



WISCONSIN
DEPARTMENT OF CORRECTIONS
Division of Community Corrections

DOC-1356 (Rev. 11/2019)

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ORIGINATED BY Administrator's Office Lance Wiersma	

Administrative Directive # 21-03 <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision	Guidance Document Per § 227.01(3m) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
DISSEMINATION <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Supervisory Staff Only	PRIORITY <input checked="" type="checkbox"/> Policy/Directive <input type="checkbox"/> Information Discuss at Staff Meeting Read/Route/Post
SUBJECT: Use of Naloxone	

Reference(s):

- Wisconsin Statutes s. 256.40(1)(d)
- Wisconsin Statutes s. 441.18
- Wisconsin Statutes s. 448.037
- Executive Directive #35 Confidentiality of Offender Health Information
- Executive Directive #38 Employee Workplace Safety, Loss Control and Risk Management Program
- DCC Incident Reporting Administrative Directive
- DMS Good Management Practice 204-604-0005 Fentanyl Handling

Policy Statement:

Wisconsin statute provides that a prescription is not necessary to obtain or administer naloxone (known by the brand name Narcan). Wisconsin statute further authorizes individuals in a position to assist another at risk for overdose, when they have been properly trained to recognize an overdose and administer naloxone. As long as a person administers naloxone in good faith, the person “shall be immune from civil or criminal liability for any outcomes resulting from the administration of the opioid antagonist to that person.” Wisconsin Statutes s. 450.11 (1i) (c) 2. The intent of this policy is to provide guidance and direction to Division of Community Corrections (DCC) employees in the use of naloxone. Staff have the option to administer naloxone if training meeting the standards outlined in this Administrative Directive is completed and followed.

Definitions, Acronyms:

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.

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:

Wisconsin Standing Order for Naloxone

The Statewide Standing Order for Naloxone allows pharmacists in Wisconsin to sell naloxone without a health care provider's prescription to anyone at risk of an opioid overdose, as well as their family, friends, and anyone who may witness an opioid overdose.

Training:

1. Staff may administer Naloxone on a voluntary basis if properly trained.
2. Video-based training is available through the Wisconsin Department of Health Services website, or Cornerstone.
3. Training need not be completed on an annual or refresher basis.
4. Training completion shall be documented in Cornerstone.
5. If staff are trained, each office shall maintain a list of staff trained and authorized to administer naloxone.
6. Compliance with training shall be coordinated at the local level.
7. If training is provided by local agencies, training shall meet the following standards and train staff to:
 - a) Recognize the symptoms of possible opioid overdose.
 - b) Call 911 to seek immediate assistance.
 - c) Know the dangers of exposure to drug powders or residue.
 - d) Assess the incident scene for safety concerns before entering.
 - e) Know when not to enter a scene where drug powders, residues, or other unsafe conditions are seen.
 - f) Know to wait for professional emergency responders when drug powders, residues, or other unsafe conditions are seen.
 - g) Use of Personal Protective Equipment (nitrile gloves) during all responses.
 - h) Administer naloxone and recognize when additional doses are needed.
 - i) Safely address symptoms such as agitation or combativeness that may arise during the response.
 - j) Use additional first aid, CPR/basic life support measures. Opioid overdose can cause respiratory and cardiac arrest.

Storage and Accessibility

Offices shall be responsible for storage and inventory of naloxone and may work with Regional Office for purchase of additional supplies as needed. Naloxone will be distributed to pilot units in nasal spray form. Offices shall store the medication in a location accessible to staff for ease of access during an overdose situation.

Use of Naloxone and Seeking Medical Treatment

1. Conduct an assessment of the subject to check for responsiveness by shouting and shaking the person.
2. Contact 911 for assistance. If trained, initiate CPR/AED, if available. Take into account statements from witnesses regarding drug use and evidence of drug use observed at the scene.
3. If an opiate overdose has occurred, nasal naloxone should be administered consistent with training received.
4. If no response following administration of naloxone, continue to provide CPR/AED if trained until help arrives.
5. Upon arrival of EMS, immediately report the administration of naloxone, number of doses, and time administered.

Notification and Reporting:

In the event it was administered to an offender, staff shall submit a WICS Incident Report selecting "Other" as the incident type and typing "Narcan/Naloxone Administration" in the description. The incident report shall be marked as confidential. In the event naloxone was administered to an employee, follow the procedure noted in the DCC Incident Reporting Administrative Directive.