

**Delaware Division of Public Health
Community-Based Naloxone Access Program
Intra-nasal Naloxone Distribution and Administration
Standing Order**

Effective: July 2nd, 2025- Dec 31st, 2026



*DELAWARE HEALTH
AND SOCIAL SERVICES*
Division of Public Health

Target Audience

Approved for use by the Community-Based Naloxone Access Program's participating programs and agencies and participating pharmacies.

INDICATIONS: Naloxone (naloxone hydrochloride) is indicated for reversal of opioid overdose in the setting of respiratory depression (slow breathing) or no breathing (apnea), or unresponsiveness. It may be delivered intra-nasally with the use of a mucosal atomizer device.

This protocol will allow approved agencies and pharmacies to dispense intra-nasal naloxone kits to members of the public for the treatment of persons who are suspected to have overdosed on opioids.

Order to dispense:

- This standing order authorizes approved Community-Based agencies and participating pharmacies to distribute intra-nasal naloxone kits.
- This standing order authorizes approved Community-Based agencies to maintain supplies of intra-nasal naloxone kits for the purpose of distributing them as part of the Naloxone Access Program.
- Community-Based agencies must make training on responding to overdose situations and naloxone administration available and ensure it is easily accessible to anyone seeking a kit.
 - Intra-nasal naloxone kits must contain written administration instructions.
 - Whenever feasible, agencies should directly provide training on overdose response and naloxone administration to persons seeking naloxone kits. This may be real-time in-person, or virtual online training or pre-recorded training.
 - At a minimum, agencies must provide information to kit recipients on how to access training (in-person or online) on overdose response and naloxone administration. Agencies should strongly encourage recipients to undergo training.
 - Agencies must instruct kit recipients that naloxone cannot be used to revive oneself.
- Pharmacists should consider offering training and intra-nasal naloxone kits to patients who have been prescribed 50 or more morphine milligram equivalents (MME) per day.

Intra-nasal Naloxone kits must contain the following at a minimum:

- Two naloxone hydrochloride (each up to 4 mg/0.1 mL) pre-filled intra-nasal spray applicators (labeled with manufacturer's labeling).
- Product-specific written instructions, including step-by-step instructions on administering naloxone intra-nasally
- Information on how to obtain training on naloxone administration (including in-person and/or online training)
- Delaware Overdose Guidance document (available at <https://www.dhss.delaware.gov/dhss/dph/standingorders.html>)

Minimum content of training

Training made available by Community-based agencies and pharmacies to naloxone kit recipients must meet the requirement of *CBNAP Opioid Overdose Responder Training* (see “definitions” below). This includes both training provided by the agency and training to which the program/agency refers naloxone kit recipients. This training must (at the minimum) cover certain topics to guide opioid overdose responders’ actions and/or provide required knowledge. Topics that must be covered include:

1. Recognition of the signs and symptoms of overdose such as slow breathing, or no breathing and/or unresponsiveness.
2. Early activation of emergency medical services (calling for help) by dialing 911.
3. Step by step instructions on administration of intra-nasal naloxone.
4. Early provision of rescue breaths, and initiation of CPR (cardiopulmonary resuscitation) for those responders who have CPR training
5. Being prepared to provide CPR under the direction of 911 dispatcher (for those who do not have CPR training)
6. Repeat administration of naloxone if there is no change in breathing or responsiveness 3-5 minutes after initial naloxone administration.
7. Remaining with the person who overdosed until help arrives in the form of a medical professional.
8. Administering naloxone without delay if there is no information about whether the person is allergic or not (Do not delay administration due to unknown allergy history)
9. Not administering naloxone to a person who is known to be allergic to naloxone
10. Warning about the potential of naloxone to cause rapid opiate withdrawal (include information on symptoms of rapid withdrawal).
11. Information that certain overdose situations may require higher doses of naloxone for reversal than what is available in the kits. (Underscoring the importance of calling 911 early in case the person needs additional assistance)

Refills

Additional naloxone intra-nasal spray kits may be provided to opioid overdose responders. With each refill, responders must be provided the same opportunities to get training as with the initial dispensing.

Tracking

Community-based agencies/partners approved to dispense will maintain documentation on the following at the minimum:

1. Date of dispensing
2. Whether or not training was provided, and if so, number of persons trained.
3. Expiration date of dispensed preparation
4. Self-reported zip code of kit destination (or zip code distributed in if recipient declined to provide)
5. Notification (by agency to DSAMH- Division of Substance Abuse and Mental Health) of expiring kits
6. Naloxone uses and outcome (if reported by recipients) One option for reporting this is through Delaware’s “OpiRescue DE” smart-phone application which can be downloaded from android or Apple app store for free.

Participating pharmacies will maintain these records with prescriptions filled under these standing orders.

This tracking information shall be made available to the CBNAP Program Coordinator from the CBNAP Agency Liaisons as requested.

Storage

Storage of naloxone kits should strictly follow manufacturers recommendations including but not limited to allowances for temperature excursions and protection from light. It is the responsibility of agency and/pharmacy to regularly monitor and rotate their stock to ensure that they do not dispense supply at, or close to expiration

Definitions

Community-Based Naloxone Access Program (CBNAP)

A program approved by Delaware Health and Social Services, Division of Public Health (DPH) to provide overdose response education and access to naloxone distribution services in accordance with these standing orders and program agreements. DPH has designated the Division of Substance Abuse and Mental Health (DSAMH) as the approved program for the state.

CBNAP Program Coordinator:

An employee of the state, appointed by the Director of the Division of Substance Abuse and Mental Health Services to oversee and coordinate the implementation, data collection, and monitoring of the CBNAP program and approved Community-Based training programs.

CBNAP Agency Liaison:

An employee of the partnering agency or pharmacy designated to serve as a single point of contact for coordination and communication with the CBNAP Program Coordinator.

Statewide Standing Order Authorization

This policy and procedure shall remain in effect from July 2nd 2025 to December 31, 2026



7/2/25

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