



Westchester Regional Emergency Medical Advisory Committee

M e m o r a n d u m

To: All EMS Agencies

Fr: Katherine O'Connor, MPH, EMT-P/CIC, Regional EMS Office

Re: BLS Intranasal Naloxone (Narcan®) Program

Date: March 25, 2014

Last fall, the New York State Emergency Medical Advisory Committee (SEMAC) approved the administration of Intranasal (INH) Naloxone (Narcan®) by using a mucosal atomizer device (MAD) by certified Basic Life Support EMS providers in Basic Life Support (BLS) EMS agencies for patients experiencing opioid overdoses. The New York State Department of Health (NYSDOH) Commissioner, Dr. Shah, has since approved the administration of INH Naloxone as a part of the scope of practice for certified Basic Life Support EMS providers in New York State. This includes Emergency Medical Technicians (EMTs) and Certified First Responders (CFR) who are volunteering or working for certified ambulance services or registered basic life support first response (BLSFR) departments.

The intent of the addition of administration of INH Naloxone to BLS level practice is to provide prompt emergency medical care to patients with symptomatic acute opioid overdoses. The NYSDOH EMT/AEMT BLS Protocols have been updated to identify under what circumstances this specific intervention should be provided.

Agencies that wish to implement an INH Naloxone program must follow the NYSDOH Bureau of EMS (BEMS) policy statement 13-10: *Re: Intranasal Naloxone (Narcan®) for Basic Life Support EMS Agencies*. Essentially a registration process similar to the Epi-Pen program, in order to start to participate in the BLS intranasal Naloxone program, the EMS agency must:

- Have approval from its medical director
- Have participating certified BLS providers complete the approved training program, which includes watching a video (the link for which is in the policy statement), reviewing written materials and a practical session, and
- Submitting the required notifications and documentation to the local Regional Emergency Medical Advisory Committee (REMAC).

Attached with this memo are the following documents that will assist in completing the registration and training process for BLS Intranasal Naloxone:

- Notice of Intent
- Agency Intranasal Naloxone Policy (Template)
- Intranasal Naloxone Skill Sheet

Also required is ongoing participation in quality assurance/quality improvement (QA/QI) with the Westchester REMAC. Attached is a Use Reporting Form to be sent to the Regional EMS Office for every occasion INH Naloxone is used by BLS providers.

While the NYSDOH Policy statement is available on the state website, the new Altered Mental Status (AMS) protocol and Naloxone medication information are not. These have been posted, along with all the above documents, on the Regional EMS Council website, www.wremsco.org, in the REMAC section under "Protocols, Policies and Advisories.

Prior to initiating the BLS Intranasal Naloxone (Narcan®) Program locally, each EMS agency must submit the Notice of Intent along with copies of the required policies and initial training records to the Regional EMS Office.

If there are questions regarding the requirements for registration and training for this program, please contact the Regional EMS Office at 914-231-1616.



Westchester Regional Emergency Medical Advisory Committee
Basic Life Support Intranasal Naloxone Program
NOTICE OF INTENT

Agency Name

Agency Information:

Type (Check one)

Ambulance

BLS FR

NYSDOH Agency Code

PURPOSE

To provide the highest quality patient care and education, and to afford the latest advances in pre-hospital medical care to the EMS providers and citizens of the Westchester Region. This Notice of Intent documents our participation in the Westchester Regional Emergency Medical Advisory Committee (REMAC) BLS Intranasal Naloxone (Narcan™) Program as the standard of care for altered mental status / opioid overdose in the Westchester Region.

SCOPE

This Notice of Intent is executed pursuant to New York State Bureau of EMS (NYSDOH BEMS) Policy Statement 13-10 Intranasal Naloxone (Narcan™) for Basic Life Support Agencies, or any superseding policy, submitted by the above named emergency response service, to document participation in the program established by the REMAC.

Where applicable this includes the introduction of blood glucose monitoring by BLS providers as an authorized skill as essential in ruling in / out hypoglycemia as a differential in the Altered Mental Status protocol. Approval for this skill must be applied for separately.

JUSTIFICATION

To make available rapid intervention for those who suffer from opioid overdose and may not have access to advanced emergency medical care in the short time frame necessary to avoid undue mortality and morbidity.

REQUIREMENTS

- All Certified First Responders (CFR) and EMT-Basic (EMT-B) providers participating in this program are required to complete the NYSDOH BEMS approved on-line training program for inhalation Narcan™ and an agency-mediated skills session to document competency of the subject material. The agency is required to maintain proof of attendance (sign-in sheets) and attestation of completion (CME forms) or certificates of completion for the online training, and competency (skill) evaluation forms for all BLS providers in the agency.
- If the agency is also seeking to include utilization of a blood glucose meter, separate permission must be applied for and granted from the Westchester REMAC.
- BLS providers are expected to follow the revised NYSDOH BEMS clinical practice protocol for Altered Mental Status, with the new section (IV, C ii, iii), if patient has suspected narcotic overdose.
- All uses of INH Naloxone (Narcan™) by BLS Providers will be reported to the Westchester Regional EMS Office. A Quality Assurance/Quality Improvement (QA/QI) Report with pertinent event and patient

demographic data will be completed and submitted within 24-hours so that patient follow-up may be conducted. The Service Medical Director should review all cases. The REMAC may review selected cases upon request.

Note: There is no reporting requirement for blood glucometry alone where available if Narcan™ was not administered.

- Ambulance and first response services must develop and submit their own service-specific written policies regarding:
 - Training and credentialing and continuing medical education of BLS providers;
 - Maintain documentation of credentialed users;
 - Patient care documentation and post-call reporting;
 - Quality improvement reviews;
 - Inventory, security, storage and temperature control; and
 - Proper disposal of administration equipment.

- Each Service Medical Director must supply ambulance and first response services with written authorization necessary to purchase pharmaceuticals and administration supplies, under the following guidelines:
 - BLS ambulance and first response services should maintain enough stock to keep each ambulance and first response vehicle supplied with par levels (minimum 2 / maximum 2) of luer-lock prefilled syringes of Naloxone with mucosal atomizer devices;
 - Naloxone and mucosal atomizer devices should be kept with other BLS- approved medications secured in a climate controlled / access controlled cabinet consistent with NYSDOH BEMS Policy 09-11: Re: Storage and Safe Guarding of Medications Administered by EMT-Bs, or any superseding policy; separate from any advanced life support (ALS) medications and supplies if present;
 - Access to Naloxone and mucosal atomizer devices will be limited to individuals who have received the proper training and authorization for use, with documentation on file at the agency;
 - Used syringes and mucosal atomizer devices should be disposed of in accordance with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard 29CFR 1910.1030, or any superseding standard.

The below signed agency officials agree to adhere to the requirements listed above, and prior to initiating the BLS Intranasal Naloxone (Narcan™) Program, submit this Notice of Intent along with copies of the required policies and initial training records to the Regional EMS Office.

Name of Service Medical Director (Print)

Name of Chief Executive Officer (Print)

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Signature of Service Medical Director

Signature of Chief Executive Officer

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Date:

Date:

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