



**JUSTICE CABINET
DEPARTMENT OF
JUVENILE JUSTICE
POLICY AND PROCEDURES**

REFERENCES:

CHAPTER: Administration

AUTHORITY: KRS 15A.065

SUBJECT: Naloxone

POLICY NUMBER: DJJ 146

TOTAL PAGES: 3

EFFECTIVE DATE: July 5, 2019

APPROVAL: Raymond F. DeBolt

, COMMISSIONER

I. POLICY

The Department of Juvenile Justice shall provide and maintain Naloxone (Narcan®) on-site in each facility to treat a case of suspected opioid overdose in a facility setting. Trained staff may administer Naloxone during an emergency, to any person having an opioid-related drug overdose.

II. APPLICABILITY

This policy shall apply to DJJ operated or contracted youth development centers, detention centers, and group homes.

III. DEFINITIONS

Refer to Chapter 100.

IV. PROCEDURES

A. The Medical Director shall appoint a nurse to be the Naloxone coordinator for the department. The responsibilities of the Naloxone coordinator include the following:

1. Ensure that the Naloxone kits are current and not past expiration date.
2. Ensure proper and efficient deployment of Naloxone for field use.
3. Ensure that staff are adequately trained in use and storage.
4. Ensure that any use of Naloxone on a subject is documented in a Case Report.
5. Replace Naloxone kits that are damaged, unusable, expired or used.
6. Ensure proper reporting of Naloxone to the Medical Director within 24 hours of utilization.

- B. Only nurses and staff trained in the use of Naloxone are authorized to administer Naloxone in the field.
- C. Each Naloxone kit shall include:
 - 1. Instructions for administration of Naloxone; and,
 - 2. Two (2) Mucosal Atomization Device (MAD).
- D. Naloxone kits will be stored as directed by the Naloxone Coordinator. Any kit that is used shall be disposed of in a Sharps Container.
- E. Authorized nurses and trained staff shall utilize Naloxone on youth or any person believed to be suffering from an opioid overdose. Information that a youth or person, who is suffering from an opioid overdose may include:
 - 1. Pinpoint pupils, even in a darkened environment;
 - 2. Depressed or slow respirations;
 - 3. Difficulty breathing (labored breathing, shallow breaths);
 - 4. Blue skin, lips or fingernails;
 - 5. Decreased pulse rate;
 - 6. Low blood pressure;
 - 7. Loss of alertness (drowsiness);
 - 8. Unresponsiveness;
 - 9. Evidence of ingestions, inhalation, and injection (needles, spoons, tourniquets, needle tracks, bloody nose, etc.)
 - 10. Blood-shot eyes; and
 - 11. Past history of opioid use/abuse.
- F. Nurses and trained staff shall follow protocols outlined in their Naloxone training.
- G. When using Naloxone kits, nurses and trained staff will maintain universal precautions against pathogens, perform patient assessment, and determine unresponsiveness, absence of breathing and/or pulse.
- H. Staff shall promptly notify 911 or emergency medical provider once a youth or person is administered Narcan.
- I. Nurses and staff should alert the Medical Director that a patient was in a potential overdose state and Naloxone was administered.
- J. Nurses and trained staff shall ensure accurate communication to Emergency Medical Services (EMS)/Paramedics for proper patient record documentation before transport to hospital emergency department.
- K. Supervisor notification should be made as soon as practicable, in addition to formal documentation in a written case report.
- L. Nurses or staff trained to use Naloxone kits are responsible for inspecting the kit prior to each shift.

POLICY NUMBER DJJ 146	EFFECTIVE DATE 07/05/2019	PAGE NUMBER 3 of 3
--	--	-------------------------------------

- M. Nurses or trained staff shall immediately report any missing or damaged Naloxone kits to the Medical Director as well as written notification made to the Naloxone Coordinator.
- N. The Naloxone Coordinator shall be promptly notified if a Naloxone kit is taken off the facility premises or needs replacement/maintenance and shall replace the kit as soon as practicable.
- O. Upon completion of a medical assist with Naloxone administration, the nurse or trained staff shall submit a written report detailing the incident, the care the patient received, and that Naloxone was administered intranasal (IN) and outcome the Naloxone usage on the youth or person.
- P. The nurse or trained staff shall complete the Naloxone usage documentation and forward the completed copy via the chain of command to the Naloxone Coordinator and Medical Director.

V. MONITORING MECHANISM

Monitoring shall be accomplished by the Superintendent, or designee, the Naloxone coordinator, and the Medical Director of the department.