



Virginia Department of Corrections

Health Services

Operating Procedure 750.4

Naloxone Administration Program

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REVIEW

The Content Owner will review this operating procedure annually and re-write it no later than three years after the effective date.

COMPLIANCE

This operating procedure applies to all units operated by the Virginia Department of Corrections (DOC). Practices and procedures must comply with applicable State and Federal laws and regulations, American Correctional Association (ACA) standards, Prison Rape Elimination Act (PREA) standards, and DOC directives and operating procedures.

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DEFINITIONS

Administer - The direct application of a medication by injection, inhalation, ingestion, or any other means.

Authorized DOC Staff - Any individual in the Corrections Officer series (as defined in COV §53.1-1), those authorized as P&P Officers (as defined in COV §53.1-1-143), or Virginia Department of Corrections staff designated by the Director, which will include staff who voluntarily and successfully complete DOC approved training, may also possess and administer naloxone or other opioid antagonist used for overdose reversal pursuant to an oral, written, or standing order issued by a prescriber or a standing order issued by the Commissioner of Health or his designee in accordance with protocols developed by the Virginia Board of Pharmacy in consultation with the Virginia Board of Medicine and the Virginia Department of Health.

Emergency Opioid Antagonist - Naloxone hydrochloride or any similarly acting drug that nullifies, in whole or in part, the effects of an opioid and that is approved by the United States Food and Drug Administration. The opioid antagonist for the purpose of this procedure is limited to naloxone hydrochloride (Narcan).

Fentanyl - An opioid pain medication with a rapid onset and short duration of action that is a potent agonist of μ -opioid receptors. Fentanyl is 50 to 100 times more potent than morphine but some fentanyl analogues, which are designed to mimic the pharmacological effects of the original drug, may be as much as 10,000 times more potent than morphine.

Naloxone - A prescription medication that may be possessed by DOC staff designated by the Director, which will include staff who voluntarily and successfully complete DOC approved training, Corrections Officers, and P&P Officers as listed in COV §54.1-3408 and is an opioid antagonist drug that reverses the effects that opioids have in the brain. When a person overdoses on opioids, the opioid overwhelms specific receptors in the brain, slowly decreasing respiration and heart rate before finally stopping it altogether. Naloxone has a very high affinity for these receptors and effectively pushes the opioid off the brain receptor. This action allows a person's body to resume respiration. Naloxone has been used for years by Emergency Medical Technicians and emergency room Doctors to reverse opioid overdose emergencies. Outside of this singular purpose, naloxone has no effect on the body, and poses no danger to anyone who accidentally administers it to themselves or someone else.

Naloxone Administration Device - The product selected by the DOC for use as an opioid antagonist drug delivery system.

Naloxone Coordinator - The Facility Unit Head, Chief P&P Officer, or designee will assume this role and be responsible for routine daily operations of program administration.

Naloxone Program Administrator - The Chief Pharmacist for the DOC.

Opioid - Substances, containing or derived from opium, used as medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion. Medications that fall within this class include hydrocodone (e.g., Vicodin), Oxycodone (e.g., OxyContin, Percocet), morphine, codeine, heroin, and related drugs.

Opioid Overdose - An acute condition due to excessive opioids in the body, manifested by respiratory and/or central nervous system depression.

Patient - A person believed to be at risk of experiencing an opioid overdose.

Recovery Position - Lateral recumbent, or three-quarters prone, position of the body into which an unconscious but breathing patient may be placed as part of first aid treatment.

Unit Health Authority - The individual who functions as the administrator of the facility medical department.

Universal Precautions - An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus, Hepatitis B Virus, and other blood borne pathogens.

PURPOSE

This operating procedure provides for the utilization of naloxone or other authorized opioid antagonists used for overdose reversal due to opioid-involved overdoses in circumstances where Department of Corrections (DOC) staff members are the first to arrive at the scene of a suspected overdose or where a staff member may become exposed to an opioid during the course of their duties.

PROCEDURE

- I. Legal Authority
 - A. Pursuant to COV §54.1-3408, *Professional use by practitioners*, DOC staff designated as Probation & Parole (P&P) Officers or as Corrections Officers; or staff of the Virginia Department of Corrections designated by the Director, which will include staff who voluntarily and successfully complete DOC approved training may possess, dispense, and administer naloxone in accordance with protocols developed by the Virginia Board of Pharmacy (Virginia Board of Pharmacy Protocol for the Prescribing and Dispensing of Naloxone) in consultation with the Virginia Board of Medicine and the Virginia Department of Health (VDH) (Statewide Standing Order for Naloxone, Virginia Department of Health, Office of the Commissioner).
 - B. Naloxone is authorized for utilization as an opioid antagonist, used for overdose reversal or for a person who is believed to be experiencing or about to experience a life-threatening opioid overdose.
 - C. Each DOC facility and P&P Office must develop an Implementation Memorandum (IM) to address the procedures necessary to ensure compliance with this operating procedure.
 1. Local naloxone control practices will govern the control and use of naloxone including a process for issue, maintenance, and inventory of naloxone administration devices, consistent with this operating procedure.
 2. The process must provide a means for accounting for all naloxone administration devices in a quick and effective manner.
- II. Program Administration
 - A. The Chief Pharmacist or designee will be the designated Naloxone Program Administrator.
 1. The Naloxone Program Administrator will be responsible for ordering and paying for all naloxone administration devices and will maintain necessary accounting records associated with the program.
 2. The Naloxone Program Administrator is available for staff to consult regarding use and storage conditions for naloxone administration devices.
 3. Only intranasal naloxone administration devices are authorized for use in the DOC.
 - B. The Facility Unit Head, Chief P&P Officer, or designee will be the Naloxone Coordinator and is responsible for routine daily operations of program administration to include:
 1. Inventory control of the naloxone administration devices.
 2. Ensuring an adequate supply of naloxone administration devices is available for issue to authorized staff.
 3. Each organizational unit will maintain a minimum number of naloxone administration devices in a reserve inventory.
 - a. At P&P Offices, P&P Sub-Offices, Community Corrections Alternative Programs (CCAP), and facilities with less than 300 inmates, no less than ten naloxone administration devices (five boxes) will be kept in reserve, above that number normally issued out on a daily basis.
 - b. At institutions with populations between 300 and 1,000 inmates, no less than 20 naloxone administration devices (ten boxes) will be kept in reserve, above that number normally issued out

on a daily basis.

- c. At all other institutions with populations above 1,000 inmates, no less than 30 naloxone administration devices (15 boxes) will be kept in reserve above that number normally issued out on a daily basis.

III. Training

- A. The DOC required staff training is available through the Commonwealth of Virginia Learning Center. Training documentation will also be maintained within the staff members individual training record at the institutional/facility/office level.
- B. All participating staff will receive initial training that will include, at minimum, an overview of the COV §54.1-3408, *Professional use by practitioners*, that permits law enforcement use of naloxone, patient assessment (e.g., signs/symptoms of overdose), universal precautions, rescue breathing, seeking medical attention, and the use of authorized naloxone administration devices as detailed in the standing order.

IV. Purchasing

- A. Initial startup inventories of naloxone administration devices for facilities and P&P Offices will be provided once email notification of staff training completion is made by the Facility Unit Head or designee to the DOC Pharmacy (pharmacy@vadoc.virginia.gov).
- B. Requests for replacement naloxone administration devices may be submitted to: pharmacy@vadoc.virginia.gov by the unit Naloxone Coordinator or the Unit Head.
- C. Naloxone Coordinators or Unit Heads will verify their mailing address and indicate the amount requested.

V. Distribution to the Field

- A. Naloxone administration devices will be shipped directly to facilities and P&P Offices.
- B. The product will be verified and logged in using the unit's established inventory control system.
- C. The invoice is to be paid by each unit using the unit agency, department, fund, and program codes (Institutions - 398002, P&P Offices - 351006, and CCAPs - 361002) and will be expensed to account 5013420 - Medical Supplies.

VI. Naloxone Administration Devices Issue

- A. Only properly trained and authorized DOC staff will be issued or approved to access naloxone administration devices.
 1. All P&P Officers, Senior P&P Officers, Deputy Chief P&P Officers, Chief P&P Officers, Corrections Officers, Sergeants, Lieutenants, Captains, and Majors; or staff of the Virginia Department of Corrections designated by the Director, which will include staff who voluntarily sign up to take the naloxone training, or individuals specifically designated by the Unit Head are authorized to use naloxone administration devices and will receive training to be able to possess and administer naloxone.
 2. In facilities, naloxone administration devices must be maintained in a controlled and secure location and accessible to all designated staff to include all levels of security supervision.
 3. Each unit will establish and maintain a perpetual inventory control system for naloxone administration devices.
 - a. When not in use, naloxone administration devices must be securely stored in the facility armory or other area as designated in the unit IM. Naloxone administration devices purchased for use by security staff at facilities cannot be stored in the medical department.
 - b. Naloxone administration devices must be inventoried at least monthly and inspected to determine their condition, function, and expiration dates.

- c. At the discretion of the Facility Unit Head, Corrections Officers on certain posts may be authorized to routinely carry the naloxone administration devices for use at the Corrections Officers discretion in accordance with DOC training and this operating procedure.
 - i. A listing of all staff trained to possess and use naloxone administration devices will be maintained at the location selected for storage and issuance.
 - ii. A listing, signed by the Facility Unit Head, of all posts authorized to have the naloxone administration devices will be maintained at the location selected for storage and issuance.
 - iii. Additional naloxone administration devices may be stored in other secured areas as authorized by the Unit Health Authority and the Facility Unit Head. Staff should be trained on facility specific locations of naloxone device storage.
- d. The Unit Head will develop and maintain a listing of all supervisory positions who will routinely be issued naloxone administration devices as part of their daily equipment issue. The listing will be posted in the storage area.
- e. Corrections Officers who are posted at Housing Units, Visiting Entry, Front Gate Entry, Work Gang/Road Gang Officers, Transportation Officers, and Roving Patrol will be issued naloxone administration devices as part of their daily equipment issue.
- f. Naloxone administration devices may be issued to authorized staff as emergency security equipment to help control a specific incident.
- g. At specified Virginia Correctional Enterprise (VCE) locations, naloxone administration devices may be maintained for use by trained Corrections Officers at the discretion of the Unit Head.
- h. At P&P Offices, all P&P Officers, Senior P&P Officers, Deputy Chief P&P Officers, and Chief P&P Officers, or staff of the Virginia Department of Corrections designated by the Director, which will include staff who voluntarily and successfully complete DOC approved training will be authorized to be issued and retain naloxone administration devices. Issuance, accountability, and maintenance issues associated with naloxone administration devices will be addressed in the P&P Office IM.

B. Two 4 mg naloxone administration devices will be issued to each authorized DOC staff member.

C. DOC Contraband Detection and Narcotic Detection Canine Handlers will be issued up to three 4 mg naloxone administration devices.

D. When a P&P Officer is re-assigned to a different P&P Office, they are to take their issued naloxone administration device with them to their new assignment.

VII. Bloodborne Pathogens/Personal Protective Equipment (PPE) Exposure Kit

A. To maximize staff safety, all P&P or institutional/facility staff must wear PPE to comply with Universal Precautions; see Operating Procedure 740.1, *Infectious Disease Control*, regarding occupational exposure to bloodborne pathogens when dealing with a possible opioid overdose.

B. A Bloodborne Pathogens/PPE exposure kit must be available to each P&P Office, all facility security posts, and other designated areas as designated by the Facility Unit Head or designee. Each exposure bloodborne pathogens/PPE exposure kit will include:

1. One VDH and NIOSH-approved P100 particulate filtering face piece respirator
2. Two pairs of nitrile exam gloves and one pair of heavy-duty nitrile gloves
3. One pair of safety glasses
4. One pair of Tyvek coveralls (or a coverall of a similar construction)
5. One pair of Tyvek boot covers (or a boot cover of a similar construction)
6. Red biohazard disposal bag (All used PPE items will be disposed of in accordance with Operating Procedure 740.2, *Infectious Waste Management and Disposal*)
7. Antimicrobial wipes

8. Barrier mask/mouthpiece

- C. PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the staff members work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time that the PPE will be used.
- D. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives must be readily accessible to staff who are allergic to the gloves normally provided.

VIII. Naloxone Administration Device Use

- A. Authorized DOC staff may administer naloxone to inmates/probationers/parolees, themselves, other DOC staff, first responders, and members of the public when, based upon their training, they reasonably believe that the intended recipient is experiencing adverse health effects caused by either a fentanyl exposure or an opioid-induced overdose.
- B. Upon arriving at a scene of a medical emergency where it has been determined that an overdose has likely occurred, the responding DOC staff member(s) will ensure the safety of the scene and request the response of emergency medical services (EMS) personnel. Naloxone will only be administered to members of the public when it is safe to do so.
- C. When using the naloxone administration device, authorized DOC staff will first adhere to the following:
 - 1. Exercise universal precautions to protect against bloodborne pathogens and other communicable diseases.
 - 2. Use bloodborne pathogens/PPE exposure kit items as needed, but at a minimum, the nitrile gloves must be worn.
 - 3. Assess the patient to determine unresponsiveness and other indicators of an opioid-induced overdose.
 - 4. The decision to transport by van or ambulance will be made by the Medical Authority or designee following a detailed evaluation of the problems, symptoms, complaints, and vital signs.
 - 5. Prepare and administer the naloxone in accordance with program training protocols. Multiple doses of naloxone may need to be administered to the patient depending on fentanyl analogue or opioid exposure.
 - 6. Provide cardiopulmonary resuscitation if needed utilizing an appropriate barrier mask.
- D. Be aware that patients revived from an opioid overdose may regain consciousness in an agitated or combative state and may exhibit symptoms associated with withdrawal. Staff will be prepared to use appropriate defensive tactics control measures if necessary.
- E. If the naloxone is effective, immediately place the patient into and maintain the recovery position, and provide supportive care until relieved by EMS personnel, if contacted.
- F. Notify responding EMS personnel of the use of the naloxone, the manner in which it was administered, and the number of doses used, if applicable.
- G. Subsequent to rendering medical assistance, if a search of the scene is conducted to locate and seize evidence for possible criminal prosecution; staff must follow PPE protocols and evidence collection procedures in accordance with Operating Procedure 030.1, *Evidence Collection and Preservation*.

IX. Dispensing Naloxone Administration Devices

- A. In conformance with COV §54.1-3408(x)(y) *Professional use by practitioners*, and pursuant to an oral, written, or standing order issued by a prescriber or a standing order, staff of the Virginia Department of Corrections designated by the Director, which will include staff who voluntarily and successfully complete DOC approved training; as well as P&P Officers or as Correctional Officers as defined in COV §53.1-1. *Definitions*, may dispense naloxone or other opioid antagonist used for overdose reversal, to a

person who has received instruction on the administration of naloxone for opioid overdose reversal.

- B. Designated DOC staff will only dispense formulations for intranasal administration.
- C. A standard quantity for intranasal devices to be dispensed at any one time is one box, which normally contains two devices.
- D. Local authorization to dispense naloxone or other opioid antagonist devices by designated DOC staff (P&P Officers, Correctional Officers, or other designees) will be approved by the Facility Unit Head, Assistant Facility Unit Head, or Regional Administrator. For example, naloxone or other opioid antagonist devices may be issued to:
 - 1. Inmates/probationers/parolees (including those currently residing within DOC facilities, those being released, and those under supervision by a P&P Officer)
 - 2. Virginia Department of Transportation staff
- E. The dispensing DOC staff member will provide instruction to the recipient on opioid overdose prevention, overdose recognition, proper administration and dosing of naloxone, effectiveness and response following administration, adverse effects, safety, storage conditions, and expiration date.
 - 1. If the recipient refuses instruction, the instruction may be accomplished by providing the recipient with the current DBHDS *REVIVE!* brochure.
 - 2. The brochure is available on the DBHDS website at:
<http://www.dhp.virginia.gov/Pharmacy/docs/osas-revive-pharmacy-dispensing-brochure.pdf>
- F. Required labeling and recordkeeping
 - 1. The dispensing DOC staff member will affix a label to the naloxone container that bears the name and strength of the dispensed naloxone, directions as indicated on the oral, written, or standing order, name of prescriber, date of dispensing, and name and address or telephone of the dispensing entity.
 - 2. The dispensing DOC staff member will maintain a record, *Naloxone Device Dispensing Log 750_F7* of dispensing indicating the name of the recipient, the name, strength, and quantity of naloxone dispensed, date of dispensing, and name or initials of the dispensing entity.
 - 3. Such record will be maintained for three years from the date of dispensing.

X. Staff Notice of Occupational Exposure

- A. When an incident occurs where there is exposure to a suspected opioid, the staff member or their representative will immediately, or as soon thereafter as practical, give written notice of the exposure to their Supervisor.
- B. The notice will state, at minimum, the name and address of the staff member, the time and place of the exposure, the nature and cause of the exposure, and any injury that may have occurred.
- C. Further reporting by staff and Supervisors will follow Operating Procedure 261.3, *Workers' Compensation*.

XI. Reporting Naloxone Related or Suspected Overdose Incidents

- A. DOC staff must notify their immediate Supervisor or designee and document an overdose or a suspected overdose. These incidents will be recorded on an *Incident Report* in VACORIS; see Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.
- B. Reporting is required for a medical condition that results in emergency transport for confirmed/suspected drug or alcohol abuse; see Operating Procedure 435.1, *Special Operations Unit*.
- C. Reports to the Operations and Logistics Unit Operations Center can be made by telephone at (804-372-4447) or email (docolu@vadoc.virginia.gov) and must be made as soon as practicable, no later than four hours following the incident.

- D. The *Vital Information for Telephone Notification of Incident* 038_F1 may be used to gather critical facts for the initial telephone report.

XII. Naloxone Storage, Inspection, and Disposal

- A. The unit Naloxone Coordinator will maintain a manageable number of naloxone administration devices for replacement purposes.
- B. The unit Naloxone Coordinator will ensure local inventories are properly maintained and will coordinate re-supply through the Naloxone Program Administrator or designee.
- C. Inventories of naloxone administration devices will be kept in a climate-controlled location and maintained with a log as directed by the Facility Unit Head.
1. The log is to be maintained and is to be secured in or near the storage location.
 2. The log will contain the following information:
 - a. Inventory amount
 - b. Date issued
 - c. Number of naloxone administration devices issued
 - d. Issuing Supervisor's name
 - e. Receiving staff member's name
 - f. Lot number of naloxone
 - g. Product expiration date
 3. The receiving staff member will acknowledge receipt by signing log entry.

XIII. Probation and Parole Offices

- A. Inventories of naloxone maintained by P&P Officers must be stored in an approved storage case and kept in a manner consistent with proper storage guidelines as detailed by the manufacturer for temperature and sunlight exposure.
- B. Naloxone administration devices may be carried while on duty by the P&P Officer in clothing pockets or in an approved storage case located in their vehicle. The devices must not be stored or left unattended in a motor vehicle.
- C. The naloxone administration devices must be stored in a temperature-controlled environment when the staff member is not on duty. Prolonged exposure to extreme temperatures or sunlight that exceeds manufacturer's recommendation(s) may reduce the efficacy of naloxone limiting its ability to counteract an opioid overdose.
1. The naloxone administration devices must not be subjected to freezing temperatures.
 2. The naloxone administration devices must not be subjected direct sunlight.
- D. A visual inspection of the naloxone administration device will be the responsibility of the P&P Officer issued the devices and will be completed at least monthly.
- E. If the required medical seal is broken or removed, the device will need to be replaced.
- F. The P&P Officer must replace the naloxone administration device before the expiration date.
- G. Expired or damaged naloxone administration devices will be reported directly to the Naloxone Coordinator who will facilitate the issue of a new device.
- H. Used naloxone administration devices may be discarded into an appropriate trash receptacle. It is not necessary to treat it as medical or biohazard waste.
1. Naloxone administration devices may be shipped in boxes containing two individual devices.

2. If only one device is opened or used, the other device does not need to be discarded.

I. The Naloxone Coordinator will obtain replacement naloxone administration devices from the Naloxone Program Administrator or designee.

XIV. Implementation Memorandum Development

A. Each P&P Office and facility will develop and maintain an IM detailing the storage, inspection, and inventory of naloxone administration devices.

B. The IM must define a regular, ongoing inspection and inventory program to ensure the accountability and readiness of all naloxone administration devices. This may be accomplished by adding the devices to an Armory or other secure location inventory. Naloxone administration devices purchased for use by security staff at facilities cannot be stored in the medical department.

C. Naloxone administration device inventory documents will include:

1. Date of inventory

2. Storage location (clearly defined by room name, number, or location)

3. Lot number(s)

4. Expiration date(s)

5. Total number of naloxone administration devices in stock

6. Total number of naloxone administration devices issued and stored apart from main inventory, i.e., issued to P&P Officers

a. A master issuance document, identifying to whom naloxone administration devices have been issued, will be maintained with all naloxone inventories.

b. The recorded number of naloxone administration devices stored apart from main inventory must match the total number indicated on the master issuance document.

7. Printed name and signature of the staff member conducting the inventory.

D. Naloxone administration device inventories will be maintained in the same secured location as the devices themselves.

E. Naloxone administration device inventories must be retained for five years.

F. The IM must specify that the naloxone administration devices can be taken out of the shipping boxes but under no circumstances will be taken out of the protective packaging unless for use. Once the protective packaging is tampered with, it will need to be replaced.

G. Each P&P Office and facility will monitor their naloxone administration devices shelf life by performing a monthly inventory.

H. The IM will specify the availability, authorized storage locations, and use of the bloodborne pathogens/PPE exposure kit. IM's must specify that, at a minimum, in all circumstances of possible exposure that the approved P100 respirator and nitrile exam gloves must be utilized in all circumstances of possible exposure.

XV. Community Transition

A. To provide inmates or CCAP probationers/parolees transitioning back into the community who are at risk for opioid overdose, the DOC has established the *Naloxone Distribution Initiative*; see Attachment 1, *Take Home - Naloxone Distribution*, providing the necessary training and medicine used to treat an opioid overdose.

B. Any facility designated as a *Medication-Assisted Treatment Reentry Initiative Site* and identified in Attachment 1, *Take Home- Naloxone Distribution* will ensure that their IM to this operating procedure addresses the provisions as established in Attachment 1, *Take Home- Naloxone Distribution*.

C. At these facilities, at-risk participants and other as identified in Attachment 1, *Take Home- Naloxone Distribution* will be provided Naloxone rescue kits upon release.

REFERENCES

COV §53.1-1, *Definitions*.

COV §54.1-3408, *Professional use by practitioners*.

Statewide Standing Order for Naloxone, Virginia Department of Health, Office of the Commissioner

Virginia Board of Pharmacy Protocol for the Prescribing and Dispensing of Naloxone

Operating Procedure 030.1, *Evidence Collection and Preservation*

Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*

Operating Procedure 261.3, *Workers' Compensation*

Operating Procedure 435.1, *Special Operations Unit*

Operating Procedure 740.1, *Infectious Disease Control*

Operating Procedure 740.2, *Infectious Waste Management and Disposal*

ATTACHMENTS

Attachment 1, *Take Home-Naloxone Distribution*

FORM CITATIONS

Vital Information for Telephone Notification of Incident 038_F1

Naloxone Device Dispensing Log 750_F7