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Naloxone Procedures and Protocol for Reversal of Opioid Overdose

/s/
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1. PURPOSE AND SCOPE

Opioid overdose and deaths from opioid overdose have reached epidemic proportions in the United States. Furthermore, inadvertent exposure by law enforcement officers and first responders to potent synthetic opioids like fentanyl and carfentanyl can result in an overdose from either ingestion or inadvertent exposure. This prompted the Drug Enforcement Administration (DEA) to issue public safety warnings that include guidance on recognition and management of opioid exposure, as well as the use of naloxone hydrochloride (naloxone) as an antidote to opioid overdose.

Naloxone is a pure opioid antagonist; i.e., it blocks the effects of opioids but does not cause any opioid-like symptoms, and can be life-saving when used to treat opioid overdose. Unlike opioids, naloxone is not a DEA-controlled medication and many jurisdictions allow its use by established protocols without a prescription.

This Operations Memorandum authorizes the use of naloxone nasal spray by trained BOP staff in accordance with approved protocols and establishes the requirement for all BOP locations to have procedures in place for the emergency use of naloxone nasal spray to treat suspected opioid overdose.

2. **PROGRAM OBJECTIVES**

All staff will be trained to recognize general signs and symptoms of opioid overdose and to administer naloxone nasal spray. BOP staff will be able to:

- Identify potential risks and hazards associated with exposure to opioid substances and actions to minimize risk.
- Identify signs and symptoms of possible opioid overdose and associated lifesaving emergency procedures.
- Use naloxone nasal spray to provide lifesaving reversal of possible opioid overdoses to any individual at a BOP location.

Naloxone will be available for use by trained BOP staff 24 hours a day, whether or not medical staff are present.

- Naloxone will be available in the Health Services Unit for use by medical staff in formulations described in the BOP National Formulary (e.g., injectable).
- Naloxone nasal spray will be available in appropriately selected locations throughout all BOP sites for use by trained medical or non-medical staff.

All naloxone use, by medical or non-medical staff, will be documented locally and reported to the Regional Health Services Administrator (RHSA).

3. **INSTITUTION SUPPLEMENT**

Local procedures for naloxone training, location, inventory management, accountability, use, and reporting will be included in the Institution Supplement that addresses 24 hour health care and emergency/urgent care procedures. See the Program Statement **Patient Care**.

4. **NALOXONE LOCATIONS AND INVENTORY MANAGEMENT**

Each CEO or designee will determine the most appropriate locations and quantities for naloxone nasal spray that meet the following criteria:

- Accessibility by non-medical staff on all shifts.
- Accountability for the naloxone in all locations.
- Maintaining naloxone according to the storage conditions and requirements established by the manufacturer.

At a minimum, it is recommended naloxone nasal spray will be placed in the same locations as automated external defibrillators if accountability and storage requirements can be met. Nitrile gloves will be stored with naloxone.

The Health Services Administrator (HSA) or designee will be responsible for ensuring the naloxone placed in designated locations is maintained within the expiration date and for replacing expired or used containers. The CEO, at non-institution locations without an HSA, will determine the responsible individual. The HSA or designee will obtain the medication through BOP Pharmacy Services and maintain a system of accountability such as the night stock system (see the Program Statement **Pharmacy Services**). The Pharmacist, local or remote fill, is authorized to distribute naloxone nasal spray using a standing order from the BOP Medical Director as the prescriber in accordance with established policies, procedures, and protocols. Health Services staff will issue the dispensed naloxone to the local staff member responsible for replacing outdated or used devices.

The BOP Chief Pharmacist or designee will provide guidance to non-institution BOP locations without a Pharmacist for the distribution of naloxone nasal spray.

5. **PROTOCOL FOR USE OF NALOXONE NASAL SPRAY IN THE TREATMENT OF OPIOID OVERDOSE**

BOP locations will utilize a universal protocol (Attachment A) that permits the use of naloxone by staff who are covered under this Operations Memorandum.

6. **REPORTING AND DOCUMENTATION**

After the emergency situation is resolved, the staff involved will provide the details of naloxone use to the HSA or Clinical Director. Use of naloxone on inmates will be documented in the Electronic Health Record by an appropriate clinical staff member. Use of naloxone on or by staff will be documented in accordance with the Program Statement **National Occupational Safety and Health Policy**.

The HSA- or CEO-designated responsible individual will maintain documentation locally for all cases of naloxone use, including naloxone used by non-medical staff, and will report these to the Regional HSA as soon as practical after such use, but not later than one week. The RHSA may establish the preferred reporting method and time frame.

A report of naloxone maintenance and usage will be included in the quarterly institution Pharmacy and Therapeutics (P & T) agenda and minutes. Reports will include at a minimum the date used or replaced, the person who used it, and the person who was treated, if applicable.

7. **TRAINING**

All staff will complete initial training, Nasal Naloxone Administration (HSD-0630-BXX), on opioid overdose and naloxone use, followed by annual training thereafter. Training will include:

- Recognizing the signs and symptoms of potential opioid overdose.
- Potential risks and hazards of exposure to potent opioid substances.
- Precautionary measures to protect responding staff and nearby individuals.
- Emergency response procedures, including activation of EMS system and administration of naloxone nasal spray.
- Expected possible undesired effects of naloxone administration associated with acute withdrawal.
- Appropriate after-action activities, including reporting and documentation.

Each BOP location is responsible for ensuring all staff complete the required training.

The training curriculum will be developed and updated as needed by Health Services Division staff and distributed by the Human Resource Management Division.

REFERENCES

Program Statements

P1600.11 National Occupational Safety and Health Policy (6/1/2017)
P6031.04 Patient Care Program Statement (6/3/2014)
P6360.01 Pharmacy Services (1/15/2005)

ACA Standards

American Correctional Association Standards for Adult Correctional Institutions, 4th Edition: None.
American Correctional Association Performance Based Standards for Adult Local Detention Facilities, 4th Edition: None.
American Correctional Association Standards for Administration of Correctional Agencies, 2nd Edition: None.
American Correctional Association Standards for Correctional Training Academies: None.

- DHS CSAS 17-008 Bulletin: Synthetic Opioids
- Centers for Disease Control and Prevention – Fentanyl: Preventing Occupational Exposure to Emergency Responders. https://www.cdc.gov/niosh/topics/fentanyl/risk.html

- U.S. Department of Justice, Drug Enforcement Administration – Fentanyl: A briefing guide for First Responders. https://www.dea.gov/druginfo/Fentanyl_BriefingGuideforFirstResponders_June2017.pdf
- Centers for Disease Control and Prevention – The Emergency Response Safety and Health Database: Fentanyl: Incapacitating Agent. https://www.cdc.gov/niosh/ershdb/emergencyresponsecard_29750022.html
- DEA guidance on fentanyl and related compounds. https://www.dea.gov/druginfo/fentanyl.shtml
- Prescribing information, Narcan® (naloxone hydrochloride) Nasal Spray, available at https://www.accessdata.fda.gov/drugsatfda_docs/label/2015/208411lbl.pdf

Attachment A. Naloxone Protocol and Standing Order

Indication: Naloxone is indicated for the emergency treatment of known or suspected opioid overdose presenting with symptoms of respiratory or central nervous system depression.

Symptoms of central nervous system depression may include: unresponsive or unconscious, stuporous or dulled/slowed responsiveness, constricted or pinpoint pupils.

Symptoms of respiratory depression may include: slow or shallow breathing, absence of breathing, choking or snoring sounds, blue lips. These symptoms may be caused by other conditions, including cardiac arrest. If there is no pulse, initiate CPR/AED protocol. If there is a pulse but no breathing, initiate rescue breathing protocol. Administer naloxone prior to initiating CPR or rescue breathing if immediately available.

The surrounding environment may have evidence that supports the suspicion of drug overdose; e.g., pill bottles and drug paraphernalia such as needles, tourniquets, balloons, etc.

Formulation: Naloxone Nasal Spray 4mg/0.1ml, or equivalent is the product that will be purchased, stocked, and used by BOP staff for treatment of known or suspected opioid overdose with symptoms of respiratory or central nervous system depression.

Other formulations may be stocked in Health Services for use by medical staff as determined by the BOP National Formulary.

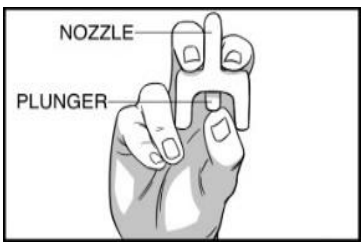
Administration: BOP staff who have successfully completed the required training should administer naloxone for the treatment of known or suspected overdose.

Activate emergency medical response and basic life support (rescue breathing/CPR) as soon as possible in accordance with established local protocols and procedures.

Step 1. Don nitrile gloves, then lay the person on his/her back to receive a dose of naloxone nasal spray.

Step 2. Remove naloxone nasal spray from the box. Peel back the tab with the circle to open the naloxone nasal spray.

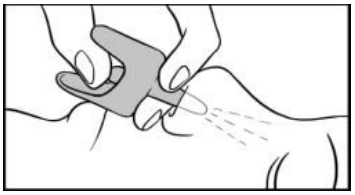
Step 3. Hold the naloxone nasal spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.



Step 4. Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into one nostril until your fingers on either side of the nozzle are against the bottom of the person's nose.

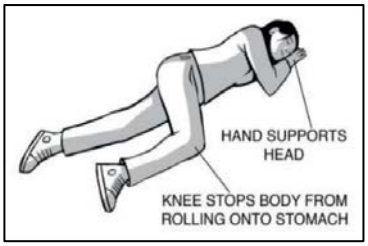
Step 5. Press the plunger firmly to give the dose of naloxone nasal spray.

Step 6. Remove the naloxone nasal spray from the nostril after giving the dose.



Step 7. **GET EMERGENCY MEDICAL HELP RIGHT AWAY.** Activate/initiate additional emergency response measures as appropriate/in accordance with established procedures; e.g., basic life support, rescue breathing, cardiopulmonary resuscitation, calling for emergency medical assistance, etc.

Move the person on their side (recovery position) after giving naloxone nasal spray.



Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally, another dose may be given. Naloxone nasal spray may be given every 2 to 3 minutes in alternating nostrils.

Repeat steps 2 through 6 using a new naloxone nasal spray to give another dose in the other nostril. Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.

Step 8. Place the used naloxone nasal spray(s) back into its box and return to Health Services for disposal and replacement.

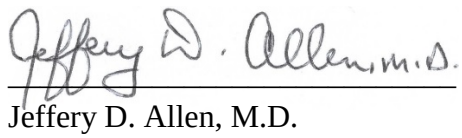
Cautions and Contraindications:

Pregnancy – Administration is permitted in pregnant females if overdose is suspected by the responder. Since administration of naloxone to the mother may cause opioid withdrawal in the fetus, medical personnel responding to the emergency must be notified of the pregnancy and administration of naloxone.

Breast feeding – It is unknown whether naloxone is excreted into human milk or the effects on a breast fed infant.

Contraindications – Allergy (hypersensitivity) to naloxone or any other ingredients.

Standing Order: Health Services staff may dispense/distribute to appropriate staff in sufficient quantities to meet local procedures for administration to persons who are suspected of experiencing an opioid overdose.



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Medical Director

7/2/2018
Date