

SOUTH DAKOTA  DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES		POLICY NUMBER 1.3.A.16	PAGE NUMBER 1 OF 5
		DISTRIBUTION:	Public
		SUBJECT:	Staff Use of Naloxone (Narcan)
RELATED STANDARDS:	None	EFFECTIVE DATE:	September 01, 2022
		SUPERSESSION:	06/11/2021
DESCRIPTION: Security and Control	REVIEW MONTH: June	<i>Kellie Wasko</i> KELLIE WASKO SECRETARY OF CORRECTIONS	

I. POLICY

It is the policy of the South Dakota Department of Corrections (DOC) to establish guidelines and policy governing the issuance, storage, and utilization of Naloxone by DOC staff. Naloxone will be made available to designated units of the DOC to treat opioid overdoses by inmates and harmful exposure to opioids by staff or others.

II. PURPOSE

The purpose of this policy is to establish uniform procedures for administering intranasal Naloxone when a trained staff member knows or suspects an opiate overdose.

III. DEFINITIONS

Fentanyl:

A potent synthetic opioid drug. Fentanyl is a Schedule II Narcotic. Approximately one hundred (100) times more potent than morphine and fifty (50) times more potent than heroin as an analgesic. Can be injected, snorted/sniffed, smoked, taken orally by pill or tablet, or spiked onto blotter paper. Can be present in a variety of forms (e.g., powder, tablets, capsules, solutions, and rocks).

Heroin:

A highly addictive drug processed from morphine. This is a rapidly acting opioid. Typically used in a powdered form. Heroin is a Schedule I Narcotic with high potential for abuse.

Hydromorphone:

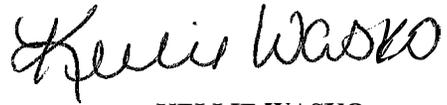
Belongs in the opioid class of drugs, has an analgesic potency of two to eight times greater than that of morphine, and a rapid onset of action. Typically taken as a tablet, capsule, oral solution or an injectable. This is a Schedule II drug with an accepted medical use as a pain reliever. High potential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

Morphine:

A non-synthetic Schedule II Narcotic with high potential for abuse. Derived from opium and used for the treatment of pain. Can be injected or taken as an oral solution as immediate and extended-release tablets and capsules.

Naloxone:

Also known as Narcan, is a medication that can reverse the effects of an overdose of opioid drugs. When administered during an overdose, it can block the effects of opioids on the brain and restore breathing within two to eight minutes. Common methods of administering are intranasal, auto injector or intramuscular. Has no potential for abuse.

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SECTION	SUBJECT	DOC POLICY	Page 2 of 5
Security and Control	Staff Use of Naloxone (Narcan)	1.3.A.16	Effective: 09/01/2022

Opium:

Highly addictive non-synthetic narcotic 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.

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. Can be in powdered or tablet form. Acetyl fentanyl is a synthetic opioid that is very resistant to the effects of Naloxone.

IV PROCEDURES

1. Training and Management of Naloxone:

- A. All DOC staff will receive training on 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. Staff determined to be at risk of possible exposure to fentanyl or other dangerous opioids are required to complete the training. This shall include staff assigned to adult institutions, parole services, and Division of Juvenile Services.
- C. Any staff member trained in the administration of Naloxone may possess and administer Naloxone to any person exhibiting symptoms of opiate overdose or opiate exposure (See SDCL § 34-20A-98).
- D. The Director of Parole, Director of Juvenile Services, Warden, or designee will assign staff to coordinate and direct the process of maintaining Naloxone (does not include Naloxone issued to Health Services) within the unit or facility. Responsibilities of Naloxone coordinators include the following:
 - 1. Assuring the supply and integrity (including monitoring expiration dates) of the Naloxone issued to the unit and authorized staff. Coordinators are responsible for knowing how many Naloxone kits each unit maintains (including Naloxone issued to staff).
 - 2. Assuring the maintenance of records documenting damaged, unusable, expired, or administered Naloxone and requesting replacement Naloxone. Records and inventory shall be kept current.
 - 3. Assuring staff have received all required training prior to being granted authority to access, possess, or administer Naloxone, including any required remedial training.
 - 4. Assuring any administration of Naloxone by staff (does not include Health Services staff) is documented in an Incident Report or case note. Coordinators shall maintain current records documenting all administration of Naloxone by calendar year for reporting purposes.

2. Protocol:

- A. Staff responding to a possible opioid overdose or exposure will first make sure the scene is safe.

SECTION	SUBJECT	DOC POLICY	Page 3 of 5
Security and Control	Staff Use of Naloxone (Narcan)	1.3.A.16	Effective: 09/01/2022

- B. Staff will apply universal precautions. Personal protective equipment is effective in protecting staff from exposure to fentanyl or other opioids that may be present at the scene or on the victim.
1. Always wear gloves when responding to a possible overdose or exposure incident. Most exposures occur from skin-to-substance contact.
 2. Wear eye protection and a properly-fitted N-95 respirator, if available. A medical-grade surgical mask may be worn only if no N-95 respirator is immediately available.
 3. Avoid actions that may cause powder or substance to become airborne. Inhalation of airborne powder may cause harmful effects.
- C. Staff must first perform a brief assessment of the exposed person, which shall include determining responsiveness, breathing and pulse.
- D. If the incident occurs within a DOC facility, the Incident Command System (ICS) will be initiated. Correctional Health staff will be notified immediately.
- E. If the incident occurs within the community, staff will ensure local Emergency Services (911) is contacted.
- F. Signs of an opioid emergency (overdose or exposure), may include some or all of the following symptoms:
1. Unusual sleepiness, stupor, or coma.
 2. Breathing problems; slow or shallow breathing, or respiratory failure.
 3. Constricted or pinpoint pupils.
- G. Staff will determine to the best of their ability whether the person is experiencing an opioid emergency. Staff will respond and offer assistance consistent with DOC training, to the best of their abilities, provided it is safe to do so. If the person is suspected of suffering from the effects of an opioid emergency, staff will respond as follows:
1. If the person is conscious or easily roused, do not give Naloxone.
 2. If the person is NOT conscious and has abnormal breathing and a pulse, lay the person on his/her back, tilt the head back and provide support to the 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 accepted protocol (rescue breathing). Use standard basic life support safety precautions (e.g., pocket mask, gloves) to address exposure risk. Apply one dose of Naloxone in one nostril. Administer Naloxone as quickly as possible as prolonged respiratory depression may result in damage to the person's central nervous system or death.
 - a. When applying Naloxone, lay the person on his/her back, tilt the head back while providing support to the neck and apply Naloxone to the nostril.
 - b. CPR should be continued as deemed necessary.
 - c. If breathing improves, place the person on their side (the standard "CPR Recovery position") and re-assess 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 or the scene becomes unsafe.
 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 person's 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 pulse is lost, CPR and AED must be administered as per accepted protocol.



SECTION	SUBJECT	DOC POLICY	Page 4 of 5
Security and Control	Staff Use of Naloxone (Narcan)	1.3.A.16	Effective: 09/01/2022

- H. Adolescents and children aged five or older should receive the same dose of Naloxone as adults. For infants and children weighing less than forty (40) pounds, consult with Emergency Medical Services or the 911 operator.
- I. All persons receiving Naloxone must be referred for 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 time and the person may experience another opiate emergency as the Naloxone wears off. Persons who have experienced opioid overdose or exposure require evaluation by a medical professional. Administration of Naloxone is not a substitute for medical care.

3. Response to Exposure:

- A. If staff have reasonable belief they or others may have been exposed to fentanyl or other dangerous opioids, immediately move away from the source of the possible exposure.
- B. Immediately notify another staff person so they may observe those exposed for signs of exposure (See Section 2 F.)
- C. Advise others responding to the scene of the possible presence of fentanyl or dangerous opioids.
- D. Do not touch eyes, mouth, nose, or any skin after touching any potentially contaminated surface or drug.
- E. Wash any exposed skin thoroughly with cool water, and soap if available. DO NOT use hand sanitizer as this may enhance absorption through the skin.
- F. If clothing, shoes, or personal protective equipment is contaminated, or suspected to be contaminated, remove these items and place in a sealed plastic bag or hazardous material bag/container.

4. Storage/Maintenance/Replacement:

- A. Naloxone kits must be carried and stored in a manner consistent with proper storage guidelines recommended by the manufacturer and/or prescriber. Naloxone is sensitive to temperature and sunlight exposure. Steps shall be taken by staff to ensure the integrity of the Naloxone is not compromised by exposure to adverse conditions.
 - 1. Staff who are issued Naloxone shall ensure they have reasonable access to the Naloxone while performing work duties that could cause risk of exposure (e.g., searches, including pat down search of an offender, or being present at an offender's residence/cell, when responding to a possible overdose or exposure incident).
 - 2. To prevent theft, loss, damage, misuse or access by unauthorized persons, Naloxone not carried by staff or otherwise in the immediate physical control of the staff member, should be secured in a safe storage area.
- B. If Naloxone is kept in a staff member's state 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 for extended periods of time. 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 regularly by the staff member issued the kit for damage.

SECTION	SUBJECT	DOC POLICY	Page 5 of 5
Security and Control	Staff Use of Naloxone (Narcan)	1.3.A.16	Effective: 09/01/2022

- E. Used, damaged, missing or expired Naloxone kits shall be reported to the unit's Naloxone Coordinator for documentation. The Coordinator will ensure the kits are replaced in a timely manner.
 - 1. Do not attempt to reuse a 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 suspected to be damaged by exposure to adverse conditions will be properly disposed of per pharmacy instructions.

5. Immunity from Civil Liability:

- A. The staff member who administers Naloxone in good faith and consistence with the protocols and requirements set forth for administering Naloxone; and the DOC, shall not be liable for injuries that may be the result administration and receipt of Naloxone. No such person 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 authorized to prescribe or dispense an opioid antagonist is not subject to disciplinary action or civil liability for prescribing or dispensing an opioid antagonist to a person with whom the health care professional reasonably believes may be in a position to assist or administer an opioid antagonist to a person at risk for an opioid-related 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. RESPONSIBILITY

The Director of Clinical and Correctional Services, the Associate Director of Emergency Management and Security Audit Controller, and the Wardens of the Institutions will be responsible for the maintenance and annual review of this policy.

VI. AUTHORITY

- A. SDCL §§ 209-4.1, 34-20A-101, 34-20A-102,34-20A-98, 34-20A-102, 34-20A-103, 34-20A-106

VII. HISTORY

June 2021
 July 2020
 June 2019
 August 2018
 June 2018
 June 2017 – New policy.

ATTACHMENTS (Published in PolicyTech unless otherwise noted)

- 1. DOC Policy Implementation / Adjustments