

pennsylvania

DEPARTMENT OF DRUG AND
ALCOHOL PROGRAMS



First Responders Naloxone Guide

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TABLE OF CONTENTS

Introduction	2
What is Naloxone?	2
Immunity	3
EMS Agreement	4
Recommendations	5-6
Storage & Shelf Life	5
Policies & Training	6
Funding	7
Types of Naloxone	8-9
Intranasal.....	8
Auto-Injector & Intramuscular	9
Next Steps After Reversal	10
Appendices	11-12
Sample EMS Agreement.....	11
Sample Policy	12

Introduction

The United States is in the midst of a public health crisis: Every year, well over 24,000 Americans die from opioid overdose. According to the Drug Enforcement Agency (DEA) Report, in 2015 there were at least 3,383 overdose deaths, approximately 8 deaths per day in Pennsylvania alone. Overdose caused by prescription opioids and heroin is now the leading cause of accidental death, surpassing automobile accidents, AIDS, and other high-profile killers. Overdose does not discriminate, reaching all geographic, economic, and racial divides. However, some groups are more vulnerable than others. Individuals re-entering the community from a correctional setting or those who have recently detoxed are more likely to die of an overdose than the general population, as are those with concomitant health issues – especially respiratory conditions.

What is Naloxone?

In most cases, opioid drug overdose induces unconsciousness and respiratory depression and ends in cardiac arrest, a process that may occur over a period of minutes or even hours. In contrast to other injury deaths, this provides a window of opportunity to intervene, and the drug naloxone provides a means for doing so. Naloxone (also known as Narcan or Evzio) is a medication that can reverse an overdose that is caused by an opioid drug. An opioid antagonist, naloxone monopolizes the body's chemical receptors for opioid drugs whether licit formulations like oxycodone or illicit ones like heroin displacing the opioid drug and restores breathing within two to eight minutes. Naloxone has been used safely by emergency medical professionals for more than 40 years and has only one function: to reverse the effects of opioids on the brain and respiratory system in order to prevent death.

Immunity

What is statutory immunity protection?

Through the ‘Good Samaritan’ provision of David’s Law, Act 139, friends and loved ones are encouraged to call 911 for emergency medical services in the event an overdose is witnessed. The provision offers certain criminal and civil protections and provides reassurance to the caller that they cannot get in trouble for being present, witnessing and reporting an overdose. Law enforcement entities in other states that have implemented Good Samaritan protections for those who dial 911 in good faith report a significant improvement in community relations. In Pennsylvania, in order to have immunity the following must occur:

1. Prior to administering naloxone, the person must act in good faith, with reasonable care, and under the belief that the individual was indeed suffering from an opioid-related drug overdose.
2. The person must have completed an approved training prior to administering naloxone to a victim of overdose.
3. In the event of an overdose, in conjunction with administering the naloxone, the individual must promptly seek medical assistance.

First Responder EMS Agreement

Per David's Law, Act 139 of 2014, which amended the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, a first responder organization seeking to obtain, carry, and administer naloxone in the event of an opioid overdose must first enter into a written agreement with an Emergency Medical Services (EMS) agency. (For purposes of this Guidance Document, a first responder organization is a law enforcement or firefighter agency that is not licensed by the Department of Health as an EMS agency). This written agreement is valid only under the consent of the EMS Medical Director or another physician. The consented written agreement must also include the following:

HOW & WHO the first responder agency will obtain the supply of naloxone, i.e., direct prescription or by standing order.

***A standing order** is a prescription written by the EMS medical director, the Physician General, or another physician, allowing for a specific number of naloxone units with the ability to refill the medication when supplies have depleted or units have expired. As part of a first responder agency's naloxone protocol, standing orders will specify the route of administration, dosage, when to administer and under which circumstances a second dose of naloxone is necessary. Standing orders would need to be renewed at least annually. A standing order cannot be written for an individual, i.e., family member or loved one.*

WHAT method or route of administration will be prescribed and used by the agency?

WHERE the medication will be obtained (such as a local pharmacy name, address) and with whom it will be stored after the supply is obtained. (For example, EMS can hold a surplus supply of naloxone until replenishment is needed OR your agency can store, manage, and replenish the entire supply, according to language in the standing order)

Recommendations

It is strongly recommended that the following safeguards are implemented to ensure the safe use of naloxone in the event of an opioid overdose.

The Department strongly recommends the agreement include the understanding that prompt medical assistance will be summoned at the scene of an overdose and only those authorized by having completed a Pennsylvania Department of Health approved online training may administer the medication.

Under David's Law, Act 139, these conditions, when met, create a rebuttable presumption that the first responder acted with reasonable care in administering naloxone, which is important regarding the first responder's immunity protection.

Usage of Naloxone

Depending on the type of opioid that was used, such as fentanyl or a similar more potent substance, additional doses of naloxone may be required in order to reverse the effects of the overdose.

Storage and Temperature Control

Naloxone should be stored at room temperature and away from light. According to the manufacturer, the drug must be kept out of direct light and at room temperature (between 59 and 77 degrees Fahrenheit). Please be aware that it should not be left in a car for extended periods of time and should not be subjected to extreme heat or cold (it will freeze) as it may impact the effectiveness of the medication.

Shelf Life

The shelf life of naloxone is approximately two years. All doses should be checked periodically to ensure that the naloxone is not adulterated.

In order to keep track of expiration dates, first responder agencies should keep careful records of each dose, including but not limited to, when and whom the medication was dispensed.

Recommendations

Policies & Protocols

Although not mandated, it is strongly recommended that in-house policies and protocols are in place regarding the appropriate use of naloxone, steps to be taken upon administration; follow-up care protocols, proper disposal of used, expired, or adulterated units, and proper reporting procedures.

The Pennsylvania Department of Drug and Alcohol Programs are available to provide technical assistance to first responders in carrying naloxone.

Do not hesitate to reach out to DDAP staff at 717- 783-8200.

Training

Any first responder administering naloxone must first be trained on its use. David's Law, Act 139 recognizes only those trainings which are officially approved by the Pennsylvania Department of Health. The trainings will consist of the following components:

- Understanding Opioid addiction, who it effects and how it effects them
- Recognizing the signs and symptoms of overdose
- Distinguishing between different types of overdose
- Performing rescue techniques
- Understanding the mechanism of action of naloxone
- Administration of naloxone
- Promptly seeking medical attention
- To begin the naloxone training module [click here](#)
- Additional free training can also be found at Get Naloxone Now First Responder Training [click here](#)

Law enforcement/fire departments/other persons not currently licensed by the Department of Health, training can be found [here](#)

Funding for Naloxone

Law Enforcement Naloxone Funding Initiative

The Pennsylvania District Attorney's Association (PDAA) and the Pennsylvania Chiefs of Police Association (PCPA) have agreed to manage charitable donations for naloxone. The primary purpose of the funds is to support the procurement of intra-nasal naloxone for law enforcement officials through a reimbursement process.

The reimbursement process will be implemented as follows. Please contact PDAA or PCPA prior to any purchase of naloxone, both associations have successfully created bidding processes to determine a naloxone supplier with the most competitive price. Since this is a reimbursement, you may purchase your naloxone from any supplier as long as the price per dose is similar or better than what PDAA or PCPA has determined.

For District Attorney's

County District Attorneys will be encouraged to analyze or create local law enforcement interest and determine an initial county-wide naloxone need.

The DA will then make the single purchase of naloxone and immediately submit a request for reimbursement to the associations.

Funding contact information:

PA District Attorney's Association – 2929 N Front St, Harrisburg, PA 17110 (717) 238-5416

For Individual Police Departments or Police Chiefs

In the event a county DA lacks the means to coordinate such an effort but their local police departments are interested in participating, the individual agencies should contact the PA Chiefs of Police Association for those particular funds.

Funding contact information:

PA Chiefs of Police Association - 3905 N Front St, Harrisburg PA 17110 (717) 236-1059

Naloxone

There are three common ways that naloxone can be given;

1. By spraying the medicine into the nose (intranasal)
2. By auto injector; a pre-filled, ready to use dose of the medication that gives a shot simply by pressing the medicine against a person's upper leg
3. By giving a person a shot with a needle (intramuscular)

Narcan® (naloxone HCl) nasal spray. Administer a single spray of NARCAN Nasal Spray to adults or pediatric patients intranasal into one nostril. Administer additional doses of NARCAN Nasal Spray, using a new nasal spray with each dose, if the patient does not respond or responds and then relapses into respiratory depression, additional doses of NARCAN Nasal Spray may be given every 2 to 3 minutes until emergency medical assistance arrives. To learn more about this product and to view instructions; please visit <http://www.narcannasalspray.com/>



Intranasal (nasal spray). In order to administer naloxone nasal spray, one will need to obtain the following:

- 2mg/2mL of naloxone (prefilled syringe). Make sure it will be made available at the pharmacy stated on the standing order and/or agreement as some pharmacies may not carry the product.
- Nasal Atomization Device which is **sold separately**. If your pharmacy does not have this in stock they can order it. Additionally, the nasal atomization device can be ordered from a number of medical supply companies without a prescription.

Prefilled Syringe



Nasal Atomization Device



Naloxone

Auto-Injector using an auto-injector in a pre-filled, ready to give unit (similar to an epi-pen). The naloxone auto-injector requires no assembly and provides real time voice instruction. It is administered intramuscularly (IM) or just below the skin of the thigh area. To read more about this product please visit: <http://evzio.com/patient/about-evzio/what-is-evzio.php>



Dimensions
3 3/8" high
2" wide
5/8" thick



About the height and
width of a credit card



About the thickness
of a smartphone

Intramuscular administration is a shot using a needle. If you use this way to give naloxone, you will get a small bottle of medicine and a needle/syringe. You will give the person a shot of naloxone. Most first responders do not prefer this method because of the risk of a needle stick.



Next Steps After Reversal

How do I refer someone to treatment?

It is suggested that those who carry naloxone have contact information for their county's drug and alcohol office on hand. The crisis of overdose may make survivors more receptive to treatment. County contact information can found at www.ddap.pa.gov.

Warm Hand Off

The Department is implementing a warm hand-off process whereby overdose survivors are transferred directly from the emergency department (ED) to a drug treatment facility. The Department has incorporated contractual changes with the Single County Authorities (SCAs) in its 2015-2020 grant agreement that establishes the overdose survivor as a priority population and requires each SCA to create a process for direct referral from the ED. These new requirements went into effect in January 2016 and are expected to be fully operationalized by the end of 2016.

Police intervention efforts

The Department is researching various national police-assisted referral to treatment models to develop a Pennsylvania model. Once the model is complete, the Department will work with various interested police departments to encourage implementation.

Brochures/ Materials

DDAP has developed several brochures, guides, and resources for dissemination in order to educate and increase awareness. To use these products please [click here](#).

SAMPLE EMS AGREEMENT

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 130. 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.)

SAMPLE PENNSYLVANIA FIRST RESPONDER NALOXONE POLICY

***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.

D. Naloxone Deployment

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

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 manufacture specification, obtaining emergency medical services, etc.

F. Maintenance and Replacement of Naloxone Kits

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

G. Documentation

Policy may determine documenting and reporting the use of naloxone.

1st responder signature _____

Commander/Chief signature _____