To: All Emergency Medical Services (EMS) Agencies
From: Nassau REMAC
RE: BLS Naloxone Administration Pilot Program
Date: September 17, 2012

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 (516) 542-0025 if you have any questions. Thank you for your time and interest in the BLS Naloxone Administration Pilot Program.
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BLS Naloxone Administration Pilot Program 2012

Application Checklist

All BLS Agencies:

____ Signed Letter of Intent

____ Required Agency Information Sheet

____ Signed Statement of Agreement from Medical Director
Agency Letter of Intent for Participation in the  
BLS Naloxone Administration Pilot 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 and complete the Pre & Post Survey. All survey materials are to be returned to REMO.

3. Our agency is regionally certified at the EMT-D level.

4. All agency and personnel must follow all policies, procedures and protocols set forth by the Regional Medical Advisory Committee and NY State.

5. Our agency will provide and document annual BLS Naloxone updates with competency skill testing for all active providers.

6. 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 REMAC within 24 hours.

7. 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 REMAC.

8. Any changes to the Required Agency Information will be reported to REMAC 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 Pilot Program 2012
Required Agency Information (please print)

Agency Name: _________________________________ Agency Phone Number: __________________
Agency Mailing Address: _______________________________ City: ____________ Zip___________

1. Designated representative responsible for the BLS Naloxone Administration Pilot 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:
   - [ ] AAREMS  - [ ] Monroe Livingston  - [ ] Mountain Lakes  - [ ] REMO  - [ ] Suffolk  - [ ] Nassau

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: ________________________________
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 REMAC 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 REMAC.

MD signature: _________________________________________________

MD name printed: ______________________________________________

Date: ____________ MD daytime phone #: _________________________

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

2    - Overdose Prevention Rescue Kits

Contents:  
1- Intranasal Mucosal Atomization Device
1- Pair of gloves
1- Prefilled syringe with:
   Naloxone Hydrochloride Inj., USP
   2mg per 2ml
1- Rescue Breathing Face Shield
2- Alcohol Prep Kits
1- Administration Use Form
Suspected Opioid Overdose Protocol for BLS Providers
AAREMS, Monroe Livingston, Mountain Lakes, REMO, Suffolk and Nassau

Patient must have suspected narcotic overdose AND respiratory depression. Naloxone is not given to rule out opiate use.

I. Perform initial assessment. If ventilatory status is inadequate (patient is cyanotic, altered mental status, respiratory rate less than 10) support respirations according to Respiratory/Arrest Failure protocol.

II. Check blood glucose (BG must be greater than 65)

III. Determine potential for narcotic overdose (at least one of the following)
   a. History of overdose from bystanders
   b. Paraphernalia consistent with opiate/narcotic use
   c. Medical history consistent with opiate/narcotic use
   d. Respiratory depression with pinpoint pupils

IF I, II and III are true THEN proceed with NALOXONE as follows:

IV. Open sealed NALOXONE container and remove one unit dose of Naloxone
   a. Examine for appropriate labeling, expiration and appearance
   b. Attach mucosal atomizer device (MAD) to the syringe

V. Insert MAD into LEFT nostril and inject HALF the medication
   Repeat into the RIGHT nostril

VI. Continue to support ventilation as appropriate while initiating transport to closest appropriate Facility

VII. Document vital signs every 5 minutes

VIII. If patient's respiratory rate does not increase to greater than 10 within 10 minutes of initial Naloxone administration, repeat with second unit dose of Naloxone

Relative Exclusion Criteria: (Medical Control Option)
- Cardiopulmonary Arrest
- Recent seizure activity either by report or signs of recent seizure activity (oral trauma, urinary incontinence)
- Pediatric patients
- Opiate use for therapeutic purposes prescribed by a physician
- Evidence of nasal trauma, nasal obstruction and/or epistaxis
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 brief data form that is included with each blue packet. Your agency must restock the medication at the Regional Program Agency. This medication will not be restocked at the hospital. When the Naloxone is restocked, they will collect a copy of the PCR for the patient for follow up.

2. **Can you use Naloxone if you don't know what the person took?**
   Yes but you should be pointed towards the fact that it’s an opiate. Some thing should give you the information that the person has an overdose that you will be able to reverse. Pin point pupils in an unknown overdose with out breathing or with very little breathing. That would be the sign that it would likely be an opioid overdose and someone should use the Naloxone on them.

3. **Will Naloxone work for someone that is pulseless and that isn't breathing?**
   An opioid overdose can cause someone to go into a cardiac arrest, but if the heart is not beating medication in their nose isn’t going to be circulated through their body and it’s not going to help. It’s something that might be used by paramedics or critical care techs as part of their resuscitation for the patient but won’t help initially until they regain spontaneous circulation.

4. **How much time after the overdose do you have to administer the Naloxone?**
   It will not work on cardiac arrest but any patient not breathing well will benefit from the Naloxone if they took an opiate and that’s the reason so those are the patients we are going to give it to. They don’t have to be breathing at all for the medicine to work because where it’s absorbed is on the mucosal surface on the inside of the nose. It’s not absorbed in the lungs with them breathing it in and out.

5. **Are there any situations where there may be difficulty with administration or uptake of the medication?**
   Generally, there are very few problems with administering the medication or uptake of the medication by the nasal mucosa. Here are some possible problems to be aware of:
   - Drugs like cocaine which are vasoconstrictors can prevent absorption.
   - Bloody nose, nasal congestion, mucous discharge – will decrease effectiveness of nasal medication.
   - Lack of nasal mucosa as a result of surgery, injury or cocaine abuse may also decrease absorption through nose.
   - If given more medication than 1 ml or more per nostril, it’s likely to run off.

6. **Does it matter if a person overdosed on a prescription drug as opposed to a street drug such as Heroin?**
   It doesn’t. Both prescription and non-prescription opiate medications will be reversed by Naloxone. Some of these medications will require more Naloxone than others but it will work. Common street drugs like Heroin will be reversed by this. Common prescription medications like MS Contin, Vicodin, Lortab, Percocet, Oxycodone, and other opioid medications will be reversed by Naloxone as well.

7. **Can we use this medication to determine what they did take?**
   If somebody is altered, don’t give them this medicine. If they are hypo-ventilatory, and not breathing well enough, then they can get the Naloxone. Naloxone is not for trying to figure out what they took but trying to start them breathing by reversing the opioid they have on board.

8. **Would this work on somebody who’s consumed a Fentanyl Patch?**
   Absolutely. It will work on someone that took Fentanyl or took a Fentanyl Patch. The Fentanyl Patches have an incredible amount of medication in them. It’s a long acting medication that is designed for application over 3 days. If someone consumes a Fentanyl Patch, they may have a little bit of resolution...
with their symptoms with their initial dose of Naloxone, but they may need more. So it’s definitely a patient who if you have the ability to get more Naloxone to the scene, into the patient or meet other crews enroute to the hospital who can give you more Naloxone, it’s definitely a patient who needs it.

9. What if we give the Naloxone to someone who doesn't need it?
If there isn’t an opioid on board for that patient, there will be no effect from the Naloxone.

10. Can you give the medication is the patient is seizing?
If the patient is actively seizing it is unlikely that they will be overdosing on an opioid medication. However, if they are not breathing and they begin to tremor, it may be because of hypoxia. If there are any questions, contact a medical control physician.

11. Do you have to call a doctor before administering the medication?
No. With this project, there is a standing order that allows EMT-B to administer the medication.

12. How long before administering another dose?
If there is no response, or limited response, you may give another dose in 10 minutes.

13. Can the medication be applied sublingually if there is no access to the nose due to injury or other issue?
No. The nature of the lining of the mouth is different than the nasal mucosa. Naloxone must be administered via the nose.

14. Is the medication temperature sensitive?
Yes, but not terribly so. This medication can be safely stored with your Epipen.

15. Is there CME credit available for this training program?
Yes, 1.5 CME Credits are available for the completion of training. Training course rosters should be submitted to REMO and CME Certificates shall be issued.