

State of Maryland

Maryland Institute for Emergency Medical Services Systems

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To: EMS Clinicians

From: Timothy Chizmar, MD

State EMS Medical Director

Date: May 6, 2022

Re: Statewide Naloxone Standing Order: Renewal April, 2022

The Maryland Department of Health (MDH) has renewed the statewide naloxone standing order for EMS clinicians. The new order has an expiration date of March 31, 2024.

This standing order authorizes Paramedics, Cardiac Rescue Technicians, and Emergency Medical Technicians to dispense naloxone to any individual who may be at risk of an opioid overdose or in a position to assist someone experiencing an opioid overdose. This document provides the enabling order for EMS clinicians to participate in the Naloxone Leave Behind protocol approved by the State Emergency Medical Services Board.

Of note, the Statewide Targeted Overdose Prevention (STOP) Act of 2022 (SB 394) will amend Maryland statute (Education Article §13–516) to enable EMS clinicians to dispense naloxone. This legislation will take effect on July 1, 2022, and will obviate the need for further renewals of the MDH standing order.

For more information, please contact the MIEMSS Office of the Medical Director.

# Attachments:

Maryland Overdose Response Program: Naloxone Standing Order for Paramedics, CRTs and EMTs.

# Maryland Overdose Response Program Statewide Naloxone Standing Order for Paramedics, Cardiac Rescue Technicians, and Emergency Medical Technicians



# **Background**

Naloxone is a prescription medication indicated for the reversal of respiratory depression or unresponsiveness due to opioid overdose. Under Maryland law,<sup>1</sup> a physician employed by the Maryland Department of Health (MDH) may prescribe naloxone 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.

# **Statewide Standing Order**

This standing order is issued by Jinlene Chan, MDH, MPH, FAAP (NPI # 1194847624), Deputy Secretary for Public Health Services, Maryland Department of Health. The standing order authorizes Paramedics, Cardiac Rescue Technicians, and Emergency Medical Technicians to dispense naloxone to any individual in accordance with the conditions of this order and the Leave Behind Naloxone protocol approved by the State Emergency Medical Services Board.

Dispense **two (2) doses** of naloxone hydrochloride and necessary paraphernalia for administration. The specific naloxone formulation shall be selected from the list below in accordance with the individual's preference or training to administer a particular formulation.

## 1. For intranasal administration

NARCAN® 4mg/0.1mL nasal spray. Include face shield for rescue breathing if available.
 Directions for use: Administer a single spray of NARCAN® in one nostril. Repeat after 3 minutes if no or minimal response.

Or

 2mg/2mL single-dose Luer-Jet prefilled syringe. Include one luer-lock mucosal atomization device (MAD 300) per dose dispensed. Include face shield for rescue breathing if available.

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

# 2. For intramuscular injection

0.4mg/mL in 1mL single dose vials. Include one 3cc, 23g, 1" syringe per dose dispensed. Include face shield for
rescue breathing and alcohol swabs if available.

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

### 3. For intramuscular or subcutaneous injection

EVZIO® 2mg/0.4mL auto-injector, #1 Two-pack
 Directions for use: Follow audio instructions from device. Place on thigh and inject 0.4 mL. Repeat after 3 minutes if no or minimal response.

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

Jinlene Chan, MD, MPH, FAAP, Deputy Secretary for Public Health, Maryland Department of Health

Effective Date: April 1, 2022 Expiration Date: March 31, 2024

<sup>&</sup>lt;sup>1</sup> Health-General Article, Title 13, Subtitle 31, Code of Maryland.