

 NEW YORK STATE Corrections and Community Supervision DIRECTIVE	TITLE Narcan Administration by Uniformed Correctional Staff First Responders		NO. 4058
			DATE 08/27/2019
SUPERSEDES	DISTRIBUTION A	PAGES PAGE 1 OF 2	DATE LAST REVISED
REFERENCES (Include but are not limited to) Directives: #4004, #4059, #4066, #4069		APPROVING AUTHORITY 	

- I. **POLICY:** It is the policy of the New York State Department of Corrections and Community Supervision (DOCCS) to make Narcan (Naloxone Hydrochloride) available for administration by first responders to unresponsive individuals (inmates, staff, visitors).
 DOCCS requires uniformed correctional staff first responders and health care personnel, who encounter unresponsive individuals, to initiate necessary first aid, CPR if required, use of an automatic external defibrillator (AED), and administration of Narcan.
 Narcan will be administered in accordance with [Form #4058A](#), "Protocol for Narcan Administration by Uniformed Correctional Staff First Responders," by trained first responders (non-medical personnel).
- II. **AUTHORITY:** The Chief Medical Officer is designated as the Clinical Director of the DOCCS Opioid Overdose Prevention Program, and as such, will establish review and reissue on an annual basis a "Non-Patient Specific Standing Order for Narcan Administration by Uniformed Correctional Staff First Responders". This standing order enables uniformed correctional staff acting as first responders to administer Narcan to unresponsive individuals in accordance with the established Protocol for Narcan Administration by Uniformed Correctional Staff First Responders ([Form #4058A](#)).
- III. **BACKGROUND:** Opioid overdose is a life-threatening condition associated with respiratory depression, respiratory arrest leading to cardiovascular collapse, and death. Opioid overdose is reversible by the action of Narcan; an opioid antagonist administered as a nasal spray by first responders. Narcan is very specific and has essentially no side effects or drug interactions other than reversal of the effects of opioid medications. Examples of opioid drugs are heroin, fentanyl, codeine, hydrocodone, and morphine among others.
- IV. **PROCEDURE:** Each correctional facility will develop internal protocols to ensure the following:
 - A. One Narcan kit, containing two doses of intranasal Narcan and a copy of [Form #4058A](#) will be affixed inside all facility first aid kit red storage/carry bags, with the exception of first aid kits assigned to vehicles. The first aid kit bag and the Narcan kit will both be secured with numbered witness wire type tamper seals.
 - B. Daily inspections of the first aid kit bag will be performed to include ensuring the numbered tamper seal is intact. This inspection and the tamper seal number will be documented on [Form #2095](#), Daily Safety Checklist. If broken, the first aid kit bag will be inspected to ensure the contents are intact and the Narcan kit is present with the appropriate tamper seal in place.

If necessary, the Narcan kit will be replaced and a new numbered tamper seal will be utilized. Refer to Directive #4069, "First Aid Kits," for additional information regarding facility first aid kits.

- C. Monthly inspections of the Narcan kit will be performed and documented on [Form #2098](#), "Monthly Safety, Environmental Services and Workplace Violence Inspection Report," to ensure the Narcan is within the expiration date printed on the packaging and extends for a minimum of one month to the next inspection. Employees will document the printed expiration date of the Narcan and the tamper seal number on [Form #2098](#). Refer to Directive 4066, "Facility Safety and Environmental Services Inspections," for additional information.
 - D. Upon use of the Narcan for an emergency, the Narcan kit is to be restocked with two Narcan nasal applicator units and secured with a numbered tamper seal. Narcan nasal applicator units are available in the facility Health Services Unit.
 - E. Should the Narcan kit bag affixed inside the first aid kit storage/carry bag become damaged or unusable, replacement bags are available from the Department's Central Pharmacy through the facility Health Services Unit.
- V. **REPORTING:** Any administration of Narcan is to be immediately reported to the Watch Commander, who will document same in accordance with Directive 4004, "Unusual Incident Report."

Protocol for Narcan Administration by Uniformed Correctional Staff First Responders

Unresponsive Inmate / Staff / Visitor

Check for Breathing and Pulse

Initiate Medical Emergency

No Breathing / No Pulse

Move Subject to Hard Surface and
Initiate CPR (Chest Compressions
and Rescue Breathing with Bag
Valve Mask)
Give a Dose of Narcan by Nose

Continue CPR and Follow AED
Instructions
Repeat Narcan in 2 to 3 Minutes

Subject Breathing

Perform Sternal Rub to
Stimulate Subject

If Subject Remains Unresponsive,
Give Dose of Narcan by Nose
Continue to Monitor Breathing
and Pulse

If Subject Remains Unresponsive,
Repeat Narcan in 2 to 3 Minutes
Continue to Monitor
Breathing and Pulse

Assist Health Services Staff Upon Their Arrival

If Narcan was Administered, Report to
Watch Commander as an Unusual Incident

Have Narcan Kit Brought to the Health Unit to Replace the Narcan

DAILY SAFETY CHECKLIST

LOCATION AND BUILDING: _____

DATE: _____

# OF ITEMS	DESCRIPTION OF ITEM	VISUAL CONDITION OF ITEMS			PROBLEMS NOTED FOR EACH ITEM
		SHIFTS			
		1	2	3	
	Extinguisher				
	Nozzle and Valve				
	Standpipe and Hose				
	SCBA				
	Fire Alarm System				
	Exit Signs				
	Posted Evacuation Signs				
	Dryer Lint Trap				
	First Aid Kit/BVM/Narcan Kit				
	Stretcher				
	AED				
	Kiosk Tablet Sync Cable Present and Intact				

FOR EACH OF THE FOLLOWING, CHECK THE APPROPRIATE ANSWER. IF "N/A" PLEASE NOTE.

	SHIFT #1	SHIFT #2	SHIFT #3
Exits and Passageways	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Emergency Lights	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Storage Spaces	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Waste Receptacles	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Rodent Pest Control	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Storage/Handling of Flammables	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Combustibles	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Toxics	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Caustics	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Safety Devices have been inspected and are operational	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___

Report the presence of any machinery hazards, repairs to be made to same, and/or recommendations for correction of same. Use back of this form if more space is needed. _____

Was a Maintenance Repair Request prepared for any of these deficiencies? Yes ___ No ___

SIGNATURE AND TITLE OF INSPECTORS: _____ 1ST Shift

_____ 2nd Shift

_____ 3rd Shift*

*3rd SHIFT GOING OFF WILL FORWARD TO FIRE/SAFTEY OFFICER

MONTHLY SAFETY, ENVIRONMENTAL SERVICES AND WORKPLACE VIOLENCE INSPECTION REPORT

BUILDING # / AREA: _____ Inspection

Date: _____

SAFETY FACTORS

- A. Are Receptacles Overloaded
- B. Emergency Equipment Available
- C. Emergency Lights Working
- D. Emergency Routes Posted
- E. Emergency Exits Unobstructed
- F. Fire Extinguisher Charged/Ready
- G. Fire Hose Cabinets Clean-Hoses Empty
- H. Fire or Safety Hazards Present
- I. First Aid Kits/BVMs complete
- J. Narcan Kits complete _____
Tamper Seal # / Expiration Date
- K. Tool Control
- L. Pipe/Duct Insulation
- M. Safety Rules Posted
- N. Safety Practices Observed
- O. Water Leaks
- P. No Smoking Areas Posted/Observed
- Q. Hazardous Materials Present
- R. Cabinets Locked
- S. Form 2092 Maintained and Accurate
- T. Inventory/Contents & Accuracy
- U. AEDs
- V. Eyewash Station
- W. Lockout Tag/Out Program Reviewed
- X. Wet Floor Signs Posted

ENVIRONMENTAL FACTORS

- 1. Baseboards Clean
- 2. Ceilings Clean
- 3. Floors Clean
- 4. Walls Clean
- 5. Windows Clean
- 6. Cells Clean (List Below if Not)
- 7. Shower Area Clean
- 8. Slop Sinks Clean
- 9. Pipe Chases Clean
- 10. Mops Clean and Hung
- 11. Garbage/Trash Cans Covered
- 12. Pests Controlled
- 13. Proper Supplies Used
- 14. Excess Supplies on Hand
- 15. Proper Heat/Ventilation
- 16. Repairs Required
- 17. Posted Housekeeping Plans

WORKPLACE VIOLENCE FACTORS*

- I. Adequate Lighting
- II. Locking Devices
- III. Doors/Gates Operational
- IV. Personal Alarm Device
- V. Visibility/Sight Lines
- VI. Other

ITEM	COMMENT DEFICIENCIES	CORRECTIVE ACTION, DATE, SIGNATURE

INSPECTOR NAME PRINTED

INSPECTOR NAME PRINTED

SIGNATURE OF INSPECTOR

SIGNATURE OF INSPECTOR

NOTE: Deficiencies are to be corrected. How they were corrected is to be noted in the column provided. This completed form is to be returned to the 1st Dep. Supt's (or Dep. for Admin. for facilities without a F.D.S.) office by:

C.O.B. _____.

* If any potential Workplace Violence factors are marked as "U" a copy of this report shall be forwarded to the DSS for evaluation and appropriate action if necessary.

Mark "S" if Satisfactory
"U" if Unsatisfactory
"N/A" if Non-Applicable

- Dist: 1st - Original for File
2nd - Retain for Reference in Next Inspection
3rd - Area Supervisor for Corrective Action
4th - Leave in Area Inspected for Corrective Action
3&4 - Return to Chairman when all Deficiencies are corrected

RECEIVED BY