RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: June 15, 2016
Subject: Changes to Statewide BLS Protocol #831 (Poisoning/Toxic Exposure)
VTR#: 0616-03 Committee/Task Force: Medical Advisory Committee
☒ Recommended Goal ☐ Recommended Policy Change ☐ Other:

Recommendation:
The Department of Health should amend statewide BLS protocol #831 to permit intranasal administration of naloxone at 2-4 mgs.

Rationale [Background]:
The current statewide BLS protocol (#831) specifies intranasal administration of naloxone at 2 mgs; the MAC is recommending the protocol be amended to permit an administration range of 2-4 mgs to accommodate products that are now available in the marketplace and packaged to deliver a 4 mg dose. Amending the current protocol will provide a BLS agency with the option of purchasing either a 2 mg or 4 mg dose in consultation with their agency medical director. Public safety, law enforcement and other agencies outside of the Department of Health’s jurisdiction are not restricted from purchasing naloxone at the higher dosage.

Medical Review [Concerns]:
This recommendation is offered by the medical advisory committee; the MAC does not have a concern with the higher dosage and views this as an agency medical director decision.

Fiscal Concerns:
There have been anecdotal reports that some of the new prepackaged intranasal naloxone products may have a lower price point when compared to purchasing the medication and an atomizing device separately. Agencies considering this option should perform a market price analysis to determine which option makes economic sense.

Educational Concerns:
None.

Plan of Implementation:
Include the recommended amendment to BLS protocol #831 in the next update cycle.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.
Board Meeting Comments/Concerns:
None

Signed:_____________________________ Date______________
President

______________________________________________
For PEHSC Use Only – PA Department of Health Response

Accept:____  Table:____  Modify:____  Reject:____

Comments:

Date of Department Response:______________