



NALOXONE STANDING ORDER

Mono County Health Officer

November 12, 2018

PURPOSE The purpose of this standing order is to reduce the incidence of opioid overdose death by expanding access to naloxone in Mono County, California.

II. SCOPE

- A. This standing order authorizes appropriately trained people to possess and distribute naloxone in accordance with the conditions specified in this standing order and Section 1714.22 of the California Civil Code.
- B. This standing order authorizes trained employees and contractors of Mono County who have been designated by the County Health Officer (“Distributors”) to distribute naloxone to individuals who complete approved training and required documentation (“Responders”) for the emergency use of naloxone to reverse opioid overdoses.
- C. This standing order also authorizes Responders to possess and administer naloxone to a person who is experiencing an opioid overdose (“Patient”). For purpose of this standing order, a person who is a Responder may also be a Patient.

III. ROLES

The Mono County Health Department, led in this project by the County Health Officer, will work in collaboration with the Behavioral Health Department and other county agencies to disseminate naloxone throughout the county.

IV. BACKGROUND

- A. **Indications:** Naloxone is indicated for the complete or partial reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness.
- B. **Contraindications:** Naloxone is contraindicated in patients known to be hypersensitive to naloxone hydrochloride or to any of the other ingredients in naloxone.
- C. **Precautions:**

1. Naloxone doses should be given every 2-3 minutes until the person revives or the responsibility for care is assumed by appropriate healthcare professionals. The response to naloxone may be slower, and higher doses may be needed, when certain synthetic opioids are involved in the overdose, including buprenorphine and fentanyl.
 2. The safety of naloxone in pregnancy and lactation has not been established by adequate or well-controlled studies, but there are no known harms. The potential benefits of reversing a life-threatening maternal opioid overdose would be expected to outweigh any risks to mother, fetus or breast-feeding infant. If possible, pregnant or lactating women should be advised that safety has not been established.
 3. Geriatric patients –Studies have not been performed to determine whether persons over aged 65 respond differently to naloxone, but clinical experience has not noted any such differences.
 4. When respiratory depression is due to causes other than opioid overdose, naloxone administration will be neither harmful nor helpful.
- D. Adverse Reactions: Abrupt reversal of opioid effects in persons who are physically dependent on opioids may precipitate an acute withdrawal syndrome which may include, but is not limited to, the following signs and symptoms: body aches, fever, sweating, runny nose, sneezing, piloerection, yawning, weakness, shivering or trembling, nervousness, restlessness, irritability, diarrhea, nausea or vomiting, abdominal cramps, increased blood pressure, and tachycardia. Persons who receive emergency naloxone for overdose may be confused and possibly combative.

V. PROCEDURES

- A. Managing Naloxone Inventory
1. The Health Department will monitor the inventory of naloxone supplies and its use in the community. Naloxone in the possession of Responders will be re-stocked as supplies and funds permit.
 2. The Health Department will ensure naloxone supplies are stored safely and in accordance with manufacturer's guidelines and ensure any expired naloxone is disposed of according to state and local codes.
- B. Education and Training
1. The Health Officer will oversee the education and training of naloxone Distributors and Responders, ensuring compliance with the requirements of subsection (a)(2) of Civil Code section 1714.22.
 2. Naloxone Responders, who will tend to be persons with relatively higher likelihood of encountering opiate users and overdose situations, will be knowledgeable in the recognition of opioid overdose, able to administer intranasal naloxone and activate the 911 emergency response system, and familiar with the potential role of mouth to mouth resuscitation of people who are not breathing adequately.

3. The minimum required training of Responders by Distributors will be simple and brief, centered on watching an educational video selected by the Health and Behavioral Health Departments.

C. Distribution of Naloxone

1. Mono County will distribute naloxone only to Responders who are adults (18 years of age or older) who complete designated training and documentation, are willing to learn the essential components of overdose response, including naloxone administration and who may be in contact with persons at risk of opioid overdose in their work or personal lives.

Naloxone nasal spray (4 mg/spray) two dose packs will be distributed. These are currently obtained from the California Department of Health Naloxone Grant Program. In addition, the following materials will be provided to each trained Responder:

- a. Written instructions with images demonstrating how to respond to an overdose (call 911, rescue breathing and administration of naloxone).
 - b. An authorization card noting that the naloxone and kit contents are provided under a standing order issued by the Public Health Officer.
 - c. Materials explaining the legal protections for naloxone Distributors and Recipients approved by Mono County Counsel.
3. Refills: Mono County Health Department will refill naloxone provided to Responders as needed as supplies permit. Each refill will be accompanied by a refresher training in opioid overdose treatment.

VI. AUTHORIZATION FOR STANDING ORDER

This standing order shall remain in effect for Mono County naloxone program Recipients and Patients until rescinded.

By Order of Mono County Health Officer (Licensed Physician):



Dr. Thomas Boo

11/12/2018

Date: