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|  <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p> | <b>DAI Policy #:</b> 500.11.06                               | <b>Page</b> 1 of 4                     |
|  | <b>Original Effective Date:</b><br>11/01/17                  | <b>New Effective Date:</b><br>03/22/21 |
|  | <b>Supersedes:</b> 500.11.06                                 | <b>Dated:</b> 11/01/17                 |
|  | <b>Administrator's Approval:</b> Sarah Cooper, Administrator |  |
| <b>Required Posting or Restricted:</b>   |  |  |
| <input type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted  |  |  |
| <b>Chapter:</b> 500 Health Services  |  |  |
| <b>Subject:</b> Naloxone – Narcan Carry  |  |  |

**POLICY**

The Division of Adult Institutions shall provide direction in the acquisition, training and utilization of approved Naloxone/Narcan.

**REFERENCES**

Wisconsin Statutes s. 256.40(1)(d) – Opioid antagonists. (d) Opioid-related drug overdose" means a condition including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid, or another substance with which an opioid was combined.

Wisconsin Statutes s. 256.40(3)(b) – Opioid antagonists (b) A law enforcement officer or fire fighter who, reasonably believing another person to be undergoing an opioid-related drug overdose, administers naloxone or another opioid antagonist to that person shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person, if the law enforcement officer or fire fighter is acting pursuant to an agreement and any training obtained under par. (a).

Wisconsin Statutes s. 302.38 – Medical Care Of Prisoners

Wisconsin Statutes s. 302.385 – Correctional Institution Health Care

Wisconsin Statutes s. 302.386 – Medical and Dental Services for Prisoners and Forensic Patients

ED 60 - Response to Emergencies at Wisconsin Correctional Facilities Including those Requiring Basic Life Support and the Use of Automated External Defibrillators

DAI Policy 300.00.59 – Emergency Services CPR and AED Use

DAI Policy 300.00.71 – Reporting Serious Incidents, Events of Special Interest and Legislative Inquiries

**DEFINITIONS, ACRONYMS AND FORMS**

BLS – Basic Life Support

DAI – Division of Adult Institutions

DOC – Department of Corrections

DOC-2466 – Incident Report

Naloxone – A medication that acts as an opioid antagonist and counters the effects of opioid overdoses. It is marketed under the trade name Narcan.

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Opiate/Opioid – Opiates and opioids (hereinafter referred to as “opioids”) are drugs that are derived from opium or its derivatives, or other classes of drugs that mimic opium derivatives. Legally administered opioids, such as morphine, methadone, oxycodone and hydrocodone, are narcotics most often used to treat pain and opioid addiction.

Opioid Overdose –an opioid-related drug overdose is “a condition including extreme physical illness, decreased level of consciousness, respiratory depression, coma, or the ceasing of respiratory or circulatory function resulting from the consumption or use of an opioid or another substance with which an opioid was combined.”

## **PROCEDURE**

### **I. General Guidelines**

- A. Facilities shall identify staff authorized to carry DOC approved Naloxone while on duty.
- B. Facilities shall provide training in the applicable policies and state statutes, appropriate use and aftercare, and proper documentation of incidents in which Naloxone has been used.
- C. Facilities shall be responsible for procurement, storage, and inventory of approved Naloxone.
- D. Naloxone shall be inventoried and accounted for by being:
  1. Stored in a designated secure location when not in use as determined by facility procedure.
  2. Carried on the identified staff member who has been designated to carry Naloxone.
  3. Facilities shall establish a procedure for Naloxone to be exchanged by staff.
  4. Staff shall complete inventory of the Naloxone at the beginning of their shift and immediately report of any discrepancies in the Naloxone inventory.
- E. Staff shall return Naloxone promptly if removed from facility grounds.

### **II. Training**

- A. All staff identified by the facility shall receive Naloxone carry training.
- B. An annual refresher training related to Naloxone shall be provided to identified staff.

### **III. Procedure for Administering Naloxone**

- A. Staff shall use standard precautions and appropriate personal protective equipment to protect themselves from pathogens and communicable disease.
- B. Staff shall conduct an assessment of the subject to check for responsiveness by shouting and shaking the person. If no signs of life

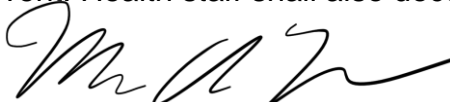
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(breathing or movement) notify HSU and activate EMS. Initiate CPR & attach the AED. Staff shall also take into account statements from witnesses regarding drug use and evidence of drug use observed at the scene.


- C. If staff suspect an opiate overdose has occurred, a single dose of Nasal Naloxone shall be administered.
- D. Staff may administer a second dose of Nasal Naloxone after three minutes via alternate nostril if indicated.
- E. Staff should be aware a rapid reversal of an opiate overdose may cause projectile vomiting by the person and/or violent behavior.
- F. If no response following administration of the Nasal Naloxone staff shall continue with CPR/AED until advanced help arrives.
- G. Upon arrival of HSU staff or EMS, the treating staff member shall immediately report that they have administered Nasal Naloxone, the approximate time of dosage, and the number of doses administered.
- H. The subject receiving a Nasal Naloxone dosage shall be transported to a medical care facility for advanced treatment.

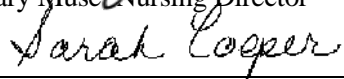
**IV. Reporting Nasal Naloxone Use**

Staff administering a Nasal Naloxone shall complete an incident report documenting the event. Health staff shall also document in health record.

**Bureau of Health Services:**  **Date Signed:** 03/13/21  
Michael Rivers, Director of Administration

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Vacant, Medical Director **Date Signed:** \_\_\_\_\_

 **Date Signed:** 03/13/21  
Mary Muse, Nursing Director

**Administrator's Approval:**  **Date Signed:** 03/13/21  
Sarah Cooper, Administrator

## DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| <b>Facility:</b> Facility Name   |                                     |                    |
| <b>Original Effective Date:</b>  | <b>DAI Policy Number:</b> 500.11.06 | <b>Page</b> 4 of 4 |
| <b>New Effective Date:</b> 00/00/00  | <b>Supersedes Number:</b>           | <b>Dated:</b>      |
| <b>Chapter:</b> 500 Health Services  |                                     |                    |
| <b>Subject:</b> Naloxone – Narcan Carry  |                                     |                    |
| <b>Will Implement</b> <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation |                                     |                    |
| <b>Warden's/Center Superintendent's Approval:</b>  |                                     |                    |

### REFERENCES

### DEFINITIONS, ACRONYMS AND FORMS

### FACILITY PROCEDURE

I.

- A.
  - 1.
    - a.

- B.
- C.

II.

- A.
- B.
- C.