U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

PROGRAM STATEMENT
Naloxone Procedures and Protocol for Reversal of Opioid Overdose

Approved by	William K. Marshall III Director, Federal Bureau of Prisons
DPI	HSD
Number	1610.02
Date	March 19, 2026

Summary of Changes

Program Statement Rescinded:

- 1610.01 Naloxone Procedures and Protocol for Reversal of Opioid Overdose (12/17/2020)

Changes:

- Updates the specific personnel required to carry naloxone.
- Clarifies documentation and reporting requirements after the administration of naloxone to staff or inmates.

1. PURPOSE AND SCOPE

This program statement authorizes the use of naloxone nasal spray by trained Bureau of Prisons (Bureau) staff in accordance with approved protocols and establishes the requirement for all Bureau locations to have procedures in place for the emergency use of naloxone nasal spray to treat suspected opioid overdose.

a. **Program Objectives**. All staff will be trained to recognize general signs and symptoms of opioid overdose and to administer naloxone nasal spray. Bureau staff will be able to:

- Identify potential risks and hazards associated with exposure to opioid substances and actions to minimize risk.
- Identify signs and symptoms of possible opioid overdose and associated lifesaving emergency procedures.
- Use naloxone nasal spray to provide lifesaving reversal of possible opioid overdoses to any individual at a Bureau location.

Naloxone will be available for use by trained Bureau staff 24 hours a day, whether or not medical staff are present.

- Naloxone will be available in the Health Services Unit for use by medical staff in formulations listed in the Bureau National Formulary.
- Naloxone nasal spray will also be available in appropriately selected locations throughout all Bureau sites for use by trained medical or non-medical staff.

b. **Institution Supplement**. Local procedures for naloxone training, location, inventory management, accountability, use, and reporting will be included in the Institution Supplement that addresses 24-hour health care and emergency/urgent care procedures. See the Program Statement **Health Services Administration**.

2. NALOXONE LOCATIONS AND INVENTORY MANAGEMENT

In addition to naloxone placement with all automated external defibrillators, each CEO or designee is required to ensure nasal naloxone is carried by staff in key positions across our facilities. The following personnel and posts will be equipped with nasal naloxone:

- All Lieutenants
- All Health Services staff, excluding Medical Referral Centers
- All Correctional Systems staff, including all mail room staff
- All Recreation staff
- All Unit Officers
- Special Housing Unit (SHU) Officer in Charge
- Compound and Corridor officers
- Visitation #1 post
- Front Lobby officers

Each CEO or designee will ensure the distribution of naloxone meets the following criteria:

- Accessibility by non-medical staff on all shifts.
- Accountability for the naloxone in all locations.
- Maintaining naloxone according to the storage conditions and requirements established by the manufacturer.

Nitrile gloves will be stored with naloxone.

The Health Services Administrator (HSA) or designee will be responsible for ensuring naloxone is maintained within the expiration date and for replacing expired or used containers. The CEO, at non-institutional locations without an HSA, will determine the individual responsible. The HSA or designee will obtain the medication through Bureau Pharmacy Services and maintain a

system of accountability such as the night stock system. See the Program Statement **Pharmacy Services** for procedures for night stock utilization. The Pharmacist, local or remote fill, is authorized to distribute naloxone nasal spray using a standing order from the Bureau Medical Director as the prescriber in accordance with established policies, procedures, and protocols. Health Services staff will issue the naloxone to the local staff member responsible for replacing outdated or used devices.

The Bureau Chief Pharmacist or designee will provide guidance to non-institution locations within the Bureau for the distribution of naloxone nasal spray.

3. PROTOCOL FOR USE OF NALOXONE NASAL SPRAY IN THE TREATMENT OF OPIOID OVERDOSE

Bureau locations will utilize a universal protocol (refer to National Formulary Part 1) that permits the use of naloxone by staff who are covered under this program statement.

4. REPORTING AND DOCUMENTATION

Each time naloxone is administered to an inmate, whether by medical or non-medical staff, the attending physician or on-call provider will be notified. In most instances the inmate will need to be evaluated by an outside hospital, unless the institution has the staff and equipment to monitor the inmate after an opioid overdose (e.g. MRC) according to criteria listed in the Opioid Use Disorder Clinical Guidance. The Clinical Director, attending physician, or on-call provider will determine the best course of treatment.

After the emergency is resolved, the staff involved will provide details of naloxone use to the HSA and Clinical Director. Use of naloxone on inmates, either by health services and/or other staff, will be documented as a medication order in the Electronic Health Record (EHR) by an appropriate clinical staff member. If naloxone was administered after-hours, documentation will be completed the next day by an appropriate clinical staff member.

In addition to the medication order, documentation in the EHR will also include the following:

- Symptoms observed during the emergency response
- Number of doses administered
- Response to naloxone administration
- If the inmate was sent to the outside hospital
- Other pertinent details should be included in the encounter if known, such as relevant urine drug screening, drug paraphernalia found/tested, if there has been a suspected illicit use in the previous 24 months, and if the inmate will be referred for substance use disorder evaluation.

Each time naloxone is administered to staff, the following information must be reported to National Occupational Safety & Health Branch and the local Occupational Safety Department for inclusion in the Occupational Safety and Health Administration (OSHA)'s Form 300, Log of Work-Related Injuries and Illnesses:

- date of incident
- facility
- last name, first name of staff member affected
- job title
- location of exposure
- staff member's actions at the time of incident
- presumed source the individual came into contact with
- substance (if identified)
- symptoms experienced
- number of times naloxone was administered
- if personal protective equipment (PPE) was worn, and what type
- respiratory fit testing status
- referral to outside medical facility

The Institution Safety Administrator or HSA will report naloxone use to the Regional Health Services Administrator (RHSA) as soon as practical after such use, but not later than five days. The RHSA may establish the preferred reporting method.

A report on naloxone maintenance and usage will be included in the biannual institution Pharmacy and Therapeutics (P&T) agenda and minutes. Reports will include at a minimum, the date used or replaced and the individual who was treated, if applicable.

5. **TRAINING**

All Bureau staff are required to complete training on overdose identification and administration of naloxone nasal spray initially and annually thereafter.

The training curriculum will be updated annually by the Health Services Division and distributed by the Human Resource Management Division.

Training will include:

- Recognizing the signs and symptoms of potential opioid overdose.
- Potential risks and hazards of exposure to potent opioid substances.
- Precautionary measures to protect responding staff and nearby individuals.
- Emergency response procedures, including activation of Emergency Medical Services (EMS) system and administration of naloxone nasal spray.

- Expected possible undesired effects of naloxone administration associated with acute withdrawal.
- Appropriate after-action activities, including reporting and documentation.

REFERENCES

Program Statements
Health Services Administration
Pharmacy Services

Other Forms
OSHA Form 300 Log of Work-Related Injuries and Illnesses

ACA Standards
Performance-Based Standards and Expected Practices for Adult Correctional Institutions (5th Edition): 5-ACI-6A-43 (M), 5-ACI-6B-08 (M), 5-ACI-6B-09
Performance-Based Standards and Expected Practices for Adult Local Detention Facilities (5th Edition): 5-ALDF-4C-37 (M), 5-ALDF-4D-08 (M), 5-ALDF-4D-09

Records Retention Requirements
Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.