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POLICY NUMBER: 3.30			
CHAPTER 3: P	PERSONNEL		
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ORRECTION	Approved by (Commissioner:	See Section VIII
EFFECTIVE DA	TE:	LATEST REVISION:	CHECK ONLY IF
March 1, 2018		January 7, 2025	APA[]

I. AUTHORITY

The Commissioner of Corrections adopts this policy pursuant to the authority contained in Titles 34-A M.R.S.A. Section 1403 and 22 M.R.S.A. Section 2353.

II. APPLICABILITY

Entire Maine Department of Corrections

III. POLICY

This policy establishes guidelines for the possession and/or administration of intranasal naloxone hydrochloride by Department law enforcement and corrections officers for intervention in opioid-related drug overdoses caused by the intentional use of or accidental contact with opioids. This policy does not pertain to facility medical staff who administer naloxone.

IV. DEFINITIONS

None

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Attachment A: Naloxone Inventory and Refill Request

VII. PROCEDURES

Procedure A: General Guidelines

- The Commissioner authorizes trained adult and juvenile facility corrections officers, adult probation officers and juvenile community corrections officers, and Central Office law enforcement officers to carry and/or administer Department-issued intranasal naloxone hydrochloride in accordance with this policy.
- 2. Probation officers and juvenile community corrections officers shall be issued naloxone to be carried on their person on a permanent basis.
- 3. As determined by the facility Chief Administrative Officer, or designee, corrections officers and facility law enforcement officers may be issued naloxone to be carried on their person on a permanent basis, for the duration of their shift, or upon being assigned to a transport or the supervision of residents off grounds.
- 4. If an officer is issued naloxone to carry on their person on a permanent basis, they shall carry one (1) kit at all times while on duty, except that an officer may keep it in their office while on duty if the officer has quick access to the naloxone. A canine handler may carry two (2) kits (one for the canine). An officer may also keep it in a state-issued or personal vehicle if the officer has quick access to the naloxone and temperatures are suitable as set out below.
- 5. An officer who is issued naloxone on a permanent basis may also carry the naloxone on their person or store it indoors at home while off duty. An officer shall not keep the naloxone in a vehicle while off duty.
- 6. A corrections officer or facility law enforcement officer issued naloxone for the duration of their shift or upon being assigned to a transport or the supervision of residents off grounds shall carry the naloxone at all times while on duty, except that an officer may keep it in their office while on duty if the officer has quick access to the naloxone. An officer may also keep it in a state-issued or personal vehicle if the officer has quick access to the naloxone and temperatures are suitable as set out below. They may not carry it while off duty or once the assignment has been finished, as applicable.
- 7. If a corrections officer is not issued naloxone, they may retrieve the naloxone from designated storage locations and use the naloxone on an as needed basis.
- 8. The Chief Administrative Officer, or designee, shall:
 - a. designate one or more secure storage locations at the facility for the storage of naloxone kits that are to be distributed to and returned by officers who are authorized to carry a kit and that provide other officers quick access to naloxone kits in the event of an apparent opioid-related drug overdose at the facility;
 - b. implement practices for the:
 - distribution of naloxone kits to facility law enforcement and corrections officers who are authorized to carry a kit, whether on a permanent basis or for the duration of the shift or upon being assigned to a transport or the supervision of residents off grounds; and

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- return of naloxone kits at the end of the shift or upon completion of a transport or the supervision of residents off grounds by facility law enforcement and corrections officers who are authorized to carry a kit for one of these purposes.
- 9. The Regional Correctional Administrator (RCA), or designee, shall implement practices for the distribution of naloxone kits to probation officers or juvenile community corrections officers, as applicable.
- 10. An officer, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional or Department disciplinary action for possessing or for administering naloxone hydrochloride in accordance with this policy to a person whom the officer believes in good faith is experiencing an opioid-related drug overdose or for any outcome resulting from such actions.
- 11. An officer, acting in good faith and with reasonable care, is immune from criminal and civil liability and is not subject to professional or Department disciplinary action for failing to administer naloxone hydrochloride to a person whom the officer believes in good faith is not experiencing an opioid-related drug overdose for which the administration would be appropriate, when the officer believes it is unsafe to do so, or when administration is discretionary as set forth in Procedure E.

Procedure B: Department's Naloxone Program Coordinator and Facility Coordinator Responsibilities

- 1. The Commissioner, or designee, shall assign a Central Office employee to be the Department's Naloxone Program Coordinator (NPC), who shall be responsible for the overall management of the program, including, but not limited to, the following:
 - ensuring that naloxone kits are obtained from approved sources and distributed to the applicable sites, i.e., Central Office, facilities, and community corrections regions;
 - b. ensuring practices are maintained related to:
 - 1) storing, inventorying, and tracking Department-issued naloxone kits for Central Office, the facilities, and community corrections regions; and
 - 2) the disposal and replacement of naloxone which has been used, lost, or stolen or is expired or damaged;
 - c. receiving and forwarding documentation on each use of naloxone as set out in Procedure F; and
 - d. providing an annual report to the Commissioner summarizing all uses of naloxone by Department law enforcement and corrections officers.
- 2. The NPC, or designee, shall ensure that:
 - enough kits are obtained and distributed so that each corrections and law enforcement officer, including a probation officer or juvenile community corrections officer, authorized to carry a kit on a permanent basis is issued a kit; and
 - b. each facility has sufficient kits for other facility law enforcement and corrections officers to carry and/or have access to.

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- 3. Each facility Chief Administrative Officer shall designate a facility employee to be the facility coordinator of the facility's naloxone program, who shall be responsible for implementing the program at that facility, including, but not limited to:
 - a. issue naloxone kits distributed to the region from Central Office for carrying by officers who are authorized to carry them on a permanent basis;
 - secure naloxone kits in the designated facility storage areas for access by other facility officers;
 - ensure that any facility naloxone kits not in the possession of facility law enforcement and corrections officers are stored in a secure location, away from residents, but accessible to facility law enforcement and corrections officers;
 - d. ensure the tracking of naloxone kits on the Naloxone Inventory and Refill Request (Attachment A) documenting the quantities, lot numbers, expiration dates, and locations where stored or officers to whom issued and update the inventory sheet when changes occur and forward to the Department's Naloxone Program Coordinator (NPC);
 - e. ensure the proper disposal of used, expired, or damaged naloxone doses or kits as bio-hazardous material to be turned into facility medical staff or EMS personnel, as applicable;
 - f. ensure the replacement of used, lost, stolen, expired, or damaged naloxone doses or kits by completing the refill sheet of the Naloxone Inventory Sheet and Refill Request (Attachment A); and
 - g. notify the NPC, or designee, as soon as practicable, of any use of naloxone by a facility law enforcement or corrections officer.
- 4. Each Regional Correctional Administrator (RCA) shall designate a regional community corrections employee to be the community corrections coordinator of the naloxone program for that region, who shall be responsible for implementing the program in the region, including, but not limited to:
 - a. issue naloxone kits distributed to the region from Central Office to adult probation officers or juvenile community corrections officers, as applicable;
 - b. ensure that any naloxone kits not in the possession of officers are stored in a secure location, away from community corrections clients.
 - c. ensure the tracking of naloxone kits on the Naloxone Inventory and Refill Request (Attachment A) documenting the quantities, lot numbers, expiration dates, and locations where stored or officers to whom issued and update the inventory sheet when changes occur and forward to the Department's Naloxone Program Coordinator (NPC);
 - d. ensure the proper disposal of used, expired, or damaged naloxone doses or kits as bio-hazardous material to be turned into a proper disposal site, e.g., pharmacy or police station that takes unneeded medication or EMS personnel, as applicable:
 - e. ensure the replacement of used, lost, stolen, expired, or damaged naloxone doses or kits by completing the refill sheet of the Naloxone Inventory Sheet and Refill Request (Attachment A); and

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f. notify the Department's Naloxone Program Coordinator (NPC), as soon as practicable, of any use of naloxone by a probation officer or juvenile community corrections officer, as applicable.

Procedure C: Training

- 1. The Department's Director of Training shall ensure that all law enforcement and corrections officers receive training on responding to persons suffering from an apparent opioid overdose and the use of intranasal naloxone as an intervention. The training shall be in accordance with protocols adopted by the Maine EMS Medical Direction and Practices Board established in Title 32-A M.R.S.A. Section 83, subsection 16-B.
- 2. The initial training shall include, but not be limited to:
 - a. an overview of Title 22 M.R.S.A. Section 2353 and this policy;
 - b. assessment, including signs and symptoms of opioid-related drug overdose;
 - c. notification of facility medical staff or local Emergency Medical Service (EMS), whichever is applicable:
 - d. use of protective gloves as a precaution against exposure to body fluids and contact with opiates;
 - e. preparation and administration of intranasal naloxone;
 - f. identification of the possible responses to intranasal naloxone; and
 - g. provision of continued support to the person to whom the naloxone has been administered.
- 3. All officers shall be trained annually with a refresher on the above subjects.
- 4. In addition, canine handlers shall be trained on the use of intranasal naloxone with respect to canines.

Procedure D: Naloxone Kits

- 1. Each Department-issued naloxone kit shall contain two doses of naloxone.
- 2. Each officer issued naloxone to carry on a permanent basis shall:
 - a. maintain control and care of the kit and not leave it unattended;
 - carry and store the naloxone kit in a manner consistent with the guidelines recommended by the manufacturer to ensure the integrity of the naloxone is not compromised by exposure to adverse conditions;
 - c. inspect the kit prior to going on duty for signs of damage and to ensure the kit or either dose has not expired;
 - d. remove the naloxone kit from a vehicle, if applicable, and carry it or store it indoors when the temperature in the vehicle is expected to be outside the range recommended by the manufacturer and otherwise take reasonable steps to ensure the naloxone is not exposed to extreme heat or freezing cold; and
 - e. report to their supervisor as soon as possible if naloxone is lost, stolen, damaged, or expired, or if the naloxone is administered and notify, as soon as practicable, the

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applicable coordinator who shall arrange for a replacement dose or kit to be provided to the officer.

- 3. Each officer who is issued naloxone for the duration of their shift or upon being assigned to a transport or the supervision of residents off grounds or who retrieves a kit to respond to a suspected opioid overdose shall:
 - a. maintain control and care of the kit and not leave it unattended;
 - b. if applicable, carry the naloxone kit in a manner consistent with the guidelines recommended by the manufacturer to ensure the integrity of the naloxone is not compromised by exposure to adverse conditions;
 - c. inspect the kit upon being supplied a kit to carry or upon retrieval of a kit for
 possible use, as applicable, for signs of damage and to ensure the kit or either dose
 has not expired; and
 - d. report to their supervisor as soon as possible if naloxone is lost, stolen damaged, or expired, or if the naloxone is administered, and notify, as soon as practicable, the facility coordinator, who shall arrange for a replacement kit to be provided to the officer or placed in the storage location, as applicable.
- 4. Expired naloxone (per the date specified on the dose) or naloxone damaged by exposure to adverse conditions or by another cause shall be disposed of by the applicable facility or community corrections coordinator in accordance with practices established by the Department's Naloxone Program Coordinator.

Procedure E: Administration of Naloxone

- 1. If an officer encounters or is responding to an apparent opioid-related drug overdose occurring on facility grounds, whether the person who has apparently overdosed is a resident, staff, student intern, volunteer, visitor, or other person, the officer shall ensure the Incident Command System (ICS) is initiated and facility medical staff, if on duty, or, if not on duty, local Emergency Medical Services (EMS) is notified immediately. If appropriate as set out below, an officer shall then administer naloxone if they are carrying a naloxone kit or can access a kit prior to facility medical staff or local EMS, as applicable, responding.
- 2. If an officer encounters or is responding to an apparent opioid-related drug overdose occurring in the community and the person who has apparently overdosed is in custody or under supervision or is staff, a student intern, or a volunteer, the officer shall ensure local EMS is notified immediately. If appropriate as set out below, an officer shall then administer naloxone if they are carrying a naloxone kit or can access a kit being kept in an office or vehicle prior to local EMS responding.
- 3. An officer encountering or responding to an apparent opioid-related overdose involving a person described above shall:
 - a. make sure the scene is safe;
 - b. maintain universal precautions, including the use of protective gloves;
 - c. perform an assessment of the person, which shall include determining responsiveness, breathing, and pulse; and

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- d. determine to the best of their ability whether the person is experiencing an opioidrelated overdose and, if the officer determines that there is such an overdose, respond as follows:
 - if the person is conscious or easily roused, the officer shall not administer naloxone; or
 - if the person is unconscious and not easily roused, the officer shall administer naloxone in accordance with the manufacturer's instructions, this policy, and their training;
- e. administer Cardiopulmonary Resuscitation (CPR) if the person is not breathing and/or has no detectable pulse;
- f. continue CPR until relieved by or told to discontinue by facility medical staff, local EMS personnel, or hospital personnel;
- g. inform EMS personnel or facility medical staff, as applicable, upon their arrival that naloxone has been administered and how many doses;
- h. treat the used kit as bio-hazardous material and turn it into EMS personnel or facility medical staff, as applicable, for disposal; and
- complete an incident report in the Department's resident and client records management system.
- 4. If an officer encounters or is responding to an apparent opioid-related drug overdose occurring in the community and the person is not one of those listed above (e.g., a probationer's family member or friend, member of the general public, etc.), after ensuring local EMS is notified immediately, they may administer naloxone, following the steps set out above.
- If appropriate, Department staff may provide information or a referral relating to substance use disorder treatment to the person after the person has recovered and is possibly receptive to treatment.
- 6. If a Department canine is experiencing an apparent opioid-related overdose and the canine handler or, if the canine handler is incapacitated, another officer determines that it is appropriate to administer naloxone to the canine, the canine handler or the other officer may administer naloxone, following the steps as set out above as applicable. After the administration of the naloxone, regardless of whether the naloxone appears to have been effective, the handler or the other officer shall arrange for the canine to be evaluated as soon as possible by a veterinarian.

Procedure F: Documentation

- 1. As soon as possible, a Department law enforcement or corrections officer who has encountered or responded to an apparent opioid-related overdose, regardless of whether the officer administered naloxone or determined not to administer it, shall, as soon as practical, complete an MDOC Incident Report form and include as a narrative the following information:
 - a. name of resident or client or other individual;
 - b. MDOC #, if applicable;

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- c. date of incident;
- d. arrival time of DOC law enforcement officer or corrections officer:
- e. arrival time of facility health care staff or EMS personnel;
- f. where the apparent overdose occurred;
- g. what was the basis for believing there was an apparent overdose happening;
- if paraphernalia or other evidence was present to support an apparent overdose, please describe;
- i. if there were witness(es) to the overdose, please list the witnesses & contact information;
- j. if naloxone was not administered, please explain why;
- k. if naloxone was administered, list the number of vials used and when;
- I. was naloxone administered by anyone else at the scene, if so, who administered the naloxone;
- m. additional life-saving measures, if any;
- n. did the naloxone work and if the naloxone worked, approximately how long did it take to work;
- o. EMS agency name, if applicable;
- p. hospital destination; and
- q. name of staff submitting the form and date submitted.
- 2. If an officer has encountered or responded to an apparent opioid-related overdose of a facility resident or community corrections client or if an apparent overdose is otherwise connected to a resident or client, e.g., where the officer administers naloxone to the visitor of a resident in the facility lobby or the family member of a probationer during a home visit, the apparent overdose is suffered by mail room staff opening a resident's mail, etc., the officer shall upload the MDOC Incident Report form into the Department's resident and client records management system and notify the applicable community corrections coordinator or facility coordinator. The coordinator shall notify the Department's Naloxone Program Coordinator, or designee.
- 3. In all other situations, where the incident does not involve a person in custody or under the supervision of the department, e.g., where the apparent overdose is of a person delivering food to a facility storage area, the officer administers naloxone to a member of the public encountered while off duty, etc., the officer shall document the incident using the MDOC Incident Report form but not upload it into the Department's resident and client records management system. The officer shall forward the report to the applicable facility or community corrections coordinator. The coordinator shall forward a copy of the report to the Department's Naloxone Program Coordinator, or designee, who shall maintain the report according to the Department's records retention schedule.

VIII. PROFESSIONAL STANDARDS

None

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