



Administration and Maintenance of Intranasal Naloxone Model Policy

Purpose

The purpose of this policy is to establish broad guidelines and regulations governing the utilization of naloxone by trained personnel within a Fire Department. The objective is to treat and reduce injuries and fatalities due to opioid-involved overdoses when a Fire Department First Responder (FDFR) is the first to arrive at the scene of a suspected overdose.

Each Fire Department is encouraged to modify these protocols to conform to their specific needs, while being mindful of the intent of the procedures.

Policy

Fire Departments, Law enforcement personnel and civilians may possess and administer naloxone so long as they have been trained consistent with New York State Public Health Law §3309 and the regulations in §80.138 of Title 10 of the New York Codes, Rules and Regulations.

The New York State Division Homeland Security and Emergency Services Office of Fire Prevention and Control and the New York State Department of Health training curriculum meets this standard. New York State Public Health Law §3309 provides protection for non-medical individuals from liability when administering naloxone to reverse an opioid overdose.

Definitions

A. Opioid: Medications or drugs that are derived from the opium poppy or that mimic the effect of an opiate. Opiate drugs are narcotic sedatives that depress activity of the central nervous system; these will reduce pain, induce sleep, and in overdose, will cause people to stop breathing. FDFRs may encounter opiates in the form of morphine, methadone, codeine, heroin, fentanyl, oxycodone (OxyContin® and Percocet®), and hydrocodone (Vicodin®).

B. Naloxone: A prescription medication that can be used to reverse the effects of an opiate overdose. Specifically, it displaces opioids from the receptors in the brain that control the central nervous system and respiratory system. It is marketed under various trademarks, including Narcan®.

C. Overdose Rescue Kit: At minimum should include the following:

1. Two (2) prefilled luer-lock syringes, without needles, each containing 2mg of naloxone in 2ml of solution, and within their manufacturer assigned expiration dates.
2. Two (2) mucosal atomizer device (MAD) tips, compatible with standard luer-lock syringes.

Procedures

A. Deployment:

1. Each Fire Department will identify an individual to be the coordinator for the naloxone administration program:
Responsibilities will include:
 - a. Maintaining training records for personnel
 - b. Assuring the supply, integrity and expiration dates of the Overdose Rescue Kits and
 - c. Assuring the maintenance of the administration records.
2. Each Fire Department will ensure that only those members trained in the use of the naloxone access and utilize the Overdose Rescue Kits.
3. Participating Fire Departments shall contact their dispatch center to establish protocols for fire department response to possible overdose calls.

B. Training:

1. Any Fire Department not operating as an EMS First Response agency wishing to participate in the Opioid Overdose Prevention Program must contact their local Regional Emergency Medical Organization and register with the Department of Health utilizing form DOH-4391.
2. Fire Departments shall request training on the Overdose Rescue Kits via their County Fire Coordinator.
3. The course title is "First Responder Administration of Intranasal Naloxone to Reverse Opioid Overdose" and the number is 01-03-0019
4. OFPC has conducted train the trainer certifications for State Fire Instructors to present the First Responder Administration of Intranasal Naloxone to Reverse Opioid Overdose course.
5. Refresher training should occur at minimum biennially and consist of familiarity with the assembly of the Overdose Rescue Kit and the effective administration and maintenance of naloxone.

C. Naloxone Use:

1. FDFRs will request an ambulance to respond to scene where the aided is in a potential overdose state.
2. FDFRs should use universal precautions and protections from blood borne pathogens and communicable diseases when administering naloxone.
3. FDFRs will determine the need for treatment with naloxone by evaluating the aided: if the aided is unresponsive with decreased or absent respirations they should administer naloxone following the established guidelines presented during training..
4. Once the assessment of the aided is complete; which should include, but may not be limited to determining unresponsiveness and other indicators of opioid involved overdose, the FDFR will administer the medication from the Overdose Rescue Kit following the established guidelines presented during training..
5. FDFRs will use proper tactics when administering naloxone; aided individuals who are revived from an opioid overdose may regain consciousness in an agitated and combative state and may exhibit symptoms associated with withdrawal.
6. FDFRs will remain with the aided until EMS personnel arrive.
7. FDFRs will inform EMS personnel upon their arrival that naloxone has been administered.
8. FDFRs will complete a naloxone administration/restock form.

D. Maintenance/Replacement of Naloxone:

1. Overdose Rescue Kits will be carried in a manner consistent with proper storage guidelines for temperature and sunlight exposure.
2. Used, lost, damaged, or expired Overdose Rescue Kits will be replaced according to Fire Department policy.
3. Expired naloxone will be:
 - Maintained by the agency for use in training; or
 - Properly disposed of according to agency policy.

E. Documentation:

1. Following naloxone administration, the FDFR shall submit a New York State Public Safety Naloxone Quality Improvement Usage Report to the New York State Department of Health via their local Regional Emergency Medical Organization (REMO)
2. A copy of the report is on the following page.

New York State Public Safety Naloxone Quality Improvement Usage Report

Print Form

Version: 12/09/2014

Date of Overdose:

/ /

Arrival Time of Responder:

: AM PM

Arrival Time of EMS:

: AM PM

Agency Case #:

Gender of the Person Who Overdosed: Female Male Unknown Age:

ZIP Code Where Overdose Occurred: County Where Overdose Occurred:

Aided Status Prior to Administering Naloxone: (Check one in each section.)

- Responsiveness:** Unresponsive Responsive but Sedated Alert and Responsive Other (specify):
- Breathing:** Breathing Fast Breathing Slow Breathing Normally Not Breathing
- Pulse:** Fast Pulse Slow Pulse No Pulse Did not Check Pulse

Aided Overdosed on What Drugs: (Check all that apply.)

- Heroin Benzos/Barbiturates Cocaine/Crack Buprenorphine/Suboxone Pain Pills Unknown Pills
- Unknown Injection Alcohol Methadone Don't Know Other (specify):

Administration of Naloxone

- Number of vials of naloxone used:** 1 vial 2 vials 3 vials
- How long did 1st dose of naloxone take to work:** < 1 minute 1-3 minutes 4-5 minutes >5 minutes Don't know Didn't work
- If 2nd dose given, was it:** IN (intranasal) IM (intramuscular) IV (intravenous)
- How long after 1st dose was it administered:** < 1 minute 1-3 minutes 4-5 minutes >5 minutes Don't know
- Aided's response to naloxone:** Combative Responsive & Angry Responsive & Alert Responsive but Sedated No Response

Post-naloxone symptoms: (Check all that apply.)

- None Dope Sick (e.g. nauseated, muscle aches, runny nose and/or watery eyes) Respiratory Distress
- Seizure Vomiting Other (specify):

What Else was Done by the Responder: (Check all that apply.)

- Yelled Shook Them Sternal Rub Recovery Position Bag Valve Mask Mouth to Mask Mouth to Mouth
- Defibrillator (if checked, indicate status of shock): Defibrillator - no shock Defibrillator - shock administered
- Chest Compressions Oxygen Other (specify):

Was Naloxone Administered by Anyone Else at the Scene: (Check all that apply.)

- EMS Bystander Other: (specify)

Disposition: (check one) Care transferred to EMS Other (specify):

Did the Person Live: Yes No Don't Know

Hospital Destination: **Transporting Ambulance:**

Comments:

Administering Responder's Information: Agency: Badge #:
Last Name: First Name:
 PD FD

Please send the completed form to the NYS Department of Health using any one of the three following methods:

E-mail: oper@health.ny.gov

Fax: (518) 402-6813

Mail: Shu-Yin John Leung
OPER, AIDS Institute, NYSDOH
Empire State Plaza CR342
Albany, New York 12237