

 <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 5
	<b>Original Effective Date:</b> 11/01/17	<b>New Effective Date:</b> 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:** \_\_\_\_\_  
Michael Rivers, Director of Administration

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

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse, Nursing Director

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Sarah Cooper, Administrator

## DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

<b>Facility:</b> Redgranite Correctional Institution		
<b>Original Effective Date:</b> 2/5/18	<b>DAI Policy Number:</b> 500.11.06	<b>Page</b> 4 of 5
<b>New Effective Date:</b> 5/14/2021	<b>Supersedes Number:</b>	<b>Dated:</b> 2/5/18
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Naloxone – Narcan Carry		
<b>Will Implement</b> <input type="checkbox"/> As written <input checked="" type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b> /s/ Daniel Cromwell, Warden		

### PURPOSE

Redgranite Correctional Institution shall provide Naloxone (Narcan) to security supervisors to carry and maintain Naloxone (Narcan) in designated areas.

### REFERENCES

#### DEFINITIONS, ACRONYMS, AND FORMS

DOC-2563 – Equipment Inventory

HSU – Health Services Unit

PPE – Personal Protective Equipment

Universal Precautions – Actions taken to protect oneself from pathogens and communicable diseases

#### FACILITY PROCEDURE

- I. General Guidelines
  - A. Line Security Supervisors shall carry Naloxone while on duty.
  - B. Locations where Naloxone shall be maintained and secured for emergency use:
    1. HSU
    2. Mailroom / Property Department
    3. Security Supervisors Office
  - C. Staff may utilize PPE and Universal Precautions when handling incoming mail /postal deliveries.
  - D. Staff that handle incoming mail/postal deliveries may utilize the following PPE:
    1. Disposable N100 respiratory protectors
    2. Safety devices for eye protection
    3. Nitrile gloves
- II. Training
  - A. All staff assigned to carry Naloxone or those expected to respond to an opiate exposure/overdose shall receive training in its use.
  - B. Staff not trained in the use of Naloxone shall not administer it.
- III. Reporting
  - A. Naloxone inventory shall be documented on a DOC-2563 at the beginning of each shift.

## **DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

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- B. Immediately notify a security supervisor if Naloxone is unaccounted for.
- C. Immediately notify a security supervisor if Naloxone is removed from institution grounds.
- D. If a Naloxone administering device is discharged either accidentally or in the course of duty, immediately notify HSU and a security supervisor. The administering employee shall write an incident report.
- E. Should an issued Naloxone administering device become damaged, immediately notify a security supervisor and write an incident report.
- F. If at any time you believe an employee was exposed to an unknown substance, a security supervisor and HSU shall be immediately notified.

### **RESPONSIBILITY**

- I. Staff
  - A. Staff authorized to administer Naloxone shall:
    - 1. Ensure Naloxone expiration dates are checked daily and immediately replaced, if expired.
    - 2. Ensure proper accountability, documentation, storage, replacement and disposal of Naloxone.
    - 3. Administer Naloxone as trained.
  - B. Security Supervisor
    - 1. Line Supervisors must carry Naloxone at all times.
  - C. HSU Manager
    - 1. Ensure appropriate and non-expired inventory of Naloxone is maintained and available to the institution.
    - 2. Check Naloxone expiration dates when reviewing inventory and emergency bags.
    - 3. Issue Naloxone to approved staff.
  - D. All Staff
    - 1. Be aware of the symptoms and signs of an opioid overdose and make appropriate notifications.
    - 2. Complete documentation as directed.