

Standing Order for Community Dispensing of Naloxone Rescue Kits

This standing order is issued to expand access to naloxone through a Statewide standing order, rather than requiring each community or program to secure and file one individually. This standing order authorizes persons specified in Attachment A to dispense naloxone rescue kits to a person at risk of experiencing an opioid-related overdose, or a family member, friend, or other person in a position to assist a person at risk of experiencing an opioid-related overdose.

Chapter 208 of the acts of 2018, *An Act for Prevention and Access to Appropriate Care and Treatment of Addiction*, protects the physician signing the statewide order, and all practitioners prescribing or dispensing naloxone from criminal or civil liability or any professional disciplinary action (M.G.L. c. 94C, § 19B(f)). In addition to the immunity established under M.G.L. c. 94C, § 34A, chapter 208 also provides criminal and civil immunity for anyone, acting in good faith, who administers an opioid antagonist to an individual appearing to experience an opioid-related overdose (M.G.L. c. 94C, § 19B(g)).

Preferred naloxone formulations and doses:

The following doses and formulations of naloxone are preferred because they provide the best combination of a) effectiveness at displacing fentanyl b) titratability when multiple doses are needed and c) minimizing risk of naloxone precipitated withdrawal.

For intranasal administration:

- **Naloxone 4mg/0.1mL nasal spray**

Dispense 2 doses.

Directions for use: Administer a single spray of naloxone in one nostril. Repeat after 3 minutes if no or minimal response.

OR

- **Naloxone 2mg/2mL single-dose Luer-Jet prefilled syringe**

Dispense 2 doses.

Include one luer-lock mucosal atomization device (MAD 300) per dose dispensed.

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

OR

- **Naloxone 3mg/0.1mL nasal spray**

Dispense 2 doses.

Directions for use: Administer a single spray of naloxone in one nostril. Repeat after 3 minutes if no or minimal response.

For intramuscular injection:

- **Naloxone 0.4mg/mL in 1mL single dose vial**

Dispense 2 doses.

Include one 3cc, 25 gauge, 1" syringe per dose dispensed.

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

OR

- **Naloxone 2mg/2mL single-dose Luer-Jet prefilled syringe**

Dispense 1 unit.

Include one luer-lock 25 gauge, 1" needle per dose dispensed.

Directions for use: Inject 0.4 mL in thigh or upper arm muscle. Repeat after 3 minutes if no or minimal response.

Alternative naloxone formulations and doses:

The following doses and formulations of naloxone should be considered when the preferred doses or formulations are not available. These higher dose formulations are likely to have an increased risk of naloxone precipitated withdrawal.

- **Naloxone 8mg/0.1mL nasal spray**

Dispense 2 doses

Directions for use: Administer a single spray of naloxone in one nostril. Repeat after 3 minutes if no or minimal response.

- **Naloxone 5mg/0.5mL in a single dose pre-filled syringe**

Dispense 2 doses

Directions for use: Inject the contents of one pre-filled syringe into thigh. Repeat after 3 minutes if no or minimal response.


Physician's Signature

February 20, 2024

Date

Alexander Y. Walley, MD, MSc

MA Lic # 221133

Physician's Name and MA License No.

ATTACHMENT A: Public Health and Public Safety Personnel Authorized by Standing Order for Community Dispensing of Naloxone

Authorized personnel dispensing naloxone must receive training and remain up to date in their skills and knowledge, such that they are able to provide education to persons at substantial risk of opioid overdose and persons in a position to assist such persons at risk on how to respond to an overdose with naloxone and how to prevent overdose. Training must include, but not be limited to:

1. proper storage, handling and return or disposal of naloxone;
2. procedures for reducing the risk of an overdose;
3. recognition of the symptoms of an opioid overdose;
4. proper use of the naloxone available for community dispensing; and
5. procedures for notification of emergency medical services and other appropriate persons following administration;

The following paid and volunteer staff are authorized to dispense naloxone under this Community Dispensing Standing Order:

- Police Department personnel;
- Fire Department personnel;
- BSAS-licensed/approved facility personnel;
- BSAS-contracted personnel;
- Any personnel working in Co-Response/Jail Diversion/Crisis Intervention Teams/Post Overdose Support and Response Teams;
- Criminal justice personnel (including but not limited to court, corrections, probation, and parole personnel);
- Licensed Alcohol and Drug Counselors;
- Health and Human Services program personnel serving people at risk for opioid overdose and/or their social networks (including but not limited to homeless shelters, drop-in centers, and soup kitchens);
- Substance use disorder family advocacy and support group personnel;
- Opioid Education and Naloxone Distribution program personnel; and
- Certified Community Health Workers.