

Frequently Asked Questions (FAQs) About the Naloxone Standing Order for First Responders

The Controlled Substance, Drug, Device, and Cosmetic Act authorizes law enforcement officers and firefighters to administer opioid antagonists (e.g., naloxone) to a person experiencing an opioid overdose. Opioid antagonists such as naloxone are lifesaving medications that can reverse an overdose caused by opioids (e.g., heroin, fentanyl, morphine). The Act also provides civil, criminal, and professional immunity to first responders responding to overdoses.

To promote the continued use of naloxone by law enforcement officers and firefighters, the Pennsylvania Department of Health (DOH) published an updated [Naloxone Standing Order for First Responders](#), along with this accompanying FAQ document. Note that the updated [standing order](#) no longer applies to EMS providers (see question 1 below).

FAQs

1. Why did DOH release an updated standing order for first responders?

DOH issued an updated [Naloxone Standing Order for First Responders](#) following the passage of [Act 34 of 2025](#). This Act was passed on July 7, 2025 and takes effect on September 5, 2025. This new law changes the Pennsylvania Pharmacy Act to allow EMS providers to distribute dose packages of naloxone. It permits distribution to individuals in a position to assist a person who experienced an opioid overdose. See the recently released [Guidance for EMS Providers and Agencies Regarding Act 34 of 2025](#) for more details.

Previously, EMS providers could only “leave behind” naloxone if specifically authorized by a DOH standing order. Historically, the standing order for first responders enabled law enforcement and firefighters to administer naloxone *and* EMS providers to leave behind naloxone. With Act 34’s passage, this separate authorization for EMS is no longer needed and therefore, is not included in the standing order. Additionally, DOH updated the naloxone formulations to reflect the latest science on opioid overdose reversal medications (also known as opioid antagonists). This ensures that law enforcement officers and firefighters have access to the most effective opioid overdose reversal medications.

2. Does a law enforcement officer or firefighter have to confirm that the person who overdosed consumed opioids before administering naloxone (i.e., check with a bystander, identify drugs on the person)?

No, the law specifically states that the medication can be administered to a person experiencing or believed to be experiencing an opioid overdose. If you believe someone is experiencing an opioid overdose, you should not delay giving the person naloxone. Naloxone is lifesaving and using it quickly is essential.

3. Can law enforcement officers and firefighters use an opioid antagonist other than naloxone?

The DOH [standing order](#) focuses on formulations of naloxone because they are the products best supported by the latest science on opioid overdose reversal medications. However, the [Controlled Substance, Drug, Device, and Cosmetic Act](#) permits a law enforcement agency, fire department, or fire company to enter into a written agreement with an EMS agency to obtain and use any opioid antagonist. See [Section 13.8](#) of the Controlled Substance, Drug, Device, and Cosmetic Act for more information.