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To: All Emergency Medical Services (EMS) Agencies
From: REMO
RE: BLS Naloxone Administration Program
Date: December 10, 2013

On behalf of the Regional Council, we would like to thank you for your interest in the Basic Life Support (BLS) Naloxone Administration program. Based upon the success of agencies in other states, The AIDS Institute - New York State Department of Health has approved this initiative for a selective pilot program. The goal of this program is to provide faster appropriate care to Opioid Overdose patients in our region.

This information packet will help your agency apply for participation in this program. Details of all requirements are enclosed. Please call REMO (518) 464-5097 if you have any questions. Thank you for your time and interest in the BLS Naloxone Administration Program.



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Application Checklist

All BLS Agencies:

- _____ Signed Letter of Intent
- _____ Required Agency Information Sheet
- _____ Signed Statement of Agreement from Medical Director

BLS Naloxone Administration



24 Madison Ave Ext, Albany, NY 12203

**Agency Letter of Intent for Participation in the
BLS Naloxone Administration Program**

We the members of _____, hereby request permission to participate in the REMO BLS Naloxone Administration Program.

We agree to abide by the following:

1. All necessary equipment and IN Naloxone trained personnel will be provided on a twenty-four (24) hour per day, seven (7) days a week schedule.
2. All providers will complete the Naloxone Administration Training Material.
3. All agency and personnel must follow all policies, procedures and protocols set forth by the Regional Medical Advisory Committee and NY State.
4. Our agency will provide and document annual BLS Naloxone updates with competency skill testing for all active providers.
5. Our agency agrees to participate in the Regional Quality Improvement Program. All calls in which IN Naloxone are administered must be reviewed by the agency Medical Advisor. A copy of the PCR must be sent to REMO within 24 hours.
6. If our agency, or one of our personnel disregards these guidelines and/or other applicable protocols, the privilege of providing pre-hospital Naloxone treatment may be revoked or suspended by the Medical Advisory Committee.
7. Any changes to the Required Agency Information will be reported to REMO within 30 business days.

The signatures below certify that the above conditions will be maintained and that we will be responsible for all aspects of participation in this Regional program.

Agency Captain/President

Agency Medical Advisor

BLS Naloxone Administration

Required Agency Information (please print)

Agency Name: _____ Agency Phone Number: _____

Agency Mailing Address: _____ City: _____ Zip _____

1. Designated representative responsible for the BLS Naloxone Administration Program:

Name: _____

Daytime #: _____ Email (if applicable): _____

2. Agency Administrator (Captain or President):

Name: _____

Daytime #: _____ Email (if applicable): _____

3. Agency Medical Advisor:

Name: _____

Daytime #: _____ Email (if applicable): _____

4. Agency QI Coordinator:

Name: _____

Daytime #: _____ Email (if applicable): _____

5. We will receive Overdose Prevention Rescue Kits from:

6. Naloxone will be stored in the Agency's station in the following manner:

7. Naloxone will be carried and secured on the ambulance(s) in the following manner:

8. The following ALS agencies will be called for intercepts:

Must Be Completed By BLS Non-transporting Agencies ONLY:

9. Primary transporting ambulance service:

Name: _____



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Medical Director Statement of Agreement

I hereby agree to serve as the Medical Director for:

(name of agency)

I understand that all patient care will be provided under my license, in accordance with NYS and REMO regional protocols and training guidelines, except in cases of gross negligence resulting in injury or death. Upon signing this document, I agree to:

- Provide and/or assist with annual Naloxone in-services/updates and training
- Annually renew the Naloxone agreement with this agency
- Participate in Q.I., and review all calls in which Naloxone was administered and any other calls as necessary
- Provide medical leadership
- Act as a resource for continuing education
- Remain familiar with regional and NY State BLS protocols

If I have any questions concerning my responsibilities, I will contact REMO.

MD signature: _____

MD name printed: _____

Date: _____ MD daytime phone #: _____

MD address: _____

BLS Naloxone Administration

Equipment List

The following minimum equipment should be carried on every BLS unit:

An intranasal naloxone kit that contains the following:

- a. Two (2)- naloxone hydrochloride pre-filled Luer- Lock (**needleless**) syringes containing 2mg/2mL with Two (2)- mucosal atomization devices (MAD)
OR
Two (2)- naloxone hydrochloride single dose nasal spray devices 2mg/0.1mL
- b. One (1)- container for security/storage

BLS Administration of Naloxone to Reverse Opioid Overdose Frequently Asked Questions

1. What is the reporting or follow-up process after we administer the medication?

After you give a dose of the Naloxone please complete the BLS Naloxone QI Form and submit to REMO. This medication will not be restocked at the hospital.

2. Is there CME credit available for this training program? CME Credits can be awarded for the completion of training through a NYS CIC.



New York State
Department of Health
Bureau of Emergency Medical Services
POLICY STATEMENT

Supercedes/Updates: New

No. 13 - 10

Date: Dec. 10, 2013

**Re: Intranasal
Naloxone (Narcan®) for
Basic Life Support EMS
Agencies**

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At the October, 2013 meeting of the New York State Emergency Medical Advisory Committee (SEMAC), the administration of naloxone (Narcan®) using a mucosal atomizer device (MAD) for patients experiencing opioid overdoses was approved for use by certified Basic Life Support EMS providers in Basic Life Support (BLS) EMS agencies. The Commissioner of Health has approved the administration of intranasal naloxone as a part of the scope of practice for certified Basic Life Support EMS providers in New York State.

The purpose of this policy is to explain the process for agencies wishing to implement an intranasal naloxone program. The addition of administration of intranasal naloxone is intended to provide prompt emergency medical care to patients with symptomatic acute opioid overdoses as described in prehospital protocol.

In order to participate in the BLS intranasal naloxone program, the EMS agency must have approval from its medical director, complete the approved training program which includes watching a video, reviewing written materials and a brief supervised practice session and make notification to the local Regional Emergency Medical Advisory Committee (REMAC).

BLS INTRANASAL NALOXONE PROGRAM

The SEMAC has approved an amendment to the Altered Mental Status protocol in the New York State CFR and EMT/AEMT BLS Protocols which will enable EMS agencies and certified Basic Life Support EMS providers to administer intranasal naloxone to patients experiencing an acute opioid overdose. A NYS EMS Lesson Plan Guide has been developed for use by EMS course sponsors. Additionally, the REMAC may approve training programs and determine the type and level of record keeping and quality assurance requirements for this procedure.

PARTICIPATION

EMS agencies intending to participate in the intranasal naloxone program, must:

1. Notify the local REMAC in writing;
2. Utilize an intranasal naloxone kit that contains the following:
 - a. Two (2)- naloxone hydrochloride pre-filled Luer-Lock (**needleless**) syringes containing 2mg/2ml
 - b. Two (2)- mucosal atomization devices (MAD): and
 - c. One (1)- container for security/storage

Additionally EMS agencies must do the following as a minimum:

1. Develop written policies and procedures for the intranasal naloxone program that are consistent with state and local protocol. This shall include, but not be limited to the following:
 - policies and procedures for the EMS training, credentialing and continuing education;
 - documentation of credentialed users;
 - appropriate patient documentation;
 - a defined quality assurance program, including appropriateness review by the medical director;
 - policies and procedures for:
 - > inventory;
 - > storage, including environmental considerations;
 - > security; and
 - > proper disposal of medication and administration devices.

2. Perform quality assurance evaluations on each administration for the initial six (6) months of the program, or longer at the request of the medical director.
3. Provide data to the REMAC upon request.

CONCLUSION

With a growing number of prehospital opioid overdoses throughout the NYS, all EMS agencies are encouraged to train their certified BLS providers in the administration of intranasal naloxone) and stock the medication and mucosal atomizer devices (MAD) on their certified EMS response vehicles. The addition of intranasal naloxone has life-saving benefits in reversing opioid overdoses in the prehospital setting. EMS providers are frequently the first to arrive at the scene of an overdose putting them in the best position to administer this time-sensitive, life-saving intervention. The use of a nasal atomizer device reduces the potential for occupational exposure to needle stick injuries. Widely available evidence exists to indicate that the medication is equally effective when administered intra-nasally and suggests no negative health outcomes.

The New York State EMS Demonstration Project concluded with the following:

- 2,035 EMTs trained;
- 223 opioid overdose reversals;
- No adverse events;
- No significant hazards to EMS personnel; and
- 10% of contacted reversals entered rehabilitation programs

RESOURCES

- CFR/BLS Altered Mental Status Protocol (attached)
- BLS Drug Formulary – Naloxone (attached)
- NYS EMS Lesson Plan Guide
- Reversing Opioid Overdose: Training for EMS and Public Safety Personnel

Course Link: <http://hivtrainingny.org/Account/LogOn?crs=821>

This link will take you to the DOH website which hosts the training video and associated materials. To access the materials, you must establish an account which is free and takes only a couple of minutes. Once you establish an account, you will be directed to the training materials.

- *“Substance Abuse and Mental Health Administration - Opioid Overdose Prevention Toolkit .”*
<http://store.samhsa.gov/product/SMA13-4742>

Altered Mental Status

Note:

**Request Advanced Life Support if available.
Do Not delay transport to the appropriate hospital.**

Note:

This protocol is for patients who are not alert (A), but who are responsive to verbal stimuli (V), responding to painful stimuli (P), or unresponsive (U).

- I. Assess the situation for potential or actual danger. If the scene/situation is not safe, retreat to a safe location, create a safe zone and obtain additional assistance from a police agency.

Note:

Emotionally disturbed patients must be presumed to have an underlying medical or traumatic condition causing the altered mental status.

Note:

**All suicidal or violent threats or gestures must be taken seriously. These patients should be in police custody if they pose a danger to themselves or others.
If the patient poses a danger to themselves and/or others, summon police for assistance.**

- II. Perform primary assessment. Assure that the patient's airway is open and that breathing and circulation are adequate. Suction as necessary
- III. Administer high concentration oxygen. In children, humidified oxygen is preferred.
- IV. Obtain and record patient's vital signs, including determining the patient's level of consciousness. Assess and monitor the Glasgow Coma Scale.
- A. **If the patient is unresponsive (U) or responds only to painful stimuli (P), prepare for transport while continuing care.**
- B. **If the patient has a known history of diabetes controlled by medication, is conscious and is able drink without assistance, provide an oral glucose solution, fruit juice or non-diet**

soda by mouth, then transport, keeping the patient warm. If regionally approved to obtain blood glucose levels utilizing a glucometer, follow your regionally approved protocol.

C. If patient has a suspected narcotic overdose:

- i. Respirations less than 10/minute and signs of respiratory failure or respiratory arrest, refer to appropriate respiratory protocol.
- ii. If regionally approved and available, obtain patient's blood glucose (BG) level.

1. If BG is less than 65, follow IV.B above.
2. If BG is more than 65, proceed to next step.

- iii. Administer 2mg/2ml of naloxone (Narcan®) via a mucosal atomizer device (MAD).

1. Exclusion criteria:

- a. Cardiopulmonary Arrest,
- b. Seizure activity during this incident,
- c. Pediatric patients,
- d. Therapeutic opiate use through physician prescription,
- e. Evidence of nasal trauma, nasal obstruction and/or epistaxis.

2. Insert MAD into patient's left nostril and inject 1mg/1ml.

3. Insert MAD into patient's right nostril and inject 1mg/1ml.

4. Prepare for transport. After 5 minutes, if patient's respiratory rate is not greater than 10 breaths/minute, administer a second dose of naloxone 2mg/2ml follow the same procedure as above.

Note:

Do not give solutions by mouth to patients who are unconscious or to patients with head injuries.

- V. If underlying medical or traumatic condition causing an altered mental status is not apparent; the patient is fully conscious, alert (A) and able to communicate; and an emotional disturbance is suspected, proceed to the Behavioral Emergencies protocol.
- VI. Transport to the closest appropriate facility while re-evaluating vital signs every 5 minutes and reassess as necessary.
- VII. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report (PCR).

BLS Drug Formulary

NALOXONE (Narcan®)

Class

Synthetic opioid antagonist

Description

Naloxone is a competitive narcotic antagonist used in the management and reversal of overdoses caused by narcotics and synthetic narcotic agents. Unlike other narcotic antagonists, which do not completely inhibit the analgesic properties of opiates, naloxone antagonizes all actions of morphine.

Onset & Duration

Onset: Within 2 min.

Duration: 30-60 min.

Indications

1. For the complete or partial reversal of CNS and respiratory depression induced by opioids:
 - a) Narcotic agonist:
 - Morphine sulfate
 - Heroin
 - Hydromorphone (Dilaudid)
 - Methadone
 - Meperidine (Demerol)
 - Paregoric
 - Fentanyl citrate (Sublimaze)
 - Oxycodone (Percodan)
 - Codeine
 - Propoxyphene (Darvon)
 - b) Narcotic agonist and antagonist
 - Butorphanol tartrate (Stadol)
 - Pentazocine (Talwin)
 - Nalbuphine (Nubain)
2. Decreased level of consciousness

Naloxone continued...

Contraindications

1. Hypersensitivity
 2. Use with caution in narcotic-dependent patients who may experience withdrawal syndrome (including neonates of narcotic-dependent mothers)
-

Adverse Reactions

1. Tachycardia
 2. Hypertension
 3. Hypotension
 4. Cardiac dysrhythmia
 5. Seizures
 6. Nausea and vomiting
 7. Diaphoresis
-

How Supplied

2mg/2ml, prefilled syringe without needle
Mucosal Atomizer Device (MAD) – purchased separately

Protocol – CFR and EMT

M-2 Altered Mental Status with Suspected Narcotic Overdose

Special Considerations

1. Pregnancy safety: Category B
2. May not reverse hypotension
3. Caution should be exercised when administering naloxone to narcotic addicts (may precipitate withdrawal with hypertension, tachycardia, and violent behavior)

REMO BLS Naloxone Administration Quality Improvement Call Review

This form is to be completed by the provider who has administered Naloxone to a patient using the BLS Naloxone protocol. This form should be returned, along with a copy of the completed PCR, to REMO within 24 hours of administration. Fax: 518-464-5099 or Email: admin@remo-ems.com

Agency: _____

Transporting Ambulance (if different): _____

Call Date: _____ PCR or PRID#: _____

Hospital Destination: _____

Level of care of for provider administering Naloxone: CFR/EMR EMT AEMT AEMT-CC/P

Patient information:

Age: _____ Gender: Male Female Blood Glucose (if obtained): _____

Initial Vital Signs: GCS: E ___ V ___ M ___ Heart Rate: _____ Blood Pressure: _____ / _____

Resp. Rate & Effort: _____ SPO2: _____ Pupils: _____

Final Vital Signs: GCS: E ___ V ___ M ___ Heart Rate: _____ Blood Pressure: _____ / _____

Resp. Rate & Effort: _____ SPO2: _____ Pupils: _____

Airway Maintained by: Patient BVM NPA OPA

Suspected Agent/Medication Ingested: _____

1. Was Naloxone administered to this patient? Yes / No
2. How many doses were administered before the desired effect was achieved? _____
3. Were the times for each Naloxone treatment documented? Yes / No
4. Were there any hazards to the crew? Yes / No If yes, what were they?
 Combative Violent Other: _____
5. Were there any complications with administration? Yes / No If yes, what were they?
 Respiratory distress Vomiting Other: _____
6. Was ALS response requested? Yes / No
7. Was ALS response available and on-scene? Yes / No
8. Did ALS administer more Naloxone IV or IM? Yes / No

Please provide any other pertinent information / comments about this encounter on the back of this page.