Arkansas Community Correction

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ADMINISTRATIVE DIRECTIVE: 18-06 Naloxone Protocol

TO: Arkansas Community Correction Employees

FROM: Sheila Sharp, Director

SUPERSEDES: None

APPROVED: Signature on File **EFFECTIVE: March 26, 2018**

I. **APPLICABILITY.** This policy applies to Arkansas Community Correction (ACC) employees involved with the management, training and use of Naloxone.

II. **POLICY.** Naloxone may be deployed with ACC CPR-certified sworn officers who have successfully completed the Intranasal Naloxone Training program and have become familiar with this policy. Intranasal Naloxone may be used for the treatment of drug overdose victims. The goal of the officer(s) at the scene where there is a drug overdose victim is to provide immediate assistance by administering naloxone where appropriate, to provide any treatment commensurate with their training as first responders, to assist other EMS personnel on scene, and to handle any criminal investigations that may arise.
ACC policy is to ensure that ACC CPR-certified sworn officers within each Parole/Probation Area statewide who have successfully completed the Intranasal Naloxone Training program are trained to recognize and respond when an offender has an opioid overdose or an employee requires medical attention after exposure to an opioid substance.

III. **PURPOSE/EXPLANATION.** The purpose of the Intranasal Naloxone Program is to address the number of opioid-related drug overdoses in Arkansas by establishing protocols, best practices, and procedures for the administration of naloxone by certified personnel as it becomes necessary within the department's service area.

Opioids are substances that act on opioid receptors to produce morphine-like effects. Examples of opioids include but are not limited to morphine, codeine, hydrocodone, oxycodone, OxyContin, methadone, heroin, buprenorphine, fentanyl and carfentanil. Medically, opioids are primarily used for pain relief.

Naloxone is an opioid antagonist that can reverse an opioid overdose. It has no euphoric properties and minimal side effects. If it is administered to a person who is not suffering an opioid overdose, it will do no harm.

To implement this policy, the ACC relies upon the following statute:

A.C.A. 20-13-1804: **Naloxone Access Act**

(a) A healthcare professional acting in good faith may directly or by standing order prescribe and dispense an opioid antagonist to:
   (1) A person at risk of experiencing an opioid-related drug overdose;
   (2) A pain management clinic;
   (3) A harm reduction organization;
   (4) An emergency medical services technician;
   (5) A first responder;
   (6) A law enforcement officer or agency; or
   (7) A family member or friend of a person at risk of experiencing an opioid-related drug overdose.

(b) A person acting in good faith who reasonably believes that another person is experiencing an opioid-related drug overdose may administer an opioid antagonist that was prescribed and dispensed under section (a) of this section.

(c) The following individuals are immune from civil liability, criminal liability, or professional sanctions for administering, prescribing, or dispensing an opioid antagonist under this section:
   (1) A healthcare professional who prescribes an opioid antagonist under subsection (a) of this section;
   (2) A healthcare professional or pharmacist who acts in good faith and in compliance with the standard of care that dispenses an opioid antagonist under subsection (a) of this section; and
   (3) A person other than a healthcare professional who administers an opioid antagonist under subsection (b) of this section.

IV. GUIDANCE.

A. The Deputy Director of Parole/Probation Services must:

- arrange for a Medical Control Organization to review all incident reports when Naloxone is administered and to provide recommendations as deemed appropriate
- appoint an ACC Naloxone Coordinator
- ensure the Naloxone Coordinator receives every report of Naloxone use

B. ACC Naloxone Coordinator must:

- periodically review Naloxone training, equipment, procedures, and changes to applicable laws and regulations
- upon receiving a report of Naloxone administration, report the incident on the official website and send a copy of the report to the Medical Control Organization

C. The Medical Control Organization must review all incident reports when Naloxone is administered and provide recommendations as deemed appropriate.

D. Area Managers in Counties where Grant-Money is Provided for Naloxone must:

- ensure Naloxone is properly ordered and stored
- ensure kits are periodically inspected for proper contents and expiration dates
- provide Naloxone kits containing at a minimum one CPR mask, two pair of nitrile gloves and two doses of Naloxone.
- ensure Parole/Probation Officers and Agents are trained to use Naloxone at a standard training course administered by the Criminal Justice Institute prior to being allowed to carry and use naloxone. Ensure all naloxone trained officers complete a refresher course each year through the ACC Relias Learning System. The training must be conducted by CJI in the counties included in the Prescription Drug Overdose grant and State Targeted Response grant.

E. Staff Trained to Administer Naloxone must:

1. successfully complete initial training provided by the Criminal Justice Institute or ACC Training Division and annual refresher training on the Naloxone protocol through the ACC Relias Training System. The training must be conducted by CJI in the counties included in the Prescription Drug Overdose grant and State Targeted Response grant.

2. be current in CPR and first aid training

3. store kits at room temperature and away from light. Kits must not be left in hot cars or left in cars overnight. Notify the person who issues the kit if anything is damaged or missing from the kit.

4. follow the procedures for safely handling and administering Naloxone

V. SAFETY.

Officer and scene safety should be the first priority when interacting with any suspected exposed/overdosed person. Officers must exercise universal precautions by securing the area, ensuring the person is in a safe location and any potential weapons or dangerous items are removed from the person's reach. There is a significant threat to law enforcement personnel, and other first responders, who may come in contact with fentanyl and other fentanyl-related substances through routine law enforcement, emergency or life-saving activities. Since fentanyl can be ingested orally, inhaled through the nose or mouth, or absorbed through the skin or eyes, any substance suspected to contain fentanyl should be treated with extreme caution as exposure to a small amount can lead to significant health-related complications, respiratory depression, or death.

VI. PROCEDURES.

When an officer suspects that a person is suffering from an opioid exposure/overdose, he/she must:

1. ask the person if he/she is okay and gently shake the shoulders

2. instruct someone to call 911 to request medical assistance for a suspected drug exposure/overdose

3. assess the person to determine if he/she has an apparent opioid exposure/overdose

Signs of a possible exposure/overdose of opioids:

- witnesses or family members advise you that the person has been exposed or used opioids
- presence of drugs and/or paraphernalia

Physical indications of possible exposure/overdose of opioids:

- unable to wake or speak
- vomiting, gurgling or choking
- pinpoint pupils
- pale, blue or gray face
- clammy skin
- slow, shallow, or absent breathing
- slow or stopped heartbeat
- disoriented

4. if it is determined that there has been an opioid exposure/overdose, administer a four milligram dose of Naloxone to one nostril

    a. if the person is not breathing and has no pulse,
        1) start CPR
        2) observe for 3 to 5 minutes and if not breathing or responding, administer a second four milligram dose of naloxone to the opposite nostril.
        3) continue CPR until Emergency Medical Services (EMS) assumes responsibility for the person

    b. if the person is breathing or starts to breathe:
        1) place them in the recovery position
        2) monitor the person until EMS assumes responsibility for the person

5. notify EMS of any observations and actions taken prior to their arrival including the number of Naloxone doses given and the approximate time each dose was given

6. give used Naloxone containers, gloves and CPR mask to the responding EMS unit for proper disposal

Note. A rapid reversal of an opioid overdose may cause projectile vomiting and/or violent behavior.

VII. REPORTING.

A complete report of the event must be documented by the treating officer, or the primary responding officer, prior to the end of his/her shift. The report must detail the nature of the incident, the care provided, and the fact that the Intranasal Naloxone was deployed.

The reporting officer must ensure that any use of naloxone is promptly reported to the ACC Naloxone Coordinator.

The ACC Naloxone Coordinator must ensure any usage of naloxone is reported on this website: https://surveys.afmc.org/surveys/?s=MTLY7L93WW. The incident must be reported along with basic demographics of the individual receiving naloxone.

The reporting officer must complete the ACC Naloxone Report form and ensure a copy of this report is promptly provided to the ACC Naloxone Coordinator. The reporting officer must also report the incident as required in the policy entitled "Reporting and Investigating Incidents, Hazards and Maltreatment." The reporting officer must scan the Naloxone Report form and attach it to the incident report in eOMIS.

VIII. FORMS AND REFERENCE.

AD 18-06 Form 1 Naloxone Report

Reference: The Naloxone Access Act in Arkansas Code Section 20-13-1801 and 17-92-115

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NALOXONE REPORT

Instructions. When Naloxone is used, the officer administering the product must complete this Naloxone Report form and report the incident as required in the policy entitled "Reporting and Investigating Incidents, Hazards and Maltreatment." The completed Naloxone Report must be scanned and attached to the incident report in eOMIS.
The ACC Naloxone Coordinator must process this report pursuant to the Naloxone Protocol policy.

Date of Incident: _____ **Time of Incident:** _____

Officer who Administered Naloxone: _____

Other Officers/LE Present: _____

Name of Person Receiving Naloxone: _____ PID# _____

Incident Address: _____

If Naloxone was administered to a person who is NOT an offender, complete this block

Date of Birth: _____ Gender: _____

Race: _____ Ethnicity: _____

Occupation: _____ Education: _____

Reason Naloxone Administered:

Symptoms (check all that apply):

☐ unable to wake or speak ☐ vomiting, gurgling or choking ☐ pinpoint pupils

☐ pale, blue or gray face ☐ clammy skin ☐ slow, shallow, or absent breathing

☐ slow or stopped heartbeat ☐ disoriented

Other Indications: ☐ Witness Statement ☐ Drugs or paraphernalia present

Suspected Substance(s) Used:

☐ Alcohol ☐ Amphetamines ☐ Barbiturates ☐ Benzodiazepine

☐ Cocaine (excluding crack cocaine) ☐ Crack Cocaine ☐ Hallucinogens

☐ Heroin ☐ Inhalants ☐ Marijuana/Hashish ☐ Methamphetamine

☐ None ☐ Non-Rx Methadone ☐ Other ☐

☐ Other Opiates and Synthetics ☐ Other Sedatives of Hypnotics

☐ Other Stimulants ☐ Over the Counter ☐ PCP ☐ Tranquilizers

☐ Unknown Substances _____ _____

Time FIRST dose was administered: _____

Time SECOND dose was administered: _____ ☐ No 2nd dose

ACC Actions Taken: ☐ CPR ☐ Recovery Position

Emergency Medical Responders: _____

Time Emergency Medical Services took over: _____

Notes: _____