



*State of North Carolina  
Department of Public Safety  
Prisons*

Chapter: F  
Section: .4200  
Title: **Use of Naloxone Opioid Antagonist by Non-Medical Staff**  
Issue Date: 05/19/22  
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***POLICY AND PROCEDURE***

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References 5<sup>th</sup> Edition Standards for Adult Correctional Institutions

Related ACA Standards 5-ACI-6B-08

**.4201 Purpose**

The purpose of this policy is to provide non-medical staff with guidelines in the use of Naloxone to reduce fatal opioid overdose.

The purpose of equipping staff with Naloxone units is to provide the ability to assist overdose victims they encounter in the course of their normal duties (i.e., custody rounds). Staff will respond to emergency situations or when specifically requested to do so by medical personnel.

**.4202 Definitions**

- (a) Cardiopulmonary Resuscitation (CPR) – an emergency procedure in which the heart and lungs are made to work by compressing the chest overlying the heart and forcing air into the lungs. CPR is used to maintain circulation when the heart has stopped pumping on its own.
- (b) Emergency Medical Services (EMS) – provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with illness or injury.
- (c) Naloxone – an opioid receptor antagonist and antidote for opioid overdose.
- (d) NARCAN® – FDA approved naloxone nasal spray for the emergency treatment of a known or suspected opioid overdose.
- (e) Opioids – a class of drugs including heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone (Dilaudid), hydrocodone (Norco, Lortab, Vicodin), oxycodone (Opana), methadone, oxycodone (OxyContin).
- (f) Opioid Overdose – An acute condition including but not limited to extreme physical illness, decreased level of consciousness, respiratory depression, coma, or death resulting from the consumption or use of an opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.
- (g) Universal Precautions – an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV

(Hepatitis B) and other blood borne pathogens.

#### **.4203 Policy**

*It is the policy of NCDPS to aid an offender encountered by a non-medical staff member in the normal course of his or her duties who may be suffering from an opioid overdose. All staff trained in accordance with policy shall make every reasonable effort, to include the use of Naloxone, to revive a victim of any apparent drug overdose within the requirements of this policy (5-ACI-6B-08). This policy is also applicable to staff who may be exposed to an opioid.*

#### **.4204 Procedures**

##### (a) Training

- (1) Prior to the issue of NARCAN®, staff shall be trained in the use of Naloxone nasal spray.
- (2) Supervisors shall ensure staff receive training on responding to persons suffering from an apparent opioid overdose and the use of Naloxone.
- (3) Staff shall receive refresher training every two years that may be done in conjunction with CPR training.

##### (b) Maintenance of Naloxone

- (1) Naloxone will be provided in designated first aid kits in clearly marked containers for intranasal use. Each Naloxone unit shall include:
  - (A) NARCAN® 4 MG Nasal Spray Device – 2 doses;
  - (B) NARCAN® Nasal Spray Quick Start Guide
- (2) Wardens will develop Standard Operating Procedures including:
  - (A) In consultation with Medical, designation of specific first aid kits that will include NARCAN.
  - (B) Communication to staff as to how to identify/locate the designated first aid kits that will include NARCAN.
  - (C) Designate the Associate Warden for Custody and Operations/designee as responsible for accounting for, tracking and replacement of Naloxone Units.
- (3) Naloxone units should be stored at room temperature. NARCAN® Nasal Spray may be stored for short periods up to 104°F. Do not freeze NARCAN® Nasal Spray. Be aware of these restrictions when kept in the state-issued vehicle.
- (4) Naloxone units shall not be stored in state-issued vehicles overnight.

## (c) Use of Naloxone

If a non-medical staff member encounters an offender that appears to be experiencing a drug overdose the officer shall immediately initiate facility-specific Code Blue procedures. If the surroundings are determined to be safe, the officer shall then:

- (1) Maintain universal precautions throughout the overdose incident.
- (2) Perform an assessment – check for unresponsiveness, breathing, and pulse. Naloxone should only be administered by an officer if the offender is unresponsive and not breathing.
- (3) Prior to the administration of Naloxone, ensure the subject is in a safe location and remove any sharp or heavy objects from immediate reach. The sudden onset of immediate opioid withdrawal may result in physical symptoms such as agitation, rapid heart rate, nausea, seizures, difficulty breathing.
- (4) Administer the Naloxone nasal spray according to the manufacturer's instructions and remain with the victim until EMS or Medical arrives.
- (5) Once used, the intranasal Naloxone device is considered bio-hazardous material and should be properly disposed.

## (d) Reporting

After utilization of Naloxone, staff will:

- (1) Immediately notify a supervisor that Naloxone has been administered for an overdose.
- (2) Complete standard incident report relating to event.

## (e) Storage and Replacement

- (1) Missing, damaged or expired Naloxone will be reported immediately to his/her supervisor.
- (2) Requests for replacement Naloxone kits shall be made to the staff member's immediate supervisor, who will obtain replacement from the **Associate Warden** for Custody and Operations/designee.



**Commissioner** of Prisons

May 19, 2022

Date