department: Colonel Daniel J. Barzykowski

Best phone number for general questions in contacting the department: 1-401-616-2508

I, Lieutenant Craig M. Viens as a representative of the above-named law enforcement agency, accept the position of Naloxone Coordinator and Point of Contact (POC) for training requirements, distribution, maintaining inventory and reporting on the use of Naloxone within our department's area of responsibility.

Name of Point of Contact (POC)

(PRINT)

Craig M. Viens

Phone number: 1-401-616-2508 Is this a: ___ cell or X landline

Date assigned to program: 1/15/2020

Assignment to program by : Colonel Daniel J. Barzykowski

Rank within the department: Lieutenant Badge Number: 8

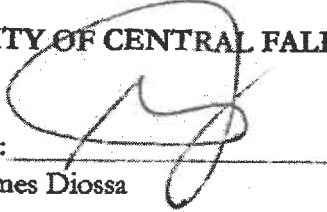
signature:

Craig M. Viens

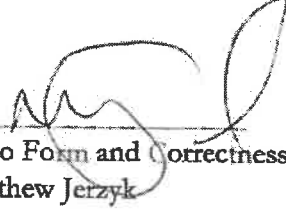
The Naloxone administration and education training program are supported by the Rhode Island Department of Health, Center for Emergency Medical Services under the Substance Use and Mental Health Service Administration (SAMHSA) award number H79SP080327.

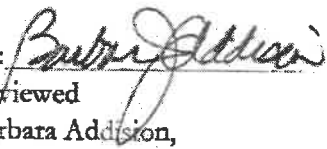
CV

CITY OF CENTRAL FALLS:

By: 
James Diosa
Mayor

Date: 01/31/2020

By: 
As to Form and Correctness
Matthew Jerzyk
City Solicitor

By: 
Reviewed
Barbara Addison,
Director of Finance

