

North Carolina EMS Response To Opioid Epidemic

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OPIOID INTERVENTIONS

State opioid dashboard

Increased naloxone access

Leave behind naloxone

EMS based needle exchange

Pop up testing sites

EMS Medication Assisted Bridge Programs



Opioid Overdose/Misuse (Optional)

Policy:

Patients who have experienced an opioid overdose/misuse should be offered a variety of options to more appropriately manage their care where available in the community. All care should be provided within the rules and regulations of the state of North Carolina.

Purpose:

- To ensure patients are offered options for treatment of opioid misuse where available.
- Provide harm reduction measures related to opioid misuse.

Procedure:

1. Patients must be over 18 years of age and experienced unintentional overdose or misuse of an opioid medication(s) only. Patients must NOT have experienced cardiac arrest defined as administration of chest compressions by first responders or EMS during the incident.
2. The patient must regain a normal mental status and respiratory effort after the administration of naloxone, NOT have suicidal or homicidal ideations/intentions, and NOT ingested substance(s) for intentional self-harm.
3. Patients who have co-ingested other substances should be treated based on appropriate protocol. Consult Carolina Poison Center at 1-800-222-1222 for advice if needed.
4. Transport to an Emergency Department should be offered to all patients. For patients who decline transport to an Emergency Department, alternative destinations should be offered if available in the community. Options may include assistance with accessing inpatient treatment centers, outpatient facilities, mobile crisis solutions, addiction specialists, and/or other local treatment options.
5. In order to decline transport, the patient must meet the following criteria:
 - a) Be 18 years or older
 - b) Maintain a GCS of 15 (alert, and oriented to time, place, person, and situation)
 - c) Demonstrate decision-making capacity as outlined in Universal Protocol (UP 1) Pearls.
6. If patient declines transport to an Emergency Department, an additional dose of naloxone should be offered by EMS if patient consents to additional treatment. IN administration is preferable to limit the possibility of provider needle stick injury. If patient has no sober and responsible party to monitor them, EMS should offer IM administration of naloxone if patient consents to treatment. If available, a naloxone kit should be left with the patient, family, and/or friends on scene. EMS should provide brief education on how to properly use these kits and refer them to read all package related material and instructions provided by the manufacturer.
7. In addition to naloxone kits, the following items should be offered where possible/available:
 - a) Offer to properly dispose of any dirty needles following your agency policy
 - b) Provide clean needles/syringes where possible following your agency policy
 - c) Refer to a community peer support team if available
 - d) Provide literature outlining resources for substance misuse treatment programs in the community

POST NALOXONE MORTALITY IN NC

2015 through 2017

- Patients who received naloxone
- All patients cross referenced in NC death index
- 3099 administrations
- 15% of patients dead within one year

SURVIVAL BY TIME

- Improvement group
 - Day zero no one died
 - Day one 0.6%
 - Day thirty 3.6% mortality
 - Day 365 12% mortality

WHY MAT ^{27, 28, 29}

All forms of MAT are found to be more effective for ceasing illicit use than unassisted abstinence or detoxification alone

The use of the opioid agonists methadone and buprenorphine reduces:

- o Overdoses and overdose deaths
- o Transmission of and interactions between infectious diseases such as Hep C, HIV, etc.
- o Illicit substance use

Every \$1 invested in addiction treatment returns a yield of \$4 to \$7 in reducing drug related crimes, criminal justice and theft

BUPRENORPHINE-NALOXONE

- 1) If used correctly, takes care of withdrawal and cravings, but patient does not get high
- 2) Few Drug-Drug interactions
- 3) Hard stop at 24mg/day
- 4) It is safe
- 5) Combo product has an abuse deterrent
- 6) Some studies show an antidepressant effect
- 7) Patients do not build up a tolerance

MAT COST

A 7-day course of MAT can be cheaper than a dose of naloxone

POLITICS

Many conservative county commissioner boards more open to MAT than needle exchange

CURRENT COUNTIES

Onslow

Stanly

COMMUNITY PARAMEDICINE: FIGHTING THE OPIATE CRISIS FROM THE FRONT LINES



Stanly County EMS

Operates 6 fully staffed EMT-Paramedic level ambulances, 1 Paramedic supervisor, and 1 Community Paramedic staffed 24/7

14,000 calls annually which includes IFT and non-emergency transports

1 local hospital with cardiac and trauma centers nearby



BACKGROUND: WHAT IS COMMUNITY PARAMEDICINE?

- Community Paramedics are an extension of an already existing EMS Agency
- Primary focus of any Community Paramedic Division is improving quality of life while reducing ER visits and ambulance transports
- Specialized training focuses on chronic disease management
- Ability to provide services not seen in EMS before such as medical clearance in the field, ER diversion to appropriate facilities, and expanded protocols with the ability to treat many illnesses in the home
- Ability to consult with physicians/specialists in real time to be able to provide the appropriate treatment at the appropriate time

BACKGROUND

- Stanly County NC: small blue-collar county in central NC with a population of ~66K residents
- Stanly County, NC has been on the top of the leaderboard for opiate overdoses and deaths for over 18 months before program inception (Program started May 2019)
- One of the largest opiate prescribers in the state with each citizen receiving an average of 55 opiate pills prescribed to them every year
- Community Paramedics respond to every dispatched overdose call in Stanly County to assist with life saving care, then assist the individual with treatment, if they are interested

4 KEY CONCEPTS:

The Stanly County EMS Community Paramedic Division follows key concepts of the N.C. Opioid Action Plan and has incorporated Stigma Change into day to day operations

PREVENTION	CONNECTION TO CARE	HARM REDUCTION	STIGMA CHANGE
Prevent overdose deaths by engaging the community	Get people where they need to be when they need to be there	Reduce the need for medical intervention by helping promote healthier lifestyle	Eliminate stigma behind addiction, especially in the first responder world

PREVENTION

- Community Paramedics participate in community Naloxone distribution and leave Narcan kits and Bag Valve Masks and provide training on overdose calls. Field crews able to do this as well when CP is not on duty
- Hands only CPR training
- Community overdose recognition, how to call 911 and render care
- Good Samaritan law
- Ability to administer Suboxone in the field post overdose as a bridge to long term treatment

CONNECTION TO CARE

- Medical clearance and ER diversion allows EMS providers to get patients to facilities such as detox, long term treatment, etc. without having to go to the ER first
- Ability to “fast track” patients into treatment
- Ability to provide MAT to patients on a daily basis until their appointment
- Telemedicine capabilities to ensure patients are seeing providers in the face of COVID-19
- Grant funding allows patients to be seen and treated free of charge with long term plans in place to continue this treatment after grant funding expires

HARM REDUCTION

- Community Paramedics staff syringe exchange events weekly
 - Ability to perform well person checks – basic vital signs, physical exams, lab work
 - HIV/Hepatitis C testing on site coming soon
 - Community Naloxone distribution, CPR training
 - PEER Support and/or SCEMS Social Worker provide needs based services
 - Build relationships within the addiction community

STANLY COUNTY EMS MULTI-DISCIPLINARY TEAM

The SCEMS Community Paramedic Division is a multi-disciplinary team built to focus on all of the needs of the individual.

Community Paramedic	PEER Support Specialist	Social Worker- When available
Provide basic medical care	Ability to relate to the individual	Assist with needs based services
Administer Suboxone	Encourage treatment	Provide Support
Medical Clearance ER Diversion	Available for support/interaction	Assist with benefits

STANLY COUNTY DATA

Data Results: 10/1/2021 – 10/1/2022

- -Total number of opiate overdoses: 162
- Total number of patients offered MAT: 10
- Total not qualified who were offered other types of recovery/support: 26
- Total number of patients who accepted: 7
- Total number of patients who accepted and transitioned to OBOT: 6

DATA/RESULTS (MAY 2019-JANUARY 2022)

- Number of dispatched overdose calls: 613 (all substances)
- 58% of patients are between 18 and 35 years old
- 63% male, 88% white
- 62% opiates = 380 calls
 - 43% of patients refuse transport
 - 300+ Narcan kits distributed
 - Out 38 referrals, 32 patients (84%) have not utilized the 911 system for an overdose or substance abuse related calls since referral
 - Zero overdose deaths in patients who received Suboxone
 - 4 patients are active volunteers at local harm reduction resource

ONSLOW COUNTY

- Coastal County
- Home of Camp Lejeune Marine Base
- County population 198,377

Hybrid military/ civilian EMS system with military level 3 trauma center which cares for civilians

EMS system has annual volume of 22,000

11 trucks during day when fully staffed

6 community paramedics, 2 Peer support, and 2 social workers

ONSLOW COUNTY DATA - 2022 YEAR TO DATE

- Total OD responses
 - 490 overdoses
 - 412 calls were followed up on by Community Paramedic Program
 - 183 Calls were narcotic overdose
- How many times the Community Medic followed up and the bridge program was offered
 - 97 patients were offered MAT
 - Not offered since 8/3/22 due to inability to obtain suboxone from distributor
 - 23 have been turned away due to suboxone shortage
 - 35 accepted MAT
- Number of n patients completed the MAT program and entered an OBOT program
 - 35 (ALL)
 - Zero deaths in patients connected to MAT through the CP Program
 - CPs follow all patients for 30 days after discharge from inpatient program

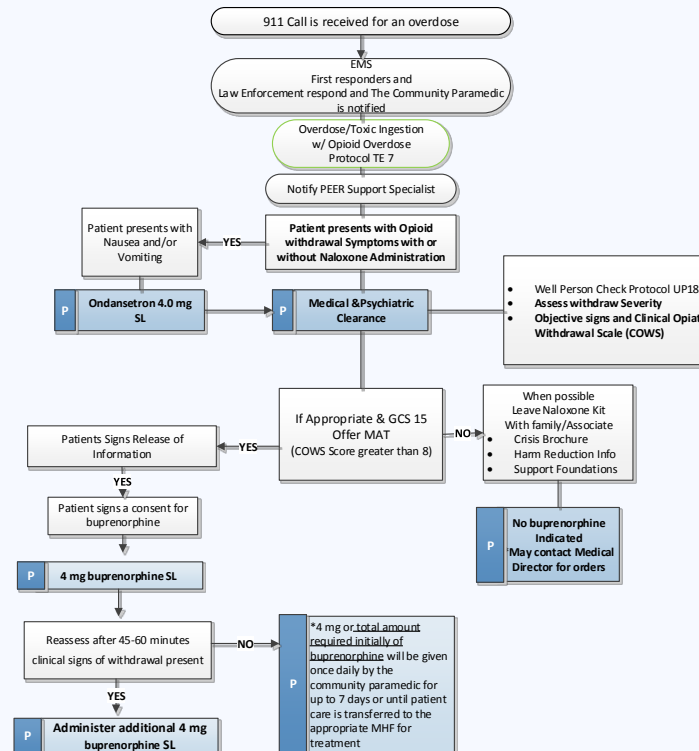
Does not include jail discharges - they don't have these numbers

Most MAT referrals come from 3 specific trailer parks

Very few active military related cases seen

Opioid Overdose Response

History	Signs and Symptoms	Exclusion Criteria
<ul style="list-style-type: none"> Ingestion or suspected ingestion of an opioid Substance ingested, route, quantity Time of ingestion Reason (suicidal, accidental, criminal) Available medications in home Past medical history, medications 	<ul style="list-style-type: none"> Mental status changes Decreased respiratory rate Nausea/Vomiting Sweating Joint aches Agitation Tremor Insomnia 	<ul style="list-style-type: none"> Buprenorphine allergy or hypersensitivity ?Currently on MAT medication ?Methadone ?Severe respiratory insufficiency ?Severe hepatic insufficiency ?Acute alcoholism or delirium tremens ?Acute mental health problems ?Recent head injury/loss of consciousness ?Breast feeding ?Children < 16 years of age



Toxic-Environmental Protocol Section

Coordinated with
Bryan Wilson
EMS Medical NJ

Created
05/13/2019

TE 9

This protocol has been altered from the original NCEP Protocol by the local EMS Medical Director

NEW COUNTIES

10 more counties are starting program

NC Health and Human Services has provided grant funding to 8 counties

CONTACT INFORMATION

Stanly County Contact Information

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ONSLOW COUNTY CONTACT INFORMATION

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