

STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS	Opioid Overdose Intervention		Page 1 of 6
CHAPTER: PROGRAMS – TREATMENT PROGRAMS	#363	Supersedes: #363.02 and Opioid Overdose Intervention Program – Field Guidance Document, dated 03/28/2016; Naloxone Distribution Procedure for Correctional Facilities Guidance Document, dated 08/29/2017; Opioid Overdose Intervention – Facility Guidance Document, dated 01/24/2019; IM: Opioid Overdose Intervention, dated 01/25/2019	
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Nicholas J. Deml, Commissioner		Date Signed	Date Effective

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Policy #363, Opioid Overdose Prevention

PURPOSE

This policy establishes guidelines for the use of naloxone for opioid overdose intervention by the Vermont Department of Corrections (DOC). The objective of this policy is to expedite access to resources for opioid and opiate overdoses.

AUTHORITY

18 V.S.A. § 4257; 28 V.S.A. § 102; 28 V.S.A. § 801

POLICY

The DOC recognizes naloxone as a life-saving medication that can reverse the effects of an opioid overdose and aid in the rescue of a person who might otherwise not survive. With this knowledge, it is the policy of the DOC to support naloxone accessibility through correctional staff. DOC staff receive naloxone use training when trained in first aid and cardiopulmonary resuscitation (CPR).

FACILITY OPIOID OVERDOSE INTERVENTION

A. Administration of Naloxone

1. Facility staff shall administer the medication naloxone, when they believe, in good faith, the individual is experiencing an opioid-related overdose, in the course of their duties.
2. When administering naloxone, the facility staff member shall:
 - a. Radio to report a medical emergency (10-33) requiring an emergency medical response;
 - b. Check the scene for safety;
 - c. Use personal protective equipment (PPE);
 - d. Perform an assessment to determine if the person is unresponsive, not breathing, or lacks a pulse;
 - e. Deploy naloxone, as indicated based on training;
 - f. Remain with the individual to whom the naloxone was administered; and

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- g. Render appropriate first aid as necessary, until contracted health services staff arrive.
- 3. If naloxone is administered, facility staff shall create an incident in the Offender Management System (OMS), in accordance with the policy on incident reporting.

B. Naloxone Inventory and Documentation

- 1. The Superintendent, or designee, shall ensure the correctional facility:
 - a. Maintains an adequate supply of naloxone that is stored in a secure location;
 - b. Has available naloxone located within each living unit;
 - c. Inventories and inspects naloxone kits monthly to ensure it is not damaged or expired:
 - i. If naloxone is found to be within six months of its expiration date, facility staff shall move the naloxone kit to the admissions control naloxone supply so it can be distributed prior to its expiration date.
 - ii. If naloxone is found to be expired, facility staff shall:
 - a) Expel the content of the applicator by dispensing it into the air or sink; and
 - b) Dispose of the applicator in a trash receptacle; and
 - d. Complies with any Vermont Department of Health (VDH) naloxone reporting requirements.

C. Distribution of Naloxone to Incarcerated Individuals Upon Release

- 1. The Superintendent, or designee, shall ensure the correctional facility:
 - a. Maintains, inventories, and inspects an adequate supply of naloxone kits and xylazine and fentanyl test strips to be readily available in admissions control for released individuals.
 - b. Posts clear signage instructing incarcerated individuals to take a naloxone kit or xylazine and fentanyl test strips upon release; and
 - c. Offers naloxone kits and xylazine and fentanyl test strips to incarcerated individuals upon their release.

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FIELD OPIOID OVERDOSE INTERVENTION

A. Administration of Naloxone

1. In the course of their duties, field staff shall carry the medication naloxone. Field staff shall administer naloxone, when they believe, in good faith, the individual is experiencing an opioid-related overdose.
2. When administering naloxone, the field staff member shall:
 - a. Call 911 to report a potential overdose situation and request law enforcement and Emergency Medical Services (EMS) to respond;
 - b. Check the scene for safety;
 - c. Utilize personal protective equipment (PPE);
 - d. Perform an assessment to determine if the person is unresponsive, not breathing, or lacks a pulse;
 - e. Deploy naloxone, as indicated based on training; and
 - f. Remain with the individual to whom the naloxone was administered and render appropriate first aid as necessary, until EMS personnel arrive.
3. If the individual, to whom the naloxone was administered, attempts to leave or becomes combative, staff may verbally disengage and shall make no attempt to physically restrain or detain the person.
4. If naloxone is administered, field staff shall create an incident in OMS, in accordance with the policy on incident reporting.

B. Naloxone Inventory and Documentation

1. The District Manager (DM), or designee, shall ensure the probation and parole office:
 - a. Stores, inventories, and inspects all naloxone to confirm it has not been damaged or expired;
 - b. Maintains an adequate supply of naloxone kits; and
 - c. Complies with any VDH naloxone reporting requirements.
2. Field staff shall inspect naloxone assigned to them for signs of damage and to ensure it has not expired.
3. If naloxone is found to be expired, field staff shall:
 - a. Expel the content of the applicator by dispensing it into the air or sink; and
 - b. Dispose of the applicator in a trash receptacle.

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C. Distribution of Naloxone to Supervised Individuals

Naloxone boxes or kits, along with xylazine and fentanyl test strips shall be accessible in common areas including outside of the secure portions of the office. Supervised individuals may take as many opioid overdose prevention supplies as needed.