Naloxone and Emergency Medical Services:  
One State’s Perspective and a National Legal Review

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On behalf of many others…
Disclosure

- No academic conflict of interest
- No financial conflict of interest
- FDA Off-label use of a medication may be discussed
  - Intranasal naloxone administration
Outline

• The New York experience
  – Where we were
  – What we did
  – Where we are

• A legal review of EMS naloxone access across the US
Background

- Fatal opioid overdose in the United States is at epidemic levels
- In many areas the Emergency Medical Services (EMS) system remains the only source for pre-hospital naloxone access
- EMS personnel are generally divided into three tiers:
  - Basic Life Support—BLS (EMR and EMT)
  - Advanced / Mid-level (AEMT or EMT-I / EMT-Intermediate)
  - Paramedics
The NHTSA National Scope of Practice Model includes naloxone administration at the Paramedic and Advanced level only.

In many areas of the country Paramedic and Advanced EMS providers may not be accessible.

Increased access to naloxone in the pre-hospital setting is likely to reduce fatal opioid overdose.
Intranasal Naloxone for EMT-B

- EMT-B are frequently the first to arrive at the scene
- Intranasal atomizer reduces the potential for occupational exposure via needlestick
- Well-established off-label administration route
- No evidence suggesting negative health outcomes after experience in other programs
- No evidence of risk to personnel
- Success of previous programs, including Boston EMS
NYS EMS Programs

- Not eligible for participation in the Community Naloxone Program
- Local control
- County involvement
- Regional medical oversight
- State certification and systems
New York’s EMS Response

- Disaster opioid overdoses in areas of New York with little coverage by advanced EMS providers
- NYS Department of Health authorized a pilot project to allow BLS providers to administer naloxone
- Three regions participated in the pilot – REMO, Rochester, Suffolk County
Training

- < 90 minute standardized training includes lecture, 25 minute video, skills practice and Q&A
- Trainer guide prepares trainers to conduct the training
- Participant manual for all participants includes:
  - Slides
  - EMS protocol
- Pre and post-testing of all personnel who underwent training was conducted
## Some Pre and Post-test Questions

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<th>Pretest Mean</th>
<th>Post-test Mean</th>
<th>Change</th>
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<tbody>
<tr>
<td>I can recognize opioid overdose</td>
<td>6.7</td>
<td>8.6</td>
<td>+1.9</td>
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<tr>
<td>I am comfortable treating opioid overdose</td>
<td>7.2</td>
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<tr>
<td>I am confident administering IN</td>
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<td>Confident in knowledge of naloxone</td>
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10 point Likert Scale
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What did we learn in NYS?

- 2,035 EMTs trained
- 223 opioid overdose reversals
- Few protocol violations – none resulted in harm
- No adverse events to patients
- No significant hazards to EMS personnel
- Case of reduced hazard for EMS personnel
- Cases in Suffolk County reviewed
  - 6 of 9 hospitals contributed
Suffolk Discharge Data (N=81)

- 80% Discharged from ED
- 10% Left against medical advice
- 10% Admitted (most received additional nlx in ED)
New York’s Conclusion

- Successful pilot program – 1 use per 10 trained EMT
- Training for providers should be expanded where useful depending on structure of the system
  - Law enforcement
  - First response fire personnel if involved in EMS response
- Ultimately a new addition for EMT-B scope of practice
- Must maintain close oversight to assure new complications are quickly addressed
- Must continue to assure safety of personnel
But What is Happening Across the US?

Goal: To review the National scope of the authority of EMS personnel to administer naloxone for the reversal of opioid overdose
Methods

- Laws, regulations, and policies from 50 states, the District of Columbia, Guam and Puerto Rico were identified, reviewed and coded to determine which levels of EMS providers are permitted to administer naloxone.
- Protocols governing route and dose of administration were also reviewed.
- Study concluded in 11/30/2013.
Results as of December, 2013

- All jurisdictions permit Paramedics to administer naloxone
- 47 of 48 jurisdictions with mid-level personnel (AEMT/EMT-I), all but one authorize administration of naloxone
- 12 jurisdictions may allow EMTs to administer naloxone
  - 12 explicitly permit EMTs to administer naloxone (CA, CO, DC, MA, MD, NM, NC, OH, OK, RI, VA, VT)
  - 4 additional states through pilot programs or agency medical director authority (DE, IL, NY, WI)
Naloxone for Basic EMT – 2014
From 12 States to 24 in 1 Year

Advanced or Paramedic Only
Basic

Albany Medical Center
Results cont.

- Many states follow the NHTSA Scope of Practice Model as policy
- Additional states may allow BLS personnel or other first responders to administer naloxone as part of a separately regulated community access program
- Additional jurisdictions have expanded access since the completion of the study
Conclusions

- Naloxone administration is the standard of care for AEMT and Paramedic personnel, but in many areas advanced providers may not be available.
- Changing State law, regulation, or protocol to permit all levels of EMS providers to administer naloxone when clinically indicated would likely save lives and resources.
- Updating the NHTSA National Scope of Practice Model to include naloxone administration would be beneficial.
Thank you to:

The thousands of EMS providers and instructors in NYS who demonstrated that treating opioid overdose was a BLS skill…and also:

* Lee Burns, EMT-P, Director, Bureau of EMS, NYS DOH
* Richard Cotroneo, AIDS Institute, NYS DOH
* Jeremy Cushman, MD, University of Rochester
* Corey Davis, JD, MSPH, Network for Public Health Law
* Robert Delagi, Suffolk County Department of Public Health, NY
* Sophia Dyer, MD, City of Boston EMS
* Emma Furlano, MS3, SUNY Stony Brook
* Mark Hammer, AIDS Institute, NYS DOH
* Virginia Niehaus, JD, MPH, Network for Public Health Law
* Kirsten Rowe, AIDS Institute, NY DOH
* Linda Sinclair, MD, Albany Medical Center
* Jessica Southwell, MPH, North Carolina Institute for Public Health
* Sharon Stancliff, MD, Harm Reduction Coalition
* Alexander Walley, MD, MSc, Boston University
* And the countless others whose work contributed to our success