

1.3.A.16 Staff Use of Naloxone (Narcan)

I Policy Index:



Date Signed: 07/31/2017
Distribution: Public
Replaces Policy: N/A
Supersedes Policy Dated: None
Affected Units: All Units
Effective Date: 10/19/2017
Scheduled Revision Date: April 2018
Revision Number: New Policy
Office of Primary Responsibility: DOC Administration

II Policy:

The Department of Corrections (DOC) shall establish guidelines and policy governing utilization of Naloxone administered by DOC staff. The objective is to treat opioid overdoses and reduce risk associated with exposure to opioids in a correctional setting.

III Definitions:

Fentanyl:

Potent synthetic opioid drug. Schedule II Narcotic. Fentanyl is approximately 100 times more potent than morphine and 50 times more potent than heroin as an analgesic. Fentanyl can be injected, snorted/sniffed, smoked, taken orally by pill or tablet or spiked onto blotter paper.

Heroin:

Heroin is a highly addictive drug processed from morphine and is a rapidly acting opioid. Heroin is typically used in a powdered form. Heroin is a Schedule I substance with high potential for abuse.

Hydromorphone:

Belongs in the opioid class of drugs. Hydromorphone has an analgesic potency of two to eight times greater than that of morphine and has a rapid onset of action. Typically taken as a tablet, capsule, oral solution or injectable. This is a Schedule II drug with an accepted medical use as a pain reliever. Has a high potential for abuse and may lead to psychological or physical dependence.

Morphine:

Non-synthetic narcotic with high potential for abuse and is derived from opium. It is used for the treatment of pain. Morphine can be injected or taken as an oral solution as immediate and extended release tablets and capsules. Schedule II drug under the Controlled Substances Act.

Naloxone:

Naloxone (also known as Narcan) is a medication that can reverse an overdose caused by an opioid drug. When administered during an overdose, naloxone can block the effects of opioids on the brain and restore breathing within two to eight minutes. Common methods of administering Naloxone are intranasal, auto injector or intramuscular. Naloxone has no potential for abuse.

Opium:

Highly addictive non-synthetic narcotic that is extracted from the poppy plant. Opium poppy is the key source for many narcotics, including morphine, codeine and heroin. Usually found in a liquid, solid or powder form. Can be smoked, intravenously injected or taken in pill form.

Opioid:

Class of drugs containing or derived from opium, including but not limited to, heroin and morphine.

Opioid Antagonist:

A drug that nullifies in whole or in part, the administration of an opioid. The opioid antagonist for the purpose of this policy is Naloxone.

Staff Member:

For the purposes of this policy, a staff member is any person employed by the DOC, full or part time, including an individual under contract assigned to the DOC, an employee of another State agency assigned to the DOC, authorized volunteers and student interns.

Synthetic Opioids:

Substances synthesized in a laboratory that act on the same targets in the brain as natural opioids (e.g. morphine and codeine) to produce analgesic (pain relief) effects. Usually found in a powdered or tablet form. Acetyl fentanyl is a synthetic opioid that is very resistant to the effects of Naloxone.

IV Procedure(s):**1. Training and Management of Naloxone:**

- A. Designated staff members will receive training regarding Naloxone. Training will include the procedures described in SDCL §§ [34-20A-101](#) and [34-20A-102](#).
- B. Naloxone training will be provided to new hire staff during pre-service training.
- C. A qualified and licensed physician selected by the Secretary of Corrections will prescribe Naloxone for administration by trained staff members. A standing order will be issued authorizing possession of Naloxone by the DOC and designated trained staff and will include the protocols and procedures to be followed by staff members administering Naloxone (See SDCL §§ [34-20A-101](#) and [34-20A-102](#)).
- D. Any staff member trained in the administration of Naloxone, and acting under a standing order issued by a licensed physician, may possess and administer Naloxone to a person exhibiting symptoms of opiate overdose (See SDCL § [34-20A-98](#)).
- E. The Director of Parole, Director of Juvenile Services and Wardens will designate staff members under their authority to coordinate a process to maintain Naloxone within their unit of responsibility. Responsibilities of the coordinators include:
 1. Assuring the supply, integrity and expiration dates of the Naloxone kits prescribed and issued to the unit.
 2. Assuring the maintenance of Naloxone records, including records documenting the replacement of any Naloxone damaged, unusable, expired or used.
 3. Assuring staff have received all required training prior to being granted authority to access and administer Naloxone, including any remedial training that may be required.

4. Assuring any administration of Naloxone is documented in an Incident Report and reported, as required by the DOC and/or Department of Health for the purpose of project data collection and evaluation.

2. Protocol:

- A. Staff responding to a possible opioid overdose will first make sure the scene is safe.
- B. Staff will maintain universal precautions and perform an assessment of the person, which shall include determining responsiveness, breathing and pulse.
- C. If the incident occurs within a DOC facility, the Incident Command System (ICS) will be initiated. Correctional Health staff will be notified immediately.
- D. If the incident is in the community, staff encountering the person will ensure local Emergency Medical Services (EMS) is contacted immediately.
- E. Signs of an opioid emergency/overdose may include all or some of the following:
 1. Unusual sleepiness, stupor or coma.
 2. Breathing problems; slow or shallow breathing or respiratory failure.
 3. Pinpoint pupils.
 4. Cold, clammy skin.
- F. Staff will determine to the best of their ability, whether the person is experiencing an opioid overdose and respond as follows:
 1. If the person is conscious or easily roused, do not give Naloxone.
 2. If the person is NOT conscious with abnormal breathing and a pulse, lay the person on his/her back, tilt the person's head back and provide support to his/her neck. Apply one dose of Naloxone in one nostril. Administer Naloxone as quickly as possible as prolonged respiratory depression may result in damage to the central nervous system or death. Turn the person on his/her side after administering the Naloxone.
 3. If the person is NOT conscious with abnormal breathing and NO pulse, CPR and AED should be initiated, as per normal protocol. Apply one dose of Naloxone in one nostril. Administer Naloxone as quickly as possible as prolonged respiratory depression may result in damage to the central nervous system or death.
 - a. When applying Naloxone, lay the person on his/her back, tilt the person's head back and provide support to his/her neck and apply Naloxone to the person's nostril.
 - b. CPR should be continued as deemed necessary.
 - c. If breathing improves, place the person on their side and reassess frequently.
 4. Continue to monitor the person. Do not stop assistance to the person or leave the person alone, unless directed to do so by responding medical staff.
 5. If breathing does not improve within two-three minutes, repeat steps in subsections 2 or 3 above using a new kit and administering the Naloxone in the other nostril.
 6. Re-administer Naloxone, using a new container, every two to three minutes if the person does not respond or responds and then relapses into respiratory depression. Continue steps in subsections 2 or 3 above if the person's condition remains unchanged until medical staff arrives. Administer Naloxone into alternate nostrils with each dose.

7. If at any time pulses are lost, CPR and AED should be administered, as per normal protocol.
- G. Adolescents and children five years or older should receive the same dose of Naloxone as adults. For infants and children weighing less than 40 pounds, consult with EMS.
- H. All persons receiving Naloxone will be referred for appropriate medical follow-up. Inmates will be seen by Health Services and EMS will be called. The effects of Naloxone may only last for a limited period of time and the person may experience another opiate emergency when the effects of the Naloxone wear off. Persons who have experienced opioid overdose require hospital evaluation. Administration of Naloxone is not a substitute for emergency medical care.

3. Storage/Maintenance/Replacement:

- A. Naloxone kits shall be carried and stored in a manner consistent with proper storage guidelines, as recommended by the manufacturer and/or prescriber. Naloxone is sensitive to temperature and sunlight exposure. Steps will be taken to ensure the integrity of the Naloxone is not compromised by exposure to adverse conditions.
- B. If Naloxone is kept in a staff member's duty/state-issued vehicle, it must be removed from the vehicle and stored indoors when the temperature in the vehicle is expected to be below 59° F or above 86° F. The Naloxone kit must be protected from direct light.
- C. Naloxone kits located in DOC institutions will be kept in a location secure from inmates but accessible to staff trained to administer the Naloxone.
- D. All Naloxone kits will be inspected monthly by the staff member issued the kit or the institutional staff member designated to conduct monthly inspections of the Naloxone.
- E. Used, damaged, missing, or expired Naloxone kits shall be reported to the administrator of the Naloxone program. The administrator will ensure the kit is replaced.
 1. Do not attempt to reuse the Naloxone kit once the Naloxone has been administered. Each container contains a single dose and cannot be reused or partially administered.
- F. Expired Naloxone (per the date specified on the container) or Naloxone damaged by exposure to adverse conditions will be disposed of properly.

4. Immunity from Civil Liability:

- A. The physician who issues a standing order under the rules established pursuant to SDCL § [34-20A-102](#), and the staff member acting under a standing order who administers Naloxone in good faith compliance with the protocols for administering Naloxone, and the DOC, are not civilly liable for injuries and may not be held to pay damages to any person for injuries or death associated with the administration of Naloxone (See SDCL § [34-20A-103](#)).
- B. A health care professional who is authorized to prescribe or dispense an opioid antagonist is not subject to any disciplinary action or civil liability for the prescribing or dispensing of an opioid antagonist to a person whom the health care professional reasonably believes may be in a position to assist or administer the opioid antagonist to a person at risk for an opioid-related drug overdose (See SDCL § [34-20A-106](#)).
- C. No staff member is liable for any civil damages as a result of their acts of commission or omission arising out of and in the course of their rendering in good faith, any emergency care and services during an emergency which is in their judgment indicated and necessary at the time. Such relief from liability for civil damages extends to the operation of any motor vehicle in connection with any such

care or services. Nothing in this section grants any relief to any person causing any damage by his willful, wanton or reckless act of commission or omission (See SDCL § 20-9-4.1).

V Related Directives:

SDCL §§ 20-9-4.1, 34-20A-98, 34-20A-100, 34-20A-101, 34-20A-102, 34-20A-103, 34-20A-104, 34-20A-105 and 34-20A-106.

VI Revision Log:

June 2017: New Policy

Denny Kaemingk (original signature on file)

07/31/2017

Denny Kaemingk, Secretary of Corrections

Date