



Naloxone Partnership Packet for Law Enforcement and Fire

Intention of this Packet:

The Emergency Health Services Federation constructed this packet to offer guidance to EMS and Non EMS Agencies (Fire and Law Enforcement) in regards to Naloxone partnerships. The contents of this packet are meant to be elastic in nature and you are free to modify any of the included works to fit your organization's specific goals for the possible Naloxone partnership.

Fire and Law Enforcement (LE): If you are an organization not licensed by the Department of Health (DOH) as an Emergency Medical Services (EMS) agency, in order to carry and administer naloxone, you must first enter into a written agreement with an EMS agency. Internal policies are optional and may vary based on agency needs. You must also have the EMS agency medical director or physician consent to the agreement and provide a prescription or standing order for Naloxone. EMS agencies may choose whether they wish to enter into an agreement with fire and law enforcement.

All persons who may be administering naloxone must take the DOH approved training course found at <http://www.getnaloxonenow.org/>. EMS agencies and their medical director may set additional requirements, such as extra training (i.e. airway management), minimum equipment, documentation and quality assurance. It is also the EMS agency medical director's discretion to request payment for services rendered. The MAC determined each agency medical director will require fire and law enforcement to have airway management devices (as determined by the agency medical director), AED, and airway education along with CPR certification.

It is noteworthy that the Pennsylvania DOH has no authority to investigate any complaints filed against a Non EMS organization regarding Naloxone.

EMS Agency: BLS providers may NOT begin administering Naloxone until the BLS protocol is published. It is your choice if you would like to enter into a partnership with a Non EMS Agency for Naloxone.

There is currently one DOH approved course for providers. They do not intend to approve additional courses. Please note that the approved course for BLS providers is different than the course that has been approved for LE and Fire. BLS providers will take, "Naloxone Administration by EMT and EMR" which can be found on CentreLearn as course number 007622.

No additional courses will be added by the Bureau of EMS. However, EMS agencies can include additional information to approved course to increase training of their providers.

Contact: If you have any questions, please direct them to Timothy Melton at the EHSF, 717-774-7911 ext. 7009 or <mailto:tmelton@ehsf.org>.

PLEASE BE ADVISED THAT THIS DOCUMENT IS PROVIDED AS A COURTESY TEMPLATE FOR CONSIDERATION WHEN ENTERING INTO AN AGREEMENT PURSUANT TO ACT 139 OF 2014. THE PARTIES ENTERING INTO SUCH AN AGREEMENT ARE ENCOURAGED TO SEEK APPROPRIATE LEGAL ADVICE.

Agreement between _____ (EMS Agency) and
_____ (Law Enforcement Agency or Fire Department/Company)

Pursuant to Act 139 of 2014 ("Act"), this agreement with the consent of the _____ (EMS Agency Medical Director or Physician) permits _____ (Law Enforcement Agency or Fire Department/Company) to obtain and use a supply of naloxone.

The naloxone will be prescribed to _____ (Law Enforcement Agency or Fire Department/Company) by _____ using a _____ (direct prescription or standing order and specifying the method of administration of the naloxone).

The naloxone will be obtained from _____ (pharmacy or licensed medical supply company, including address) and stored at _____ (EMS Agency, Law Enforcement Agency or Fire Department/Company) pursuant to the _____ (Law Enforcement Agency's, Fire Department's/Company's) naloxone protocol for proper storage. (In lieu of having separate protocol for the proper storage of naloxone, a separate term/condition of this agreement could outline the proper storage of naloxone.)

Pursuant to the Act and this Agreement, it is understood and agreed that naloxone can only be provided to and administered by officers or firefighters that have received Department of Health approved online training and materials about recognizing opioid related overdoses, administering naloxone and promptly seeking medical attention.

(The following terms/conditions for proper storage and administrative tracking are strongly recommended, in order to verify compliance with Act 139. These terms could be included within this Agreement or in a separate naloxone protocol that would be incorporated into the Agreement by reference.)

_____ (The Chief or Head of the Law Enforcement Agency or Fire Department/Company) will regularly identify and verify for _____ (EMS Agency Medical Director or Physician) the officers or firefighters that have received the appropriate training and instructional materials, thereby permitting them to administer naloxone.

_____ (The Chief or Head of the Law Enforcement Agency or Fire Department/Company) will maintain administrative records, which will track the training of officers and firefighters, the storage and distribution of the supply of naloxone and the deployment. (Other agreed upon terms/conditions of the parties should be inserted.)

Signature of EMS Agency Representative

Date

Signature of EMS Agency Medical Director

Date

Signature of Law Enforcement of Fire Dept. Representative

Date

EMS Agency Agreement with Fire / Law Enforcement

As per the Pennsylvania Department of Health requirements,

EMS Agency Name: _____

w/ Medical Director: _____

and

Fire / Law Enforcement: _____

enter into this collaborative agreement in which;

1. The non-licensed EMS agencies will acquire, store, account, and dispose of Naloxone according to written policies and procedures.
2. The non-licensed EMS agency will ensure treatment by all participating personnel for the proper administration of Naloxone adhere to the approved PA Department of Health training.
3. The non-licensed EMS agency will ensure Naloxone will only be administered by authorized personnel who have successfully completed the Pennsylvania Department of Health approved training program.
4. The non-licensed EMS agency will review and update this agreement on an annual basis or as any of the content in this agreement changes.

Signature of EMS Agency Representative

Date

Signature of EMS Agency Medical Director

Date

Signature of Fire / LE Director

Date

THIS IS A SAMPLE FOR FIRE AND LAW ENFORCEMENT

***This document provides an example of the type of information an agency may want to consider when developing policies. Internal policies are optional and may vary based on agency needs. Act 139 does NOT require agencies to have a policy in place; however, it is understood that many agencies will seek to adopt policies.**

Therefore, this is intended as a helpful resource.

A. Purpose

Policy may include a purpose and objectives.

B. Policy

Policy may include directives.

C. Training

Policy may determine frequency of training and record keeping within an agency.

All persons who may be administering naloxone must take the DOH approved training course found at <http://www.getnaloxonenow.org/> as well as any additional trainings required by the licensed EMS agency.

D. Naloxone Deployment

Policy may determine how naloxone will be stored, secured and deployed within an agency.

Naloxone should be stored between 15°C to 25°C (59°F to 77°F) and away from light.

E. Naloxone Use

Policy may determine precautions for administering naloxone, such as proper assessment of the individual and determining opioid overdose, proper administration according to manufacturer specification, obtaining emergency medical services, etc.

F. Maintenance and Replacement of Naloxone Kits

Policy may determine the proper maintenance, monitoring and replacement of naloxone.

Naloxone should be stored between 15°C to 25°C (59°F to 77°F) and away from light.

Secure Naloxone kits (locked area or numbered inventory tags).

Safe disposal of used Naloxone containers.

G. Documentation

Policy may determine documenting and reporting the use of naloxone.

Sample of OPTIONAL Quality Improvement Form Between Fire / Law Enforcement with an EMS Agency

Non EMS Agency Name: _____

Date of Incident: _____

Fire / LE Personnel Administering Naloxone:

Name: _____

Patient Information:

Age (years): _____ Gender: male female

Positive History of Drug Abuse: yes no

Time of Initial Patient Contact: _____

Time of Conclusion of Patient Care: _____

Time of Onset: _____

Time of Initial Naloxone Administration: _____

Time(s) of Additional Naloxone Administration: _____

Did the patient show improvement? yes no

Did the patient's status worsen? yes no

Was EMS available? yes no

If not, why? _____

Patient Transfer of Care:

To another EMS agency? yes no

Name of EMS Agency: _____

OR

Other (Please Specify): _____

**Sample of OPTIONAL Quality Improvement Form Between
Fire / Law Enforcement with an EMS Agency**

TO BE COMPLETED AFTER ALL FIELD ADMINISTRATION OF NALOXONE BY LE OR FIRE – PLEASE PRINT LEGIBLY

STPD Officer: _____ Incident Date: _____

Incident Time: _____ Incident Location: _____

Transported by (Enter Agency Name)? Yes Other Agency List Agency: _____

PATIENT INFORMATION Gender (Check one) Female Male Approximate Age _____

INITIAL PATIENT ASSESSMENT INFORMATION

Mental Status: (Check one) Alert Verbal Only Responds to Painful Stimuli Unresponsive

Pupil Response: (Check one) Dilated Constricted Normal

Respirations: (Check one) Normal Shallow Labored/Agonal Absent Respiration Rate: _____

Airway Maintained By: Patent BVM Suctioning Needed Obstructed Airway

Why was Opioid Use/Overdose Suspected? Patient/Condition Paraphernalia Found
 Family/Bystander Stated First Responder Past History Other _____

POST ADMINISTRATION EVALUATION

1ST Dose Successfully Administered? Yes No Time of Naloxone Administration: _____

2nd Dose Successfully Administered? Yes No Time of Naloxone Administration: _____

Did the Patient's mental status improve after administration of Naloxone (Narcan ®)? Yes No

Did the Patient's Respiratory status improve after administration of Naloxone (Narcan ®)? Yes No

Were there any complications post administrations of Naloxone (Narcan ®)? Yes No

IF yes indicate those that apply: Continued Respiratory Distress/Arrest

Vomiting

Combative/Decreased Mental Status

Other _____

Notes: _____

Signature (Administering Officer): _____ Badge # _____

Send this form to the AGENCY NAME within 24 hours of administration by Email ADDRESS or Fax NUMBER

AGENCY ADDRESS

What is an overdose?

An overdose (OD) happens when a toxic amount of a certain drug, or combination of drugs overwhelms the body. Opioid overdoses happen when there are so many opioids or a combination of opioids and other drugs in the body that the victim is not responsive to stimulation and/or breathing is inadequate. This happens because opioids fit into specific receptors that also affect the drive to breathe. (1)

Overdoses can also be accidental (ex. A person who has never been prescribed pain killers and doesn't know the affects it will have).

What are the signs of opioid overdose?

- Awake, but unable to talk
- Body is very limp
- Face is very pale or clammy
- Fingernails and lips turn blue or purplish black
- For lighter skinned people, the skin tone turns bluish purple, for darker skinned people, it turns grayish or ashen
- Breathing is very slow and shallow, erratic, or has stopped
- Pulse (heartbeat) is slow, erratic, or not there at all
- Choking sounds, or a snore-like gurgling noise (sometimes called the "death rattle")
- Vomiting
- Loss of consciousness
- Unresponsive to outside stimulus (2)

What is an opioid?

Opioids are medications that relieve pain. They reduce the intensity of pain signals reaching the brain and affect those brain areas controlling emotion, which diminishes the effects of a painful stimulus (4).

Opioid Examples (this is not a complete list of opioids) (6,7):

Brand Name	Street Name
Hydromorphone (Dilaudid)	D, Dilly, Hydros, Smack, Drug Store Heroin (6)
Percocet	Percs
Oxycontin	Hillbilly Heroin
Demerol	Demmies
Tylenol with Codeine	Captain Cody, Schoolboy
Fentanyl	China Girl, China White, Apache
Morphine	Duramorph, Miss Emma, Monkey

What is Naloxone?

Naloxone, or Narcan, is an opioid antagonist. Narcan can help prevent or reverse the effects of opioid including respiratory depression, sedation and hypotension. Narcan compete for opiate receptors in the brain and displaces narcotic molecules from opiate receptors. (3)

Precautions:

Depending on the amount of drugs in the person's system, the opiate can "reattach" to the opiate receptors and a second dose of Narcan may be needed.

After the administration of Narcan, the patient may begin to feel "dope sick" and cause withdrawal symptoms that may include but are not limited to:

- Hypotension
- Hypertension
- Ventricular Arrhythmias (such as a rapid heartbeat)
- Nausea
- Vomiting
- Confusion
- Agitation (3)

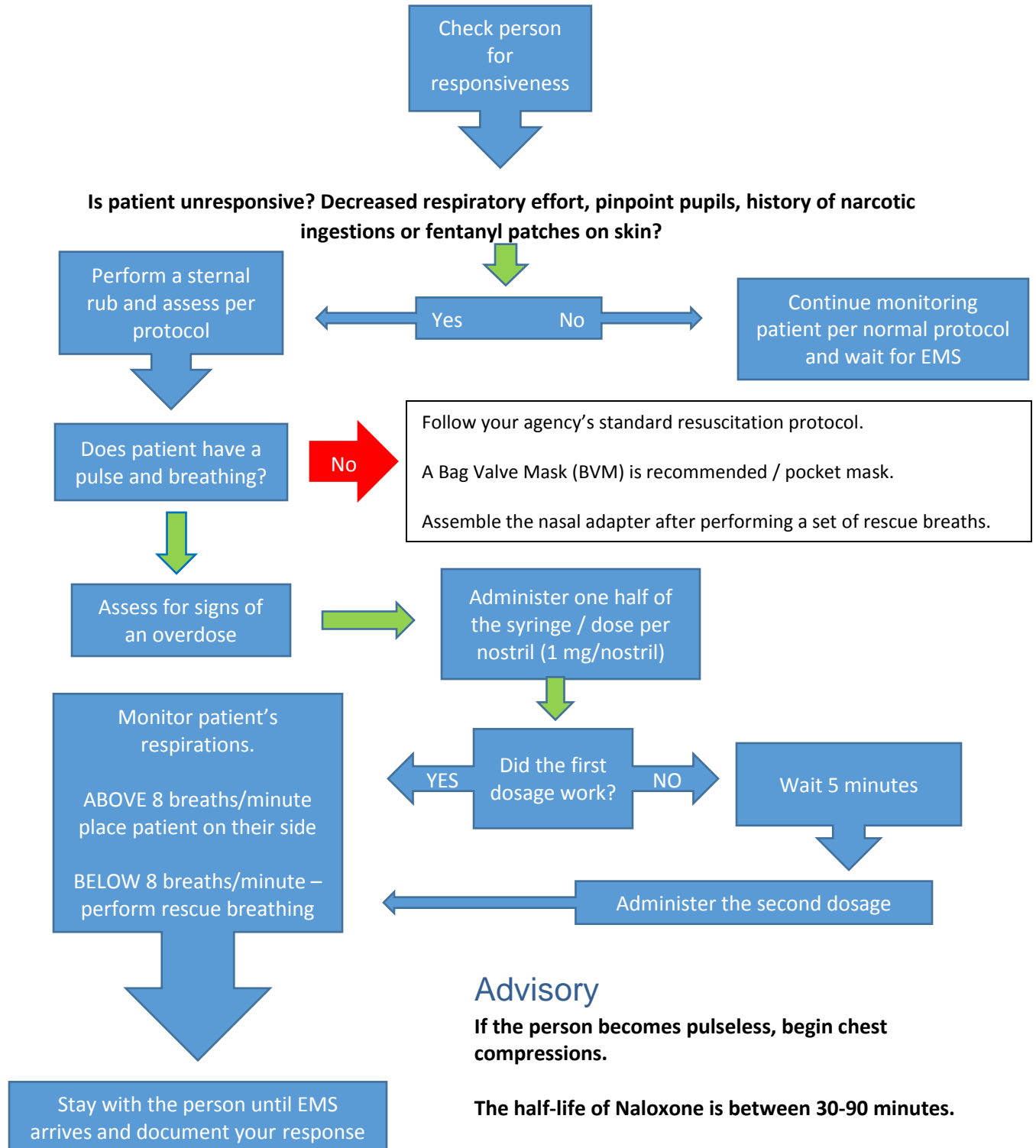
Always be aware of the person's respirations and pulse. Be sure the person's airway is clear and if their respiratory rate is diminished, apply oxygen. If oxygen is not available, perform rescue breaths.

You can then place the patient in the recovery position.

1. <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/what-is-an-overdose/>
2. <http://harmreduction.org/issues/overdose-prevention/overview/overdose-basics/recognizing-opioid-overdose/>
3. <http://www.drugs.com/pro/narcan.html>
4. <http://www.drugabuse.gov/publications/research-reports/prescription-drugs/opioids/what-are-opioids>
5. <http://www.drugfreeworld.org/drugfacts/prescription/opioids-and-morphine-derivatives.html>
6. <http://www.aboutdrugs.net/dilaudid/>
7. <http://www.drugabuse.gov/drugs-abuse/commonly-abused-drugs-charts/commonly-abused-prescription-drugs-chart>

THIS ALGORITHM IS BASED OFF OF THE PA DOH APPROVED TRAINING: WWW.GETNALOXONENOW.ORG

Administration of Naloxone (Narcan) 2 mg Intranasal by Atomizer, After a Suspected Opioid Drug Overdose for Firefighter and Law Enforcement



Advisory

If the person becomes pulseless, begin chest compressions.

The half-life of Naloxone is between 30-90 minutes.

After the administration of naloxone, the patient may feel "dope sick" and could vomit or become: agitated or aggressive.