

Western Connecticut State University

Naloxone (NARCAN) Policy

I. Purpose

To establish guidelines and regulations governing utilization of naloxone (Narcan) used by Western Connecticut State University law enforcement and Buildings and Grounds Patrol 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 Western Connecticut State University that all sworn law enforcement officers, Buildings and Grounds Patrol Officers, University Health Services, University Counseling and CHOICES 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. EMS: Emergency Medical Services that provide pre-hospital emergency medical care; such practitioners provide out of hospital care for those with an illness or injury.
- B. Naloxone (Narcan): an opioid receptor antagonist and antidote for opioid overdose produced in intramuscular, intranasal and intravenous forms. Narcan is the brand name for Naloxone.
- C. Opiates: Naturally derived from the poppy plant, such as heroin and Opium.
- D. Opioids: Synthetic opiate drugs such as fentanyl, morphine, buprenorphine, codeine, hydromorphone, hydrocodone, oxycodone, methadone and oxycodone.
- E. 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 opioid, or another substance with which an opioid was combined, or that a layperson would reasonably believe to be an opioid-related drug overdose that requires medical assistance.
- F. IN: Refers to the intranasal (IN) administration of Naloxone.
- G. IM: Refers to the intramuscular (IM) administration of Naloxone.
- H. NARCAN Nasal Spray: Refers to an FDA approved nasal form of naloxone used for the emergency treatment of a known or suspected opioid overdose.

IV. Administration

- A. Western Connecticut State University is required to develop specific requirements and procedures concerning the appropriate protocols associated with the administration and use of opioid antagonists. Western must maintain an easily accessible supply of opioid antagonists to be used in case of emergencies.
- B. The Chief of Police or assigned designee identified as the Naloxone Coordinator is the designated public safety professional 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. Keep a record of all trained individuals and ensure the opioid overdose response training is current.
 - c. Require all Western police and B&G officers respond immediately in cases of an opioid-related overdose emergency.

- d. Require that local EMS professionals are contacted to respond to every opioid-related overdose emergency.
 - e. Advise individuals receiving certified training that they are responsible for observing the manufacturer's guidelines for storage, use, expiration and disposal of naloxone dosages.
 - f. Require that opioid antagonist kits are carried by sworn police officers as a mandatory component of police emergency medical kits.
- C. 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. Western 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 University Police Department's Naloxone Coordinator will inventory and store all naloxone dosages for law enforcement medical kits and designated university individuals that have received formal naloxone use training.
 - a. Western Connecticut State University will store all naloxone dosages at the Police Department in a designated secure location.
 - 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.
 - b. Any department or individual receiving supplies of naloxone through budgetary, grant or any other processes associated with Western Connecticut State University shall forward all naloxone dosages to the Western Connecticut State University Police Department for proper inventory, storage and distribution.
 - c. Doses of naloxone assigned to law enforcement officers will be carried in their police cruiser first aid kits.
 - d. Once distributed to designated 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 police department's naloxone coordinator to any designated individual that has received formal naloxone training.
 - a. Western police and B&G officers will carry naloxone as a part of their personal equipment carried while on duty.
 - 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 department's naloxone coordinator.
- b. Anyone else receiving naloxone dosages is required to store it according to the manufacturer's recommendations.
 - i. Sign for the dosage when it is received from the police Naloxone Coordinator.
 - ii. Ensure it is stored in a secure location or personally carried.
 - iii. Missing or damaged naloxone kits will be reported to the department naloxone coordinator.
 - iv. Where any other dosage or packaging condition necessitates the naloxone kit shall be taken off line and be submitted for replacement to the department's naloxone coordinator.
 - v. Contact 911 immediately upon use of the assigned dosage unless the individual, to whom the opioid antagonist was administered, has already received emergency medical treatment for the opioid-related drug overdose.
 - vi. Return to the university police department any unused dosages within ten (10) days before the dose is scheduled to expire or upon separation from the university.

VII. Deployment

- A. When deploying the naloxone kit officers and anyone authorized to deploy naloxone will:
 - a. Maintain universal precautions and scene safety;
 - b. Perform patient assessment;
 - c. Determine unresponsiveness, absence of breathing and/or pulse and initiate CPR if required;
 - d. Update the dispatcher that the patient is in potential overdose state or call 911 for assistance.
- B. The dispatcher will then update the EMS responders if not already done to arrange transport to the emergency department.
- 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 including who initiated the deployment and the naloxone dosage serial number if available.
- D. Disposal**
- E. The naloxone coordinator is responsible for disposing of unneeded or expired opioid antagonists. Disposal of opioid antagonists should be:
 - a. Through a manufacturer or distributor medicine take-back program;
 - b. Forwarded to the Connecticut Department of Consumer Protection;
 - c. Forwarded to an authorized drug collection site near the campus;
 - d. Via other controlled substance disposal method in accordance with CSCU policy, federal, state or local laws.

VIII. Documentation/Naloxone Use Reporting

- A. Upon completing the medical assist, officers will submit a case report detailing the nature of the incident, the care the patient received and that naloxone deployed.
 - a. The report will be forwarded to the department naloxone coordinator who will then file and/or submit the data to any entity requiring this information.
- B. The naloxone coordinator is required to maintain a current record of every use or administration of an opioid antagonist kit on Western's campus.
 - a. On or before October 1 of each year, Western must 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. Mandatory Training

1. Mandatory naloxone training is required for the following university employees.
 - a. Sworn police officers and B&G Patrol Officers:
 - i. Officers will receive training refreshers as mandated by Connecticut statutory or regulatory requirements once they are developed.
 - b. Mandatory training is required for all members of the health services office and counseling services office
 - i. Counseling or health services staff must be prepared to identify students who are at high risk for drug overdose so they can provide appropriate medical attention or refer the student to an alternative source for mental and behavioral healthcare access.
2. Optional Training
 - a. Any individual designated by Western Connecticut State University authorized to carry naloxone.
3. Anyone providing certified training to any campus individual will record the training details and forward it to the naloxone coordinator.

XI. Awareness Campaigns

- A. Western will develop and implement a process to continually educate students, faculty and staff regarding opioid antagonist availability through a multi - faceted approach including, but not limited to, email, institutional websites, social media, posters, new student and employee orientations, and open on - campus overdose response trainings
- B. Western will make every effort to engage students from health and social work professions, student organizations or community organizations to promote awareness and education with the goal of decreasing stigma and preventing overdose deaths.

XII. Policy Dissemination

- A. Western Connecticut State University shall immediately 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. Western 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 and B&G personnel, 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.

Board of Regents for Higher Education
Connecticut State Colleges and Universities

Policy regarding

OPIOID OVERDOSE PREVENTION AND AWARENESS

Statement of Policy

The Board of Regents for Higher Education (“BOR”) in conjunction with the Connecticut State Colleges and Universities (“CSCU”) is committed to maintaining safe and substance-free campuses for all students, employees and visitors. It is the intent of the BOR and each of its Colleges and Universities to increase awareness regarding opioid addiction and prevention. In the unfortunate instance of opioid overdose, it is the intent of the BOR and the CSCU to prevent overdose related death through the proper training, administration, and usage of naloxone hydrochloride, commonly known as Narcan® Nasal Spray, or other similarly acting and equally safe overdose-reversing drug approved by the FDA (“Intranasal Naloxone” or “IN kits”).¹ Therefore, this policy serves to direct each Connecticut State College and University to participate, together with other agencies, in a statewide initiative focused on public health issues regarding opioid-related drug overdose persons.²

Campus Specific Opioid Overdose Prevention Procedures

Upon adoption by the Board all CSCU institutions will, within 30 days of adoption of this policy, prepare and forward to the CSCU Office of Legal Affairs, campus specific Opioid Overdose Prevention Procedures (“Procedures”) consistent with the requirements of Public Act 19-191. As such, all submitted Procedures shall include details regarding the following:

- Designation of medical or public safety professionals to oversee the purchase, storage and distribution of the Intranasal Naloxone;
- Procedures for the purchase and distribution of IN kits;
- Identification of the location(s) on each campus where the IN kits are stored and accessible to students and employees;
- Procedures for the storage of IN kits according to manufacturer’s guidelines and appropriate disposal;

¹ Intranasal Naloxone is a proven and effective emergency treatment for known or suspected opioid overdoses. Such medications are not a substitute for emergency medical care. However, when administered during an opioid overdose, and with proper emergency medical assistance, lives may be saved.

² The Connecticut Good Samaritan Law 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 without criminal or civil liability.

- Procedures for the training of individuals to access and administer the IN kits in emergency situations; and
- Requirements that emergency medical services/911 be called each time the IN kit is administered on campus.

The CSCU Office of Legal Affairs will submit all College and University Opioid Overdose Prevention Procedures to the Department of Consumer Protection for approval. Upon approval and by no later than December 31, 2019 each College and University shall post and maintain its Procedures in an easily accessible manner on each institution's website at all times. Each CSCU institution is responsible for maintaining its information current on its website and within its written emergency response Procedures.

The Procedures will thereafter be annually provided to all campus law enforcement officers and security personnel, counseling and medical personnel, resident hall advisors and other campus personnel. Further, this policy shall be presented at student orientation or at student awareness and prevention trainings, and made broadly available at each campus.

Awareness Campaigns

Each CSCU College and University will develop and implement a process to continually educate students, faculty and staff regarding opioid overdose prevention and IN kit availability on their campuses through a multi - faceted approach including, but not limited to, email, institutional websites, social media, posters, new student and employee orientations, and open on – campus opioid overdose response trainings. Campuses are encouraged to engage students from health professions schools (e.g. nursing, social work), student organizations (e.g. student government, health promotion, students for sensible drug policy), or community organizations to promote awareness and education with the goal of preventing opioid overdose deaths.

Reporting Requirements

Each institution is required to maintain a current record of every IN kit distribution, use or administration at their campus. On or before October 1 of each year, each CSCU institution must report to the CSCU Chief of Staff its statistics and a brief description of every event or incident that required the distribution, use or administration of an IN kit at the respective institution within the prior year (September 1 of prior year through October 1 of current year).