



State of Oklahoma
2017 Opioid Antagonist (Naloxone) Protocol
Specifically for OSDH Naloxone Program

MEMORANDUM OF AGREEMENT
Between the [REDACTED] and
the Oklahoma State Department of Health

AGREEMENT TO PROVIDE INTRANASAL NALOXONE TRAINING MATERIALS AND
INTRANASAL NALOXONE KITS

This Agreement is entered into this [REDACTED] day of [REDACTED] 20[REDACTED] by the [REDACTED] agency (hereinafter referred to as the “Receiving Agency”) and the Oklahoma State Department of Health (hereinafter referred to as “OSDH”).

Purpose and Objectives of Agreement/Project

This Agreement reflects the understanding between the Receiving Agency and OSDH regarding the OSDH’s program to encourage intranasal naloxone use by basic- and intermediate-licensed personnel at emergency medical service agencies and emergency medical response agencies. This Agreement will:

- Build a working relationship between the organizations with a common goal of reducing the number of opioid overdose deaths.
- Provide the Receiving Agency access to training materials on opioid overdoses and the proper use of intranasal naloxone.
- Provide the Receiving Agency access to free intranasal naloxone kits and/or atomizers (one kit and/or atomizer per ambulance and replacement kits and/or atomizers as available).

Responsibilities of OSDH

1. Provide training materials on opioid overdoses and the proper use of intranasal naloxone on the OSDH poison prevention website (<http://poison.health.ok.gov>).
 - *Recognition, Response and Administration of Intranasal Naloxone (Narcan)* slide deck
 - Intranasal naloxone training videos
2. Provide intranasal naloxone kits and/or atomizers during calendar year 2017. Each kit will contain two doses of naloxone and two nasal atomizers for administration of the naloxone. If funding permits, replacement intranasal naloxone kits and/or atomizers will be provided.
3. Provide a form for documenting the utilization of each intranasal naloxone kit and/or atomizer on the OSDH poison prevention website (<http://poison.health.ok.gov>).
 - Intranasal Naloxone Usage Form



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Responsibilities of the Receiving Agency

1. Adopt an OSDH Emergency Medical Services (EMS) Division approved intranasal naloxone protocol. (Attachment A is a naloxone protocol, which includes intranasal use by basic- and intermediate-licensed personnel at certified and licensed agencies, that has been approved by the OSDH EMS Division.)
2. Ensure all emergency personnel have watched the Oklahoma Naloxone Initiative training video in its entirety.
3. Use the intranasal naloxone kits and/or atomizers as medically indicated and administer nasally.
4. Document the utilization of each intranasal naloxone kit and/or atomizer using the form provided by OSDH and send copies of completed forms to OSDH (fax number, postal and email addresses are at the bottom of the Intranasal Naloxone Usage Form).
 - Intranasal Naloxone Usage Form
5. Do not charge patients for naloxone/administration when using the free intranasal naloxone kits.
6. Ambulance services must submit all the standard information on the run into OKEMSIS (Oklahoma Emergency Medical Services Information System).

Contact Personnel

The OSDH liaison for this Agreement is:

Name: Avy Redus

Phone: (405) 271-3430

Email: AvyD@health.ok.gov

The Receiving Agency liaison for this Agreement is:

Name: _____

Phone: _____

Email: _____



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Signatures

Oklahoma State Department of Health

Date: _____

Signature: _____

Name: Pam Archer, M.P.H.

Title: Director, Injury Prevention Service

Date: _____

Signature: _____

Name: Henry F. Hartsell Jr., Ph.D.

Title: Deputy Commissioner for Protective Health Services

Name of Receiving Agency: _____

Date: _____

Signature: _____

Name: _____

Title: _____

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- Treatment Priorities
1. Scene Safety
 2. Assess cause/opioid
 3. Airway-Breathing
 4. Ventilation
 5. Circulation
 6. Removal of medication patches
 7. Administration of antagonist
 8. Transport-medical support

Opioid Overdose Protocol

This protocol is being established to support certified and licensed personnel working under an agency's medical control when providing **Intranasal Naloxone** to patients experiencing an opioid overdose.

- Emergency Medical Responder
- Emergency Medical Technician
- Intermediate / I-85
- Advanced EMT
- Paramedic

EMR	EMT
<p>GENERAL SUPPORTIVE CARE OBTAIN VITAL SIGNS O₂ VIA NC, NRB, OR BVM AS APPROPRIATE APPLY CARDIAC MONITOR/OBTAIN 12-LEAD ECG (if equipped) TRANSMIT 12-LEAD ECG TO RECEIVING EMERGENCY DEPARTMENT ADULT: NALOXONE 2 mg IN (1mg/ml PER NOSTRIL), MAY REPEAT ONCE Administer Intranasal Naloxone for patient this is Apenic/Agonally Breathing</p> <p>EMT OR HIGHER LICENSE: ADULT: NALOXONE 2 mg IN (1mg/ml PER NOSTRIL), MAY REPEAT ONCE Administer Intranasal Naloxone for patient this is Apenic/Agonally Breathing</p> <p>MEASURE END – TIDAL CO₂ & MONITOR WAVEFORM CAPNOGRAPHY (if equipped, **Mandatory use if pt intubated) PLACE SUPRAGLOTTIC AIRWAY IF INDICATED ONLY IF BVM VENTILATIONS INEFFECTIVE</p> <p>USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL USE OF ACTIVATED CHARCOAL FOR ACUTE INGESTED POISONS, (i.e., Acetaminophen, ASA, TCA, Barbiturates) ADULT/PEDIATRIC: ACTIVATED CHARCOAL 1 gram/kg PO (OLMC ORDER ONLY; USE ONLY IF TRANSPORT TIME WILL EXCEED 30 MINS)</p>	

Intermediate- I/85	Advanced EMT	Paramedic
<p>IV ACCESS ADULT: INTUBATE or use supraglottic airway IF INDICATED; DOES NOT INTUBATE PATIENTS WITH RAPIDLY REVERSIBLE TOXICOLOGY ETIOLOGY (e.g. OPIATES) INTERMEDIATE – I/85 ADULT: NALOXONE 2 mg IN (1mg/ml PER NOSTRIL), MAY REPEAT ONCE</p> <p>ADVANCED EMT OR HIGHER LICENSE: TOXINS/DRUG OVERDOSE – SUSPECTED NARCOTIC/OPIATE – APNEIC/AGONALLY BREATHING ADULT: NALOXONE 2 mg IVP/IOP/IN, MAY REPEAT ONCE PEDIATRIC: NALOXONE 0.5 mg IVP/IOP/IN, MAY REPEAT TO MAX OF 2 mg USE NALOXONE TO RESTORE EFFECTIVE BREATHING; AVOID EXCESSIVE DOSING TO PREVENT WITHDRAWAL</p>		