EMS Opioid Outreach Program

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Discussion Topics

- EMS data trends
- Overdose Treatment & Prevention Protocol
- Leave Behind Naloxone Update
- EMS Outreach and engagement programs
- Naloxone Administration Report

Naloxone Administration Report
EMS data trends
Overdose Treatment & Prevention Protocol
Leave Behind Naloxone Update
EMS Outreach and engagement programs
### 2023 EMS Data

<table>
<thead>
<tr>
<th>Category</th>
<th>2022 Incidents</th>
</tr>
</thead>
<tbody>
<tr>
<td>11,644 Statewide Non-Fatal Opioid incidents</td>
<td>12,615</td>
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<tr>
<td>24,475 Statewide Non-Fatal Overdose incidents</td>
<td>25,512</td>
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NMORC Quarterly Trends
January 2022-June 2024

Combined General Overdose & Opioid Overdose  Biospatial 7-10-24
NMORC Quarterly Trends
January 2022-June 2024

Combined General Overdose & Opioid Overdose  Biospatial 7-10-24
2023-2024 NMORC EMS Data

Combined General Overdose & Opioid Overdose

<table>
<thead>
<tr>
<th>Hour of Day</th>
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<tbody>
<tr>
<td>8</td>
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<tr>
<td>---</td>
</tr>
<tr>
<td>Sun</td>
</tr>
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<td>Mon</td>
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<td>Tue</td>
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<td>Fri</td>
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<tr>
<td>Sat</td>
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<tr>
<td>All</td>
</tr>
</tbody>
</table>

Suspected Overdoses by Day and Hour (Total Count)
Event Local Date: 2023-Jan-01 to 2024-Jun-30
2023-2024 NMORC EMS Data

Combined General Overdose & Opioid Overdose  Biospatial 7-10-24
NMORC Data 2023 – 2024

• 90% of overdose incidents transported to ED

• 30-39 Year age group largest population

• 65% of suspected opioid overdose calls receive naloxone

• Increased Methamphetamine incidents 2024
NMORC Quarterly Trends
January 2022-June 2024

Meth, Stimulant & Opioid Overdose Biospatial 7-10-24
Narcan Administration
2023-2024

[Graph showing the total administered mg and per patient mg for Q1 2023 to Q2 2024]
Opioid Overdose Treatment & Prevention Protocol

Medical Control Authorities finalizing implementation process

Leave Behind Naloxone
- 55% prior to new protocols
- 66-76% currently

Potential New Protocol options
- Alternate destination
- Buprenorphine administration
Opioid Overdose Treatment and Prevention

### Aliases:
OD, Naloxone administration, Naloxone leave behind, Accidental overdose

### Indications:
Decreased level of consciousness associated with respiratory depression from Opioid Overdose, signs of opioid use, scenes with indications of opioid use. For critically ill patients see Adult or Pediatric Crashing Patient/Impending Arrest Treatment Protocol.

### Procedure:
1. Follow General Prehospital Care-Treatment Protocol.
2. Pediatric patients (<14 years) utilize M I MEDIC cards for appropriate medication dosage. When unavailable utilize pediatric dosing listed within protocol.
3. If patient has respiratory depression, provide oxygenation and support ventilations. Treatment goal is to restore effective respirations; the patient need not be completely awakened.
   a. Administer naloxone when (may be an MFR skill based on MCA selection):
      i. Ventilations have been established and patient has regained consciousness.
      ii. There is more than 1 rescuer on scene for personnel safety precautions.

#### MCA Selection for
- **MFR naloxone administration**

MCA As will be responsible for maintaining a roster of the MFR agencies choosing to participate and will submit roster to MDHHS

b. Per MCA Selection (below), administer naloxone intranasal via prefilled syringe with atomizer (half the dose in each nostril), OR Narcan® Nasal Spray. May repeat one time in 3-5 minutes if effective respirations not restored.

#### MCA selection for intranasal naloxone (must select at least one):
- **Narcan® Nasal Spray 4 mg (Adults Only)**
- **Naloxone Prefilled-2 mg/2 ml IN via Atomizer**
  - Adult and child over 3 years: 2 ml
  - Pediatric Dosing:
    - Up to 3 months: 0.5 ml
    - 3 months up to 18 months: 1 ml
    - Children 19-35 months: 1.5 ml

#### MCA selection for IM or slowly IV, titrating to restore effective respirations.
- Adult: 2 mg IM or IN via atomizer.
- IN max of two doses total.

### MCA Selection for Naloxone Leave Behind

Providers must be part of an MCA designated Leave Behind Naloxone agency:
- **MFR**
- **EMT**
- **AEMT**
- **Paramedic**

MCA will submit roster to MDHHS

a. Indications:
   i. Patients ≥ 15 years old who received naloxone with symptom improvement.
   ii. Patients ≥ 15 years old who report substance use disorder
   iii. Scenes where there are signs of opioid use and an individual ≥ 15 years old available to receive the Naloxone.

b. For patients who are transported, naloxone kits may either be provided to:
   i. Family and friends on scene (≥ 15 years old) OR
2024 Protocol

Michigan
GENERAL TREATMENT
OPIOID OVERDOSE TREATMENT AND PREVENTION

Initial Date: 10/19/2022
Revised Date:

Section 1-9

i. to the patient when arriving at the hospital, if the patient is awake
   c. Provide a naloxone kit to patient or family/friends on scene, if accepted
   d. Document in PCR administration of kit (in procedure section)
   e. Other possible offerings when administering a kit:
      i. Offer to properly dispose of any used needles following your agency policy
      ii. Refer to a community peer support team, if available
      iii. Provide literature outlining resources for opioid use disorder or substance use disorder treatment programs in the community
   iv. For patients who have not suffered an acute overdose AND are willing to accept treatment for opioid use disorder or substance use disorder, the following may be offered if available:
      1. Alternate destination according to MCA approval (including inpatient or outpatient treatment facilities)
      2. Mobile crisis teams
      3. Other local treatment options

Medication Protocols
Naloxone
Ondansetron

Protocol Source/References:

MCA Name
MCA Board Approval Date
MCA Implementation Date
MDHHS Approval: 10/19/22
MDHHS reviewed 2022
76% of the MCA have adopted the program
66% have active training rosters

Over 13,000 kits ordered by first responder agencies last year
   Over 5000 so far this year (Jan – May)
   7000 ordered in 2021

Documentation is an ongoing struggle for tracking
Continue to work with agencies on follow-up programs

Data quality improvement

Workforce challenges

Reimbursement
2019 – 2023 Naloxone data via EMS documentation
EMS administrations
Prior to EMS arrival administration

2.7 mg / patient administration average by Paramedics

3.5 mg / patient overall average
Has been only increase since introduction of 4 mg nasal spray

Nalmefene Position

- AACT & ACMT Joint Position Statement
  - [ACMT-AACT-Joint-PS_Nalmefene.pdf](#)

- NASEMSO Medical Director Council

- NASEMSO Substance Misuse, Assessment, Recovery, Treatment, & Surveillance (SMARTS) Committee
Contact Info

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