

.0912 USE OF NALOXONE OPIOID ANTAGONIST

Purpose

The purpose of this policy is to provide Probation Officers with guidelines in the use of Naloxone in order to reduce fatal opioid overdose.

The purpose of equipping staff with Naloxone kits is to provide the ability to assist overdose victims they encounter in the course of their normal duties (i.e. home visits). Staff will not seek out potential overdose situations that do not arise in the course of their normal duties. Exceptions to this are an emergency situation, or when specifically requested to do so by law enforcement or medical personnel.

Definitions

CPR – Cardiopulmonary Resuscitation, 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.

EMS – “Emergency Medical Services” that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with illness or injury.

Naloxone – an opioid receptor antagonist and antidote for opioid overdose.

NARCAN[®] – FDA approved naloxone nasal spray for the emergency treatment of a known or suspected opioid overdose.

Opioids – heroin, fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone, oxycodone.

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.

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

Policy

It is the policy of Community Corrections to provide assistance to any person(s) encountered by an officer in the normal course of his or her duties who may be suffering from an opioid overdose. All certified staff trained in accordance with policy shall make every reasonable


effort, to include the use of Naloxone if issued, to revive a victim of any apparent drug overdose within the requirements of this policy.

Procedures

A. Training

1. Prior to the issue of NARCAN[®], Probation/Parole Officers and Field Specialists shall be trained in the use of Naloxone nasal spray;
2. Judicial District Managers shall ensure that all Probation/Parole Officers and Field Specialists receive training on responding to persons suffering from an apparent opioid overdose and the use of Naloxone;
3. Certified officers shall receive refresher training every two years that may be done in conjunction with CPR training.

B. Issue of Naloxone

1. Naloxone will be provided in a clearly marked kit for intranasal use.
 - a. Each intranasal Naloxone kit shall include:
 - NARCAN[®] 4 mg Nasal Spray Device – 2 doses;
 - NARCAN[®] Nasal Spray [Quick Start Guide](#) 
2. Staff that have been issued a Naloxone kit are required to maintain the kit within their state-issued vehicle or the nasal spray device on their person while conducting field work in case of an overdose emergency.
3. Naloxone kits 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 kits shall not be stored in state-issued vehicles overnight.

C. Use of Naloxone

If an officer, that has been issued a Naloxone kit, encounters an offender or other person that appears to be experiencing a drug overdose, the officer shall:

1. Contact 911/emergency communications by radio or telephone, advise of a possible opioid overdose and request EMS and Law Enforcement response;

If the surroundings are determined to be safe:

2. Maintain universal precautions throughout the overdose incident;
3. Perform assessment – check for unresponsiveness, vital signs such as breathing and pulse;
4. 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;
5. Administer the Naloxone nasal spray according to the manufacturer's instructions and remain with the victim until EMS arrives;
6. If necessary, administer CPR until the victim is revived or EMS arrives;
7. Seize all illegal and/or non-prescribed narcotics found around the area of the overdose and notify law enforcement. All seized items will be transferred into the custody of law enforcement;
8. Once used, the intranasal Naloxone device is considered bio-hazardous material and shall be properly disposed.

Reporting

After utilization of Naloxone, staff will:

- A. Immediately notify a supervisor that Naloxone has been administered for an overdose;
- B. Within 24 hours, prepare a DCC-171, including a description of the individual's condition, behavior, the fact that Naloxone was administered, medical response, hospital of transport, any narcotics seized, law enforcement agency that was notified and status of the individual if known. The DCC-171 will be submitted through the chain-of-command to a Deputy Director of Community Corrections.

Storage and Replacement

- A. The Naloxone kit will be a part of the Probation Officer's safety equipment and will be inspected according to Community Corrections Policy Chapter A .0904 INSPECTION.
- B. The Naloxone kit will be stored in accordance with the manufacturer's instructions. Kits should be stored as to avoid extreme cold, heat and direct sunlight. Kits shall not be stored in state-issued vehicles overnight.
- C. Missing, damaged or expired kits will be reported through the chain-of-command to the Judicial District Manager.
- D. Requests for replacement Naloxone kits shall be made through the chain-of-command to the Judicial District Manager.

Provisions

- A. In accordance with [G.S. 90-96.2](#), the “**Good Samaritan Law**”:
 - 1. A person shall not be subject to arrest or revocation of probation, parole, or post-release if the arrest or revocation is based on an offense for which the person is immune from prosecution as outlined in [G.S. 90-96.2](#) when seeking medical assistance for themselves or another person experiencing a drug-related overdose.
 - 2. The arrest of a person for an offense in which [G.S. 90-96.2](#) provides immunity will not itself be deemed to be a commission of a new criminal offense in violation of a condition of the person's probation, parole, or post-release.
 - 3. The immunity provided in [G.S. 90-96.2](#) is limited and requires adherence to specific actions as a Samaritan and only applies to certain criminal acts.
- B. Under [G.S. 90-12.7\(d\)](#), a person who receives an opioid antagonist, properly prescribed pursuant to this provision, may administer it to another person if:
 - 1. The person has a good faith belief that the other person is experiencing a drug-related overdose and;
 - 2. The person exercises reasonable care in administering the drug to the other person. Evidence of the use of reasonable care in administering the drug shall include the receipt of basic instruction and information on how to administer the opioid antagonist.

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- C. Any person who administers an opioid antagonist pursuant to the provisions of general statute is immune from any civil or criminal liability, [G.S. 90-12.7\(e\)](#).