



# WISCONSIN DEPARTMENT OF CORRECTIONS

Governor Tony Evers / Secretary Kevin A. Carr

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## GUIDANCE DOCUMENT CERTIFICATION

I have reviewed this guidance document or proposed guidance document and I certify that it complies with sections §227.10 and §227.11 of the Wisconsin Statutes.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is not explicitly required or explicitly permitted by a statute or a rule that has been lawfully promulgated.

I further certify that the guidance document or proposed guidance document contains no standard, requirement, or threshold that is more restrictive than a standard, requirement, or threshold contained in the Wisconsin Statutes.

Cathy A. Jess

Name of Individual Certifying this Document/Proposed Document

Warden

Title


Cathy A. Jess

Signature

6-12-2020

Date Signed

Department of Corrections – Wisconsin  
Office of the Secretary  
Wis. Stat. § 227.112(6)  
DOC-2910 (6/2019)

 <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 6
	<b>Original Effective Date:</b> 11/01/17	<b>New Effective Date:</b> 11/01/17
	<b>Supersedes:</b> N/A	<b>Dated:</b> N/A
	<b>Administrator's Approval:</b> Jim Schwochert, 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).

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.

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.

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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 pursuant to applicable policies.
- D. Facilities shall purchase DOC approved Naloxone for identified staff to carry.
- E. 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.
- F. Staff shall carry Naloxone on their person as deemed appropriate by the facility.
- G. 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 to protect themselves from pathogens and communicable disease. Appropriate Personal Protective Equipment includes:
  1. Gloves – nitrile gloves preferred

2. Dust mask
  3. Eye protection
  4. CPR barrier mask (for staff trained in BLS)
- B. Staff shall conduct an assessment of the subject to check for responsiveness by shouting and shaking the person. If no signs of life (breathing or movement) notify HSU if on-site or 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 should be administered.
- D. Staff may administer a second dose of Nasal Naloxone after three minutes via alternate nostril if not breathing independently.
- E. Staff should be aware a rapid reversal of an opiate overdose may cause projectile vomiting by the person and/or violent behavior.
- F. The subject should continue to be observed and treated as the situation dictates.
- G. If no response following administration of the Nasal Naloxone staff shall continue with CPR/AED until advanced help arrives.
- H. 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.
- I. 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.

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**Bureau of Health Services:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
James Greer, Director

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

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

**Administrator's Approval:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Jim Schwochert, Administrator

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Oshkosh Correctional Institution		
<b>Original Effective Date:</b> 11/1/17	<b>DAI Policy Number:</b> 500.11.06	<b>Page</b> 5 of 6
<b>New Effective Date:</b> 06/22/2020	<b>Supersedes Number:</b> N/A	<b>Dated:</b> N/A
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> Naloxone – Narcan Carry		
<b>Will Implement</b> <input type="checkbox"/>	<b>As written</b> <input checked="" type="checkbox"/>	<b>With below procedures for facility implementation</b>
<b>Warden's/Center Superintendent's Approval:</b> Cathy A. Jess, Warden		

**REFERENCES**

Wisconsin Statutes s. 302.38(1) - Medical care of prisoners If a prisoner needs medical or hospital care or is intoxicated or incapacitated by alcohol or another drug the sheriff, superintendent or other keeper of the jail or house of correction shall provide appropriate care or treatment and may transfer the prisoner to a hospital or to an approved treatment facility under s. 51.45 (2) (b) and (c), making provision for the security of the prisoner.

Wisconsin Statutes s 302.385 - Correctional institution health care. The standards for delivery of health services in state correctional institutions governed under s. 301.02 shall be based on the standards of any professional organization that establishes standards for health services in prisons and that is recognized by the department

**DEFINITIONS, ACRONYMS, AND FORMS  
FACILITY PROCEDURE****I. General Guidelines**

- A. Security Supervisors are authorized to carry and administer Naloxone.
1. Designated Security Supervisors will each carry two (2) Naloxone units on their person throughout their shift.
  2. Security Supervisors will exchange the Naloxone from shift to shift.
  3. If the Security Supervisors do not have a relief, the Naloxone will be placed in the secure cabinet in the Security Office.
  4. The Shift Commander shall note in the shift report which supervisors are carrying the Naloxone.
- B. The following areas designated to have Naloxone available are:
1. Property Room (F-Building)
  2. Mail Room (A-Building)
  3. Warehouse (H-Building)
- C. The designated areas will have two Naloxone units and Personal Protective Equipment in a secure, wall mounted cabinet.
1. The mounted cabinets will be clearly labeled NALOXONE.
  2. The mounted cabinets will be locked at all times.
  3. At the beginning of the shift, security staff in the designated areas shall inspect the secured cabinets and verify the following to document in the log book.
    - a. Presence of two Naloxone units
    - b. Presence of previously identified Personal Protective Equipment
    - c. Ensure the Naloxone expiration date is more than 30 days

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

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D. When the Naloxone in any designated area is within 30 days of expiration, a DOC-2466 must be completed and referred to the HSU Manager and Assistant Manager.

**II. Training**

- A. Security Supervisors and designated staff shall receive Naloxone carry training.
- B. Only staff who have received training may carry and administer Naloxone.
- C. Any staff who frequently works in an area with Naloxone should contact the shift supervisor to request training.

**III. Procedure for Administering Naloxone**

- A. A minimum of three staff members should be present before Naloxone is administered. Staff may apply handcuffs and a waist belt prior to administering Naloxone.
  - 1. Handcuffs will be applied in the front of the body.
  - 2. Handcuffs should only be applied with the use of a belt.

**IV. Replacement procedure**

- A. HSU will maintain a supply of Naloxone.
- B. Security Supervisors will contact HSU for replacement as needed.
- C. The empty or expired Naloxone unit shall be taken to HSU for proper disposal and a new unit will be issued.