



# Operating Procedure

<b>Effective Date</b> July 1, 2018	<b>Number</b> 720.9
<b>Amended</b> 8/1/18, 4/1/19, 9/1/19	<b>Operating Level</b> Department
<b>Supersedes</b> First Issue	
<b>Authority</b> COV §53.1-10, §53.1-25, §54.1-3408	
<b>ACA/PREA Standards</b> None	
<b>Office of Primary Responsibility</b> Chief Pharmacist	

**Subject**  
**NALOXONE ADMINISTRATION PROGRAM**

<b>Incarcerated Offender Access</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<b>Public Access</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	<b>Attachments</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

## I. 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 are the first to arrive at the scene of a suspected overdose or where an employee may become exposed to an opioid during the course of their duties.

## II. COMPLIANCE

This operating procedure applies to all units operated by the Department of Corrections (DOC). Practices and procedures shall comply with applicable State and Federal laws and regulations, Board of Corrections policies and regulations, ACA standards, PREA standards, and DOC directives and operating procedures.

## III. DEFINITIONS

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

**Authorized DOC Employee** - Any person in the Corrections Officer series as defined in COV §53.1-1 or any person authorized as a P&P Officer in COV §53.1-143 who has completed a training program in order to possess and administer Naloxone

**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 program is limited to naloxone hydrochloride.

**Fentanyl** - An opioid pain medication with a rapid onset and short duration of action; it is a potent agonist of  $\mu$ -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 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 of 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

**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

**Serious Injury** - An injury, including self-injury, that requires urgent and immediate medical treatment and restricts the offender's usual activity; medical treatment should be more extensive than mere first aid, such as the application of bandages to wounds; it might include stitches, setting of broken bones, treatment of concussion, loss of consciousness, etc.

**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 HIV, HBV, and other blood borne pathogens

#### IV. PROCEDURE

##### A. Legal Authority

1. Pursuant to COV [§54.1-3408](#) (2018) Employees of the Department of Corrections designated as P&P Officers or as Corrections Officers who have completed the required training program may possess and administer naloxone in accordance with protocols developed by the Board of Pharmacy in consultation with the Board of Medicine and the Department of Health.
2. 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.
3. Each Department of Corrections facility and P&P Office shall develop an Implementation Memorandum to address the procedures necessary to ensure compliance with this operating procedure.
  - a. 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.
  - b. The process must provide a means for accounting for all naloxone administration devices in a quick and effective manner.

##### B. Program Administration

1. The Chief Pharmacist will be the designated Naloxone Program Administrator.
  - a. The Naloxone Administrator will be responsible for ordering and paying for all naloxone administration devices and will maintain necessary accounting records associated with the program
  - b. The Naloxone Program Administrator is available for staff to consult regarding use and storage conditions for Naloxone Administration Devices.
  - c. Only the following Naloxone Administration Devices are authorized for use in the DOC;
    - i. Intra-nasal
    - ii. Auto Inject
2. 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:
  - a. Inventory control of the naloxone administration devices
  - b. Ensuring an adequate supply of naloxone administration devices is available for issue to authorized employees

##### C. Training

1. DOC training activities are coordinated through the Academy for Staff Development (ASD) which will schedule training and maintain training records. Training documentation will also be maintained within the employee's individual training record at the institutional/facility/office level.
2. The required Law Enforcement Officer training is available through the Virginia Department of

Behavioral Health and Developmental Services (DBHDS). To request the Law Enforcement REVIVE! training contact [revive@dbhds.virginia.gov](mailto:revive@dbhds.virginia.gov)

3. All participating staff and others as designated by the DOC Director will receive initial training that will include, at minimum, an overview of the Code of Virginia §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.
4. All participating staff will complete mandated refresher training on the use of naloxone during In-Service Training.
5. All participating staff and others as designated by the DOC Director shall receive a standard training course administered by DBHDS or a DOC approved instructor prior to carrying or using naloxone.

#### D. Purchasing

1. Initial startup inventories of naloxone administration devices for institutions, facilities, and P&P Offices will be provided once notification of staff training completion is made by the Facility Unit Head or designee to the DOC Pharmacy. ([pharmacy@vadoc.virginia.gov](mailto:pharmacy@vadoc.virginia.gov)).
2. Requests for replacement naloxone administration devices may be submitted to: [pharmacy@vadoc.virginia.gov](mailto:pharmacy@vadoc.virginia.gov) by the unit naloxone coordinator or the unit head.
3. Units should verify their mailing address and indicate the amount requested.

#### E. Distribution to the Field

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

#### F. Naloxone Administration Devices Issue

1. Only properly trained and authorized DOC personnel shall be issued naloxone administration devices.
  - a. All P&P Officers, Senior P&P Officers, Deputy Chief P&P Officers, Chief P&P Officers, Corrections Officers, Sergeants, Lieutenants, Captains, and Majors are authorized to use naloxone administration devices and shall receive training to be able to possess and administer naloxone.
  - b. In facilities, naloxone administration devices shall be maintained in a controlled and secure location and accessible to all Corrections Officer series staff to include all levels of security staff supervision.
  - c. Each unit shall establish and maintain a perpetual inventory control system for naloxone administration devices.
    - i. When not in use, naloxone administration devices shall be securely stored in the facility armory or other area as designated in the unit Implementation Memorandum. Naloxone administration devices purchased for use by security staff at facilities cannot be stored in the Medical Department.
    - ii. Naloxone administration devices shall be inventoried at least monthly and inspected to determine their condition, function, and expiration dates.
    - iii. 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 Officer’s discretion in accordance with DOC training and this operating procedure.
      - (a) A listing of all staff trained to possess and use naloxone administration devices will be maintained at the location selected for storage and issuance.
      - (b) 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.

- (c) Additional naloxone administration devices may be stored in other secured areas as authorized by the Unit Health Authority and the Facility Unit Head.
  - iv. The Unit Head shall 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.
  - v. Corrections Officers who are posted at Housing Units, Visiting Entry, Front Gate Entry, Work Gang/Road Gang Officers, Transportation Officers, and Roving Patrol should be issued naloxone administration devices as part of their daily equipment issue.
  - vi. Naloxone administration devices may be issued to authorized employees as emergency security equipment to help control a specific incident.
  - vii. 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.
  - viii. At P&P offices all P&P Officers, Senior P&P Officers, Deputy Chief P&P Officers, and Chief P&P Officers shall be authorized to be issued and retain naloxone administration devices. Issuance, accountability and maintenance issues associated with naloxone administration devices shall be addressed in the P&P Office's Implementation Memorandum.
2. Two 4 mg naloxone administration devices will be issued to each authorized DOC employee.
  3. DOC Contraband Detection and Narcotic Detection Canine Handlers will be issued three 4 mg naloxone administration devices.

#### G. Bloodborne Pathogens (BBP)/Personal Protective Equipment (PPE) Exposure Kit

1. To maximize staff safety all P&P or institutional/facility staff should wear Personal Protective Equipment (PPE) to comply with Universal Precautions, (see Operating Procedure 740.1, *Infectious Disease Control*), regarding occupational exposure to blood borne pathogens when dealing with a possible opioid overdose.
2. A Bloodborne Pathogens (BBP)/Personal Protective Equipment (PPE) Exposure Kit should be available to each authorized P&P Officer and all facility security posts and other designated areas as designated by the Facility Unit Head or designee. Each exposure PPE kit will include:
  - a. One NIOSH-Approved N95 Particulate Filtering Face piece Respirator
  - b. Two pairs of nitrile exam gloves and one pair heavy duty nitrile gloves
  - c. One pair of safety glasses
  - d. One pair Tyvek coverall (or a coverall of a similar construction)
  - e. One pair of Tyvek boot covers (or a boot cover of a similar construction)
  - f. Red biohazard disposal bag (All used PPE items will be disposed of in accordance with procedures established in Operating Procedure 740.2, *Infectious Waste Management and Disposal*).
  - g. Antimicrobial wipes
  - h. Barrier Mask/Mouthpiece
3. Personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's 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 protective equipment will be used.
4. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

#### H. Naloxone Administration Device Use

1. Authorized DOC employees may administer naloxone to offenders, themselves, other DOC employees, other 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.

2. Upon arriving at a scene of a medical emergency where it has been determined that an overdose has likely occurred, the responding officer will ensure the safety of the scene and request the response of Emergency Medical Services (EMS) personnel. Naloxone shall only be administered to members of the public when it is safe to do so.
3. When using the naloxone administration device, the authorized DOC employee will first adhere to the following:
  - a. Exercise universal precautions to protect against bloodborne pathogens and other communicable diseases.
  - b. Use PPE exposure kit items as needed, but at a minimum, the nitrile gloves should be worn.
  - c. Assess the patient to determine unresponsiveness and other indicators of an opioid-induced overdose.
  - d. Ensure Emergency Medical Services (EMS) have been summoned.
  - e. 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 which fentanyl analogue or opioid the victim was exposed.
  - f. Provide CPR if needed utilizing an appropriate barrier mask.
4. 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 should be prepared to use appropriate defensive tactics control measures if necessary.
5. If the naloxone is effective, immediately place the patient into and maintain the recovery position and provide supportive care until relieved by EMS personnel.
6. Notify responding EMS personnel of the use of the naloxone, the manner in which it was administered and the number of doses used.
7. Subsequent to rendering medical assistance, if a search of the scene is conducted to locate and seize evidence for possible criminal prosecution, staff should follow PPE protocols and evidence collection procedures in accordance with Operating Procedure 030.1, *Evidence Collection and Preservation*.

#### I. Employee Notice of Occupational Exposure

1. When an incident occurs where there is exposure to a suspected opioid, the employee or the employee's representative shall immediately, or as soon thereafter as practical, give written notice of the exposure to their supervisor.
2. The notice shall state, at minimum, the name and address of the employee, the time and place of the exposure, the nature and cause of the exposure, and any injury that may have occurred.
3. Further reporting by staff and supervisors will follow Operating Procedure 261.3, *Workers' Compensation*.

#### J. Reporting Naloxone Related or Suspected Overdose Incidents

1. DOC employees shall notify their immediate supervisor or designee and document an overdose or a suspected overdose. These incidents shall be recorded on an *Internal Incident Report* in VACORIS. (See Operating Procedure 038.1, *Reporting Serious or Unusual Incidents*.)
2. 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*.)
3. Reports to the Operations and Logistics Unit (OLU) Operations Center can be made by telephone at (804-372-4447) or email ([docolu@vadoc.virginia.gov](mailto:docolu@vadoc.virginia.gov)) and shall be made as soon as practicable, no later than 4 hours following the incident
4. The [Vital Information for Telephone Notification of Incident](#) 038\_F1 may be used to gather critical facts for the initial telephone report.

#### K. Naloxone Storage, Inspection, and Disposal

1. The unit Naloxone Coordinator will maintain a manageable number of naloxone administration devices for replacement purposes.
2. The unit Naloxone Coordinator will ensure local inventories are properly maintained and will coordinate re-supply through the Naloxone Program Administrator or designee.
3. Inventories of naloxone administration devices will be kept in a climate controlled secure storage location and maintained with a log.
  - a. The log is to be maintained and is to be secured in or near the storage location.
  - b. The log will contain the following information:
    - i. Inventory amount
    - ii. Date issued
    - iii. Number of naloxone administration devices issued
    - iv. Issuing supervisor's name
    - v. Receiving employee's name
    - vi. Lot number of naloxone
    - vii. Product expiration date.
  - c. The receiving employee will acknowledge receipt by signing log entry

#### L. Probation and Parole Offices

1. Inventories of naloxone maintained by P&P Officers shall 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.
2. 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 shall not be stored or left unattended in a motor vehicle.
3. The naloxone administration devices shall be stored in a temperature-controlled environment when the employee 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.
  - a. The naloxone administration devices shall not be subjected to freezing temperatures.
  - b. The naloxone administration devices shall not be subjected direct sunlight.
4. A visual inspection of the naloxone administration device shall be the responsibility of the P&P Officer issued the devices and shall be completed at least monthly.
5. If the required medical seal is broken or removed, the device will need to be replaced.
6. The P&P Officer shall replace the naloxone administration device before the expiration date.
7. Expired or damaged naloxone administration devices will be reported directly to the Naloxone Coordinator who shall facilitate the issue of a new device.
8. Used naloxone administration devices may be discarded into an appropriate trash receptacle. It is not necessary to treat it as medical or biohazard waste.
9. The Naloxone Coordinator will obtain replacement naloxone administration devices from DOC Headquarters.

#### M. Implementation Memorandum Development

1. Each P&P Office and facility will develop and maintain an Implementation Memorandum detailing the storage, inspection, and inventory of naloxone administration devices.
2. The Implementation Memorandum shall define a regular, on-going 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.
3. Naloxone administration device inventory documents shall include:
    - a. Date of inventory
    - b. Storage location (clearly defined by room name, number, or location)
    - c. Lot number or numbers
    - d. Expiration date or dates
    - e. Total number of naloxone administration devices in stock.
    - f. Total number of naloxone administration devices issued and stored apart from main inventory i.e., issued to P&P Officers
      - i. A master issuance document identifying to whom naloxone devices have been issued shall be maintained with all naloxone inventories.
      - ii. The recorded number of naloxone administration devices stored apart from main inventory shall match the total number indicated on the master issuance document.
    - g. Printed name and signature of staff person conducting the inventory
  4. Naloxone administration device inventories will be maintained in the same secured location as the devices themselves.
  5. Naloxone administration device inventories shall be retained for five years.
  6. The Implementation Memorandum shall specify that the naloxone administration devices can be taken out of the shipping boxes but under no circumstances should be taken out of the protective packaging unless for use. Once the protective packaging is tampered with, it will need to be replaced.
  7. Each P&P Office and facility will monitor their naloxone administration devices shelf life by performing a monthly inventory.
  8. The Implementation Memorandum shall specify the availability, authorized storage locations and use of the Personal Protective Equipment (PPE) Exposure Kit. Implementation Memoranda shall specify that, at a minimum, in all circumstances of possible exposure that the approved N95 respirator and nitrile exam gloves shall be utilized in all circumstances of possible exposure.

#### V. REFERENCES

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*

#### VI. FORM CITATIONS

[Vital Information for Telephone Notification of Incident](#) 038\_F1

#### VII. REVIEW DATE

The office of primary responsibility shall review this operating procedure annually and re-write it no later than three years after the effective date.

*The office of primary responsibility reviewed this operating procedure in July 2019 and necessary changes have been made.*

*Signature Copy on File*

*6/7/18*

A. David Robinson, Chief of Corrections Operations

Date

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