



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>

Issued and Authorized by
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