
Naloxone Implementation Use Plan
Archdiocese of Baltimore
Department of Catholic Schools
2026-2027 School Year

1. Purpose:

This policy is established in accordance with school health guidelines and State laws by the Department of Catholic Schools for the Archdiocese of Baltimore to promote safety through encouraging each school to proceed with acquiring, storing, and administering Naloxone on school premises for suspected opioid overdoses while adhering to set guidelines. More specifically, this policy sets forth, in compliance with the “Start Talking Maryland Act,” effective July 1, 2017, procedures to provide emergency medical care to any individual experiencing symptoms of, or reasonably believed to be suffering from a possible opioid overdose, including the administration of opioid-reversal medications. The procedures each school is to follow to obtain and store naloxone or other opioid overdose reversal medication, and to authorize certain persons to administer it to students or other individuals is also detailed in this document. This policy is designed to ensure a swift and effective response to opioid-related emergencies within the Archdiocese of Baltimore Schools while maintaining confidentiality and adhering to legal and safety protocols.

2. Designation of School Personnel Eligible to Administer Narcan:

The school principal, or their designee, in partnership with the school nurse or other medical professional on staff, are to collaborate on identifying and individuals to train and authorize to carry Naloxone or other opioid reversing medication. The carrying of such medication is to be completely voluntary. Each school is to identify appropriate candidates and request for them to participate in the training and carrying of opioid reversing medications. While the school nurse is the primary provider of health services in a school, other candidates can include those who tend to move throughout the building, such as members of administration, specialty teachers, facility staff, security personnel or others who have an interest and willingness to support this effort by participating in the training and agreeing to regularly carry the medication and to respond to circumstances as required. Staff members that are likely to attend school-sponsored and after-school activities and events and when possible, trained in first aid and cardiopulmonary resuscitation should be identified as candidates to carry and administer the medication. While certification in cardiopulmonary resuscitation is recommended, it is not required.

In addition, if the school identifies members of the staff that have current training in proper administration of Naloxone and are willing to carry the medication while on school grounds, those individuals should also be included among those available to respond in the event of an

actual or suspected situation of an overdose. Each school is to maintain an updated list of those on staff trained in and prepared to respond to an emergency involving a suspected overdose. The list of those approved as first responders should be maintained on ***Appendix A- Actual or Suspected Overdose First Responders***.

All those agreeing to carry and administer the opioid reversing medications are to be reminded of the protections afforded to them under Maryland law. As set forth in Maryland law, an individual who provides assistance or medical aid to a victim at the scene of an emergency is not civilly liable for any act or omission if the following conditions are met:

1. the assistance or aid is provided in a reasonably prudent manner;
2. the assistance or aid is provided without fee or other compensation; and
3. the individual relinquishes care of the victim when someone who is licensed or certified by the state of Maryland to provide medical care or services becomes available to take responsibility.

In addition, for those staff members that personally obtain and carry naloxone are also protected under Maryland law.

Persons who, in good faith, administer personally obtained naloxone in lieu of the school stock naloxone are covered by the immunity protections in Maryland Code, Health-General Article §13-3108 (a).

3. Responsibilities of Training School Personnel:

At the beginning of each school year, the school nurse must provide annual Naloxone training along with other health training. COMAR 10.47.08 outlines the minimum requirement for training staff to carry and administer naloxone. Maryland law requires that Overdose Response Protocol (ORP) trainings address the following topics:

1. Education on recognizing the symptoms and signs of opioid overdose;
2. Training on responding to an opioid overdose;
3. The proper use and administration of naloxone;
4. Proper rescue breathing technique;
5. The importance of contacting emergency medical services; and
6. The care of an individual after the administration of naloxone.

Hands-on training should be provided by the school nurse to those selected to be first responders for known or suspected overdoses. The school nurse or designee is also required to maintain documentation of training. Training is to be recorded on ***Appendix B- Verification of Training for Actual or Suspected Overdose First Responders***. These records should be maintained for a minimum of 10 years.

The Maryland Overdose Response website offers a recommended training video [Naloxone Training Video - YouTube](https://health.maryland.gov/pharmaceuticals/Pages/home.aspx). There is also a Spanish version of training available at <https://health.maryland.gov/pharmaceuticals/Pages/home.aspx>.

4. Legal Authority:

The Chancellor of the Archdiocese of Baltimore Department of Catholic Schools has granted authorization for Archdiocesan schools to acquire, administer, and store Naloxone on school premises. This authorization remains in force till such time as retracted by the Chancellor of the Archdiocese of Baltimore Department of Catholic Schools. The Chancellor shall ensure this plan is reviewed and updated annually by the appropriate staff member.

5. Obtaining Naloxone:

Maryland has a statewide standing order for naloxone, allowing individuals to obtain this opioid overdose reversal medication from pharmacies without a person-specific prescription. The standing order is issued by the Deputy Secretary for Public Health Services of the Maryland Department of Health and is periodically reviewed and updated. The current standing order is valid from March 1, 2025 to March 1, 2027. Pharmacies must keep a faxed copy of the standing order on file for documentation and billing purposes. For this reason, a school does not need to obtain an individual prescription to obtain the medication. The complete standing order is included under Reference C in this packet.

Maintaining adequate supplies of Naloxone or other overdose reversing medications is essential for the implementation of this program. Naloxone typically can be obtained through your local County Health Departments or from any of the providers listed at the following link:

➤ <https://health.maryland.gov/pha/NALOXONE/Pages/Home.aspx>

If schools are having issues securing adequate supplies of the medication, please reach out to either the Department of Catholic Schools, Director of Student Support Services or to the Office of Risk Management for assistance. In addition to being responsible for securing and maintaining an adequate supply of the medication, the school nurse must ensure the following considerations are monitored and documented:

- a) naloxone stock, including locations and expiration dates;
- b) routine inspection of stock, to ensure doses are viable and within expiration date for use;
- c) replacement of stock;
- d) documentation of inventory; and
- e) oversight for trained staff designated for self-carry.

6. Procedures- Emergency Administration of Naloxone During a Suspected Overdose

Anytime an opioid overdose is suspected, and a physician or emergency medical services are not immediately available, those trained in the administration of Naloxone or other overdose reversing medication should immediately respond to the individual in distress and administer naloxone to the person experiencing the suspected overdose. As part of the initial assessment, the first response should evaluate for the following as to possible signs of an overdose:

- a) Unconsciousness;
- b) Very small pupils;

- c) Very slow, shallow, or no breathing;
- d) Vomiting;
- e) Inability to speak;
- f) Faint or irregular heartbeat;
- g) Limp arms or legs;
- h) Pale or clammy skin; and/or
- i) Blue/purple lips or fingernails.

The designated person administering Naloxone must call 911 before administration of the medication.

7. Documentation and Reporting Procedures:

Promptly following the administration of Narcan or other overdose reversing medication, the school nurse is responsible for ensuring the following actions are taken:

1. Parent/Guardian Notification

Whenever naloxone is administered on school property for a student reasonably suspected of experiencing an opioid overdose, the parents/guardians of the student to whom naloxone was administered will be notified immediately.

2. Required Reporting

As soon as reasonably possible, the school nurse is to complete Naloxone Administration Report Form. A copy of this form is to be provided to the Department of Catholic Schools to the attention of Director of Student Services and to the Office of Risk Management. ***See Appendix C - Naloxone Administration Report Form.*** The incident is also to be recorded in the student's health record in PowerSchool.

3. Replacement of stock inventory

The school nurse with the support of the school administration will work collaboratively to replace used naloxone kits immediately.

8. Storage Locations:

The Principals, in consultation with the school nurse, will identify appropriate and strategic locations for storing naloxone, in addition to the school health suite in each school building. It is recommended that strategic locations would include locating the medication along with other emergency medical equipment such as AED's and epinephrine medication. The school is to ensure there is a diagram of the school floor layout that includes the location of supplies of the medication. ***See Appendix D- Naloxone Placement.***

9. Privacy and Confidentiality:

As with all health-related information, Naloxone administration, must remain confidential as per the AoB Nurses Manual, Section 3.0.

10. Resources for Training and Oversight:

Each school is responsible to maintain and make available to all who are interested resources regarding the obtaining of and training for Naloxone administration. The means to access and review such materials shall be described in *Appendix E- Overdose Response Program Materials*.

11. Consideration for Known Health Conditions:

The school nurse is responsible to develop a plan, including information on students with known medical conditions that could result in medical emergencies that would potentially mimic the symptoms of an overdose such as diabetes or epilepsy. As part of this plan, the school can share sufficient information with identified first responders such that the first responder is aware of the potential of a medical condition unrelated to an overdose.

12. School-wide Awareness and Educational Activities:

At the beginning of a new school year, those schools that will make available this program for their school community must send a communication to all parents advising of the availability of this medication within the school. As noted under Section 10 of this plan documents, each school is also responsible for making available information for the community regarding overdose response programs generally and more specifically about the program offered at the school.

13. Activities and Events in the School Building:

If Naloxone is deployed at a school, the supply of medication is to be made available for all school activities, including assemblies and athletic events.

14. Student Possession of Naloxone:

While the Maryland “Start Talking Maryland Act,” does permit students 18 years of age and older to carry naloxone or other opioid reversing medications, as a non-public school, the Archdiocese of Baltimore **will not permit** self-carry of Naloxone on school premises or during any school-related activity off-campus by students. While students are not permitted to self-carry Naloxone or other opioid reversing medications, students are strongly encouraged to seek the immediate assistance of school staff and/or contact 911, in the event they witness a suspected opioid overdose.

Appendix A

Actual or Suspected Overdose First Responders

[illegible]

Appendix B

Verification of Training for Actual or Suspected Overdose First Responders

[illegible]

Appendix C
Naloxone Administration Report Form

To view and complete the appropriate form following the use of Naloxone, go to the following link:
<https://www.cognitofrms.com/MDH3/NaloxoneUseReport>.

Upon completion of the form, submit a copy of the completed form to the Office of Risk Management at riskmanagement@archbalt.org and to the Department of Catholic Schools to the attention of the Director of Student Services.

Appendix D
Naloxone Placement.

Insert School Diagram of School Floor Plan with Naloxone Locations Clearly Identified

Appendix E

Overdose Response Program Informational Materials

List below the source documents used by our school as selected training materials. Include the title of the source document, where located, and the date of publication of the document.

[illegible]

Appendix F
Statement of Affirmation of Policy Implementation

By signing below, I acknowledge receipt of and understanding of the Narcan Policy and the responsibility to comply with its provisions set forth. Furthermore, each signor confirms that the document has been reviewed in detail, each task has been completed and Appendix A, B, D, and E are completed specifically for _____.

Responsible Administrator

Date

Responsible Health Professional

Date

A copy of this page must be signed and returned to the Office of Risk Management prior to offering the Narcan program. Please send the completed form to riskmanagement@archbalt.org.

Reference A

MD SB394

Statewide Targeted Overdose Prevention (STOP) Act of 2022

The text of MD SB 394 is located at <https://legiscan.com/MD/text/SB394/id/2586826>.

This bill was the initial legislation that gave rise to the Statewide response to the opioid crisis, known as STOP. From this legislation, further laws and policies were enacted to require certain entities to make available narcotic reversing drugs. It also established the requirement for these medications to be available in the public-school systems as a requirement, with the option for private schools to adopt similar policies.

Reference B
Maryland Code, Education 7-426.5

Maryland Code, Education § 7-426.5

Current as of December 31, 2021 | Updated by [FindLaw Staff](#)

- (a) Each county board shall establish a policy in accordance with school health guidelines and State laws and regulations for public schools within its jurisdiction to authorize the school nurse, school health services personnel, and other school personnel to administer naloxone or other overdose-reversing medication to a student or other person located on school property who is reasonably believed to be experiencing an opioid overdose.
- (b) The policy established under subsection (a) of this section shall include:
 - (1) A provision requiring all public schools to obtain and store at the public school naloxone or other overdose-reversing medication to be used in an emergency situation; and
 - (2) A requirement that each public school develop and implement a method for notifying the parents or guardians of students of the school's policy under this section at the beginning of each school year.
- (c) Except for any willful or grossly negligent act, any of the following individuals who respond in good faith to the overdose emergency of a student in accordance with this section may not be held personally liable for any act or omission in the course of responding to the emergency:
 - (1) A school nurse;
 - (2) Other school health services personnel who are licensed or certified to practice a health occupation under the Health Occupations Article; or
 - (3) Other school personnel.
- (d)(1) The county board or the local health department shall, by local agreement:
 - (i) Hire a sufficient number of either county or regional community action officials; or
 - (ii) Develop and implement a program that provides the community relations and education functions required to be conducted by community action officials in paragraph (2) of this subsection.
- (2) A county or regional community action official shall:
 - (i) Coordinate school-based community forums, in cooperation with local law enforcement officials; and
 - (ii) Conduct public relations efforts that include the following:
 - 1. Parent contact;
 - 2. Electronic media; and
 - 3. Public service announcements.

- (e)(1) For fiscal year 2019, the Governor shall include an appropriation of at least \$3,000,000 in general funds in the State budget for the Department for the purpose of awarding grants to county boards to implement the policy and conduct the training required under this section.
- (2) The Department shall disburse the grants authorized under paragraph (1) of this subsection based on the enrollment count of students in public schools in the State for the prior fiscal year.
- (f)(1) On or before October 1 each year, each public school shall submit, on the form that the Department requires, a report to the Department on each incident at the school that required the use of naloxone or other overdose-reversing medication.
- (2) The Department shall develop and disseminate a standard form to report each incident requiring the use of naloxone or other overdose-reversing medication at a public school.
- (3) On or before December 1, 2018, December 1, 2019, and December 1, 2020, the Department shall report the information provided under paragraph (1) of this subsection to the General Assembly in accordance with [§ 2-1257 of the State Government Article](#).



Wes Moore, Governor • Aruna Miller, Lt. Governor

Maryland Statewide Naloxone Standing Order
ISSUE DATE: August 28, 2025

Background

Naloxone is a prescription medication indicated for the reversal of respiratory depression or unresponsiveness due to opioid overdose. Under Maryland law ¹, a physician employed by the Maryland Department of Health (MDH) may prescribe an opioid overdose reversal drug by issuing a standing order which authorizes dispensing to any individual who may be at risk of opioid overdose or in a position to assist someone experiencing an opioid overdose. A person-specific paper or electronic prescription is not required to dispense under this standing order, and an individual is not required to have previously received training or education on opioid overdose response to be dispensed naloxone. An individual prescribed and dispensed naloxone under this standing order may possess naloxone and the necessary supplies for its administration and administer it to anyone they believe may be experiencing an opioid overdose. More information about opioid overdose response, naloxone and guidance to pharmacists regarding this standing order is available from the Maryland Overdose Response Program by email at mdh.naloxone@maryland.gov and online at bit.ly/naloxoneMDhome.

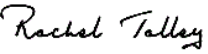
Statewide Standing Order

This standing order is issued by **Rachel Talley, MD (NPI #1083034615), Chief Medical Officer of the Behavioral Health Administration (BHA), Maryland Department of Health**. It authorizes any Maryland-licensed pharmacist to dispense unlimited prescriptions and refills of naloxone, an opioid overdose reversal drug, and devices for its administration to any individual in accordance with the steps and conditions of this order, enumerated below.

1. Provide consultation with the individual regarding the naloxone dosage (2 mg, 4 mg or 8 mg) and formulation (intranasal or intramuscular) that is most appropriate. The pharmacist should use their clinical judgment and the additional information on formulation and dosage selection provided in the Guidance Document accompanying this standing order. Considerations include:
 - a. Preference for the lowest milligram dosage required to safely reverse an overdose, given that higher doses of naloxone may precipitate opioid withdrawal symptoms such as nausea, vomiting, diarrhea, restlessness, agitation, anxiety, and tremors;
 - b. The individual's preference, given past training on overdose response; and,
 - c. The individual's insurance coverage for opioid overdose reversal drugs.
2. Regardless of the formulation selected, directions for use include calling 911 as soon as an overdose is witnessed, providing rescue breathing if an individual is unresponsive and not breathing normally, and monitoring the overdose until professional help arrives.

3. Select and dispense **two (2) doses** of naloxone hydrochloride and necessary paraphernalia for administration. Formulation options available and instructions for use under this standing order include:
 - a. **Intranasal naloxone spray kits**
 - i. Provide one package of two doses of naloxone nasal spray.
 - ii. Verbally communicate to the individual that there is an increased potential for recipients to exhibit opioid withdrawal symptoms after administration of greater than 4 mg of naloxone.
 - iii. **Directions for use:**
 1. Deliver one spray into one nostril (do not "prime" or test the spray device before spraying it into the nostril, as this will waste the medicine).
 2. Repeat with a second nasal spray device in the other nostril if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.
 - b. **Intramuscular naloxone kits**
 - i. Provide two single-use 1 ml vials of naloxone hydrochloride.
 - ii. Include two intramuscular needles with syringes.
 - iii. **Directions for use:** Assemble the intramuscular naloxone kit by following the step by step instructions below:
 1. Uncap the naloxone vial and uncap the needle on the syringe.
 2. Insert the needle through the rubber membrane on the naloxone vial, turn the vial upside down, draw up 1 ml of naloxone liquid, and withdraw the needle.
 3. Insert the needle into the muscle of the upper arm or thigh of the victim, through the clothing if needed, and push the plunger to inject all of the naloxone.
 4. Repeat the injection with a second 1 ml vial of naloxone if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.
 - c. **Intranasal naloxone with atomizer kits**
 - i. Provide two 2-ml Luer-Jet Luer-lock syringes prefilled with naloxone hydrochloride (2 mg/2 ml)
 - ii. Include two mucosal atomization devices (MAD).
 - iii. **Directions for use:** Assemble mucosal atomization device by following step by step instructions below:
 1. Remove two colored caps from the delivery syringe and one from the naloxone vial.
 2. Screw the naloxone vial gently into the delivery syringe.
 3. Screw the mucosal atomizer device onto the tip of the syringe.
 4. Spray half (1 ml) of the naloxone in one nostril and the other half (1 ml) in the other nostril.
 5. Repeat if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

I declare this standing order as a statewide prescription for the dispensing of naloxone.

Signed by:

 286E4584263E450...

Rachel Talley, MD

Chief Medical Officer of the Behavioral Health Administration (BHA), Maryland Department of Health
 NPI #1083034615

Effective Date: August 28, 2025

Expiration Date: June 30, 2027

¹Health-General Article, Title 13, Subtitle 31, Code of Maryland



Maryland Overdose Response Program Statewide Naloxone Standing Order Guidance for Pharmacy Dispensing Updated August 28, 2025

Summary

Rachel Talley, MD (NPI #1083034615), Chief Medical Officer of the Behavioral Health Administration (BHA), Maryland Department of Health (MDH), has issued a statewide standing order allowing all Maryland-licensed pharmacists to dispense any formulation of naloxone, including any necessary supplies for administration, to any individual.¹ This document was created by the MDH Overdose Response Program (ORP) and provides information for pharmacists who wish to dispense naloxone under the statewide standing order.²

Legal Protections for Pharmacists

Maryland law protects pharmacists from civil lawsuits and disciplinary action from their licensing board when dispensing naloxone and necessary paraphernalia to an individual in good faith and in accordance with the law.³

Background

Opioid Overdose: Opioid overdose is a public health crisis in Maryland and across the country. Rising overdose death rates have been driven by the misuse of and dependence on pharmaceutical opioid analgesics, which has occurred alongside increased use of illicitly manufactured synthetic opioids, including fentanyl. The number of overdose deaths in Maryland quadrupled between 2011-2023 (from 671 in 2011 to 2,511 in 2023), with most deaths related to opioids and specifically illicitly manufactured fentanyl. In 2023, there were 2,175 overdose deaths involving opioids in Maryland; this represents 86.6% of all intoxication deaths in Maryland.⁴ Preliminary data for 2024 are similar, with 82.4% of overall unintentional alcohol and drug-related deaths attributable to opioids. One person dies of a drug overdose every five minutes in the United States, making it our nation's leading cause of injury death.⁵

Naloxone: Naloxone is a prescription opioid antagonist medication long used in emergency medicine to safely and effectively reverse potentially fatal respiratory depression caused by opioid overdose. For nearly 30 years, overdose education and naloxone distribution programs have successfully trained non-medical community

¹ Dr. Talley's standing order is effective August 28, 2025 and replaces the statewide standing order previously issued by Nilesh Kalyanaraman, MD (NPI #1639140239) on March 1, 2025.

² Many individuals may be lawfully prescribed naloxone directly by their healthcare provider. These prescriptions should be dispensed in the usual course of business and a pharmacist's professional practice. This document provides guidance specific to naloxone dispensing under Dr. Talley's statewide standing order.

³ Health-General Article § 13-3107(c) and § 13-3108(b), Annotated Code of Maryland.

⁴ Maryland Department of Health annual and quarterly overdose death data are available at health.maryland.gov/vsa/Pages/overdose.aspx and health.maryland.gov/dataoffice/Pages/mdh-dashboards.aspx

⁵ CDC, "WISQARS: Cost of Injury," Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, 2022. Available: <https://wisqars.cdc.gov/cost/> Accessed February 14, 2025. For a national perspective on the overdose crisis, see the CDC's website: [cdc.gov/overdose-prevention/index.html](https://www.cdc.gov/overdose-prevention/index.html) Accessed February 14, 2025.

members on opioid overdose recognition and response using naloxone. Naloxone distribution has demonstrated effectiveness at reducing the risk of opioid overdose death.⁶

Maryland Overdose Response Program (ORP): Authorized by law in 2013,⁷ the ORP was created to increase access to naloxone in Maryland. Administered by the Maryland Department of Health, the ORP:

- Promotes education and awareness of opioid overdose risk and use of naloxone in overdose response;
- Provides technical assistance to healthcare providers, public health and safety authorities, community organizations, and others on implementing overdose education and naloxone distribution programs;
- Authorizes organizations to conduct overdose response training and naloxone distribution to non-medical community members who may be able to assist someone experiencing an opioid overdose;
- Purchases naloxone for community distribution;
- Provides funding to local health authorities to support community overdose response programs; and
- Collects and reports data on naloxone distribution activities throughout the state.

Statewide Standing Order

Rachel Talley, MD (NPI #1083034615), Deputy Secretary for Public Health Services, MDH, has issued a statewide standing order, effective August 28, 2025, allowing all Maryland-licensed pharmacists to dispense any formulation of naloxone, including the necessary supplies for administration, to **any individual**.⁸ *A pharmacist does not need a person-specific paper or electronic prescription in order to lawfully dispense under the standing order.*

Pharmacist/Pharmacy Applicability: This standing order allows pharmacists to dispense at “brick and mortar” community pharmacies as well as from closed-door mail-order pharmacies. Maryland-licensed pharmacists dispensing from mail-order pharmacies must ensure compliance with the legal requirements of their home state.

Patient Applicability: The standing order allows dispensing to any individual. There are no age restrictions. An individual is not required to have previously received training or education in opioid overdose response with naloxone in order for a pharmacist to legally dispense naloxone under the standing order.

Naloxone Formulation: This standing order allows for dispensing of **two (2) doses** of naloxone hydrochloride and necessary paraphernalia for the administration of any formulation. Pharmacists may use clinical judgment in determining the specific naloxone formulation (2mg, 4mg, or 8mg), considering the lowest milligram dosage required to safely reverse an overdose⁹, the individual’s preference, past training on overdose response, and insurance coverage. Provide basic instructions on calling 911 as soon as an overdose is witnessed, providing rescue breathing if an individual is unresponsive and not breathing normally, and monitoring the overdose until professional help arrives. Formulation options available and instructions for use under this standing order are outlined below.

⁶ Giglio, RE, et.al. “Effectiveness of bystander naloxone administration and overdose education programs: a meta-analysis.” *Injury Epidemiology* (2015) 2:10. DOI 10.1186/s40621-015-0041-8. injejournal.biomedcentral.com/counter/pdf/10.1186/s40621-015-0041-8.pdf Accessed February 14, 2025.

⁷ Health-General Article, Title 13, Subtitle 31, Annotated Code of Maryland. Program regulations: COMAR 10.47.08.

⁸ The statewide standing order is authorized under Health-General Article § 13-3106(b), Annotated Code of Maryland.

⁹ The Maryland Addiction Consultation Service has developed an evidence brief on the merits of the available overdose reversal drugs in the marketplace: marylandmacs.org/media/som/microsites/macsd/documents/Nalmefene-Evidence-Brief-Final.pdf

- A. Intranasal naloxone spray kits must contain a minimum of the following:
 - One package of two doses of naloxone nasal spray.
 - **Directions for use:** Deliver one spray into one nostril (do not "prime" or test the spray device before spraying it into the nostril, as this will waste the medicine). Repeat with a second nasal spray device in the other nostril if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.
- B. Intramuscular naloxone kits must contain a minimum of the following:
 - Two single-use 1 ml vials of naloxone hydrochloride.
 - Two intramuscular needles with syringes.
 - **Directions for use:** Assemble the intramuscular naloxone kit by following the step-by-step instructions below:
 - Uncap the naloxone vial and uncap the needle on the syringe.
 - Insert the needle through the rubber membrane on the naloxone vial, turn the vial upside down, draw up 1 ml of naloxone liquid, and withdraw the needle.
 - Insert the needle into the muscle of the upper arm or thigh of the victim, through the clothing if needed, and push the plunger to inject all of the naloxone.
 - Repeat the injection with a second 1 ml vial of naloxone if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.
- C. Intranasal naloxone with atomizer kits must contain a minimum of the following:
 - Two 2-ml Luer-Jet Luer-lock syringes prefilled with naloxone hydrochloride (2 mg/2 ml)
 - Two mucosal atomization devices (MAD).
 - **Directions for use:** Assemble the mucosal atomization device by following step-by-step instructions below:
 - Remove two colored caps from the delivery syringe and one from the naloxone vial.
 - Screw the naloxone vial gently into the delivery syringe.
 - Screw the mucosal atomizer device onto the tip of the syringe.
 - Spray half (1 ml) of the naloxone in one nostril and the other half (1 ml) in the other nostril.
 - Repeat if there is no response after 3 minutes, or if the victim relapses back into respiratory depression or unresponsiveness before emergency assistance arrives.

Selecting a naloxone formulation

The pharmacist should familiarize themselves with the various formulations of naloxone (2mg, 4mg, and 8mg), and be prepared to discuss them with the patient. Selecting a naloxone formulation to dispense may be based on patient preference, considering the lowest milligram dosage required to reverse an overdose. While training is not required to obtain naloxone, the patient may have received overdose response training for a particular formulation and may prefer to obtain that one. Another preference may be for a nasal spray over injectable naloxone because of comfort with syringes.

Pharmacists should consider the naloxone dosage when selecting among the various naloxone nasal spray products. The Kloxxado® 8mg formulation adheres to the same pharmacokinetic mechanism as Narcan® 4mg Nasal Spray but has not been as robustly studied in the community and published in the scientific literature to date. Currently, the scientific literature suggests that successful reversal of opioid overdose, including fentanyl-

related overdoses, can be achieved with lower dose formulations of naloxone.¹⁰ Should patients choose the 8mg formulation, it is important to make them aware of the increased potential for recipients to exhibit opioid withdrawal symptoms after administration.¹¹ The Maryland Addiction Consultation Service has developed an [evidence brief](#) which discusses the available evidence on overdose reversal formulations available in the marketplace.⁹

When possible, include, or direct the individual to the appropriate place to acquire, additional materials to use when responding to an overdose, as relevant to the particular formulation and specified in the standing order. ORP entities may provide training on the administration of one or all naloxone formulations. Ask the individual whether they have been trained to use a specific formulation, or simply which formulation they would prefer. If the individual is unsure, describe the available formulations to assess their comfort level with each. Consider demonstrating the use of any particular formulation if appropriate for the individual.

Note: The standing order does not require the pharmacist to verify the individual's knowledge, skills, or abilities prior to dispensing. When dispensing naloxone to a minor, the pharmacist should use their professional judgment to assess the minor's ability to appropriately identify and respond to an opioid overdose, including the proper administration of naloxone.

Insurance Coverage

Maryland Medical Assistance: Maryland Medicaid covers naloxone (Narcan® nasal spray, prefilled syringe, and single-dose vials) and the atomizer used to administer the medication in combination with the 2mg/2mL single-dose Luer-Jet prefilled syringe. Only naloxone products included on the Medicaid [Preferred Drug List](#) are available for reimbursement by Maryland Medicaid under this standing order.¹² The Maryland Medicaid Pharmacy and Therapeutics Committee determines which products are included in the Preferred Drug List based on criteria including clinical efficacy, cost after federal and supplemental rebates, and other drugs within the same therapeutic class. Any Maryland Medicaid preferred naloxone product, including Narcan® nasal spray and generic naloxone (0.4mg/mL single dose vials and 2mg/2mL prefilled syringe), is covered through the Pharmacy Program with a \$1 copay.

The atomizer is covered through the Durable Medical Equipment/Disposable Medical Supplies (DME/DMS) Program. Pharmacy providers must also be enrolled as a DME/DMS provider to be reimbursed for the atomizer. Pharmacies may become a DME/DMS provider by enrolling via ePREP (ePREP.health.maryland.gov). For ePREP resources, visit ePREP.health.maryland.gov/sso/login.do. Providers should bill the medication through the Point-of-Sale System using the appropriate National Drug Code.

The atomizer is billed using the procedure code A4210, either by paper on the CMS-1500 form, or electronically via eMedicaid. For billing instructions please visit: health.maryland.gov/mmcp/provider/Pages/ffsbilling.aspx. To find a DME provider, please contact 410-767-7283.

¹⁰ Hill, L. G., Zagorski, C. M., & Loera, L. J. (2022). Increasingly powerful opioid antagonists are not necessary. *The International journal on drug policy*, 99, 103457. [pmc.ncbi.nlm.nih.gov/articles/PMC8454200/pdf/main.pdf](https://pubmed.ncbi.nlm.nih.gov/articles/PMC8454200/pdf/main.pdf) Accessed February 14, 2025.

¹¹ Payne, E. R., Stancliff, S., Rowe, K., Christie, J. A., & Dailey, M. W. (2024). Comparison of Administration of 8-Milligram and 4-Milligram Intranasal Naloxone by Law Enforcement During Response to Suspected Opioid Overdose — New York, March 2022–August 2023. *MMWR Morb Mortal Wkly Rep* 2024;73:110–113. DOI: [dx.doi.org/10.15585/mmwr.mm7305a4](https://doi.org/10.15585/mmwr.mm7305a4) Accessed February 14, 2025.

¹² health.maryland.gov/mmcp/pap/pages/Preferred-Drug-List.aspx

Members can contact the Medicaid DME Unit to locate a participating pharmacy. Any further questions regarding billing of the drug can be directed to the Pharmacy Program's claims processor at 1-800-932-3918. Questions about the atomizer can be directed to the DME Program at 410-767-7283.

Commercial Insurance

Commercial insurance carriers vary in their policies related to pharmacy coverage of naloxone. Pharmacists should contact the individual's insurance carrier directly for more information.

Uninsured or Prohibitive Copays

If a patient attempts to access naloxone at a pharmacy and does not have insurance or finds the copay cost prohibitive, pharmacists may direct them to a local Overdose Response Program (ORP) for access to free naloxone and training. Pharmacists may find it helpful to provide patients with contact information for local Overdose Response Programs. Pharmacists and patients can email mdh.naloxone@maryland.gov or visit bit.ly/naloxoneMDhome for assistance locating local ORPs.

Dispensing Instructions

Obtain a faxed copy of the standing order

A faxed copy meets the Maryland Medicaid Pharmacy Program's requirements for tamper resistant prescriptions, therefore allowing the pharmacy to seek reimbursement for dispensing to individuals with Medical Assistance. Submit requests for a faxed copy through the webform linked here:

bit.ly/MDNaloxoneStandingOrder

Keep the standing order on file

A tamper-proof copy of the standing order prescription will be faxed to your pharmacy and should be kept on file at the pharmacy in a manner that is accessible to pharmacists and other pharmacy staff who need to reference it. *This standing order replaces a paper prescription.*

Dispense naloxone and bill the individual's insurance as for a typical prescription

Use Dr. Talley's NPI #1083034615 when billing the individual's insurance carrier and documenting dispensing in the pharmacy management system. Including a paper or electronic copy of the standing order in the dispensing record will suffice as documentation. *Include the copy as you would a paper prescription.* Label the naloxone in accordance with prescription labeling requirements.

Provide the individual with additional educational materials

Pharmacists are encouraged to provide counseling and instruction on recognizing the signs and symptoms of opioid overdose, the importance of calling emergency medical services, naloxone administration, administering rescue breathing, and other topics as appropriate. For instance, a plastic face shield for rescue breathing may be included with any formulation. Alcohol swabs to sterilize the injection site may be included when dispensing any formulation meant for injection. Additionally, ORPs and other organizations provide educational resources for patients, pharmacists, and other healthcare providers. Visit prescribetoprevent.org or bit.ly/naloxoneMDhome for more information.

Optional: Reporting Naloxone Use

The ORP collects data on naloxone administrations by individuals to whom naloxone is dispensed. This information is important for documenting lives saved and demonstrating the effectiveness of the program. If an individual tells you about their use of naloxone, request that they report using *one* of the following options.

Pharmacists may also choose to provide information about how to report naloxone use to patients upon initial receipt of naloxone.

Fill out the ORP Naloxone Use Report which is available as a webform at bit.ly/naloxoneusereport.

Call the Maryland Poison Center (MPC) at 1-800-222-1222. MPC works closely with the ORP to collect data on naloxone use. All personal information provided to MPC is kept confidential.

Notify the organization from which they received training (in cases where the individual received naloxone training from an authorized Overdose Response Program).

Additional Resources for Pharmacists and Community Members

- “Naloxone Access: A Practical Guideline for Pharmacists” College of Psychiatric and Neurologic Pharmacists: bit.ly/CPNPnaloxoneForPharmacists
- Patient education, videos, and additional overdose prevention education materials: health.maryland.gov/pha/NALOXONE/Pages/HarmReductionTrainingandTA.aspx.

Contact the Maryland Overdose Response Program

Email: mdh.naloxone@maryland.gov Website: bit.ly/naloxoneMDhome

Reference D
School Naloxone Administration Policy Development
Frequently Asked Questions

Opioid overdose and deaths are an epidemic nationally and in the State of Maryland. The Maryland Department of Health (MDH) and the Maryland State Department of Education (MSDE) recognizes the role of school health services (SHS) programs in responding to this epidemic. The Maryland Nurse Practice Act (Annotated Code of Maryland, Health Occupations Article, Title 8), applicable regulations (COMAR, Title 10, Subtitle 27), and State SHS policies and procedures regarding nursing practice including medication administration, guide administration of emergency medications in schools, which include the legal framework for naloxone administration. The Maryland Overdose Response Program (ORP), authorized by law in 2013, was created to increase access to naloxone, the opioid overdose reversal medication. Administered by the MDH Behavioral Health Administration, the ORP authorizes organizations to conduct overdose response trainings and naloxone distribution to non-medical community members who are likely able to assist someone experiencing an opioid overdose to help prevent fatalities when medical services are not immediately available.

In 2017, the General Assembly passed the Heroin and Opioid Education and Community Action Act of 2017 (Senate Bill 1060 and House Bill 1082), also known as the “Start Talking Maryland Act.” The bills, codified as Maryland Code Education Article §7-426.5, require county boards to establish policies for obtaining and storing overdose-reversing medications, including naloxone, and for school nurses, school health services personnel, and other school staff to administer those medications if a student is reasonably believed to be experiencing an opioid overdose. This requirement went into effect July 1, 2017. Also in 2017, the General Assembly adopted the Heroin and Opioid Prevention Effort and Treatment Act of 2017 (HOPE Act) (House Bill 1329 and Senate Bill 967). The Maryland Code, Health General Article §13-3103 states that training and education on opioid recognition or response from an authorized ORP entity is not required for a pharmacist to dispense naloxone to an individual. Section 13-3107 of the Health General Article allows individuals who are prescribed and dispensed naloxone in accordance with the law to legally possess and administer naloxone to someone believed to be experiencing an opioid overdose. Section 8-407 of the Health General Article further requires health care providers to make information on opioid use disorder available to patients. These requirements went into effect on June 1, 2017.

The following frequently asked questions (FAQ) address several key aspects related to the implementation of the new laws in the school setting.

Opioids and Naloxone

1.What are opioids?

Opioids are substances that contain opium, or its derivative. Opioids can be illegal or legally prescribed, commonly for pain relief or treatment of opioid use disorder. Illegal opioids include heroin and non-pharmaceutical fentanyl. Opioids come in a variety of forms including pill, capsule, powder, liquid, and film, that can be swallowed, smoked, snorted, injected, inserted rectally, or placed under the tongue. Common examples of Federal Drug Administration (FDA) approved prescription opioid medications include oxycodone, hydrocodone, morphine, codeine, methadone, buprenorphine, buprenorphine/naloxone (Suboxone ®), and fentanyl.

2. What is an opioid overdose?

An opioid overdose occurs when a toxic amount of an opioid – alone or mixed with other opioid(s), drugs and/or substances – overwhelms the body's ability to handle it. In excessive amounts, opioids can suppress the urge to breathe. Respiratory depression can progress rapidly and be fatal if not treated quickly, making an opioid overdose a medical emergency.

3. What are the signs and symptoms of an opioid overdose?

The signs and symptoms of an opioid overdose include, but are not limited to: snoring or gurgling noises; pupillary constriction; blue-tinged lips/fingertips; pale/gray, clammy skin; slow, shallow, or absent breathing; slow, irregular, or absent heartbeat; a reduced level of consciousness; unconsciousness or unresponsiveness; seizure; and reduced muscle tone.

4. What is naloxone and how does it work to reverse an opioid overdose?

Naloxone is a medication that reverses the effects of opioid overdose and restores breathing and consciousness. The brain has many locations with receptors to which opioids uniquely bind. One result of opioids binding to these receptors is a depression of the respiratory system. In an opioid overdose, breathing stops because so many opioids have bound to these receptors. Naloxone is an opioid competitor that binds more strongly to these receptors in the brain and temporarily counteracts the actions of the opioids. Since naloxone does not depress the respiratory system, breathing is restored once naloxone replaces the opioids on the receptors. Naloxone is a safe medication that has been used in healthcare settings for decades with minimal side effects and no potential for abuse.

5. How is naloxone administered?

Naloxone can be administered via injectable (intramuscular, subcutaneous, or intravenous) or intranasal routes. FDA-approved naloxone products available to the public include generic injectable administered intramuscularly using a vial and syringe, generic

off-label injectable administered as a nasal spray with the use of an atomizer, NARCAN® Nasal Spray, and the EVZIO® Auto-Injector.

NARCAN® and EVZIO® are the only currently available naloxone devices with labeling that includes instructions for use by non-medical professionals.

6. How might an individual respond to naloxone administration?

Naloxone will have no effect on someone who does not have opioids in his/her body.

Persons allergic to naloxone may have an allergic reaction.¹ An individual who is opioid dependent or addicted may be uncomfortable and feel disoriented after the administration of naloxone. Naloxone may cause an opioid dependent person to experience withdrawal symptoms.² Vomiting is a possibility, so the person should be rolled on his/her side and supported in the recovery position³ to keep from choking.

1 Symptoms of an allergic reaction may include: rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue; dizziness; fainting; fast or irregular pulse; flushing; headache; heart rhythm changes; seizures; or sudden chest pain.

2 FDA Advisory Committee on the Most Appropriate Dose or Doses of Naloxone to Reverse the Effects of Life-threatening Opioid Overdose in the Community Settings. Retrieved from <https://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMaterials/Drugs/AnestheticAndAnalgesicDrugProductsAdvisoryCommittee/UCM522688.pdf>. (Accessed 3/10/2017)

3 National Safety Council: The Recovery Position – Adult or Child. Retrieved from <http://www.nsc.org/RxDrugOverdoseDocuments/recovery-position-first-aid.pdf>. (Accessed 3/15/2017)

School Naloxone Policy Development

7. What are the local policy requirements to comply with HB 1082 / SB 1060, the Start Talking Maryland Act?

The Start Talking Maryland Act requires each county board to establish a policy in accordance with school health guidelines and state laws and regulations to authorize the school nurse, school health services personnel, and other school personnel to administer naloxone or other overdose-reversing medication to a student or other person located on school property who is reasonably believed to be experiencing an opioid overdose. Further, each public school is required to implement a method for notifying parents/guardians of students of the school's policy on the authorization and use of naloxone. See Md. Code, Educ. §7-426.5.

8. Does the law require schools to obtain and maintain naloxone?

Yes. The Start Talking Maryland Act (Educ. §7-426.5) requires all public schools to obtain, and store at the public school, naloxone or other opioid overdose reversal medication.

9. Does the law require schools to provide naloxone at school sponsored activities and events?

Yes, if the school sponsored activity or event takes place on school grounds. The law states that the local education agency (LEA) policy must require schools to obtain and store naloxone and must authorize certain persons to administer it to students and other individuals on school grounds. Although it does not contain any explicit requirements for provision of naloxone at certain times or for events after school, the requirement that it be available for students or other people located on school property means that LEAs should create a policy that covers school-sponsored events that take place on school grounds.

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10. Does the law require schools to provide naloxone at events that occur off campus or that are not school-sponsored?

No, if the school sponsored activity or event takes place off school grounds or an activity takes place on school grounds that is not a school-sponsored event (for example, a private group uses a school ballfield on a Saturday afternoon). Because the law only requires LEAs to develop a policy for the administration of naloxone on school grounds, a school system does not have to address events off school grounds or events the school does not sponsor or operate. Any such policy would be voluntary on the part of an LEA. Each LEA and local school health services program may, but is not required to, create policies that address the availability of naloxone for events taking place off school grounds and/or non-school-sponsored events that take place on school grounds. This guidance is specific to the administration of naloxone. This guidance does not release the LEA from the requirement to adhere to other state or federal laws, regulations or guidance related to the administration of medications during off-campus activities or programs, including school field trips.

11. What other legal authorities guide naloxone use in schools?

In addition to the requirements of the Start Talking Maryland Act, naloxone use in the school setting must comply with: 1) SHS program policies and procedures governing administration, including availability and administration of emergency medication and use of stock medications; and 2) the Maryland Nurse Practice Act including provisions for physician directed nursing protocols. It is important that the local SHS and Local Health Department (LHD) personnel be involved in the development and implementation of local policy guiding naloxone use in schools.

12. What is the definition of “other school personnel” who may administer naloxone?

The law does not define “other school personnel.” The local board’s policy may identify other school personnel to include non-medical school staff including, but not limited to: school administrators, teachers, school psychologists, school counselors, pupil personnel workers, school social workers, food services staff, coaches/advisors for school sponsored

activities, and bus drivers. Regardless of the service delivery model, the registered nurse is always the leader of the school health services team and may determine which school personnel are to be given the responsibility for administering naloxone. For additional information on ways other school personnel may be identified and trained to assist in an opioid overdose emergency, please refer to the school system or school's emergency response plan and/or the school health services guideline on chain of survival.

13. By what authority may non-medical school staff administer naloxone in the school setting?

Health General Article, Title 13, Subtitle 31 establishes the legal authority for non-medical professionals to acquire, possess, and administer naloxone. Educ. §7-426.5 authorizes non-medical school staff to administer naloxone.

While the HOPE Act grants broad authority for naloxone administration in the community. The LEA policy determines who is authorized to administer emergency medications in the school setting, including administration of naloxone, by non-medical school staff. Local education agencies are required to develop policies that allow a broad range of persons to administer naloxone given the safety of naloxone and the critical importance of responding quickly to a suspected opioid overdose.

14. What considerations are important when developing a local education agency policy regarding the administration of naloxone by SHS program staff and other school personnel?

The local SHS program should be prepared to respond to an opioid overdose on school grounds, the LEA policy should consider the following items regarding the administration of naloxone by SHS program staff or other school personnel:

- Designating the school personnel who will be trained to administer naloxone;
- Defining the roles and responsibilities of any school personnel who respond to an opioid overdose or suspected opioid overdose;
- Legal authority to possess and administer naloxone;
- How to obtain stock naloxone stock;
- Procedures for documenting and reporting naloxone administration;
- Designating the location(s) where naloxone will be stored;
- Maintaining the privacy and confidentiality of students;
- Resources for naloxone administration training, monitoring, and oversight of the implementation of the policy;
- A plan to consider other causes of unconsciousness, or other signs of opioid overdose, when implementing a stock naloxone protocol among students with known health conditions;
- School wide awareness/educational activities on the local policies on naloxone;
- The effectiveness of the school's current emergency plan and how the use of naloxone can be incorporated into that plan;
- The types of activities and events conducted in the school building;

- Layout of the school building including any unique features;
- The availability and response times for Emergency Medical Services;
- The ability of a student (18 years of age or older) and school staff who possess naloxone to use personally obtained naloxone on school grounds during school hours or during after school activities when they reasonably believe a person is experiencing an opioid overdose; and
- Naloxone availability among first responders including School Resource Officers.

School Naloxone Policy Implementation

15. How can local education agencies obtain naloxone?

Naloxone can be obtained in the following ways:

- Local SHS programs are encouraged to partner with local health departments to obtain naloxone;
- Local SHS programs may choose to participate in pharmaceutical company programs that offer naloxone for schools and obtain naloxone in collaboration with an authorized prescriber authorized under Md. Code Ann., Health-Occupations § 12-6C-09(b)4; or
- A SHS program can seek authorization to become an ORP training entity and conduct overdose response training, as well as obtain and dispense naloxone.

4 Md. Code Ann., Health-Occupations § 12-6C-09(b), "[a] wholesale distributor may supply prescription drugs only to a person authorized by law to dispense or receive prescription drugs."

16. May a school use naloxone products and devices that do not have labeling that includes instructions for use by non-medical professionals?

Yes. If an LEA policy includes the use of generic injectable (vial and syringe) or generic off-label injectable administered as a nasal spray with the use of an atomizer, it may be used as the stock naloxone for the purpose of compliance with the law.

17. How should naloxone be stored in the school setting?

Naloxone should be stored at room temperature and away from direct sunlight. The LEA policy should include processes to maintain naloxone and other ancillary equipment (e.g., rescue breathing barrier devices, atomizers) securely and easily accessible to those designated to administer naloxone. This may include storing naloxone in the health room, with the school's automated external defibrillator (AED), or co-located near the school's stock epinephrine auto-injector. The security of the naloxone should be checked regularly as is done with the other emergency response devices in the school (e.g., epinephrine auto-injector and AED).

Naloxone should be replaced by the expiration date. Procedures for implementing the school policy should include being proactive in anticipation of the product expiration date and replacement timeframe.

18. Who provides the training and evaluates the ability of other school personnel to administer naloxone?

The school nurse is the leader of the SHS team in the school setting. The Maryland Nurse Practice Act and the SHS Guideline on the Role of Health Services Staff in Schools describe the scope of practice of nurses and the responsibilities of school nurses. The Code of Maryland Regulations (COMAR) 10.39.04.09A (a portion of the Maryland Nurse Practice Act) states that “administration of medication is a licensed nursing function.”

Nurses may delegate routine medication administration to Certified Medication Technicians. The school nurse has the authority to train non-medical school personnel to administer emergency medications, including but not limited to naloxone, consistent with the Maryland Nurse Practice Act and school health services guidelines. Local SHS programs operate as a collaboration between the LEA and the LHD.

Collaboration with the LHD to provide the training is encouraged but does not eliminate the school nurse’s role in being fully responsible for the act of medication administration in the school setting.

While the passage of the HOPE Act has removed the training and education requirements for individuals within the community to legally obtain, possess and administer naloxone, LEA policy and nursing practice standards should include training for school nurses and other SHS staff as well as non-medical school staff to effectively implement the requirements of the Start Talking Maryland Act (Educ. §7-426.5).

Monitoring and evaluation of the capability and maintenance of skills of non-medical school staff to administer naloxone may be done by the school nurse or another qualified person (e.g., from the local health department). This process should be included in the LSS policy.

An LEA may choose to collaborate with the LHD to provide training appropriate for school nurses, school health services personnel, and other personnel on the recognition of suspected opioid overdose and the administration of naloxone. An LEA may choose to enhance the implementing of the naloxone administration policy and become an ORP training entity. This may be in keeping with best practice in SHS program implementation by providing training, monitoring and oversight of naloxone administration practices in the school setting.

19. What liability protections exist for non-medical school personnel when administering naloxone in a medical emergency?

There are several provisions for immunity for individuals who respond in good faith to an individual believed to be experiencing an opioid overdose. The Start Talking Maryland Act states that except for any willful or grossly negligent act, the school nurse, other school health services personnel, or other school personnel who respond in good faith to an overdose emergency of a student may not be held personally liable for any act or omission in the course of responding to the emergency. Maryland Code, Health-General Article §13-3108 (a) states that an individual who administers naloxone to an individual who is or in

good faith is believed to be experiencing an opioid overdose shall have immunity from liability under §§ 5-603 and 5-629 of the Courts and Judicial Proceedings Article.

The Maryland Code, Courts and Judicial Proceedings Article §§5-603 and 5-629 provide immunity from civil liability to anyone who responds to a medical emergency as long as they do so in good faith, do not charge the victim, and relinquish care to emergency medical personnel upon their arrival. Persons who in good faith administer personally obtained naloxone in lieu of the school stock naloxone are covered by the immunity protections in Maryland Code, Health-General Article §13-3108 (a).

School personnel may also be protected under the Maryland Code, Education Article §4-106 and Courts and Judicial Proceedings Article §5-518. Those statutes provide certain protections from personal liability to school personnel who act within the scope of their employment and without malice or gross negligence. These statutes also protect volunteers and school board members under certain circumstances.

This information does not constitute legal advice. Individuals should consult their school system attorney with any specific questions or concerns.

School nurses who are State employees also have the immunity from liability described in Maryland Code, Courts and Judicial Proceedings Article §5-522(b) for acts performed within the scope of their duties and without malice or gross negligence.

20. How is the administration of naloxone in schools reported?

On or before October 1 of each year, each public school will report on a form required by the Maryland State Department of Education (MSDE), each incident requiring the use of naloxone or other overdose-reversing medication at the school. The SHS program will provide a required form to be submitted by each LEA to MSDE. Individual schools should not report directly to MSDE.

In addition, the administration of naloxone may also be reported by calling the Maryland Poison Center at 1-800-222-1222.

If naloxone used was dispensed by an authorized ORP entity, naloxone administration may also be reported to the ORP entity.

Overdose Response Program (ORP)

21. What is the Overdose Response Program?

In 2013, the Maryland General Assembly created the ORP. The provisions of the ORP can be found in the Maryland Code, Health-General Article, Title 13, Subtitle 31. The corresponding regulations are in the Code of Maryland Regulations 10.47.08.01-.12.

The purpose of the ORP, a program that operates in the absence of a nursing protocol, is to authorize organizations to conduct overdose response trainings and naloxone distribution to non-medical community members who are likely able to assist someone experiencing an opioid overdose to help prevent a fatality when medical services are not immediately

available. The Overdose Response Programs facilitate access to naloxone either through referral to a pharmacy or dispensing at the time of training.

The MDH oversees the ORP, authorizes private or public entities to conduct training locally, sets standards for the core training curriculum, collects public health data on entity program operations, and provides technical assistance to programs.

Training under the ORP, while still available, is no longer required for a pharmacist in Maryland to dispense naloxone to an individual pursuant to the HOPE Act.

22. How do private or public entities become authorized training entities under the ORP?

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The MDH Behavioral Health Administration (BHA) authorizes local training programs under the ORP. Any public or private entity can apply to become an authorized training entity under the ORP. The ORP application form may be found at

<https://bha.health.maryland.gov/NALOXONE/Pages/How-to-Become-an-ORP.aspx>. The application process involves a written agreement with a licensed healthcare provider, as well as dispensing protocols, if the entity intends to prescribe and dispense naloxone. BHA will work with programs to complete the application and ensure protocols are in place. Once authorized, program status is valid for two years and may be renewed.

An LEA may choose to have the local SHS program become an approved ORP training entity. Information on how to become an ORP training entity may be found in the resources section of this document.

Resources

23. Where can I find additional information?

Adapt Pharma is a pharmaceutical company with a program that offers naloxone for schools.

<http://www.businesswire.com/news/home/20160125006228/en/Adapt-Pharma-Offer-U.S.-High-Schools-Free>

Before it's too late is a statewide effort to bring awareness to the rapid escalation of the heroin, opioid, and fentanyl crisis in Maryland—and to mobilize all available resources for effective prevention, treatment, and recovery before it's too late.

<http://beforeitstoolate.maryland.gov/>

Maryland Department of Health, Behavioral Health Administration:

Maryland Certified Treatment Directory provides a listing of all state certified substance abuse treatment programs in Maryland. <https://bha.health.maryland.gov/Pages/Maryland-Certified-Treatment-Directory.aspx>

Naloxone Saves Lives website provides information on naloxone products and administration. <https://bha.health.maryland.gov/NALOXONE/Pages/Naloxone.aspx>

Overdose Prevention in Maryland website provides information related to overdose prevention. https://bha.health.maryland.gov/OVERDOSE_PREVENTION/Pages/Index.aspx
Overdose Response Program (ORP)

<https://bha.health.maryland.gov/NALOXONE/Pages/Home.aspx>

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Grief Recovery After a Substance Passing (GRASP) provides resources and support for individuals/families who have lost a loved one to substance abuse or addiction.

<http://grasphelp.org/>. GRASP Chapter meeting information can be found at

<http://grasphelp.org/meetings/>

Harm Reduction Coalition is a national harm reduction organization with resources on opioid overdose prevention and establishing take-home naloxone programs.

<http://harmreduction.org/issues/overdose-prevention/>

Learn to Cope is a nonprofit organization that provides support for parents and family members dealing with a loved one addicted to heroin, prescription opioids and other drugs.

<http://www.learn2cope.org/>

Naloxone and Overdose Prevention for Law Enforcement Toolkit (Rhode Island)

provides a tool kit with training materials for law enforcement personnel.

<http://www.noperi.org/files/LEO/LEO%20toolkit.pdf>

National Association of School Nurses *Naloxone use in the school setting: The role of the school nurse* (Position Statement). Silver Spring, MD.

<https://www.nasn.org/PolicyAdvocacy/PositionPapersandReports/NASNPositionStatementsFullView/tabid/462/ArticleId/854/Naloxone-Use-in-the-School-Setting-The-Role-of-the-School-Nurse-Adopted-June-2015>. (Accessed 3/15/2017)

Opioid Overdose Prevention, Bureau of Substance Abuse Services, Massachusetts

Department of Health, provides comprehensive information and educational materials on opioid overdose prevention and naloxone distribution.

<http://www.mass.gov/eohhs/gov/departments/dph/programs/substance-abuse/prevention/opioid-overdose-prevention.html>

Partnership for Drug-Free Kids TM provides substance abuse prevention and other resources for parents. <http://drugfree.org/>

Project Lazarus provides a model for community-based naloxone distribution and opioid overdose prevention. <http://projectlazarus.org/>

StopOverdose.org provides opioid overdose prevention education resources from Washington State. <http://stopoverdose.org/>

Toward the Heart is a Canadian harm reduction organization with overdose prevention and naloxone training resources, including resources for family members of opioid users.

<http://towardtheheart.com/naloxone/>

U.S. Department of Health and Human Services (HHS) About the Epidemic webpage

provides information from HHS on the opioid epidemic.

<https://www.hhs.gov/opioids/about-the-epidemic/>

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U.S. Substance Abuse and Mental Health Services Administration (SAMHSA)

Behavioral Health Treatment Services Locator webpage is a source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance abuse/addiction and/or mental health problems. <https://findtreatment.samhsa.gov/>

Behavioral Health Treatments and Services webpage provides information on how health care professionals address common mental illnesses and substance use disorders and how SAMHSA helps people access treatments and services.

<https://www.samhsa.gov/treatment>

<http://store.samhsa.gov/product/Opioid-Overdose-Prevention-Toolkit-Updated-2016/SMA16-4742>

Opioid Overdose Prevention Toolkit, which includes information about administering naloxone.

Opioids webpage provides facts on the misuse and abuse of prescription opioids.

<https://www.samhsa.gov/atod/opioids>

24. Who can I contact for additional information?

Cheryl Duncan De Pinto, MD, MPH

Medical Director

Office of Population Health Improvement

Maryland Department of Health

(410) 767-5595 or cheryl.depinto@maryland.gov

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Student Services and Strategic Planning Branch

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