

Title: An Assessment of the Impact of the South Carolina Overdose Prevention Act of 2015.

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Introduction: In 2015, The South Carolina (SC) Bureau of EMS began a joint initiative with the SC Fifth Circuit Assistant Solicitor’s Officer and several law enforcement departments to allow training for law enforcement officers (LEOs) to carry and use naloxone for opioid overdose patients where the officer finds the individual in a life-threatening condition. This pilot project included local pharmacies, the pharmaceutical company supplying naloxone, the Solicitor’s Office, S.C. Department of Alcohol and Other Drug Abuse Services, Medical Control Physicians, and LEOs. The project goal was to realize statewide improvements in the mortality of opioid overdose patients. The SC Bureau of EMS involvement included training and tracking of LEO naloxone usage through a secure web portal.

Objective: Evaluate the impact of training and implementing a secure web portal to track prehospital naloxone administration by LEOs.

Methods: In January 2016, the SC Bureau of EMS began training LEOs on administration and reporting of naloxone. Training was provided in a “train the trainer” model. The secure web portal was created in February 2016. Through the portal, pharmacists were able to confirm each LEO had received required training prior to distributing naloxone for field administration. Following the receipt of training, each LEO was given a two dose unit of naloxone. The portal was built to allow secure log in by LEOs using a unique identification number issued by the Police Academy. LEOs were to report field administration of naloxone through this portal. Once administration was reported, the portal would pass a unique administrative report number to a participating pharmacy. Pharmacists use this number within the portal to confirm LEO administration. The pharmacist distributed replacement naloxone to LEOs only after receiving confirmation of field administration through the portal. They are also able to track lot number and expiration dates. Each LEO was restricted to entering and viewing naloxone administration reports they initiated. Finally, an administrative view into the portal was constructed to facilitate SC Bureau of EMS oversight.

Results: There were 1,266 LEOs eligible to participate in the pilot project. Within the first eight months of the project, 38.6% (489) had completed the required training. Each LEO who successfully completed training received a two dose unit of naloxone. The first reported field administration of naloxone was performed in the first two weeks of June 2016. By July 31, 2016, a total of 6 reported administrations had been performed in the field by LEOs. For each administration, the LEO reported an improvement in the patient’s condition following administration. On 3 instances, there was a report of repeat administrations of naloxone by LEOs. Naloxone was resupplied to LEOs a total of 5 times.

Conclusion: The South Carolina Overdose Prevention Act of 2015 demonstrated that LEOs can successfully administer and document the delivery of naloxone in the field. This project has led to a number of successes that can be considered “saves”. Further analysis should examine the long term success of this pilot project.

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