

# Southern Connecticut State University

## Naloxone (NARCAN) Policy

### I. Purpose

To establish guidelines and regulations governing utilization of naloxone (Narcan) used by Southern Connecticut State University law enforcement officers and the members of any other University department or individual receiving formal training on the storage, use and proper disposal of naloxone. The objective is to treat and reduce injuries and fatalities from opiate overdoses. This policy is adopted in accordance with the Connecticut Public Act No. 19-191 Sec. 7.

### II. Policy

It is the policy of the Southern Connecticut State University that all sworn law enforcement officers, Health and Wellness Personnel, and Alcohol and other Drug Services personnel are required to be trained in the use of naloxone by a certified trainer. Other university designated individuals may also receive certified training to administer naloxone under the terms outlined in this policy.

### III. Definitions

- A. Acute Opioid Withdrawal: A withdrawal state that may occur as a result of Intranasal Naloxone Administration. This state may be associated with vomiting, agitation, and combativeness.
- B. Drug Intoxication: Impaired mental or physical functioning as a result of the use of physiological and/or psychoactive substances, i.e.: euphoria, dysphoria, apathy, sedation, attention impairment.
- C. EMS: “Emergency Medical Services” that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with illnesses or injury.
- D. Intranasal Naloxone: an opiate receptor antagonist and antidote for opiate overdose produced in intranasal form.
- E. Intranasal Naloxone Kit: The Intranasal Naloxone Kit used by the Southern Connecticut State University Police Department (SCSU PD) shall be in a clearly marked carry bag and will contain two (2) Narcan Nasal Spray Units (4mg each). Kits issued to non law enforcement personnel will contain (1) dose of Naloxone, along with gloves and a CPR kit.
- F. Naloxone Program Coordinator: A person licensed to practice medicine in the State of Connecticut who shall be responsible for reviewing the medically-related components of the SCSU Intranasal Naloxone program on a regular basis to identify any issues and make recommendations for change to the program on a timely basis.
- G. 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 opiate, or another substance with which an opiate was combined, or that a layperson could reasonably believe to be an opiate-related drug overdose that requires medical assistance.
- H. Patient: A person who may be experiencing an opioid overdose.
- I. Universal Precautions: An approach to infection control to treat all human blood and certain human body

fluids as if they were known to be infection for HIV, HBV and other blood borne pathogens.

#### **IV. Administration**

- A. Southern Connecticut State University is required to develop specific requirements and procedures concerning the appropriate protocols associated with the administration and use of opioid antagonists. Southern must maintain an easily accessible supply of opioid antagonists to be used in case of emergencies.
- B. The Director of Health Services, or their assigned designee, shall be identified as the Naloxone Program Coordinator. This is the designated University professional who is licensed to practice medicine in the State of Connecticut and authorized to oversee and develop the procedures for the purchase, storage, distribution, disposal and reported use of opioid antagonists. This official will:
  - a. Develop and implement procedures for the appropriate training of law enforcement officers and other designated individuals to access and administer the opioid antagonist in emergency situations.
  - b. Oversee the purchase of Intranasal Naloxone for the University.
  - c. Keep a record of all trained individuals and ensure the opioid overdose response training is current.
  - d. Advise individuals receiving certified training that they are responsible for observing the manufacturer's guidelines for storage, use, expiration and disposal of naloxone dosages.
- C. The Chief of Police of the SCSU PD, or their designee, is responsible to ensure that all sworn members of the Police Department adhere to this policy.
- D. Good Samaritan Law
  - a. The Good Samaritan Law provides protection from liability to any such person administering naloxone.
  - b. C.G.S. § 17a-714a permits licensed healthcare practitioners authorized to prescribe an opioid antagonist to prescribe, dispense, or administer the medication to treat or prevent a drug overdose without being:
    - i. Civilly or criminally liable for the action or for its subsequent use; or
    - ii. Deemed as violating their professional standard of care.
  - c. The law also provides the same legal protection from civil or criminal liability, and allows anyone, if acting with reasonable care, to administer an opioid antagonist to a person one believes in good faith is experiencing an opioid-related drug overdose.
  - d. The Southern Connecticut State University has discretion to determine who may be trained as first responders in opioid overdose situations, however, only the naloxone coordinator has the authority to oversee and manage the supply and distribution of opioid antagonists.

#### **V. Inventory and Storage**

- A. The Naloxone Program Coordinator will inventory and store all naloxone dosages for those designated university individuals that have received formal naloxone use training.
  - a. Health Services will store intranasal naloxone on the designated shelf in the Medication room. Stored medicine will be inventoried bi-annually and expired naloxone will be placed in the hazardous waste box in the laboratory.
  - b. The Naloxone Program Coordinator will provide naloxone to the SCSU PD who will store these naloxone dosages at the Police Department.

- i. Doses of naloxone assigned to law enforcement officers will be stored in a designated area within the Police Department.
  - 1. Officers will sign out the naloxone kit at the beginning of their shift.
  - 2. These kits will be affixed to the medical bag contained within the assigned police vehicle.
  - 3. The kits will be returned to the designated area within the Police Department at the conclusion of each shift.
- ii. Additional doses will be stored in the equipment bags on department bicycles as these bicycles are housed within the police department
- c. All additional personnel issued naloxone will ensure:
  - i. The supply of the opioid antagonists will be stored in accordance with the manufacturer's guidelines. The opioid antagonists must be kept out of direct light, stored at room temperature, and not be subjected to extreme temperatures as extreme weather conditions may impact the effectiveness of the medication.
  - ii. Once distributed to designated non-law enforcement individuals, naloxone will be stored in a secure but accessible location or carried upon the person of the designated individual.

## **VI. Distribution**

- A. Naloxone may be distributed by the Naloxone Program Coordinator to any designated individual that has received formal naloxone training.
  - a. SCSU PD officers will carry naloxone as indicated above.
    - i. An inspection of the naloxone kit shall be the responsibility of the personnel assigned the equipment and will be done each shift.
    - ii. Missing or damaged naloxone kits will be reported to the department Naloxone Coordinator.
    - iii. Where any other dosage or packaging condition necessitates the naloxone kit shall be taken off line and be submitted for replacement to the Naloxone Coordinator.
  - b. Health Services, or their designee, may offer free training and opioid antagonist kits to interested individuals. These kits will contain (1) dose of naloxone, along with gloves and a CPR kit.
  - c. Anyone else receiving naloxone dosages are required to store it according to the manufacturer's recommendations. These individuals will:
    - i. Sign for the dosage when it is received from the Naloxone Coordinator, or their designee.
    - ii. Ensure it is stored in a secure location or personally carried.

## **VII. Deployment**

- A. Administration of Intranasal Naloxone: SCSUPD
  - A. When a police officer has arrived on scene or is dispatched to a medical emergency prior to the arrival of EMS, and has made a determination that a person is suffering from a possible opioid overdose, the following steps should be taken:
    - a. The police officer should contact the dispatcher to advise of possible opioid overdose and request EMS response. Dispatch personnel shall then contact the appropriate EMS personnel.
    - b. The officer shall use universal precautions and protection from blood borne pathogens and communicable diseases when administering Intranasal Naloxone.
    - c. Prior to the administration of Intranasal Naloxone, the officer on scene shall ensure the victim is in a safe location and remove any object(s) from the patient's immediate reach that could be used as a dangerous instrument(s).
    - d. The officer shall assess the patient's Airway, Breathing, and Circulation, and provide medical

care commensurate with the officer's training. The officer shall determine the victim's responsiveness, identify symptoms of opioid overdose and when appropriate, administer the medication from the Intranasal Naloxone Kit following the training guidelines.

- e. The officer shall administer the Intranasal Naloxone as follows:
  - i. (1) One 4mg intranasal dose in (1) one nostril
  - ii. If the victim does not respond within 2-3 minutes of the first Intranasal Naloxone dose, the officer shall re-assess the victim for responsiveness, pulse and status of breathing and a second dose may be administered by EMS personnel or the officer on scene, when appropriate.
- f. The officer shall be aware that treated victims who are revived from an opioid overdose may regain consciousness and may experience an acute opioid withdrawal. A rapid reversal of an opioid overdose may cause projectile vomiting and suctioning of the mouth may be necessary.
- g. The patient shall continue to be observed and treated as the situation dictates, as the Intranasal Naloxone dose can be effective for approximately twenty (20) minutes to ninety (90) minutes.
- h. The administering police officer shall inform EMS about the treatment and condition of the victim, and shall not relinquish care of the victim until relieved by a person with an equal or higher level of training.
- i. Once used, the Intranasal Naloxone device is considered bio-hazardous material and shall be turned over to EMS personnel, or shall be disposed of in accordance with SCSU Health Services policy.
- j. After clearing the call, the officer will complete a departmental Naloxone Use form and case report.

B. All other University personnel trained to deploy naloxone will:

- a. Call 911 for assistance;
- b. Maintain universal precautions and scene safety;
- c. Perform patient assessment;
- d. Determine unresponsiveness, absence of breathing and/or pulse and initiate CPR if required;
- e. Update the dispatcher that the patient is in potential overdose state.

C. When naloxone is deployed by an individual other than a police officer, the responding officer will:

- a. Make sure that emergency services have been notified to respond;
- b. Document the deployment in a case report and Naloxone Use form including who initiated the deployment.

### **VIII. Disposal**

- A. The Naloxone Program Coordinator, or their designee, is responsible for disposing of unneeded or expired opioid antagonists. Disposal of opioid antagonists should be:
  - a. Via the hazardous waste box located in Health Services.
  - b. Via other controlled substance disposal methods in accordance with CSCU policy, federal, state or local laws.
- B. For naloxone kits that are deployed in the field:
  - a. The device is to be considered bio-hazardous material and shall be turned over to EMS personnel, or shall be disposed of in accordance with SCSU Health Services guidelines.

## **IX. Documentation/Naloxone Use Reporting**

- A. Upon completing the medical assist, police officers will submit a case report detailing the nature of the incident, the care the patient received and that naloxone was deployed.
  - a. A copy of the report, and the corresponding Naloxone Use Form, will be forwarded to the Deputy Chief of the SCSU PD, who will then file and/or submit the data to any entity requiring this information.
- B. The Deputy Chief of the SCSU PD, or their designee, is required to maintain a current record of every known use or administration of an opioid antagonist kit on Southern's campus.
  - a. On or before October 1 of each year, Deputy Chief of the SCSU PD will report to the CSCU Chief of Staff the statistics and a brief description of every incident that required the use of opioid antagonist administration within the prior year.

## **X. Training**

- A. The Naloxone Program Coordinator may designate other University personnel to receive "Trainer" training from DMHAS. The Naloxone Program Coordinator will ensure that annual training is provided to all members of the SCSU PD, Health Services Personnel and other University personnel as required.
  - 1. The content of this training will include information on opioids, risks for overdose, identifying an overdose, and response procedures.
  - 2. The Police Department's Administrative Sergeant, or their designee, will be a trained "Trainer" and will be responsible to ensure that all sworn officers are re-trained on an annual basis.

## **XI. Awareness Campaigns**

- A. The Naloxone Program Coordinator, or their designee, will ensure that the SCSU Naloxone policy will be made available on the University Police and Student Health Services websites. In addition,
  - a. Annual email notifications will be sent by the Chief of Police in conjunction with emergency procedure notification, and
  - b. The Alcohol and Other Drug Services coordinator in conjunction with annual Drug Free Schools and Community Act notification.
  - c. When available, public Narcan trainings will be advertised to the campus community via electronic signage, posters, social media, and university calendar notifications.
  - d. Opioid education, prevention, and the availability of naloxone kits will be included in new student and employee orientations, and integrated into all existing drug and alcohol outreach education efforts.

## **XII. Policy Dissemination**

- A. Southern Connecticut State University shall post and maintain this policy to include:
  - a. Designated Personnel contact information at all times in an easily accessible manner on each institution's website.
  - b. Southern will maintain its contact information current on our website and within its written procedures.
- B. This policy will thereafter be annually provided to all campus law enforcement officers, counseling and medical personnel, resident hall advisors and other campus personnel.
- C. This policy shall be presented at student orientation and at student awareness and prevention trainings and made broadly available at each campus.