

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Commissioner



Dannel P. Malloy
Governor
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Lt. Governor

Date: June 13, 2014

To: All Connecticut Licensed/Certified EMS Organizations
All Connecticut Sponsor Hospitals

From: Raphael M. Barishansky, M.P.H., M.S., CPM
Director, Office of Emergency Medical Services

Richard A. Kamin, MD, FACEP
Medical Director, Office of Emergency Medical Services

Re: Change to EMR, EMT, AEMT Scope of Practice – Administration of Naloxone

Effective immediately, through the approval of the Connecticut EMS Medical Advisory Committee (CEMSMAC) and the Commissioner of the Department of Public Health, the Connecticut EMS provider scope of practice has, pursuant to Section 19a-179a of the Connecticut General Statutes, been expanded to include the Administration of Naloxone. This change, as described below, may be implemented immediately. The purpose of this memo is to outline the components of implementing this expanded scope of practice, which includes background, considerations, training & education, and data collection.

BACKGROUND

With this expansion, Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMTs) and Advanced Emergency Medical Technicians (AEMTs) may administer naloxone via intramuscular auto injector or intranasal spray to aid in the treatment of opioid overdose complicated by respiratory depression. Authorization for the use of naloxone is contingent upon local EMS sponsor hospital approval, successful completion of approved naloxone training, and compliance with local EMS sponsor hospital clinical guidelines. It is the responsibility of the local EMS sponsor hospital to assure ongoing competency of authorized providers.

Providers are reminded that administering effective artificial ventilations may reverse hypoxia and prevent death in opioid overdoses. Administration of naloxone to reverse the cause of hypoventilation allows for return of spontaneous respirations and may limit the need for continued ventilatory support.

CONSIDERATIONS

When considering implementation of this expansion for BLS first responders, EMS organizations and sponsor hospitals should work together to evaluate local paramedic availability. Respiratory distress of any kind should prompt a paramedic response, if available. Paramedics are essential to the continuum of care of these patients at the ALS level. Paramedics have the ability to deliver titrated doses of naloxone to



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reduce the potential for unwanted symptoms associated with naloxone administration (e.g. vomiting, agitation, refusal against medical advice.) Additionally, patients may be experiencing multi-drug overdoses or have underlying complex medical conditions for which paramedic-level care may be indicated.

EDUCATION & TRAINING

The Office of Emergency Medical Services (OEMS) worked with the Connecticut EMS Advisory Board (CEMSAB) State Education & Training Committee to develop a training model for this expansion, which is available on the Education and Training page of the Office of Emergency Medical Services website at www.ct.gov/dph/ems. Please note: it is the responsibility of the EMS sponsor hospital to ensure EMS providers are compliant with training & education, including knowledge of EMS sponsor hospital clinical guidelines and ongoing competency.

DATA COLLECTION

For the purposes of both EMS system improvement and public health improvement, analysis of data regarding the timing, incidence and efficacy of first responder naloxone is vital. All EMS organizations are required to document and maintain patient care records. Currently, EMS patient care data is collected and submitted to the Connecticut EMS Tracking And Reporting System (CEMSTARS) electronically for paramedic & transport organizations.

In order to collect this data from the first responder organizations, OEMS will be partnering with CEMSMAC, CEMSAB, and the QIDC (Quality Improvement Data Committee) to develop a list of the data elements, and a data collection tool for first responder organizations to complete and submit to their sponsor hospital when they administer naloxone to a patient. OEMS is developing a secure mechanism for hospitals to submit this data, and will work with the EMS sponsor hospitals on the process for submission.

The Connecticut Office of Emergency Medical Services greatly appreciates the efforts of all our partners in developing this initiative to advance prehospital care for the residents and visitors of Connecticut.

BLS NALOXONE ADMINISTRATION PROTOCOL

