



HEALTH ALERT #174

Statewide Standing Order for Naloxone

TO: West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities

FROM: Ayne Amjad, MD, MPH, Commissioner and State Health Officer
Bureau for Public Health, West Virginia Department of Health and Human Resources

DATE: April 5, 2021

LOCAL HEALTH DEPARTMENTS: Please distribute to community health providers, hospital-based physicians, infection control preventionists, laboratory directors, and other applicable partners.

OTHER RECIPIENTS: Please distribute to association members, staff, etc.

As West Virginia begins to see progress in fighting the COVID-19 pandemic, its effects on the behavioral health and addiction crisis continue to be a top priority for the West Virginia Department of Health and Human Resources (DHHR). Based on data from the Office of Drug Control Policy (ODCP), West Virginia saw a 64% increase in EMS visits for overdose from February to May averaged across 2019 and 2020 and a 17% increase in ED visits for overdose from February 2020 to May 2020. Healthcare providers should remain vigilant as the potential for increased overdoses across the state in the spring remains.

West Virginia has a statewide standing order for the distribution of Naloxone by eligible recipient organizations for opioid overdose prevention. This standing order is to ensure that residents of West Virginia who are at risk of experiencing an opioid-related overdose, or who are family members, friends or other persons, in a position to assist a person at risk of an opioid-related overdose (eligible persons), are able to obtain Naloxone.

Eligible Recipients

For the purpose of this standing order, an eligible recipient includes governmental and non-governmental organizations, including local health departments, law enforcement agencies, and community-based organizations that promote scientifically proven ways of mitigating health risks associated with substance use disorders and other high risk behaviors.

Distribution to Eligible Persons

Organizations may distribute Naloxone only to Eligible Persons who have completed Naloxone counseling sponsored or approved by the DHHR, and who have been provided education and counseling in accordance with the standing order.

This message was directly distributed by the West Virginia Bureau for Public Health to local health departments and professional associations. Receiving entities are responsible for further disseminating the information as appropriate to the target audience.

Categories of Health Alert messages:

Health Alert: Conveys the highest level of importance. Warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation. May not require immediate action.

Health Update: Provides updated information regarding an incident or situation. Unlikely to require immediate action.

Documentation of Responsible Persons

Organizations shall document all responsible individuals designated by the organization to distribute Naloxone and make such documentation available for inspection by the DHHR upon request. Each responsible individual shall have completed a training program approved by DHHR prior to distributing Naloxone. Any person educating, regarding, and/or distributing intramuscular Naloxone (vial and syringe) MUST complete additional training on proper administration of an IM injection.

Education and Counseling of Third-Party Eligible Persons

Education and counseling must be provided by the responsible individual for any distribution of Naloxone to any Eligible Person. Counseling may not be waived by the Eligible Person, who shall be counseled each time the person receives Naloxone.

- A. **Educational Materials:** All eligible recipients distributing an opioid antagonist to an Eligible Person must provide the Eligible Person with copies of both brochures provided through and maintained by the Office of Emergency Medical Services (OEMS) and ODCP. Copies of the brochures may be found on the OEMS website at: <https://www.wvoems.org/medical-direction/naloxone-information>.
- B. **Counseling:** The eligible recipient should provide the following counseling points to the Eligible Person each time an opioid antagonist is distributed under the standing order:
 1. *Opioid Overdose*
 - a. Signs and symptoms of an opioid overdose.
 - b. Importance of ensuring open airway and breathing if possible.
 - c. Provide the recipient with the number to talk with someone regarding available substance use disorder treatment and recover services, 1-844-HELP4WV. Provide a copy of both brochures which include opioid-related prevention and resources for treatment programs.
 2. *Instructions for Use of the Product*
 - a. Dosing and proper administration of product distributed.
 - b. Side effects: nausea and vomiting, blood pressure and heart rate will increase, sweating, shaking, return of pain, and possible aggressive behavior.
 - c. Storage conditions (room temperature – avoid hot and cold).
 3. *Responsibilities of the Administration of Naloxone*
 - a. Importance of calling 911 as soon as possible either before or after administration of Naloxone following administration of opioid antagonist;
 - b. Naloxone may wear off, and the patient can stop breathing again even if the individual does not take more opioids;
 - c. Remain with the person; and
 - d. Do not put the person in ice water.

FORMULATION AND DIRECTIONS

Naloxone and necessary paraphernalia for its administration may be dispensed to organizations. The specific Naloxone formulation shall be selected from the list below in accordance with the recipient's preference or training to administer a particular formulation as follows:

A. For Intranasal Administration

- NARCAN® 4mg/0.1mL nasal spray. Include face shield for rescue breathing if available.

Directions for use: Administer a single spray of NARCAN® in one nostril. Repeat after three (3) minutes if no or minimal response.

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OR

- 2mg/2mL single-dose Luer-Jet prefilled syringe. Include one luer-lock mucosal atomization device (MAD 300) per dose dispensed. Include face shield for rescue breathing if available.

Directions for use: Spray 1 mL in each nostril. Repeat after three (3) minutes if no or minimal response.

B. For Intramuscular Injection

- 0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g, 1” syringe per dose dispensed. Include face shield for rescue breathing and alcohol swabs if available.

Directions for use: Inject 1 mL IM in shoulder or thigh. Repeat after three (3) minutes if no or minimal response.

C. For Intramuscular or Subcutaneous Injection

- EVZIO® 2mg/0.4mL auto-injector, #1 Two-pack

Directions for use: Follow audio instructions from device. Place on thigh and inject 0.4mL. Repeat after three (3) minutes if no or minimal response.

Reporting Requirements

Each organization in accordance with West Virginia Code §16-46-6(a)(2), shall report its distribution of opioid antagonist pursuant to this standing order on a monthly basis, prior to the 10th day of the month, to the ODCP, and may use the following web survey:

<http://www.wvdhhr.org/EpilInfoWebSurvey/Home/c652ac27-f205-4932-b03f-0c485aebbfff>.

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