Hudson Valley Regional EMS Council
103 Executive Drive~Suite 400 Second Floor
New Windsor, NY 12553
Phone (845) 245-4292 Fax (845) 245-4181

Application for the use of Intranasal Naloxone (Narcan) by BLS Agency

Agency Name _____

Agency Code _____

Agency Address _____

Agency Phone _____

Agency Fax _____

Agency Contact Name _____

Agency Medical Director _____

Medical Director Address _____

Medical Director Phone _____

Medical Director Fax _____

Number of vehicles that will contain Intranasal Naloxone: _____

Has a restocking plan been developed with your Medical Director? ☐ Yes ☐ No

_____ _____ _____ _____

Signature of Agency Official Date Signature of Medical Director Date

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To be completed by Regional Office

Date Received _____

Received by _____

HUDSON VALLEY REGIONAL
EMERGENCY MEDICAL SERVICES COUNCIL, INC.

103 Executive Drive Suite
400 New Windsor, NY
12553
(845) 245-4292 Phone
(845) 245-4181 Fax
hvremsco@hvremsco.org

COLLABORATIVE AGREEMENT

Administration of Intranasal Naloxone (Narcan) by EMT-Basic

As per Hudson Valley Regional Medical Advisory (HVREMAC) requirements,

Agency Name: _____
(Hereafter referred to as the Agency)

and

Medical Director: _____
(Hereafter referred to as the Agency Medical Director)

enter into this collaborative agreement in which;

1. The Agency will acquire, store, account, and dispose of Intranasal Naloxone according to written policies and procedures which have been developed as recommended by New York State Department of Health Policy Statement 00- 15 "Storage and Safeguarding of Medications Administered by EMT-Bs";
2. The Agency will ensure that the New York State Basic Life Support Adult and Pediatric Treatment Protocols are utilized by all participating personnel for the proper administration of Intranasal Naloxone;
3. The Agency will ensure that Intranasal Naloxone will only be administered by authorized EMT(s) who have successfully completed a training program which includes Watching a Video, reviewing written materials and a supervised practice session.
4. The Agency will require that all Intranasal Naloxone administrations are documented appropriately by utilizing the New York State approved Patient Care Report (PCR). Additionally, all Intranasal Naloxone administrations will be reported to the HVREMAC utilizing the approved quality improvement form;
5. The Agency agrees to include the review of all BLS Intranasal Naloxone administrations in the Agency's quality improvement plan that is required by the New York State Department of Health;
6. The Agency will review this agreement on an annual basis and will file a new Collaborative Agreement with the Hudson Valley Regional EMS Council if the Agency Medical Director, or any of the contents of this agreement, changes.

_____ _____
Name of Authorized Agency Representative **Title**

_____ _____
Signature **Date**

_____ _____
Agency Medical Director's Signature **Date**

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Phone: (845) 245-4292
Fax: (845) 245-4181
E-Mail: www.hvremsco.org
Website:hvremsco@hvremsco.org

BLS Administration of Intranasal Naloxone (Narcan) Quality Improvement Report

To be completed by the EMT who has administered
Intranasal Naloxone According to the Collaborative Protocol

Upon completion of this report, please attach to the YELLOW copy of the PCR and Submit to the HVREMS office along with the monthly PCR submissions.

ePCR agencies must submit form to the HVREMSCO office

BLS Administration of Intranasal Naloxone

Date of Incident:_____PCR #:_____Agency Code:_____EMT #:_____

Patient's Age:_____Sex(M/F):_____Time Patient Contact Began:_____Time Patient Contact Ended : _____

Patient Had History of Drug Abuse?(Y/N):_____

Time of Onset (If Known)?_____ Time of Intranasal Naloxone Administration? 1st_____2nd _____

Did the Patient Show Improvement? (Y/N):_____If So, How?_____

Did the Patient's Status Worsen? (Y/N):_____ If So, How?_____

Was ALS Available? (Y/N):_____If Not, Why?_____

Was Medical Control Contacted? (Y/N)::_____If So, Name of Medical Control Physician?_____

Name of Transporting Ambulance Service?_____

Name of Receiving Hospital?_____

Level of Care Patient was Turned Over to? (Please Circle): AEMT EMT-CC EMT-P RN MD

New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

Supersedes/Updates: 00-15

No. 09-11

Date: December 28, 2009

Re: Storage and Safe Guarding of Medications Administered by EMT-Bs.

Purpose

The medications approved for use by Emergency Medical Technician - Basics (EMT-B) are considered to be lifesaving measures. As such, care should be taken to allow for immediate access, while safe guarding the medications when not caring for a patient. This policy is developed to address concerns regarding the storage and safe-guarding of medications that may be administered in accordance with state and regional BLS protocols by EMT-Bs.

Policy

Prior to implementing prehospital medication administration, each agency must receive approval from their Regional Emergency Medical Advisory Committee (REMAC). All EMS agencies carrying medications for use by EMT-Bs, prior to placing them in service, must develop policies and procedures that include, but may not be limited to the following items; inventory control, storage, expiration and replacement of these items and the process for provider education.

In an effort to assist agencies in maintaining control of the medications that may be administered by EMT-Bs, the following should be the minimum requirements implemented by each service providing this level of care.

- The medications must be stored in an environment that protects them from extreme temperature changes and light. According to most medication manufacturer's guidelines, medications must be stored at temperatures that range from 59 degrees to 77 degrees[1].
- All medications must be secured in a container or location capable of being secured with a lock or numbered tear-away-type inventory control tag when not being used for patient care.
- The medication must be placed in either a closed ambulance compartment or inside a bag or box that is taken to the patient's side.
- It is strongly recommended that BLS medications not be placed in the same locked cabinet with medications, syringes or needles used by Advanced Life Support Providers.
- The EMS agency must provide safe disposal for medical waste/sharps on EMS vehicles.

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[1] New Jersey – Drug Adulteration Study, October, 1995

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

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

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- *"Substance Abuse and Mental Health Administration - Opioid Overdose Prevention Toolkit ."*

  http://store.samhsa.gov/product/SMA13-4742

Issued and Authorized by
Lee Burns, Director - Bureau of EMS

Altered Mental Status

(NON-TRAUMATIC AND WITHOUT RESPIRATORY OR CARDIOVASCULAR COMPLICATIONS)

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 initial 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), transport immediately,** keeping the patient warm.

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.

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 immediately, keeping the patient warm.

VII. Ongoing assessment. Repeat and record the patient's vital signs, including the level of consciousness and Glasgow Coma Scale enroute as often as the situation indicates.

VIII. Record all patient care information, including the patient's medical history and all treatment provided, on a Prehospital Care Report (PCR).

Naloxone (ex: Narcan ™)

Class:
Narcotic Antagonist

Description:
Naloxone is an effective narcotic antagonist.

Mechanism of Action:
Naloxone is chemically similar to narcotics, however it has only antagonistic properties. Naloxone competes for opiate receptors in the brain, and displaces narcotic molecules from opiate receptors. It can reverse respiratory depression from narcotic overdose.

Indications:
Complete or partial reversal of depression caused by narcotics. Naloxone can also be used in the treatment of coma of unknown origin.

Contraindications:
Known hypersensitivity.

Precautions:
Naloxone should be administered cautiously to patients who are known or are suspected to be physically dependent on narcotics. Abrupt and complete reversal by Naloxone can cause withdrawal type effects.

Side Effects:
Hypotension, hypertension, ventricular arrhythmias, nausea, vomiting.

Interactions:
Naloxone may cause narcotic withdrawal in the narcotic dependent patient. Only enough of the drug should be given to reverse respiratory depression.

(Your Name) Ambulance Corps, Inc.
Naloxone Program
Policy and Procedures

Training:

All EMT'S authorized and credentialed to administer Naloxone, will participate in a training program, approved by the Medical Director. Training will be required as part of this program, pursuant to New York State Department of Health, Bureau of EMS, policy statement 13-10. Training will consist of watching the approved video, reviewing written materials (attached) and participating in a supervised practice session conducted by personnel certified at the Emergency Medical Technician-Paramedic, or higher level. All credentialed EMT'S under this program, shall be required to attend a CME session yearly reviewing this signs and symptoms of altered mental status, and proper administration of Naloxone.

Documentation and Credentialing:

Upon successful completion of the training program, an indication will be made in the EMT'S electronic personnel record that they have viewed the video and participated in a practical session. Additionally, a copy of the course completion certificate will be placed in their credentials file. Reporting is available on all credentialed EMT'S under this program.

Patient Documentation:

Administration of Naloxone, including the proper scene size-up, supporting signs and symptoms and history, will be documented on our electronic patient care report. Naloxone will be an available choice on the flow chart. Additionally, the administration of Naloxone will require the approved quality improvement record by the Hudson Valley Regional EMS Council be completed. The report will be available on the electronic patient care program, and will be a permanent part ofthat patient's record.

Quality Assurance:

All administrations of Naloxone will be subject to a quality assurance procedure. Monthly a report will be generated, identifying any Naloxone administrations. The electronic care report will be reviewed by the corps captain and by the medical director to ensure the proper use of the Naloxone administration. Additionally, the approved quality improvement record by the Hudson Valley Regional EMS Council will be submitted to the region, along with our monthly PCR submissions.

Special Considerations:

Before administrating Naloxone to patients that are suspected to be on analgesics for chronic or terminal conditions, the EMT shall consult with medical control.

Inventory:

The corps captain, or the first lieutenant, will be responsible for controlling the inventory of Naloxone. Inventory on hand will be a total of 5 intranasal Naloxone kits which will include the following:

- Two (2) naloxone hydrochloride pre-filled Luer-Lock (needleless) syringes containing 2mg/2ml.
- Two (2) mucosal atomization devices (MAD)
- One (1) container for security/storage.

The distribution of the kits is as follows:

- One (1) kit in each of three (3) certified ambulances.
- One (1) kit in our certified first response vehicle.
- One (1) kit in our secured restock closet.

Upon administration of Naloxone, the corps captain or the first lieutenant will be responsible for ordering another kit for restock.

Storage:

The kits will be stored in the combination oxygen duffel/first in bag. The temperature of the ambulances will be maintained at all times, to ensure that the Naloxone is kept in the range as recommended by the manufacturer. Kits will be secured with an asset control tag to ensure its security.

Disposal:

Proper disposal of medication and administration devices will be the responsibility of the EMT in charge and will conform to all NYS-DOH regulations.

Patient Refusals:

A patient who receives the administration of Naloxone, by the BLS agency will not be allowed to refuse transport, without approval by medical control.

Agreed to and Accepted:

_____ _____

Corps Captain **Medical Director**

New York State
Department of Health
Bureau of Emergency Medical Services

POLICY STATEMENT

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CONCLUSION

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Altered Mental Status

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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 mucosa! atomizer device (MAD).

1. **Exclusion criteria:**

a. Card iopulmonary 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/1 ml.

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

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 comptitive: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 Inhipit the analgesic properties of opiates, naloxone antagonizes all actions of morphine.

Onset & Duration

Onset: Withlr;i 2 min.
Duration: 30-601min.

Indications

1. For the complete or partial reversal of CNS and respiratory depres.sion induced by oplolds:
    a) Narcotic agonist:

        Morphine sulfate
        Heroin
        Hydromorphone (Dilaudici)
        Methadone
        Mepridine (Demerol)
        Paregoric
        Fentanyl citrate (Sublime)
        OxyGodone (Percodan)
        Codeine
        Propoxyphene (Darvon)

    b) Narcotic agonist and antago11lst

        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 (Includlng neonates of narcotic-dependent mothers)

Adverse ReactIQns

1. Tachycacdla
2. Hypertension
3. Hypotension
4. Cardiac, dysrhythmlas
5. Seizures
6. Nausea and vomiting
7. Dlaphoresis

How Supplied

2mg/2ml, prfilled syringe without needle
Mucosal Atomizer pevlce (MAD) – purchsed separately

Protocol - CFR and El)1T

M-2 Altered Meptal Status with Suspected Narcotic Overdpse

Special Conslderatlon s

1. Pregnancy sar,ty: Category B
1. May not reverse hypotenslon
2. Caution should be exercised when administering naloxone to narqotic addicts (may precipitate withdrawal with hypertension, tachycardia, and violent behavior)