

**WEST VIRGINIA
STATEWIDE STANDING ORDER
FOR THE DISTRIBUTION OF NALOXONE BY ELIGIBLE
RECIPIENT ORGANIZATIONS FOR OPIOID OVERDOSE PREVENTION**

Naloxone Hydrochloride (Naloxone) is an opioid antagonist medication indicated for reversal of opioid overdose in the event of a drug overdose that is the result of consumption or use of one or more opioid related drugs causing a drug overdose event.

I. PURPOSE

This standing order is intended to ensure that residents of the State of West Virginia who are at risk of experiencing an opioid-related overdose, or who are family members, friends or other persons, that are in a position to assist a person at risk of experiencing an opioid-related overdose (Eligible Persons), are able to obtain Naloxone. The purpose of this standing order is to specify the circumstances under which Eligible Recipient Organizations may distribute opioid antagonist to Eligible Persons.

II. AUTHORITY

This standing order is issued in accordance with West Virginia Code §16-46-7, which permits the State Health Officer to prescribe an opioid antagonist by one or more standing orders to eligible recipients in the State of West Virginia, and specifies the circumstances under which an eligible recipient may distribute the opioid antagonist to Eligible Persons.

III. 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, and are collectively referred to herein as Eligible Recipient Organizations.

IV. DISTRIBUTION TO ELIGIBLE PERSONS BY ELIGIBLE RECIPIENT

An Eligible Recipient Organization may distribute Naloxone only to Eligible Persons who have completed Naloxone counseling sponsored or approved by the West Virginia Department of Health and Human Resources (DHHR), and who have been provided education and counseling in accordance with this standing order.

V. DOCUMENTATION OF RESPONSIBLE PERSONS

An Eligible Recipient Organization shall document all responsible individuals designated by the organization to distribute Naloxone under this standing order 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 under the authority of this standing order. Any person educating, regarding, and/or distributing intramuscular Naloxone (vial and syringe) MUST complete additional training on proper administration of an IM injection.

VI. EDUCATION AND COUNSELING OF THIRD-PARTY ELIGIBLE PERSONS

Education and counseling must be provided by the responsible individual as documented by the eligible recipient prior to any distribution of Naloxone to any Eligible Person. The responsible individual shall provide education and counseling in conformance with this standing order.

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 Office of Drug Control Policy (ODCP). Copies of the brochures may be found on the OEMS website at (<https://www.wvoems.org/medical-direction/naloxone-information>) and the West Virginia Board of Pharmacy Naloxone Protocol (<https://www.wvbop.com/article.asp?ty=CTTS&action2=showArticle&id=14>) webpage.
- B. **Counseling:** The eligible recipient shall provide the following counseling points to the Eligible Person each time an opioid antagonist is distributed under the authority of this standing order:

1. Opioid Overdose

- a. Signs/symptoms of an opioid overdose
 - Difficulty or stopped breathing, turning blue (lips and fingertips) – lack of oxygen is what causes brain damage and death
 - Not responsive to verbal or physical cues (shouting or sternal rub)
 - Suspicion of possible overdose
- b. Importance of ensuring open airway and breathing, if possible.
 - Maintain an OPEN airway – straighten throat/neck and airway;
 - Encourage to take a CPR class to ensure training on rescue breathing; and
 - Assist with breathing – use one-way valve mask or another form of CPR mask.
- c. Provide the recipient with the number to talk with someone regarding available substance use disorder treatment and recovery 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 Attendant to the Administration of Naloxone

- a. Importance of calling 911 as soon as possible either before or after administration of Naloxone and the risks associated with failure to contact emergency services 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.

VII. FORMULATION AND DIRECTIONS

Naloxone and necessary paraphernalia for its administration may be dispensed to Eligible Recipient 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 3 minutes if no or minimal response, until emergency medical assistance becomes available.

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 3 minutes if no or minimal response, until emergency medical assistance becomes available.

OR

- KLOXXADO™ 8mg/0.1mL nasal spray. Include face shield for rescue breathing if available.

Directions for use: Administer a single spray into one nostril. Additional doses may be given every 2 to 3 minutes if no or minimal response, until emergency medical assistance becomes available.

OR

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

Directions for use: Administer a single spray of Naloxone in one nostril. Repeat after 3 minutes if no or minimal response, until emergency medical assistance becomes available.

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 (deltoid muscle) or thigh. Repeat after 3 minutes if no or minimal response, until emergency medical assistance becomes available.

C. For Intramuscular or Subcutaneous Injection

- ZIMHI® 5mg/0.5mL auto-injector, #1 Two-pack

Directions for use: Remove safety cap. Inject entire contents of prefilled syringe into outer thigh, through clothes if necessary. Using one hand with fingers behind the needle, slide safety guard over the needle. Repeat every 2 to 3 minutes if no or minimal response, until emergency medical assistance becomes available.


VIII. DISTRIBUTION REPORTING

Each Eligible Recipient Organization shall, in accordance with West Virginia Code §16-46-6(a)(2), 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: <https://arcg.is/0y4CTi>.

IX. REVIEW OF ORDER

This standing order will be reviewed on a bi-annual basis and may be updated as additional information or changes to legislation/training materials occur. This standing order may be withdrawn by the State Health Officer at any time.

EXECUTED on this the 17th day of October 2022.



Ayne Amjad, MD, MPH
Commissioner & State Health Officer
Bureau for Public Health