OKLAHOMA DEPARTMENT OF CORRECTIONS
Non-Medical Facility Staff Administration and Access to Naloxone (Narcan)

Non-medical staff must complete intranasal naloxone (narcan) administration training provided by Department of Mental Health and Substance Abuse Services staff, ODOC training officers, or trained ODOC medical staff before they are eligible to administer intranasal naloxone (narcan).

Naloxone (narcan) is indicated for emergency treatment of known or suspected opioid overdose, as manifested by respiratory and/or Central Nervous System depression

A. If opioid overdose is suspected, the following steps are initiated.
   1. Stimulate – Stimulate the patient with a sternal rub. If inmate does not arouse, arouses but is delirious or has altered consciousness continue to step two.
   2. Administer Naloxone – If no response from stimulation, give naloxone nasal spray:
      a. PEEL - peel the back of package to remove the device.
      b. PLACE - place tip of container in patient’s nostril.
      c. PRESS - press firmly on the device plunger to release the dose.
   3. Emergency Medical Services (EMS) Support - If no response, the patient is delirious or has altered consciousness, correctional facility staff will contact the Emergency Medical Services (EMS) and medical staff.
   4. Rescue Breathing - If the inmate is not breathing or has slow breathing begin rescue breathing. If inmate has no pulse, begin CPR. Give rescue breaths utilizing proper safety equipment, 1 breath every 5 seconds until the patient can breathe on their own.
   5. After 3-5 minutes, - If the inmate responds and then lapses back into respiratory depression, remains unresponsive, delirious or has altered consciousness repeat another dose of Narcan, continue rescues breathing if breathing is slow or no breathing and CPR if no pulse.
   6. Recovery Position - Place patient on their side with hand supporting their head once breathing is restored. Narcan can induce vomiting.
   7. Disposal - Used naloxone kits will be placed in a bio-hazard container.

B. All individuals receiving Naloxone will be referred for appropriate medical follow-up.

C. Storage/Maintenance/Replacement
   1. Naloxone kits will be stored in a manner consistent with manufacturer guidelines.
   2. Naloxone kits will be protected from direct sunlight and be stored in an area between 59 – 86 degrees.
   3. Naloxone kits will be kept in central control emergency kit and will be accessible to trained non-medical staff.
   4. Naloxone kits will be inspected monthly in accordance with OP-130107 entitled “Standards for Inspection.” Used, damaged or expired kits will be reported to the Correctional Health Services Administrator (CHSA). The CHSA will ensure that kits are replaced as needed.
5. An “Incident/Staff Report” (OP-050109, Attachment A) will be completed and a copy given to the CHSA when Naloxone is administered.

6. The "Overdose Prevention Program Report-Back Form" MSRM 140118.03 A will be completed by the CHSA if the Naloxone is used, damaged or expired. The form will be sent to the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) at LEOForms@odmhsas.org and to the ODOC director of Pharmacy. The “Overdose Prevention Program Report-Back Form” – MSRM 140118.03 A will be maintained by the CHSA. ODMHSAS will mail replacement kits to the facility.