



PENNSYLVANIA EMERGENCY
HEALTH SERVICES COUNCIL
Your Voice In EMS

RECOMMENDATION FOR CONSIDERATION

Board Meeting Date: December 9, 2015

Subject: Data on BLS Agencies Carrying Naloxone

VTR#: 1215-03

Committee/Task Force: Medical Advisory

Recommended Goal

Recommended Policy Change

Other:

Recommendation:

The Pennsylvania Department of Health should obtain data on the number and location of BLS agencies carrying naloxone.

Rationale [Background]:

Opioid abuse has been identified as a major public health issue at both the state and national level. In Pennsylvania, "The Opioid Overdose Reversal Act, a.k.a. David's Law" (Act 139 of 2014) was signed into law on September 30, 2014. The act, in part, directed the Pennsylvania Department of Health to:

- (a) Amend the prehospital practitioner scope of practice of emergency medical services providers to include the administration of naloxone.
- (b) In consultation with the Pennsylvania Emergency Health Services Council, implement training, treatment protocols, equipment lists and other policies and procedures for all types of emergency medical services providers.

At the May 15, 2015 meeting of the PEHSC Medical Advisory Committee's, the members were addressed by Pennsylvania Physician General Dr. Rachel Levine, who is spearheading the initiative to expand the availability of naloxone to both first responders and the general public. Dr. Levine emphasized that EMS plays an important role in this initiative by encouraging BLS units to carry naloxone and supporting the efforts of public safety agencies who wish to participate in the program. Dr. Levine also expressed concern that more BLS agencies weren't participating in the initiative, citing a recent survey that only 30%-40% of Pennsylvania's BLS agencies are currently carrying naloxone.

November 12, 2015 marked one (1) year since naloxone was made available to BLS agencies with the publication of EMSIB #2014. In view of this milestone, the MAC sought to obtain information from the Bureau of EMS regarding: 1) the # of BLS naloxone administrations and, 2) the number of BLS agencies carrying naloxone in order to determine if the level of participation has increased from the 30%-40% previously reported by Dr. Levine.

On October 23, 2015, PEHSC sent a request to the Bureau of EMS to obtain the following data stratified by county:

1. Total naloxone administrations by ALS for one (1) year prior to the enactment of Act 139 (November 11, 2013 to November 11, 2014).
2. Total naloxone administrations for one (1) year after the enactment of Act 139 (November 12, 2014 to November 12, 2015 or the closest end date for which data is available).

3. Total naloxone administrations by BLS or one (1) year after the enactment of Act 139 (November 12, 2014 to November 12, 2015 or the closest end date for which data is available).
4. Average time from dispatch to naloxone administration for one (1) year prior to the enactment of Act 139 (November 11, 2013 to November 11, 2014).
5. Average time from dispatch to naloxone administration for (1) year after the enactment of Act 139 (November 12, 2014 to November 12, 2015 or the closest end date for which data is available).
6. Total number of licensed BLS agencies that have opted to carry naloxone.

In subsequent discussions with BEMS staff, we were informed that the 12 month comparison before and after the publication of EMSIB 2014-004 revealed a significant increase (> 50%) in naloxone, however, limitations in the data prevented the BEMS from stratifying the data by ALS v. BLS administration or county (#1,2 and 3). Information regarding average time from dispatch to naloxone administration (#4 and 5) was also not available. Finally, the BEMS reported there is currently no tracking mechanism in place regarding the number or location of BLS agencies that are carry naloxone.

Medical Review [Concerns]:

In order to validate the Physician General’s previous concern regarding low BLS participation in the naloxone initiative, it is necessary to establish how many agencies are currently participating and their location. In areas with low participation, it will provide an opportunity to explore the reason(s) why such a condition exists and could be used for future program planning.

Fiscal Concerns:

N/A

Educational Concerns:

N/A

Plan of Implementation:

The Bureau of EMS should engage the regional EMS councils to gather/maintain data on BLS agency participation in the naloxone initiative. The mechanism used to gather this information should not be overly burdensome to the regulated community or regional councils and leverage technology whenever possible.

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:_____