

ED-Base Naloxone Distribution in Nevada

Request form for hospitals or other communities

- [CASAT Naloxone Request Form](#)

Funding sources

- Department of Public and Behavioral Health (State Opioid Response)
- Southern NV Health District (FR-CARA - first responders only)
- Director's Office (Fund for Resilient Nevada)

Regulatory domains:

DISPENSING

CA regs:

Business and Professions Code §4068

<https://codes.findlaw.com/ca/business-and-professions-code/bpc-sect-4068/>

NV regs:

NAC 639.742 Dispensing of controlled substances or dangerous drugs: Application by practitioner for certificate of registration; application by facility required under certain circumstances; duties of dispensing practitioner and facility relating to drugs; authority of dispensing practitioner and technician

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec742>

NAC 639.7445 Dispensing practitioner: Disciplinary action for violation of [NAC 639.742](#) to [639.7445](#), inclusive. ([NRS 639.070](#))

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec7445>

NAC 639.745 Duties of certain practitioners concerning dispensing of controlled substances and dangerous drugs; maintenance of records. ([NRS 639.070](#), [639.0727](#))

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec745>

NAC 639.748 Identification of person who picks up controlled substance. ([NRS 639.070](#))

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec748>

NAC 639.750 Dispensing of medication at certain locations when local retail pharmacy is closed. ([NRS 639.070](#))

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec750>

NRS § 639.1373 (2022) - Physician assistant: Authority regarding possession, administration, prescription and dispensing of controlled substances, poisons, dangerous drugs and devices; registration; regulations.

<https://law.justia.com/codes/nevada/2022/chapter-639/statute-639-1373/>

NRS § 639.1375 (2022) - Advanced practice registered nurses: Authority to dispense controlled substances, poisons, dangerous drugs and devices; registration; regulations. <https://law.justia.com/codes/nevada/2022/chapter-639/statute-639-1375/>

NAC 639.870 Certificate of registration: Application; fee; period of validity; appearance before Board; collaborating physician; late renewal. (NRS 639.070, 639.1375) <https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec870>

NAC 639.879 Scope of authority to dispense. (NRS 639.070, 639.1375) <https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec879>

NAC 639.892 Use of child-proof container. (NRS 639.070, 639.1375) <https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec892>

NAC 639.898 Security and storage of controlled substances and drugs. (NRS 639.070, 639.1375) <https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec898>

NAC 639.900 Grounds for denial of application or suspension or revocation of registration. (NRS 639.070, 639.210) <https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec900>

Notes:

[NEVADA STATE BOARD OF PHARMACY Dispensing Practitioner Registration Application Non-Refundable \\$300 fee \(This application cannot](#)

[NEVADA STATE BOARD OF PHARMACY Advanced Practice Registered Nurse \(APRN\) Dispensing Registration Application Non-Refundable \\$300](#)

LABELING

CA regs:

Business and Professions Code §4076

[Section 4076 - Container; labeling, Cal. Bus. & Prof. Code § 4076 | Casetext Search + Citator](#)

NV regs:

NRS § 639.2801 (2022) - Requirements for labeling containers for prescribed drugs

<https://law.justia.com/codes/nevada/2022/chapter-639/statute-639-2801/>

LICENSING & OVERALL RESPONSIBILITY / MAINTENANCE & STORAGE / PACKAGING / SECURITY

CA regs:

California Code of Regulations, Title 22 §70265

<https://regulations.justia.com/states/california/title-22/division-5/chapter-1/article-3/section-70265/>

NV regs: Nevada Administrative Code

NAC 639.5007 Terms and conditions of license to conduct pharmacy for applicant required to designate representative.

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec5007>

NAC 639.510 Maintenance and storage of pharmaceutical stock.

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec510>

NAC 639.512 Class A and B packaging: Label; expiration date; log.

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec512>

NAC 639.513 Class C packaging: Expiration date.

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec513>

NAC 639.520 Security of prescription departments.

<https://www.leg.state.nv.us/nac/NAC-639.html#NAC639Sec520>

STANDING ORDER FOR DISTRIBUTION

CA:

Civil Code §1714.22

https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=1714.22.&lawCode=CIV

NV:

NRS 453C.100 Authorization to prescribe, dispense and administer opioid antagonist; immunity from liability and professional discipline.

<https://www.leg.state.nv.us/nrs/NRS-453C.html>

Data Resources:

- Hospital surveillance data: <https://nvopioidresponse.org/wp-content/uploads/2022/12/Hospital-Profiles-508.pdf>
- Fill rate on Rx naloxone (forthcoming from EMM)

Possible BOP Guidance:

CA version:

-Department of Health Care Services Naloxone Distribution FAQ

15. Can hospital emergency departments apply for the program?

Yes. Hospital emergency departments are eligible entities for the NDP and may provide take-home doses of naloxone to patients and visitors. Emergency departments should provide the following supplemental documentation with the application:

a. Copy of a standing order for naloxone.

b. Policies and procedures for naloxone distribution. Example policies and procedures are located here: <https://cabridge.org/resource/guide-to-naloxone-distribution/>.

The California Department of Public Health and the California Board of Pharmacy clarified regulations pertinent to the distribution of naloxone in hospitals. Essential requirements of compliance are:

The naloxone must be acquired and stored separately from the hospital's pharmacy inventory. The emergency department is required to keep a log to track the distribution of the naloxone doses distributed through this program.

The hospital emergency department is required to have policies and procedures, which will dictate how the hospital emergency department will distribute the naloxone, including storage locations and whether the naloxone will be labeled or not labeled. The Board of Pharmacy has clarified that naloxone obtained through the NDP and stored separately from the hospital's pharmacy inventory for distribution under a standing order pursuant to Civil Code §1714.22 is not a pharmaceutical that will be used in the healthcare setting and is exempt from California Code of Regulations, Title 22 §70265, Business and Professions Code §4068, and Business and Professions Code §4076. As the inventory is considered separate from the pharmacy inventory, it does not need to be maintained, stored or labeled in compliance with Business and Professions Code §4068.

Source : <https://www.dhcs.ca.gov/Documents/CSD/Naloxone-Distribution-Project-FAQ-12-13-22.pdf>

Possible NV version:

The following statement could be posted to the Nevada Board of Pharmacy webpage:

Hospital emergency departments are eligible entities for the [Nevada State Opioid Response Naloxone distribution program](#) and may provide take-home doses of naloxone to patients and visitors. Emergency departments should provide the following supplemental documentation with the application:

- a. Copy of a standing order for naloxone.
- b. Policies and procedures for naloxone distribution. Example policies and procedures are located here: *[link to a web page with standing order, log sheet, and standard operating protocol (SOP) templates]*

The Nevada Division of Public and Behavioral Health (DPBH), Nevada Department of Health and Human Services (DHHS) and the Nevada State Board of Pharmacy clarified regulations pertinent to the distribution of naloxone in hospitals. Essential requirements of compliance are:

The naloxone must be acquired and stored separately from the hospital's pharmacy inventory.

The emergency department is required to keep a log to track the distribution of the naloxone doses distributed through this program.

The hospital emergency department is required to have policies and procedures which will dictate how the hospital emergency department will distribute the naloxone, including storage locations and whether the naloxone will be labeled or not labeled. The Board of Pharmacy has clarified that naloxone obtained through the [Nevada State Opioid Response Naloxone distribution program](#) and stored separately from the hospital's pharmacy inventory for distribution under a standing order pursuant to NRS 453C.100 is not a pharmaceutical that will be used in the healthcare setting and is exempt from NAC 639.742 - 639.900, NRS 639.2801, and NAC 639.5007 - 639.520. As the inventory is considered separate from the pharmacy inventory, it does not need to be maintained, stored or labeled in compliance with NAC 639.742 - 639.900 or NAC 639.5007 - 639.520.

NAC= Nevada Administrative Code

NRS = Nevada Revised Statutes

Attachments

Attachment A: Naloxone Distribution Project Application Checklist

Attachment B: Take-Home Naloxone (THN) Distribution Program Summary

Attachment C: Standard Operating Procedure Template

Attachment D: Standing Order Template

Attachment E: Sample Log Sheet

Attachment F: Instruction Sheet Template

Attachment G: Overdose Prevention Educator Competency Test

Attachment H: Overdose Prevention Educator Training Sign-Off Form

Attachment I: Naloxone Stickers

Attachment J: Naloxone Brochures (English and Spanish)

Attachment K: Naloxone Posters

DRAFT

Attachment A: Naloxone Distribution Project Application Checklist

Complete this checklist to apply to the Nevada State Opioid Response Naloxone Distribution Program (NDP) The checklist and application can be completed by a navigator with the support of a prescriber clinical champion.

1. Review this: [Guide to Naloxone Distribution](#)
2. Engage stakeholders, including the emergency department (ED) medical director, the ED nurse manager, and the pharmacy director, in program planning:
 - a. Clarify that the naloxone is not for medical care at the hospital (not for sale, patient care, or prescription fulfillment), that it must be stored separately from hospital formulary medications, and that the program will be run by the ED, not the pharmacy department.
3. Complete and review the [Ready-Made Form Templates](#). *This step takes about 5-10 minutes.*

Attachment A: Naloxone Distribution Project Application Checklist

Attachment B: Take-Home Naloxone (THN) Distribution Program Summary

Attachment C: Standard Operating Procedure Template

Attachment D: Standing Order Template

Attachment E: Sample Log Sheet

Attachment F: Instruction Sheet Template

Attachment G: [Overdose Prevention Educator Competency Test](#) (Optional)

Attachment H: [Overdose Prevention Educator Training Sign-Off Form](#) (Optional)

Attachment I: [Naloxone Stickers](#)

Attachment J: [Naloxone Brochures](#) (English and Spanish)

Attachment K: [Naloxone Posters](#)

4. Prescriber clinical champion (MD, DO, PA, or NP) signs Attachment D: Standing Order, including the date and an expiration date five years from the date of signature to cover all distribution for five years.
5. Download and complete the [Naloxone Distribution Project \(NDP\) Application](#) from [STATE NALOXONE DISTRIBUTION PROGRAM NAME]. The navigator can be the “authorized person” in the application. The maximum order is 2400 kits; however, re-order as many times as needed. *This step takes about 5 min to complete.*
6. Submit the application to [STATE NALOXONE DISTRIBUTION PROGRAM NAME]. Email the application, along with the completed form templates, to naloxone@DPBH.ca.gov. Please ‘cc’ [names] on the application. They are available to troubleshoot as needed.
 - a. [contact info]
7. Shipments typically arrive 2-6 weeks following application processing.
8. For re-orders, save your completed forms. While you must submit a new application for each order (Step 5 above), you can reuse your supporting forms (Step 3 above).

Attachment B: Take-Home Naloxone (THN) Distribution Program Summary Template

Take-Home Naloxone (THN) Distribution Program: Program Summary

Program Background

The Nevada State Opioid Response Naloxone Distribution Program (NDP) is a statewide naloxone distribution program funded at the federal level by Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the NDP to combat opioid overdose-related deaths throughout Nevada.

Over the past 15 years, individuals, families, and communities across our nation have been tragically affected by the opioid overdose crisis, with the number of overdose deaths from prescription and illicit opioids growing almost five times from 21,089 in 2010 to 68,630 in 2020.¹ Prevalence of substance use disorder among the emergency department (ED) population has been found to be as high as 28% of the adult ED patient population.²

Program Goals

Given the high number of patients and visitors to [hospital name] ED at risk for overdose; as well as family, friends, and community members in contact with individuals at risk for overdose; we are joining other EDs in Nevada in distributing [STATE NALOXONE DISTRIBUTION PROGRAM NAME] take-home naloxone (THN). We anticipate distribution of free THN to these target populations will save lives and have a significant impact on the health and safety of our patients, visitors, and the community.

- Become a leader in supporting at-risk patients in [hospital name's] ED community, which is highly impacted by the opioid overdose crisis.
- Provide free take-home naloxone to any and all patients and visitors who are high-risk for opioid overdose or adjacent to someone high-risk for opioid overdose.
- Reduce county and statewide opioid overdose deaths through the efficient provision of free naloxone.

Timeline:

[Hospital name] is anticipating starting to offer take-home naloxone by [date].

- [Hospital name] joins the other Nevada hospitals in driving down the overdose fatality rate in our community and helping achieve the goal of all Nevada EDs implementing ED THN distribution.
- [Hospital name] ED Standing Order (SO) and [hospital name] ED Standard Operating Procedure (SOP) are created following guidelines provided by Nevada State Opioid Response Naloxone Distribution Program (NDP).
- NDP application, [hospital name] ED Standing Order, [hospital name] ED Standard Operating Procedure will be submitted to DPBH on [date].
- If NDP approves the application for take-home naloxone for distribution at [hospital name], relevant partners such as the ED medical director, nursing leadership, and pharmacy department will be notified of a successful application and work will begin on project implementation by [date].

Staff Training

¹ Overdose death rates. National Institute on Drug Abuse website. <https://nida.nih.gov/drug-topics/trends-statistics/overdose-death-rates>. Published January 20, 2022. Accessed May 2022.

² The DAWN report: Highlights of the 2010 drug abuse warning network (DAWN) findings on drug-related emergency department visits. Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/DAWN096/DAWN096/SR096EDHighlights2010.pdf>. Published July, 2012. Accessed July, 2018.

Training to be provided to appropriate staff and volunteers following [STATE NALOXONE DISTRIBUTION PROGRAM NAME] guidelines and expectations. Training will include standardized training via the CDC produced “How to Use Naloxone Spray” [training video](#)³

Storage

NDP requires, “separate storage of naloxone received through the program from other medications that may be billed to patient insurance.”⁴ In order to comply with NDP requirements, the following storage procedure will be utilized:

- THN can be stored in or on cabinets, closets, drawers, open shelving, desktops, countertops, or tabletops anywhere on health system property accessible to staff, volunteers, patients, and visitors. Additionally, public access naloxone distribution points operated by staff or volunteers can be located anywhere on health system property. These distribution points can be baskets, distribution boxes, vending stands, or fully automated vending machines. Any type is acceptable. Distribution points do not have to be locked. A reserve supply of THN may be stored in the program director and/or program manager’s office or other room temperature office space or supply storage areas.
- These storage areas can be unlocked for ease of access to facilitate low barrier distribution but must be separate from other medications that may be billed to patient insurance and are similar to THN storage areas used at other emergency department NDP sites and other NDP entities such as libraries, schools, and community organizations.

Workflow

- Any [hospital name] staff member or volunteer can identify a recipient. A recipient is a patient or visitor at risk of an opioid-related overdose, or a patient or visitor who is a family member, friend, or another person in a position to assist a person at risk of an opioid-related overdose.
- Any [hospital name] staff member (examples include navigator, physician, advanced practice provider, pharmacist, RN, LVN, health coach, clinical social worker, research staff, emergency department technician, clerk, medical assistant) or volunteer may provide training to recipients upon completion of the standardized training video and abide by the Standard Operating Procedure. Training can be provided via in-person training, digital media, manufacturer-provided instructions directly on packaging, or via machine-readable codes (QR codes) that link to training videos.
- A naloxone kit containing two naloxone nasal spray devices and an instructional brochure (located on the kit box flap) is obtained by accessing the naloxone storage area.
- Distribution is logged as below.

Logging

- The distribution of THN is documented in paper or electronic log sheets or machine readable codes. If using vending machines, recipient specific logging is not required, instead vending machine refills can be logged. Logging can also occur by recipients via paper or electronic log sheets or accessing machine-readable codes / QR codes.
- For patients, an order is not required for distribution. Additionally, documentation in the electronic health record is not required, but can be beneficial for complete documentation, meeting naloxone provisioning requirements, and quality improvement measures

³ Center for Disease Control “How to Use Naloxone Spray” [Video]. <https://youtu.be/odlFtGNjmMQ>. Published September 22, 2022. Accessed May, 2023.

⁴ Nevada Board of Pharmacy Website

Attachment C: Standard Operating Procedure Template

[Hospital Name] – Naloxone Distribution Standard Operating Procedure (SOP)

Overview: [Hospital name] Naloxone Distribution Background

[Hospital Name] is located in [city], Nevada, a community significantly impacted by the opioid overdose crisis. The prevalence of patients with substance use disorder among the emergency department (ED) population has been found to be as high as 28% of the ED adult patient population.⁵ In addition, our community has a significant population of people who ingest, smoke, and snort opioids and stimulants that are now being unexpectedly exposed to fentanyl, often with catastrophic results. Fentanyl is a potent opioid and intentional use is also becoming increasingly common throughout Nevada. Friends, family, and those in a position to assist in the event of an overdose also frequently visit the ED.

EDs that have participated in the Nevada State Opioid Response Naloxone Distribution Program (NDP) have demonstrated a marked increase in the naloxone in hand distribution rate over prior methods of naloxone provisioning. The traditional approach of encouraging providers to write naloxone prescriptions and expecting patients to fill these prescriptions has only had a limited impact. Despite being a covered benefit, naloxone prescription filling is typically very low. One study investigating naloxone prescription and filling rates found that only 11% of ED patients at risk for opioid overdose were prescribed naloxone, and only 1.6% of ED patients actually filled those prescriptions.⁶ EDs participating in the NDPs across the country (154 EDs with 165,260 kits for free distribution as of Q1 2023) have demonstrated a significant increase in naloxone distribution rates over prior methods. For example, one site went from 7 to 452 kits in hand per month, representing a 65-fold increase in the distribution rate.

To decrease the overdose fatality rate in our community, we are joining other Nevada hospitals and recipient sites to help achieve the goal of all Nevada EDs implementing ED-based naloxone distribution. Given the early experience with ED naloxone distribution and the number of patients and visitors to [hospital name] directly at risk for overdose, as well as family and friends in direct contact with individuals at risk for overdose, we estimate the initial need for naloxone kits for distribution to be at least 996 units.

Standard Operation Procedure – Distribution of Free Nasal Spray Formulation of Naloxone

Target Population

Any [hospital name] patient or visitor at risk of an opioid-related overdose, or a patient or visitor who is a family member, friend, or another person in a position to assist a person at risk of an opioid-related overdose.

Purpose

To reduce opioid overdose deaths through the provision of free naloxone, in its nasal spray formulation.

Procedure

1. Any [hospital name] staff member (examples include physician, advanced practice provider, RN, LVN, health coach, navigator, clinical social worker, research staff, emergency medicine technician, pharmacist, security guard, clerical staff) or [hospital name] volunteer may act as an overdose prevention educator and may distribute

⁵ The DAWN report: Highlights of the 2010 drug abuse warning network (DAWN) findings on drug-related emergency department visits. Center for Behavioral Health Statistics and Quality. Substance Abuse and Mental Health Services Administration. <https://www.samhsa.gov/data/sites/default/files/DAWN096/DAWN096/SR096EDHighlights2010.pdf>. Published July, 2012. Accessed February 2, 2018.

⁶ Lebin JA, Chen BC, Korab G, Jablonowski K, Whiteside LK. Rates of naloxone prescriptions following implementation of a take-home naloxone program from the emergency department. *Ann Emerg Med.* 2017 Oct 1;70(4): S101. doi: 10.1016/j.annemergmed.2017.07.232.

free nasal formulation of naloxone to eligible recipients (patients or visitors at [hospital name] who are at risk of an opioid-related overdose, or who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose)

2. As per the Nevada Board of Pharmacy guidance:⁷

a. Naloxone obtained through the Nevada State Opioid Response Naloxone Distribution Program (NDP) is exempt from labeling requirements as stated in NRS § 639.2801.

b. Inventory tracking will be managed by the [hospital name] program leader and the naloxone kits will be:

i. stored separately from pharmacy inventory

ii. provided free of charge

iii. not used for patient care or prescription fulfillment

iv. distributed via Standing Order issued by the Program Director

3. Staff and volunteers who wish to participate must agree to complete the [hospital name] Opioid Overdose Prevention and Treatment Training Program and abide by the procedures and documentation requirements described in this document. The Opioid Overdose Prevention and Treatment Training Program completion requirement may be met by viewing the Nevada State Opioid Response Naloxone Distribution Program [Administering Naloxone](#) training video. **For licensed prescribers (physicians or advanced practice providers) this training is already a core competency, so the Nevada State Opioid Response Naloxone Distribution Program training is optional**

4. Staff and volunteers trained on naloxone distribution will:

a. offer naloxone kits to eligible recipients,

b. access naloxone kit storage and carry naloxone kits for the purpose of distribution,

c. provide in person or video overdose training

i. reviewing the manufacturer provided instructions included with the naloxone kits with the recipient meets this requirement

ii. video training via digital displays, machine readable codes (e.g. QR codes), or website links that direct recipients to video training also meets this requirement

d. complete the required documentation to assist with inventory tracking, and

e. distribute naloxone kits to recipients directly in-hand or via vending machines.

5. Recipients can also access naloxone via vending machines, independent of staff or volunteer involvement. In this instance training will be provided via video training via digital displays, machine readable codes (e.g. QR codes), or website links that direct recipients to video training.

a. Once the recipient procures naloxone, they may keep naloxone with their personal belongings.

Inventory logging and tracking

- The distribution of THN and refilling of vending machines is documented in paper or electronic log sheets or machine readable codes. If using vending machines, recipient specific logging is not required, instead vending machine refills can be logged. Logging can also occur by recipients via paper or electronic log sheets or accessing machine readable codes / QR codes.

- For patients, an order is not required for distribution. Additionally, documentation in the electronic health record is not required, but can be beneficial for complete documentation, meeting naloxone provisioning requirements, and quality improvement measures.

Responsible Persons for the Project

Program director: [name, title (must be a physician or advanced practice provider)]

⁷ Naloxone Distribution Project: Frequently Asked Questions. Department of Health Care Services website.

<https://www.DPBH.ca.gov/individuals/Documents/Naloxone-Distribution-Project-FAQ-0720.pdf>. Published July, 2020. Accessed October, 2020.

Attachment D: Standing Order Template

[HOSPITAL NAME] - Standing Order to Distribute Naloxone Hydrochloride

Naloxone is indicated for treatment of opioid overdose. It may be delivered intranasally or intramuscularly. This standing order is current as of [TODAY'S DATE] and issued in accordance with NRS 453C.100.⁸

1. This standing order authorizes [HOSPITAL NAME] staff and volunteers trained on naloxone distribution to maintain supplies of naloxone kits for the purposes of distributing them in the community to those at risk of an overdose or other potential bystanders.
2. This standing order authorizes [HOSPITAL NAME] staff and volunteers trained on naloxone distribution to possess and distribute naloxone to community members who have been provided overdose training. Training of naloxone recipients can be provided via in person or video training. Examples of video training include digital displays or website links / machine readable codes (e.g. QR codes) that connect recipients with video training on their personal devices.
3. This standing order authorizes community members provided overdose training to possess and administer naloxone to a person who is experiencing an opioid overdose.

Naloxone Dosage and Administration

[HOSPITAL NAME] Staff and volunteers will train people at risk of an opioid-related overdose, and people who are family members, friends, or other person in a position to assist a person at risk of an opioid-related overdose in the use of naloxone for the reversal of opioid overdose.

Staff and volunteers trained on naloxone distribution from [hospital name] will provide overdose training to program participants.

1. reviewing the manufacturer provided instructions included with the naloxone kits with the recipient meets the training requirement.
2. Provision of video training as described above also meets the training requirement.

The educational components will include:

- Recognizing signs and symptoms of overdose
- Calling 911
- Naloxone administration
- Post-overdose care

With provision of the training component, naloxone will be distributed to the recipient, who can carry and use naloxone to treat individuals experiencing an opioid overdose. Distribution occurs via in person distribution and/or self-help vending machines.

Order to distribute

With provision of overdose training, distribute at minimum:

Two NARCAN® (naloxone HCl) 4mg/0.1ml Nasal Sprays

Refills

To be provided to previously trained participants as needed.

⁸ NRS 453C.100. Accessed April 2023.

[SIGNATURE and NV medical LICENSE #]	[DATE]
Licensed health care provider's signature and license number <i>[printed or typed licensed health care provider's NAME]</i>	Date [EXP. DATE (above date + 5 years)]
Licensed health care provider's name (Print)	Order Expiration Date

¹⁰NRS 453C.100 Authorization to prescribe, dispense and administer opioid antagonist; immunity from liability and professional discipline.

1. Notwithstanding any other provision of law, a health care professional otherwise authorized to prescribe an opioid antagonist may, directly or by standing order, prescribe and dispense an opioid antagonist to a person at risk of experiencing an opioid-related drug overdose or to a family member, friend or other person in a position to assist a person at risk of experiencing an opioid-related drug overdose. Any such prescription must be regarded as being issued for a legitimate medical purpose in the usual course of professional practice.

2. A person who, acting in good faith and with reasonable care, prescribes or dispenses an opioid antagonist pursuant to subsection 1, is not subject to any criminal or civil liability or any professional disciplinary action for:

- (a) Such prescribing or dispensing; or
- (b) Any outcomes that result from the eventual administration of the opioid antagonist.

3. Notwithstanding any other provision of law:

(a) Any person, including, without limitation, a law enforcement officer, acting in good faith, may possess and administer an opioid antagonist to another person whom he or she reasonably believes to be experiencing an opioid-related drug overdose.

(b) An emergency medical technician, advanced emergency medical technician or paramedic, as defined in [chapter 453B](#) of NRS, is authorized to administer an opioid antagonist as clinically indicated.

4. A person who, acting in good faith and with reasonable care, administers an opioid antagonist to another person whom the person believes to be experiencing an opioid-related drug overdose is immune from criminal prosecution, sanction under any professional licensing statute and civil liability for such act.

5. The provisions of this section do not create any duty to prescribe or dispense an opioid antagonist. A person who declines to prescribe or dispense an opioid antagonist is not subject to any criminal or civil liability or any professional discipline for any reason relating to declining to prescribe or dispense the opioid antagonist.

(Added to NRS by [2015, 111](#))

Attachment F: Instruction Sheet Template

[HOSPITAL NAME] – Naloxone Distribution Project Instructions

Who can receive overdose/naloxone kits?

- Any patient or visitor at risk of an opioid-related overdose (prescribed or illicit opioids),
- A patient or visitor who is a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose.
- A patient or visitor who uses stimulants, or a patient or visitor who is a family member, friend, or other person in a position to assist a person who uses stimulants or another non-prescribed drug.
 - **People who use stimulants (meth, cocaine/crack, MDMA/ecstasy/molly) are now being unexpectedly exposed to stimulants mixed with fentanyl, often with catastrophic results. Counterfeit prescription pills, easily accessible on social media, also often contain lethal doses of fentanyl.**

Who can distribute overdose/naloxone kits?

- Any [hospital name] staff member or volunteer. First, review this CDC training video: <https://bit.ly/CDC-naloxone>
- Or scan QR code to start the training video:



How to distribute?

1. Get naloxone kits ([Insert exact locations of naloxone storage e.g., “located in charting room cabinet, and triage desk drawers”]) or direct recipient to self-service vending machine
2. Complete distribution log ([Insert locations of logs, e.g., “located on cabinet door and in triage drawers”])
3. Review the instructions (on the naloxone box) with recipient or provide training video
4. Give recipient naloxone or direct them to self-service vending machines
5. For patients: electronic health record ([Insert EHR name, e.g. Cerner, Epic, etc]) note: “Naloxone and overdose education provided”

Why distribute?

- In 2017, the risk of dying from opioid overdose surpassed the risk of dying from a car crash⁹
- Naloxone saves lives by reversing overdose
- **16% of those who receive THN from the ED are estimated to go on to reverse an opioid overdose**¹⁰

Questions? Contact:	[Program director name & contact Info]	[Program manager name & contact Info]
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⁹ Preventable Deaths: Odds of Dying. National Safety Council website. <https://injuryfacts.nsc.org/all-injuries/preventable-death-overview/odds-of-dying/>. Accessed May 2022.

¹⁰ Dwyer K, Walley AY, Langlois BK, et al. Opioid education and nasal naloxone rescue kits in the emergency department. West J Emerg Med. 2015 May;16(3): 381–384. doi: 10.5811/westjem.2015.2.24909.

Attachment G: Overdose Prevention Educator Competency Test (Optional)

[SITE NAME] – Naloxone Distribution Project Competency Test

Name of person becoming on naloxone distribution: _____

Title/Role (navigator, RN, tech, security, volunteer, etc.): _____

<p>All are true EXCEPT:</p> <ul style="list-style-type: none"> • Naloxone can reverse an overdose and save a life • Naloxone is not addictive • Naloxone is not harmful if given to someone who not suffering from an opioid overdose • Naloxone has street value and encourages drug misuse <p>Which is not an opioid?</p> <ul style="list-style-type: none"> • Norco/Vicodin/Hydrocodone • Dilaudid/Hydromorphone • Codeine • Oxycontin • Methadone • Fentanyl • Heroin • Naloxone <p>True/false Naloxone is stored at room temperature.</p> <p>_____</p> <p>True/false Risk for overdose increases after a period of abstinence including forced abstinence during incarceration or hospitalization.</p> <p>_____</p> <p>The following are signs of overdose, EXCEPT: Deep snoring, gurgling/wheezing Not responding to simulation Breathing slowly or irregularly or not breathing at all Being sleepy or nodding out but responding to verbal stimulation.</p> <p>_____</p> <p>Opioid overdose can cause:</p> <ul style="list-style-type: none"> • Respiratory depression • Decreased oxygenation • Brain damage • Cardiac arrest and death • All of the above <p>The following are ways to check responsiveness EXCEPT:</p> <ul style="list-style-type: none"> • Yelling • Pinching • Rubbing sternum (breast bone) • Gently tapping someone on the shoulder 	<p>The following are true about administering naloxone EXCEPT:</p> <ul style="list-style-type: none"> • Press plunger firmly to administer the whole dose • If after 2 minutes the person has not responded, administer a second dose • Call 911 immediately after administering naloxone • The person administering naloxone is protected from any liability by Nevada Good Samaritan Laws • All of the above are true <p>True/false If you are not comfortable giving rescue breathing, you should not administer naloxone.</p> <p>_____</p> <p>After administering naloxone:</p> <ul style="list-style-type: none"> • It is important to call 911 • Roll the person on their side so they don't choke on their tongue or vomit • It is important to stay with the patient • The most common reaction is feeling uncomfortable and disoriented • The person should be reassured and told what happened • All of the above <p>True/false: Any staff member or volunteer can become an opioid overdose prevention educator.</p> <p>_____</p> <p>True/false: Any patient or visitor can receive free naloxone kits.</p> <p>_____</p> <p>True/false: Multiple kits can be distributed to one recipient.</p> <p>_____</p> <p>True/False: Naloxone kits provided for free distribution cannot be sold, used for prescription fulfillment, or used patient care.</p> <p>_____</p>
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[SITE NAME] – Naloxone Distribution Project Competency Test Answer Key

<p>All are true EXCEPT:</p> <ul style="list-style-type: none">• Naloxone can reverse an overdose and save a life• Naloxone is not addictive• Naloxone is not harmful if given to someone who not suffering from an opioid overdose• Naloxone has street value and encourages drug misuse (FALSE) <p>Which is not an opioid?</p> <ul style="list-style-type: none">• Norco/Vicodin/Hydrocodone• Dilaudid/Hydromorphone• Codeine• Oxycontin• Methadone• Fentanyl• Heroin• Naloxone (TRUE) <p>True/false Naloxone is stored at room temperature (TRUE)</p> <p>True/false Risk for overdose increases after a period of abstinence including forced abstinence during incarceration or hospitalization. (TRUE)</p> <p>The following are signs of overdose, EXCEPT:</p> <ul style="list-style-type: none">• Deep snoring, gurgling/wheezing• Not responding to stimulation• Breathing slowly or irregularly or not breathing at all• Being sleepy or nodding out but responding to verbal stimulation (FALSE) <p>Which of the following are true? opioid overdose can cause:</p> <ul style="list-style-type: none">• Respiratory depression• Decreased oxygenation• Brain damage• Cardiac arrest and death• All of the above (TRUE) <p>The following are ways to check responsiveness EXCEPT:</p> <ul style="list-style-type: none">• Yelling• Pinching• Rubbing sternum (breast bone)• Gently tapping someone on the shoulder (FALSE)	<p>The following are true about administering naloxone EXCEPT:</p> <ul style="list-style-type: none">• Press plunger firmly to administer the whole dose• If after 2 minutes the person has not responded, administer a second dose• Call 911 immediately after administering naloxone• The person administering naloxone is protected from any liability by Nevada Good Samaritan Laws• All of the above are true (TRUE) <p>True/false If you are not comfortable giving rescue breathing, you should not administer naloxone. (False, you should still administer naloxone, begin hands only CPR, and call 911)</p> <p>After administering naloxone:</p> <ul style="list-style-type: none">• It is important to call 911• Roll the person on their side so they don't choke on their tongue or vomit• It is important to stay with the patient• The most common reaction is feeling uncomfortable and disoriented• The person should be reassured and told what happened• All of the above (TRUE) <p>True/false: Any staff member or volunteer can become an opioid overdose prevention educator (TRUE)</p> <p>True/false: Any patient or visitor can receive free naloxone kits (TRUE)</p> <p>True/false: Multiple kits can be distributed to one recipient (TRUE)</p> <p>True/False: Naloxone kits provided for free distribution cannot be sold, used for prescription fulfillment, or used patient care. (TRUE)</p>
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Attachment H: Overdose Prevention Educator Training Sign-Off Form (Optional)

[SITE NAME] – Naloxone Distribution Project
Competency as an Overdose Prevention Educator

Name of person becoming trained on naloxone distribution:

Title/Role (navigator, RN, tech, security, volunteer, etc.):

Competency Requirements to become trained on naloxone distribution:

1. View the entirety of the CDC naloxone training video via YouTube.
2. Or complete online or in-person training provided by the NDP Program Director.

Viewed CDC Video:

Signature: _____ Date: _____

Or completed on-line, or in-person training provided by the NDP Program Director:

Signature: _____ Date: _____

NDP Program Director: [PROGRAM DIRECTOR NAME]

Program director signature: _____ Date: _____

Attachment I: Naloxone Stickers

Adding stickers to your naloxone kits is a great way to educate your community and expand the reach of your program. We suggest adding three stickers to each box: a ‘call to action,’ suicide hotline phone numbers, and a customized sticker with your hospital’s logo and navigator’s contact number. Photos and instructions are included below.

Stickers

<p>Suicide Hotline Phone Numbers (including Spanish and Deaf/Hard of Hearing Line) Print Here</p>	
<p>DPBH Take Home Naloxone Warning Label Print Here</p>	<p style="text-align: center; font-size: 2em; opacity: 0.5;">DRAFT</p> <p>This kit is provided as a public health measure by the Nevada Overdose Response Naloxone Distribution Program (NDP) for hospital staff and volunteer distribution to the public including patients and visitors. Unlocked storage is permitted, but kits cannot be used for sale, prescription fulfillment or Emergency Department patient care.</p>
<p>Customized Sticker example Print Here</p>	<p style="text-align: center;">[Hospital name] Struggling with fentanyl, heroin, or pain pills? Try treatment with buprenorphine today Call or text: (702) 555-5555</p> 

Customized Stickers

How to create your own stickers:

1. Go to [Avery.com](https://avery.com) - Creating an account is recommended. This allows you to save and edit your designs.
2. Click the **Templates** tab, then click **Avery Design & Print**. On the next page click **Start Designing**.
3. Select the **Avery 5160 Template** and then click **Select this design**.
4. Design your sticker! Put any info on here that you want any random person picking up this box to know about your program and how to reach you.
5. Once you are done click **Preview and Print** and then click **Print it Yourself**. Click **Get PDF to Print**. It will prompt you to save your design, which we would recommend. Then **Select Open PDF**. Print this PDF out using the info below!

Printing

These are formatted on Avery 5160 sticker sheets (1" x 2 5/8"). We recommend printing these on neon stickers for high visibility! There is a picture included below for reference. You can likely get these sticker sheet's through your hospital's office supply ordering system. For convenience, here are links to purchase them from Amazon:

- [Green sticker sheets](#)
- [Pink stickers sheets](#)

DRAFT

Attachment J: Naloxone Brochure (English and Spanish)

This information is included on the box flap of each kit.



QUICK START GUIDE Opioid Overdose Response Instructions

Use NARCAN® (naloxone hydrochloride) Nasal Spray for known or suspected opioid overdose in adults and children.

Important: For use in the nose only.

Do not remove or test the NARCAN Nasal Spray until ready to use.



1 Identify Opioid Overdose and Check for Response

Ask person if he or she is okay and shout name.

Shake shoulders and firmly rub the middle of their chest.

Check for signs of an opioid overdose:

- Will not wake up or respond to your voice or touch
- Breathing is very slow, irregular, or has stopped
- Center part of their eye is very small, sometimes called "pinpoint pupils"

Lay the person on their back to receive a dose of NARCAN Nasal Spray.



2 Give NARCAN Nasal Spray

REMOVE NARCAN Nasal Spray from the box.

Peel back the tab with the circle to open the NARCAN Nasal Spray.

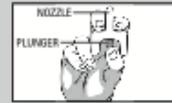
Hold the NARCAN Nasal Spray with your thumb on the bottom of the red plunger and your first and middle fingers on either side of the nozzle.

Gently insert the tip of the nozzle into either nostril.

- Tilt the person's head back and provide support under the neck with your hand. Gently insert the tip of the nozzle into **one nostril**, until your fingers on either side of the nozzle are against the bottom of the person's nose.

Press the red plunger firmly to give the dose of NARCAN Nasal Spray.

- Remove the NARCAN Nasal Spray from the nostril after giving the dose.



3 Call for emergency medical help, Evaluate, and Support

Get emergency medical help right away.

Move the person on their side (recovery position) after giving NARCAN Nasal Spray.

Watch the person closely.

If the person does not respond by waking up, to voice or touch, or breathing normally another dose may be given. NARCAN Nasal Spray may be dosed every 2 to 3 minutes, if available.

Repeat Step 2 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, repeat step 2 every 2 to 3 minutes until the person responds or emergency medical help is received.



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For more information about NARCAN Nasal Spray, go to www.narcan.com, or call 1-844-4NARCAN (1-844-462-7226). You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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NARCAN[®] (naloxone HCl) **SPRAY NASAL**

GUIA DE INICIO RÁPIDO Instrucciones para responder a una sobredosis de opioides

Use NARCAN[®] (clorhidrato de naloxona) Spray Nasal para conocidas o presuntas sobredosis en adultos y niños.

Importante: Solo para uso nasal.

No remueva o pruebe NARCAN Spray Nasal hasta que esté listo para usarse.

1 Identifique la sobredosis de opioide y compruebe la respuesta

Pregúntele a la persona si está bien y que diga su nombre.

Sacuda los hombros y frote firmemente la mitad del pecho.

Verifique la presencia de signos de sobredosis de opioides si:

- La persona no despierta o responde a su voz o contacto
- La respiración es muy lenta, irregular, o se ha detenido
- La parte central de los ojos es muy pequeña, a veces denominadas "pupilas puntiformes"



Acueste a la persona sobre su espalda para recibir una dosis de NARCAN Spray Nasal.

2 Administre NARCAN Spray Nasal

SAQUE NARCAN Spray Nasal de la caja.

Despegue la pestaña marcada con un círculo para abrir NARCAN Spray Nasal.

Sostenga NARCAN Spray Nasal con el pulgar sobre la parte inferior del émbolo y los dedos índice y medio a cada lado del pulverizador.

Con suavidad, inserte la punta del pulverizador en cada fosa nasal.

• Incline la cabeza de la persona hacia atrás y sujete la parte posterior del cuello con su mano. Inserte suavemente la punta del pulverizador en **una de las fosas nasales** hasta que sus dedos, en cada lado del pulverizador, estén contra la base de la nariz de la persona.

Presione firmemente el émbolo para administrar la dosis de NARCAN Spray Nasal.

• Retire NARCAN Spray Nasal de la fosa nasal después de administrar la dosis.



3 Solicite ayuda médica de emergencia, evaluación y soporte

Busque ayuda médica de emergencia inmediatamente.

Coloque a la persona de costado (posición de recuperación) después de administrar NARCAN Spray Nasal.

Observe atentamente a la persona.

Si la persona no responde despertándose, ante la voz o el contacto, o respirando normalmente podrá administrarse otra dosis. NARCAN Spray Nasal puede aplicarse cada 2 o 3 minutos, si está disponible.

Repita el paso 2 usando un nuevo NARCAN Spray Nasal para administrar otra dosis en la otra fosa nasal. Si están disponibles otros envases de NARCAN Spray Nasal, repita el paso 2 cada 2 o 3 minutos hasta que la persona responda o se reciba asistencia médica de emergencia.



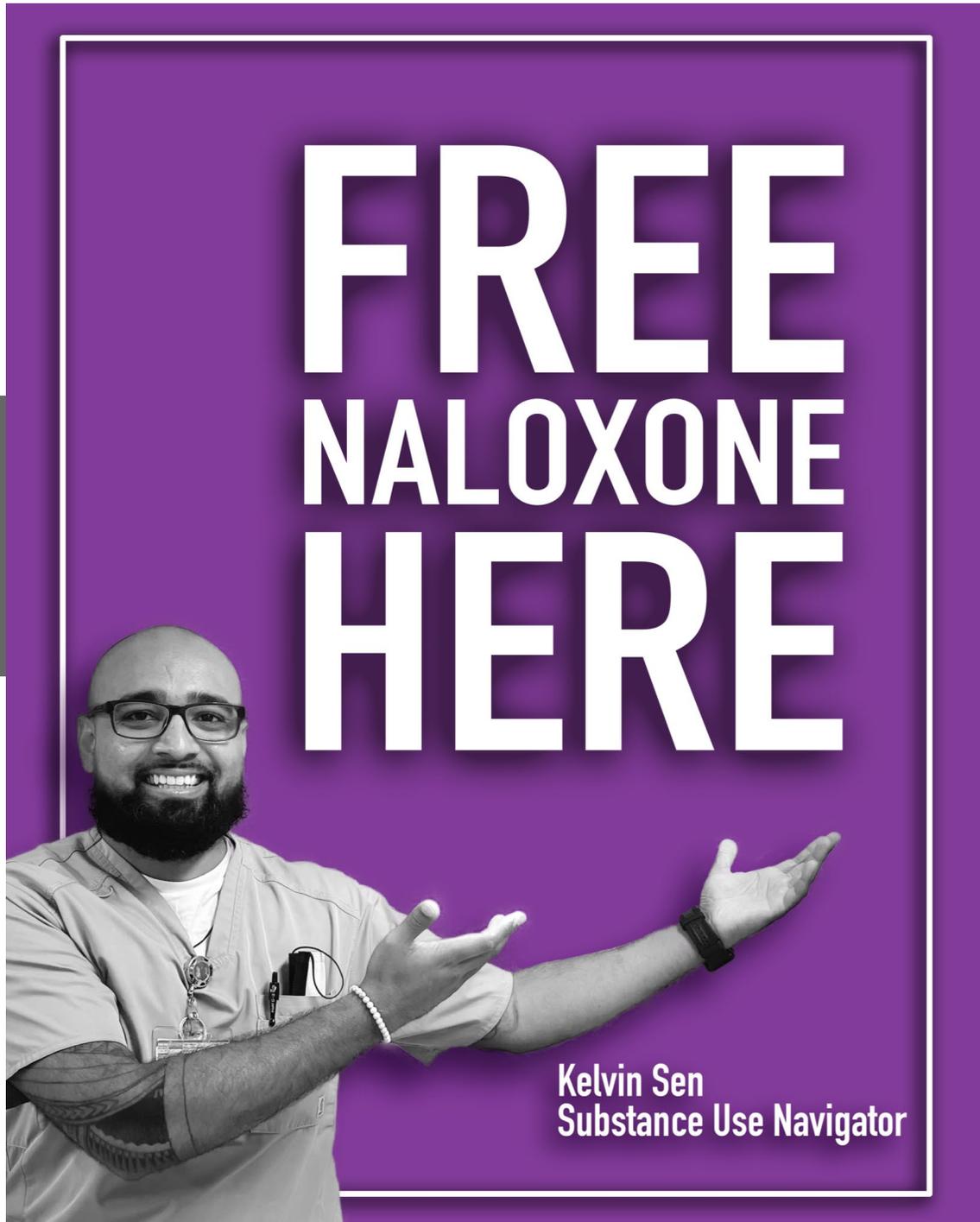
ADAPT
PHARMA

Para mayor información sobre NARCAN Spray Nasal, visite www.narcannasalspray.com o llame al 1-844-4NARCAN (1-844-462-7226). Se aconseja informar a la FDA sobre efectos secundarios negativos de medicamentos recetados. Visite www.fda.gov/medwatch, o llame al 1-800-FDA-1088.

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Attachment K: Naloxone Poster Examples

Posters in waiting rooms, hallways, triage areas, patient care areas, and bathrooms are a great way to let patients and visitors know you have this amazing distribution program. It also helps engage them around harm reduction topics. They also help decrease stigma and bias among staff and volunteers and remind those trained on naloxone distribution to offer naloxone. Feel free to use the following example as inspiration for your posters.



ANYONE CAN SAVE A LIFE WITH NARCAN

ASK US FOR
FREE
NALOXONE
(NARCAN)
NASAL
SPRAYS

A stylized illustration of a Narcan nasal spray device. It features a white, U-shaped base with rounded ends. A grey, vertical, tapered nozzle is positioned in the center of the base. The text "NARCAN NASAL SPRAY" is printed in black on the white base. The entire graphic is set against a dark red background.

NARCAN NASAL SPRAY

Great News!

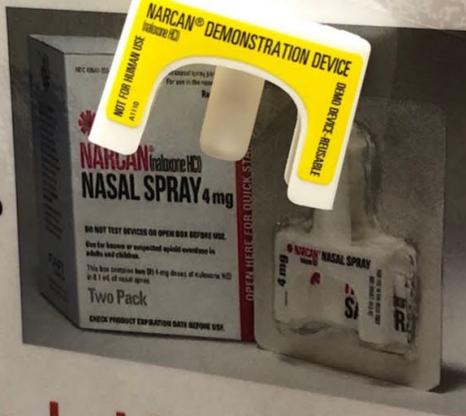
WE HAVE NARCAN

(intranasal naloxone)
for patients to take home!

Who should get it?

Anyone with:

- Opioid Use Disorder
- Opioids prescribed in the ED
- Street drug use history
- Has family/friend at risk



People do NOT need to check in as patients!!

Please do NOT call Pharmacy. Call the Bridge team!

Monday-Friday 7am-4pm

Chaia Vang (Bridge SUN)

(559)668-1900

After hours/Weekends

Dr Rais Vohra

(214)274-0034

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