

**York County
Commissioners**

Susan P. Byrnes
Doug Hoke
Christopher B. Reilly



**YORK/ADAMS
DRUG & ALCOHOL COMMISSION**

Recovery on the Horizon

100 West Market Street, Suite B04, York PA 17401-1332
Phone: 717-771-9222; Fax: 717-771-9709 Web: www.ycd-a.org

Audrey L. Gladfelter, Administrator

**Adams County
Commissioners**

Randy L. Phiel
James E. Martin
Marty Karsteter Qually

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:** *Community members who may act as a first responder*
2. **Fire/EMS:** *Fire Departments and Emergency Medical Services*
3. **Law Enforcement:** *County Police Departments; Probation*

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

1. **Utilization at entity site:** *Maintained on-site for revival*
2. **Utilization in the field:** *Maintained for revivals in the field*
3. **Field Leave Behind:** *Distribution to overdose victim or family member, friends, or other persons who are in a position to assist the overdose victim (EMS ONLY)*

FUNDING:

Free Narcan shall be provided to all Commission approved entities. No cost shall be required of the entity to receive Narcan through this agreement. The Commission has entered an agreement with Minnich's Pharmacy who will distribute the Narcan free of cost directly to all approved entities. Narcan

YADAC Narcan Funding Agreement revised 8/1/2018

provided shall be the FDA approved intra-nasal Narcan 4 milligram per dose, 2 dose unit, with the exception of canines, who shall receive Naloxone 2 milligram per dose, 2 dose units with atomizer.

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 Minnich's Pharmacy on the determination. Only approved entities shall qualify for free Narcan. Minnich's Pharmacy will maintain the right to refuse distribution to the entity if the entity is not on file as Commission 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 Minnich's Pharmacy for distribution.

Once the forms are submitted, the Commission shall coordinate your account set up with Minnich's Pharmacy and your initial order. Please complete and submit the following forms to the Commission at: 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. Narcan Client Order**
 - A. Upper right section: fill in customer name/order date
 - B. "Ship To" section: fill in shipping address and contact
 - C. "Quantity Total" section: fill in amount of Narcan units requested
 - D. "Public Kit Quantity" section: Of the total Narcan requested, how many are you requesting in public kit form? (public kit includes: First response hard case, Narcan, Gloves, CPR Mask, Drug and alcohol resource materials)
 - E. "Non-Public Kit Quantity" section: Of the total Narcan requested, how many are you requesting in non-public form? (supply will be in box form only; no kit)

- F. "Expiration Re-Distribution Quantity" section: How many of your current Narcan supply is within 6 months of expiration? Expiration date is listed on the Narcan box. Please have this supply on hand to pass off to Minnich's Pharmacy when then drop off your new order. This supply will be re-distributed to a high volume entity.
- G. Complete Name, Title, Date, Signature, email address and phone number in bottom section

ORDERING:

When ordering, please order the number of UNITS requested, noting that each unit contains 2 doses of 4 milligram nasal Narcan.

Distribution shall occur according to order date/time. Same day delivery shall occur for orders placed by 11AM Monday through Saturday. For orders placed after 11AM, delivery shall occur the next day. Orders placed after 11AM Saturday, will be delivered the following Monday, unless it is specified that the order is an emergency. Holiday Deliveries count as an emergency. Minnich's Pharmacy Emergency on call services may be accessed 24/7 at: 717-676-0671. Emergency orders are not to be abused and will be monitored.

RE-ORDERING: Once your account has been established, and your initial order is placed with Minnich's Pharmacy, you may re-order according to your needs.

For EACH re-order, the following form must be submitted:

- 1. Narcan Client Order

The form must be emailed to the following:

- 1. Commission at: yadac-narcan@yorkcountypa.gov
- 2. (please copy) Minnich's Pharmacy at: Minnichspharmacy@minnichspharmacy.com

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.

REPORTING:

All entities receiving Narcan through Commission funding shall be required to report their Narcan utilization to effectively track utilization of Narcan. Reports must be completed each time Narcan is utilized and must be submitted immediately upon Narcan Utilization. This data may be reported through the Overdose Information Network, or "ODIN" system or through the Commission Narcan Utilization Report. If utilizing the Commission Narcan Utilization Report, the report must be emailed to: yadac-narcan@yorkcountypa.gov

YADAC Narcan Funding Agreement revised 8/1/2018

This section to be completed by requesting entity:

ENTITY NAME:	DEPARTMENT (IF APPLICABLE):
ADDRESS:	PHONE NUMBER:
ENTITY TYPE: COMMUNITY <input type="checkbox"/> FIRE/EMS <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.

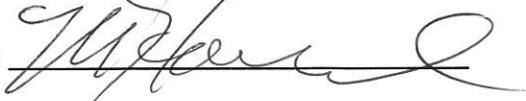
SIG: Administer intra-nasally as outlined in instructions above, as needed for opioid overdose.

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

York County
Commissioners

Susan P. Byrnes
Doug Hoke
Christopher B. Reilly



**YORK/ADAMS
DRUG & ALCOHOL COMMISSION**

Recovery on the Horizon

100 West Market Street, Suite B04, York PA 17401-1332
Phone: 717-771-0222; Fax: 717-771-9700 Web: www.ycd-a.org

Adams County
Commissioners

Randy L. Phiel
James E. Martin
Marty Karsteter Qually

Audrey L. Gladfelter, Administrator

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 _____ (EMS Agency) and _____ (Law Enforcement Agency or Fire Department).

Pursuant to Act 139 of 2014, this agreement with the consent of the _____ (EMS Agency Appointed Representative) permits _____ (Law Enforcement Agency or Fire Department) to obtain and use a supply of naloxone.

The naloxone will be prescribed to _____ (Law Enforcement Agency or Fire Department) by Dr. Matthew Howie using a standing order for NARCAN Nasal Spray 4mg.

The naloxone will be obtained from York/Adams Drug and Alcohol Commission and stored at _____ (EMS Agency, Law Enforcement Agency or Fire Department) pursuant to the package instructions for proper storage.

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

_____ (The Chief or Head of the Law Enforcement Agency or Fire Department) will regularly identify and verify that officers or firefighters have received the appropriate training and instructional materials, thereby permitting them to administer naloxone.

_____ (The Chief or Head of the Law Enforcement Agency or Fire Department) will maintain administrative records, which will track the training of officers and firefighters, the storage and distribution of the supply of naloxone and the deployment.

01/23/2018

EMS Agency Representative

Date

Law Enforcement/ Fire Chief

Date

YADAC Representative

Date

York County
Commissioners

Susan P. Byrnes
Doug Hoke
Christopher B. Reilly



**YORK/ADAMS
DRUG & ALCOHOL COMMISSION**

Recovery on the Horizon

100 West Market Street, Suite B04, York PA 17401-1332
Phone: 717-771-9222; Fax: 717-771-9709 Web: www.ycd-a.org

Adams County
Commissioners

Randy L. Phiel
James E. Martin
Marty Karsteter Oually

Audrey L. Gladfelter, Administrator

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 ARMAR Inc. (EMS Agency) and _____ (Law Enforcement Agency or Fire Department).

Pursuant to Act 139 of 2014, this agreement with the consent of the ARMAR Inc. (EMS Agency Appointed Representative) permits _____ (Law Enforcement Agency or Fire Department) to obtain and use a supply of naloxone.

The naloxone will be prescribed to _____ (Law Enforcement Agency or Fire Department) by Dr. Matthew Howie using a standing order for NARCAN Nasal Spray 4mg.

The naloxone will be obtained from York/Adams Drug and Alcohol Commission and stored at _____ (EMS Agency, Law Enforcement Agency or Fire Department) pursuant to the package instructions for proper storage.

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

_____ (The Chief or Head of the Law Enforcement Agency or Fire Department) will regularly identify and verify that officers or firefighters have received the appropriate training and instructional materials, thereby permitting them to administer naloxone.

_____ (The Chief or Head of the Law Enforcement Agency or Fire Department) will maintain administrative records, which will track the training of officers and firefighters, the storage and distribution of the supply of naloxone and the deployment.

J. Hoke, V.P. 1/18/2018

EMS Agency Representative Date

Law Enforcement/ Fire Chief Date

YADAC Representative Date