**Greater Miami Valley EMS Council**

**Optional Community Paramedicine EMS Program**

Created by the Research Committee

**Personally Furnishing Naloxone by Emergency Medical Service (EMS) Personnel**

Updated: March 17, 2017

**Intent:**

It is the intent of this Optional Community Paramedicine Standing Order to serve as a template for departments who wish to provide this service. Departments may remove the Greater Miami Valley EMS Council logo and title from the heading, and replace it with their own title and logo, also removing this paragraph, and making other changes consistent with guidance from the Ohio Board of Pharmacy.

Prior to issuing this policy, each agency should also do the following:

* Obtain the approval of the department medical director, whose name must appear on each kit furnished to others.
* Contact public health and mental health agencies in your county
  + Obtain contact numbers for relevant agencies, and plan to provide that information at the same time that naloxone is furnished. See GMVEMSC’s “Optional Community Paramedicine EMS Program Distributing Resource Information on Opioid Calls” for examples of information to include.
  + Ask if those agencies can provide DAWN Kits or financial support for the program.
* Determine what level(s) of EMS providers (EMT, AEMT, paramedic) are authorized to personally furnish naloxone in your agency.
* Determine if all personnel in that certification level(s) are authorized to personally furnish naloxone, or if it is limited to selected personnel.
* Determine if the agency authorizes personally furnishing naloxone while crews are on an EMS incident.
* Determine if department stations will furnish naloxone, and if so which ones.

**Stipulations:**

1. EMS can only furnish naloxone to be used by others with the express permission of their agency and their agency medical director, and then only when complying with ALL Ohio Board of Pharmacy requirements, including training, labeling, record-keeping, etc.
2. UNDER NO CIRCUMSTANCES may naloxone from the Greater Miami Valley EMS Council Drug Bags be given to others for use at a future date.

**Policy:**

The \_\_\_\_\_\_\_\_\_ (Department Name) supports the availability of naloxone to combat opioid overdoses through training in opioid overdose prevention. The \_\_\_\_\_\_\_\_\_ (Department Name) supports “Death Avoided With Naloxone” or Project Dawn.

The \_\_\_\_\_\_\_\_\_ (Department Name), with support from Project DAWN, will provide Overdose Response Training and Free Naloxone (SELECT EITHER OR BOTH OPTIONS FOR YOUR AGENCY):

1. EMS Headquarters and/or list of stations [Phone Number(s)] and [Address(es)]

[Available Times (ex. Monday – Friday 9am – 4pm)]

1. On emergency calls as determined by Project Dawn Kit Personally Furishing protocol

EMS is permitted to personally furnish naloxone under Ohio law to any of the following:

1. An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose.
2. A family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

**Purpose:**

To establish a standard for \_\_\_\_\_\_\_\_\_ (Department Name) personnel to be trained in opioid overdose prevention in order to personally furnish naloxone under the Department Medical Director’s standing order.

1. **Definitions:**
   1. Opioid Overdose Prevention
      1. EMS personnel authorized to furnish naloxone will complete a Training Program and thereafter complete annual review in accordance with the Training Program.
   2. Training Program
      1. A minimum standard training curriculum for opioid overdose prevention as defined by the Medical Director.
   3. Standing Order
      1. An order to prescribe or personally furnish a drug under physician order without the physician personally present.
   4. Naloxone
      1. FDA-approved opioid antagonist medication.
   5. Nasal Naloxone Overdose Prevention Kit
      1. A Pre-assembled kit for nasal Naloxone that includes:
         1. Three (or number determined by the Medical Director and/or Project DAWN Medical Director);
         2. Three nasal atomizer, pre-attached to luer-lock devices;
         3. Face shield;
         4. Educational flip guide; and
         5. Flier with information about refills.
2. **Training Program**
   1. The \_\_\_\_\_\_\_\_\_ (Department Name) personnel shall complete training in opioid overdose prevention as coordinated by the Medical Director.
   2. The Training Program shall include, at a minimum, review on the following topics:
      1. Clinical pharmacology of Naloxone;
      2. Precautions and contraindications concerning personally furnishing Naloxone;
      3. Specific limitations concerning the persons to whom Naloxone is Personally Furnished;
      4. The Naloxone dosage that may be Personally Furnished or furnished and any variation in the dosing based on circumstances specified in the Standing Order;
      5. Labeling, storage, record keeping and administrative requirements;
      6. Pharmacology of opioids, physiology of opioid overdose, clinical presentation of opioid overdose;
      7. Risk factors for an opioid overdose, recognition of an opioid overdose and response to an opioid overdose;
      8. The requirements to document the encounter and an order to Personally Furnish Naloxone;
      9. Ohio Revised Code pertaining to prescribing and personally furnishing Naloxone;
      10. Logs will be kept per Ohio Board of Pharmacy (OBP) requirements;
      11. \_\_\_\_\_\_\_\_\_ (Department Name) personnel shall complete annual review; documentation of the dates will be maintained.
3. **Furnishing Naloxone**
   1. \_\_\_\_\_\_\_\_\_ (Department Name) personnel who have received training in opioid overdose prevention are authorized to personally furnish Overdose Prevention Kits (Project DAWN Kits) in accordance with the Standing Order of the Medical Director to:
      1. Any patient requesting an Overdose Prevention Kit (Project DAWN Kit);
      2. An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose;
      3. A family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid related overdose; or
      4. Persons requesting a refill of their Project DAWN Kit.
   2. \_\_\_\_\_\_\_\_\_ (Department Name) personnel shall:
      1. Comply with OBP rules for labeling, storing, logging and inventory of Naloxone supply.
      2. ii. Provide education and training to individuals to whom they Personally Furnish Overdose Prevention Kits (Project DAWN Kits) on the following topics in accordance with the Standing Order:
         1. Provide information regarding agencies that can assist people with opioid addictions
         2. Proper storage temperature;
         3. Expiration date;
         4. Indications for Naloxone administration;
         5. Contraindications for dispensing Naloxone;
         6. Risk factors for opioid overdose;
         7. How to respond to an opioid overdose
            1. Activate EMS
            2. Clear airway
            3. Rescue breathing
            4. Administer Naloxone
            5. Repeat dose in 2-5 minutes if no response
            6. Recovery position
   3. Labeling of the Naloxone:
      1. A prescription sticker will be on each naloxone that is furnished to the individual, the prescription sticker will have:
         1. Place to write in the individuals name; Naloxone must be personally furnished in the name of the person to whom it is provided.
         2. Place to write in the date the naloxone was furnished;
         3. Name and dosage of the naloxone will be pre-filled in;
      2. The name and address of the prescriber (use the name & address of the prescriber who authorized the agency’s protocol). A Prescription Card will be inside of the Project DAWN Kit, the prescription card will have:
         * 1. Place to write in the individuals name;
           2. Place to write the date the naloxone was furnished;
           3. The expiration date of the naloxone will be pre-filled in;
           4. Project DAWN phone number.
   4. Record Keeping for furnishing of Naloxone
      1. Document the proper indication:
         1. Person requesting;
         2. Address or zip code (if available)
         3. Individuals at risk of experiencing an opioid-related overdose;
         4. Family members, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose;
         5. Refill/replacement kit
      2. If furnishing a refill/replacement kit, document the following:
         1. Where was the original kit received? Record one of the following:
            1. Free Clinic
            2. County Board of Health
            3. County Jail
            4. Project DAWN Community Event
            5. [Department]
            6. Hospital
            7. Other
         2. Most recent Project DAWN kit that is being replaced: Document one of the following:
            1. Was used to save a life
            2. Is lost
            3. Has expired
            4. Was given to someone else
            5. Other
         3. If the Project DAWN kit was used to save a life, document the following:
            1. Date of overdose?
            2. Gender of the person who overdosed?
            3. Approximate age of the person who overdosed?
            4. Zip code where the overdose occurred (if known)?
            5. On what drugs did the person overdose?
            6. Were the following steps performed?

Stimulated the patient

Called 911

Rescue breathing

Gave naloxone, if so, how many?

* + 1. Document the individual who is receiving the naloxone
       1. Name, and If possible, the address of the person to whom the naloxone was personally furnished.
    2. Kit number
  1. The \_\_\_\_\_\_\_\_\_ (Department Name) shall be responsible for;
     1. Ensuring that the Overdose Prevention Kits (Project DAWN Kits) are properly stocked prior to dispersing;
     2. Ensuring that \_\_\_\_\_\_\_\_\_ (Department Name) personnel have been properly trained in opioid overdose prevention;
     3. Reviewing patient logs and Naloxone inventory;
     4. Preparing, coordinating and overseeing the Training Program including annual review for opioid overdose prevention;
     5. Reviewing and revising the Standing Order as necessary.

1. **Miscellaneous**
   1. Dispatch Center
      1. If someone calls 911 requesting an ambulance to personally furnish a project DAWN Kit to them, advise them that the kits are available at local pharmacies.
   2. Personally Furnishing
      1. While on a medical emergency call, if you are approached by someone with no relation to the call that you are on, asking about the Project DAWN Kit, advise them that you are medically treating a patient and provide them with the Project DAWN Information packet.
      2. When not on an emergency call, if you are approached by someone requesting a project DAWN kit, advise Dispatch Center so a call can be initiated (EMS call type);
         1. Begin protocol for identifying the need for a naloxone;
         2. If appropriate for dispensing, enter the appropriate information in the procedure section in pen base with a narrative;
      3. **By law, EMS personnel (or any other authorized person) must instruct the individual to whom naloxone is personally furnished to summon emergency services as soon as practicable either before or after administering naloxone.**