



## **YORK/ADAMS DRUG & ALCOHOL COMMISSION NARCAN FUNDING AGREEMENT**

The enactment of ACT 139 - "David's Law"- allows community members, first responders, and friends and families access to Narcan, an opioid overdose reversal medication which may counteract the effect of potentially fatal opioid drug overdoses. The law also provides immunity from prosecution for those responding to and reporting overdoses.

The Commission is strongly encouraging widespread use of Narcan in hopes of preventing opioid related overdose deaths. Free Narcan is available for qualifying entities through the Commission in accordance with the stipulations outlined within this Agreement. Please note that this Agreement is not intended to provide legal interpretation of ACT 139 or any other law. Entities entering into this agreement must adhere to all current Federal, State and County laws and protocols relative to ACT 139; in addition to any other Federal, State, and/or County applicable laws and protocols, including Standing Orders related to Narcan.

Commission qualifying entities include, but are not limited to the following:

1. **Community:** *Drug & Alcohol licensed treatment providers, recovery support entities, etc.*
2. **Fire/EMS:** *Fire Departments and Basic Life Support Emergency Medical Services*
3. **Police:** *County Police Departments*

Further, funding for Narcan is intended for the following use:

1. **Utilization at entity site:** *Maintained on-site for revival at on-site location of entity*
2. **Utilization in the field:** *Maintained for revival of individuals in the field*

### **FUNDING:**

Free Narcan shall be provided to all Commission approved entities. No cost shall ever be required of the entity to receive Narcan through this agreement. The Commission has entered an agreement with Adapt Pharma; manufacturer of the FDA approved nasal Narcan, who will provide the Narcan free of cost directly to all approved entities through Commission funding. Narcan provided shall be the FDA approved intra-nasal Narcan 4 milligram per dose, 2 dose unit.

Please note that Commission funding of Narcan shall occur so long as funding is available. Funding may cease at any time. In the event funding is no longer available, all approved entities shall be alerted prior to funding termination.

**APPROVAL:**

Entities requesting approval to receive free Narcan must agree to the terms outlined in this agreement and upon agreement must sign and date the agreement. Upon receipt of the submitted signed agreement, the Commission shall issue an approval or denial to the entity requesting approval, in addition to copying Adapt Pharma on the determination. Only approved entities shall qualify for free Narcan. Adapt Pharma will maintain the right to refuse billing to the Commission if the entity is not on file as approved. Further, the Commission will maintain the right to refuse payment to Adapt Pharma in the event the entity is not on file as approved. In the event of discrepancy, the entity may be requested to provide their copy of the approved agreement.

**FORMS:**

Entities requesting free Narcan must complete the following forms to activate Commission approval and account set up with Adapt Pharma for ordering. Once the forms are submitted, the Commission shall coordinate your account set up with Adapt Pharma and your initial order. Please complete and submit the following forms to the Commission at: [yadac-narcan@yorkcountypa.gov](mailto:yadac-narcan@yorkcountypa.gov).

- 1. York/Adams Drug & Alcohol Commission Narcan Funding Agreement**
  - A. Page 4 "Requesting Entity" section: fill out all boxes
  
- 2. Narcan Nasal Spray 4mg Physician/Medical Director Standing Order**
  - A. Fill in entity name in blank space at top of form
  
- 3. Terms and Conditions Narcan Nasal Spray at Public Interest Price**
  - A. Check intended use of Narcan Nasal Spray (see Narcan intended use section of the agreement for definitions)
  - B. Fill in name of authorized representative (Narcan contact) and title
  - C. Fill in name of organization
  - D. Check the type of entity the organization is (see Narcan qualifying entity section of the agreement for definitions)
  - E. Sign and date
  
- 4. Narcan Client Purchase Order**
  - A. Upper right section: fill in customer name/order date
  - B. "Ship To" section: fill in shipping address and contact
  - C. "Quantity" section: fill in amount of Narcan units requested
  - D. Complete Name, Title, Date, Signature and email address in bottom section

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- E. Bottom of form: print name of authorized representative(Narcan contact)/title/date/sign/  
email address

**ORDERING:**

When ordering, please order the number of UNITS requested, noting that each unit contains 2 doses of 4 milligram nasal Narcan. Additionally, orders must be in quantities of 5 units or more to ensure priority shipping and tracking of order. Once submitted, orders typically arrive in 2-3 days.

**CONTINUED PURCHASING:** Once your account has been established and your initial order is placed with Adapt Pharma, you will be assigned a customer service representative through their agency. Continued purchasing may be directed to this contact and sent to [Customerservice@adaptpharma.com](mailto:Customerservice@adaptpharma.com).

For EACH continued purchase, the following must be submitted to your established contact:

1. Terms and Conditions Narcan Nasal Spray at Public Interest Price
2. Narcan Client Purchase Order

**TRAINING:**

It is the responsibility of the qualifying entity to provide adequate training in order to maximize the benefit of the medication and minimize ineffective use. Training for individuals administering Narcan is short in duration and easy to complete. This may be accessed through [www.ddap.gov](http://www.ddap.gov).

**REPORTING:**

All entities receiving Narcan through Commission funding shall be required to complete a Narcan Utilization Report in order to effectively track utilization of Narcan.

Reports must be completed each time Narcan is utilized and must be submitted immediately upon Narcan Utilization. Upon completion of the appropriate report, the report must be emailed to: [yadac-narcan@yorkcountypa.gov](mailto:yadac-narcan@yorkcountypa.gov)

**This section to be completed by requesting entity:**

ENTITY NAME:	DEPARTMENT (IF APPLICABLE):
ADDRESS:	PHONE NUMBER:
ENTITY TYPE: COMMUNITY <input type="checkbox"/> FIRE/EMT <input type="checkbox"/> POLICE <input type="checkbox"/>	
IF COMMUNITY PLEASE ELABORATE:	
CONTACT NAME:	CONTACT PHONE NUMBER:
CONTACT ADDRESS:	CONTACT EMAIL:
SIGNATURE:	DATE:

**This section to be completed by York/Adams Drug & Alcohol Commission:**

APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/>	
DENIAL REASON:	
SIGNATURE:	DATE:

Please submit form to the York-Adams Drug and Alcohol Commission at:  
yadac-narcan@yorkcountypa.gov

NARCAN NASAL SPRAY 4mg  
Physician/Medical Director - **Standing Order**

NARCAN is indicated for the reversal of opioid overdose induced by natural or synthetic opioids and exhibited by respiratory depression or unresponsiveness. NARCAN is delivered by intranasal administration as indicated.

This standing order covers the possession and administration of NARCAN Nasal Spray 4mg.

Trained staff of \_\_\_\_\_ may possess and administer NARCAN Nasal Spray 4mg to a person at risk of experiencing an opioid-related overdose.

Administration of NARCAN Nasal Spray 4mg to a person suspected of an opioid overdose with respiratory depression or unresponsiveness as follows:

Use NARCAN 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.
- Each NARCAN Nasal Spray has 1 dose and cannot be reused.
- You do not need to prime NARCAN Nasal Spray.

How to use NARCAN nasal spray:

Step 1. Lay the person on their back to receive a dose of NARCAN Nasal Spray.

Step 2. Remove NARCAN Nasal Spray from the box. Peel back the tab with the circle to open the NARCAN Nasal Spray.

Step 3. Hold the NARCAN Nasal Spray with your thumb on the bottom of the plunger and your first and middle fingers on either side of the nozzle.

Step 4. 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.

Step 5. Press the plunger firmly to give the dose of NARCAN Nasal Spray.

Step 6. Remove the NARCAN Nasal Spray from the nostril after giving the dose.

Step 7. 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 Steps 2 through 6 using a new NARCAN Nasal Spray to give another dose in the other nostril. If additional NARCAN Nasal Sprays are available, Steps 2 through 6 may be repeated every 2 to 3 minutes until the person responds or emergency medical help is received.

Step 8. Put the used NARCAN Nasal Spray back into its box.

Step 9. Throw away (dispose of) the used NARCAN Nasal Spray in a place that is away from children.

SIG: Administer intra-nasally as outlined in instructions above, as needed for opioid overdose.

QTY: N/A

REFILLS: N/A

DATE: Good 5/1/2017 until **Standing Order** rescinded in writing by provider or licensed designee.

Dr. Signature \_\_\_\_\_

Provider: Dr. Matthew Howie  
PA License: MD-070102-L  
DEA: BH6798904



EMS AGREEMENT FOR NALOXONE DISTRIBUTION

In accordance with PCCD grant funding for naloxone distribution, approved entities through York/Adams Drug & Alcohol Commission, the centralized coordinating entity, must enter into the EMS agreement.

Agreement between Community Life Team (York County Emergency Medical Services) and \_\_\_\_\_ (Department Director).

Pursuant to Act 139 of 2014, this agreement with the consent of the Community Life Team of York County Emergency Medical Services Agency Appointed Representative) permits \_\_\_\_\_ (Department Director) to obtain and use a supply of naloxone.

The naloxone will be prescribed to \_\_\_\_\_ (Department Director) by Dr. Matthew Howie using a standing order for NARCAN Nasal Spray 4mg.

The naloxone will be obtained from York/Adams Drug & Alcohol Commission and stored at \_\_\_\_\_ (Department) pursuant to the package instructions for proper storage.

Pursuant to Act 139 and this Agreement, it is understood and agreed that naloxone can only be provided to and administered by departments that received appropriate training about naloxone administration, recognizing opioid related overdoses and promptly seeking medical attention.

\_\_\_\_\_ (Department Director) will regularly identify and verify that department members have received the appropriate training and instructional materials, thereby permitting them to administer naloxone.

\_\_\_\_\_ (Department Director) will maintain administrative records, which will track the training of department members, the storage and distribution and deployment of their naloxone supply.

  
EMS Agency Representative      Date 3-12-19

\_\_\_\_\_  
Department Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
York/Adams Drug & Alcohol Commission Representative

\_\_\_\_\_  
Date