



# Hudson Valley Regional EMS Council

33 Airport Center Drive~Suite 204 Second Floor  
New Windsor, NY 12553

Phone (845) 245-4292 Fax (845) 245-4181

## Application for the use of Intranasal Naloxone (Narcan) by BLS Agency

Agency Name \_\_\_\_\_  
Agency Code \_\_\_\_\_  
Agency Address \_\_\_\_\_  
Agency Phone \_\_\_\_\_  
Agency Fax \_\_\_\_\_  
Agency Contact Name \_\_\_\_\_

Agency Medical Director \_\_\_\_\_  
Medical Director Address \_\_\_\_\_  
Medical Director Phone \_\_\_\_\_  
Medical Director Fax \_\_\_\_\_

Number of vehicles that will contain Intranasal Naloxone: \_\_\_\_\_

Has a restocking plan been developed with your Medical Director?  Yes  No

\_\_\_\_\_  
Signature of Agency Official                      Date                      Signature of Medical Director                      Date

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To be completed by Regional Office

**Date Received** \_\_\_\_\_

**Received by** \_\_\_\_\_



**HUDSON VALLEY REGIONAL  
EMERGENCY MEDICAL SERVICES COUNCIL, INC.**

33 Airport Center Drive Suite 204, Second Floor  
New Windsor, NY 12553

(845) 245-4292 Phone  
(845) 245-4181 Fax  
hvremSCO@hvremSCO.org

**COLLABORATIVE AGREEMENT**

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**Administration of Intranasal Naloxone (Narcan) by EMT-Basic**

As per Hudson Valley Regional Medical Advisory (HVREMAC) requirements,

**Agency Name:** \_\_\_\_\_  
(Hereafter referred to as the Agency)

and

**Medical Director:** \_\_\_\_\_  
(Hereafter referred to as the Agency Medical Director)

enter into this collaborative agreement in which;

1. The Agency will acquire, store, account, and dispose of Intranasal Naloxone according to written policies and procedures which have been developed as recommended by New York State Department of Health Policy Statement 00- 15 "Storage and Safeguarding of Medications Administered by EMT-Bs";
2. The Agency will ensure that the New York State Basic Life Support Adult and Pediatric Treatment Protocols are utilized by all participating personnel for the proper administration of Intranasal Naloxone;
3. The Agency will ensure that Intranasal Naloxone will only be administered by authorized EMT(s) who have successfully completed a training program which includes Watching a Video, reviewing written materials and a supervised practice session.
4. The Agency will require that all Intranasal Naloxone administrations are documented appropriately by utilizing the New York State approved Patient Care Report (PCR). Additionally, all Intranasal Naloxone administrations will be reported to the HVREMAC utilizing the approved quality improvement form;
5. The Agency agrees to include the review of all BLS Intranasal Naloxone administrations in the Agency's quality improvement plan that is required by the New York State Department of Health;
6. The Agency will review this agreement on an annual basis and will file a new Collaborative Agreement with the Hudson Valley Regional EMS Council if the Agency Medical Director, or any of the contents of this agreement, changes.

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**Name of Authorized Agency Representative**

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**Title**

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**Signature**

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**Date**

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**Agency Medical Director's Signature**

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**Date**

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Website:hvremSCO@hvremSCO.org

**BLS Administration of Intranasal Naloxone (Narcan) Quality Improvement Report**

To be completed by the EMT who has administered  
Intranasal Naloxone According to the Collaborative Protocol

**Upon completion of this report, please attach to the YELLOW copy of the PCR and  
Submit to the HVREMS office along with the monthly PCR submissions.**

**\*ePCR agencies must submit form to the HVREMSCO office\***

**BLS Administration of Intranasal Naloxone**

Date of Incident: \_\_\_\_\_ PCR #: \_\_\_\_\_ Agency Code: \_\_\_\_\_ EMT #: \_\_\_\_\_

Patient's Age: \_\_\_\_\_ Sex(M/F): \_\_\_\_\_ Time Patient Contact Began: \_\_\_\_\_ Time Patient Contact Ended : \_\_\_\_\_

Patient Had History of Drug Abuse?(Y/N): \_\_\_\_\_

Time of Onset (If Known)? \_\_\_\_\_ Time of Intranasal Naloxone Administration? 1st \_\_\_\_\_ 2nd \_\_\_\_\_

Did the Patient Show Improvement? (Y/N): \_\_\_\_\_ If So, How? \_\_\_\_\_

Did the Patient's Status Worsen? (Y/N): \_\_\_\_\_ If So, How? \_\_\_\_\_

Was ALS Available? (Y/N): \_\_\_\_\_ If Not, Why? \_\_\_\_\_

Was Medical Control Contacted? (Y/N):: \_\_\_\_\_ If So, Name of Medical Control Physician? \_\_\_\_\_

Name of Transporting Ambulance Service? \_\_\_\_\_

Name of Receiving Hospital? \_\_\_\_\_

Level of Care Patient was Turned Over to? (Please Circle): AEMT EMT-CC EMT-P RN MD



  
New York State  
Department of Health  
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**  
*Supersedes/Updates: 00-15*

**No. 09-11**

**Date: December 28, 2009**

**Re: Storage and Safe  
Guarding of Medications  
Administered by EMT-Bs.**

**Page 1 of 1**

### **Purpose**

The medications approved for use by Emergency Medical Technician - Basics (EMT-B) are considered to be lifesaving measures. As such, care should be taken to allow for immediate access, while safe guarding the medications when not caring for a patient. This policy is developed to address concerns regarding the storage and safe-guarding of medications that may be administered in accordance with state and regional BLS protocols by EMT-Bs.

### **Policy**

Prior to implementing prehospital medication administration, each agency must receive approval from their Regional Emergency Medical Advisory Committee (REMAC). All EMS agencies carrying medications for use by EMT-Bs, prior to placing them in service, must develop policies and procedures that include, but may not be limited to the following items; inventory control, storage, expiration and replacement of these items and the process for provider education.

In an effort to assist agencies in maintaining control of the medications that may be administered by EMT-Bs, the following should be the minimum requirements implemented by each service providing this level of care.

- The medications must be stored in an environment that protects them from extreme temperature changes and light. According to most medication manufacturer's guidelines, medications must be stored at temperatures that range from 59 degrees to 77 degrees<sup>1</sup>.
- All medications must be secured in a container or location capable of being secured with a lock or numbered tear-away-type inventory control tag when not being used for patient care.
- The medication must be placed in either a closed ambulance compartment or inside a bag or box that is taken to the patient's side.
- It is strongly recommended that BLS medications not be placed in the same locked cabinet with medications, syringes or needles used by Advanced Life Support Providers.
- The EMS agency must provide safe disposal for medical waste/sharps on EMS vehicles.

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<sup>1</sup> New Jersey – Drug Adulteration Study, October, 1995



New York State  
Department of Health  
**Bureau of Emergency Medical Services**

**POLICY STATEMENT**

*Supercedes/Updates:* **New**

**No. 13 - 10**

**Date: Dec. 10, 2013**

**Re: Intranasal  
Naloxone (Narcan®) for  
Basic Life Support EMS  
Agencies**

**Page 1 of 3**

At the October, 2013 meeting of the New York State Emergency Medical Advisory Committee (SEMAC), the administration of naloxone (Narcan®) using a mucosal atomizer device (MAD) for patients experiencing opioid overdoses was approved for use by certified Basic Life Support EMS providers in Basic Life Support (BLS) EMS agencies. The Commissioner of Health has approved the administration of intranasal naloxone as a part of the scope of practice for certified Basic Life Support EMS providers in New York State.

The purpose of this policy is to explain the process for agencies wishing to implement an intranasal naloxone program. The addition of administration of intranasal naloxone is intended to provide prompt emergency medical care to patients with symptomatic acute opioid overdoses as described in prehospital protocol.

In order to participate in the BLS intranasal naloxone program, the EMS agency must have approval from its medical director, complete the approved training program which includes watching a video, reviewing written materials and a brief supervised practice session and make notification to the local Regional Emergency Medical Advisory Committee (REMAC).

## **BLS INTRANASAL NALOXONE PROGRAM**

The SEMAC has approved an amendment to the Altered Mental Status protocol in the New York State CFR and EMT/AEMT BLS Protocols which will enable EMS agencies and certified Basic Life Support EMS providers to administer intranasal naloxone to patients experiencing an acute opioid overdose. A NYS EMS Lesson Plan Guide has been developed for use by EMS course sponsors. Additionally, the REMAC may approve training programs and determine the type and level of record keeping and quality assurance requirements for this procedure.

## **PARTICIPATION**

EMS agencies intending to participate in the intranasal naloxone program, must:

1. Notify the local REMAC in writing;
2. Utilize an intranasal naloxone kit that contains the following:
  - a. Two (2)- naloxone hydrochloride pre-filled Luer-Lock (**needleless**) syringes containing 2mg/2ml
  - b. Two (2)- mucosal atomization devices (MAD): and
  - c. One (1)- container for security/storage

Additionally EMS agencies must do the following as a minimum:

1. Develop written policies and procedures for the intranasal naloxone program that are consistent with state and local protocol. This shall include, but not be limited to the following:
  - policies and procedures for the EMS training, credentialing and continuing education;
  - documentation of credentialed users;
  - appropriate patient documentation;
  - a defined quality assurance program, including appropriateness review by the medical director;
  - policies and procedures for:
    - > inventory;
    - > storage, including environmental considerations;
    - > security; and
    - > proper disposal of medication and administration devices.
2. Perform quality assurance evaluations on each administration for the initial six (6) months of the program, or longer at the request of the medical director.
3. Provide data to the REMAC upon request.

## **CONCLUSION**

With a growing number of prehospital opioid overdoses throughout the NYS, all EMS agencies are encouraged to train their certified BLS providers in the administration of intranasal naloxone) and stock the medication and mucosal atomizer devices (MAD) on their certified EMS response vehicles. The addition of intranasal naloxone has life-saving benefits in reversing opioid overdoses in the prehospital setting. EMS providers are frequently the first to arrive at the scene of an overdose putting them in the best position to administer this time-sensitive, life-saving intervention. The use of a nasal atomizer device reduces the potential for occupational exposure to needle stick injuries. Widely available evidence exists to indicate that the medication is equally effective when administered intra-nasally and suggests no negative health outcomes.

The New York State EMS Demonstration Project concluded with the following:

- 2,035 EMTs trained;
- 223 opioid overdose reversals;
- No adverse events;
- No significant hazards to EMS personnel; and
- 10% of contacted reversals entered rehabilitation programs

## RESOURCES

CFR/BLS Altered Mental Status Protocol (attached)

NYS EMS Lesson Plan Guide

Reversing Opioid Overdose: Training for EMS and Public Safety Personnel

Course Link: <http://hivtrainingny.org/Account/LogOn?crs=821>

This link will take you to the DOH website which hosts the training video and associated materials. To access the materials, you must establish an account which is free and takes only a couple of minutes. Once you establish an account, you will be directed to the training materials.

*“Substance Abuse and Mental Health Administration - Opioid Overdose Prevention Toolkit .”*

<http://store.samhsa.gov/product/SMA13-4742>

# Opioid (Narcotic) Overdose

Applies to adult and pediatric patients

## CRITERIA

- **\*Only administer naloxone (Narcan®) to patients with suspected opioid overdose *with hypoventilation (slow/shallow or ineffective respirations)*. For provider and patient safety, do not administer without a medical control order if there are adequate ventilations**

## CFR AND ALL PROVIDER LEVELS

### EMT

- ABCs, vital signs
- Airway management and appropriate oxygen therapy
- Check blood glucose level, if equipped
  - Refer to the “General: Altered Mental Status” protocol, as indicated
- Determine what and how much was taken, along with the time, if possible
- For suspected opioid overdose **and** hypoventilation\* or respiratory arrest, administer naloxone (Narcan®) 2 mg\*\* intranasal; 1 mg per nostril, may repeat once in 5 minutes, if no significant improvement occurs
  - In the pediatric patient, administer naloxone (Narcan®) 1 mg\*\* intranasal, ½ mg per nostril, may repeat once in 5 minutes, if no significant improvement occurs



## CFR AND EMT STOP

## KEY POINTS/CONSIDERATIONS

- **\*Only administer naloxone (Narcan®) to patients with suspected opioid overdose *with hypoventilation (slow/shallow or ineffective respirations)*. For provider and patient safety, do not administer without a medical control order if there are adequate ventilations**
- \*\*May substitute alternative FDA and SEMAC approved, commercially prepared 4mg nasal spray unit dose device
  - This device is approved for the full 4 mg dose in the adult or pediatric patient
  - Administer 4mg in 1 nostril as a single spray
- BLS providers should be aware that ALS providers may titrate the naloxone (Narcan®) dose to attain adequate spontaneous ventilation
- If high suspicion of opioid overdose, providers may administer naloxone (Narcan®) prior to checking a blood glucose level
- Do NOT give naloxone (Narcan®) to any intubated patient without a medical control order unless they are in cardiac arrest



# AMS: Altered Mental Status

Applies to adult and pediatric patients

## CRITERIA

- Including, but not limited to, hypoglycemia
- For opioid (narcotic) overdose, see “Opioid (Narcotic) Overdose” protocol
- For behavioral emergencies, see also “Behavioral Emergencies” protocol

## CFR AND ALL PROVIDER LEVELS

### EMT

- Airway management and appropriate oxygen therapy
- Check pupils and, if constricted, consider “Opioid (Narcotic) Overdose” protocol
- Check blood glucose level, if equipped and safe to do so
  - If blood glucose is known or suspected to be below 60 mg/dL and patient can self-administer and swallow on command:
    - Give one unit dose (15-24 grams) of oral glucose, or another available carbohydrate source (such as fruit juice or non-diet soda)
  - If the patient is unable to swallow on command, or mental status remains altered following administration of oral glucose:
    - Do not delay transport
- Ongoing assessment of the effectiveness of breathing
  - Refer to “Extremis: Respiratory Arrest / Failure” or “Extremis: Pediatric Respiratory Arrest / Failure,” protocol, if necessary



## CFR AND EMT STOP

## KEY POINTS/CONSIDERATIONS

- Assess the scene for safety and, if it is not, retreat to a safe location and obtain police assistance
- Consider closed head injury and non-accidental trauma, especially in children
- Consider drug ingestion, meningitis/encephalitis
- See also “Behavioral Emergencies” protocol, if indicated

# **(Your Name) Ambulance Corps, Inc.**

## **Naloxone Program**

### **Policy and Procedures**

#### **Training:**

All EMT'S authorized and credentialed to administer Naloxone, will participate in a training program, approved by the Medical Director. Training will be required as part of this program, pursuant to New York State Department of Health, Bureau of EMS, policy statement 13-10. Training will consist of watching the approved video, reviewing written materials (attached) and participating in a supervised practice session conducted by personnel certified at the Emergency Medical Technician-Paramedic, or higher level. All credentialed EMT'S under this program, shall be required to attend a CME session yearly reviewing this signs and symptoms of altered mental status, and proper administration of Naloxone.

#### **Documentation and Credentialing:**

Upon successful completion of the training program, an indication will be made in the EMT'S electronic personnel record that they have viewed the video and participated in a practical session. Additionally, a copy of the course completion certificate will be placed in their credentials file. Reporting is available on all credentialed EMT'S under this program.

#### **Patient Documentation:**

Administration of Naloxone, including the proper scene size-up, supporting signs and symptoms and history, will be documented on our electronic patient care report. Naloxone will be an available choice on the flow chart. Additionally, the administration of Naloxone will require the approved quality improvement record by the Hudson Valley Regional EMS Council be completed. The report will be available on the electronic patient care program, and will be a permanent part of that patient's record.

#### **Quality Assurance:**

All administrations of Naloxone will be subject to a quality assurance procedure. Monthly a report will be generated, identifying any Naloxone administrations. The electronic care report will be reviewed by the corps captain and by the medical director to ensure the proper use of the Naloxone administration. Additionally, the approved quality improvement record by the Hudson Valley Regional EMS Council will be submitted to the region, along with our monthly PCR submissions.

#### **Special Considerations:**

Before administering Naloxone to patients that are suspected to be on analgesics for chronic or terminal conditions, the EMT shall consult with medical control.

**Inventory:**

The corps captain, or the first lieutenant, will be responsible for controlling the inventory of Naloxone. Inventory on hand will be a total of 5 intranasal Naloxone kits which will include the following:

- Two (2) naloxone hydrochloride pre-filled Luer-Lock (needleless) syringes containing 2mg/2ml.
- Two (2) mucosal atomization devices (MAD)
- One (1) container for security/storage.

The distribution of the kits is as follows:

- One (1) kit in each of three (3) certified ambulances.
- One (1) kit in our certified first response vehicle.
- One (1) kit in our secured restock closet.

Upon administration of Naloxone, the corps captain or the first lieutenant will be responsible for ordering another kit for restock.

**Storage:**

The kits will be stored in the combination oxygen duffel/first in bag. The temperature of the ambulances will be maintained at all times, to ensure that the Naloxone is kept in the range as recommended by the manufacturer. Kits will be secured with an asset control tag to ensure its security.

**Disposal:**

Proper disposal of medication and administration devices will be the responsibility of the EMT in charge and will conform to all NYS-DOH regulations.

**Patient Refusals:**

A patient who receives the administration of Naloxone, by the BLS agency will not be allowed to refuse transport, without approval by medical control.

**Agreed to and Accepted:**

\_\_\_\_\_  
Corps Captain

\_\_\_\_\_  
Medical Director