

Nassau Regional Emergency Medical Services

REMAC



Advisory	Intranasal Naloxone	13-12.1
		Issued: 12/18/2013

The Nassau REMAC determined that the use of Intranasal Naloxone (Narcan) by Basic Life Support (BLS) agencies is an acceptable treatment for suspected narcotic overdose.

In addition, the NYS SEMAC has approved the use of Intranasal Naloxone by properly trained EMT personnel operating with an EMS BLS agency. Agencies should review NYS Bureau of EMS Policy # 13-10 for training and requirements that must be met before an agency can place Intranasal Naloxone in service.

The NYS DOH currently requires that an EMS BLS agency that intends to use Intranasal Naloxone must notify the Nassau REMAC, utilizing the included forms:

- Agency Letter of Intent
- Required Agency Information Sheet
- Medical Director's Statement of Agreement

Agencies that had participated in the pilot program do not have to resubmit the above forms, unless information has changed

Joshua Kugler, MD
Chairman

**Agency Letter of Intent for
BLS Naloxone Administration**

The _____, hereby notifies the Nassau REMSCo of
(agency name)
its intent to utilize BLS Naloxone in accordance with NYS DOH BEMS Policy.

We agree to abide by the following:

1. All necessary equipment and IN Naloxone trained personnel will be provided on a twenty-four (24) hour per day, seven (7) days a week schedule.
2. All providers will complete the Naloxone Administration Training Material and complete the Pre & Post Survey.
3. Our agency is regionally certified at the EMT level or higher.
4. The agency and personnel must follow all policies, procedures and protocols set forth by the Regional Medical Advisory Committee and NYS.
5. The agency will provide and document annual BLS Naloxone updates with competency skill testing for all active providers.
6. The agency agrees to participate in the Regional Quality Improvement Program. All calls in which IN Naloxone are administered must be reviewed by the agency Medical Advisor. A copy of the PCR must be sent to REMAC within 24 hours.
7. Any changes to the Required Agency Information will be reported to REMAC within 30 business days.

The *signatures* below certify that the above conditions will be maintained and that we will be responsible for all aspects of participation in this Regional program.

Agency Chief/President (Sign)

Agency Medical Advisor (Sign)

Print Agency Chief/President

Print Agency Medical Advisor

Date: _____

Required Agency Information (please print)

Agency Name: _____ **Agency Phone #:** _____

Agency Mailing Address: _____ **City:** _____ **Zip** _____

1. Designated representative responsible for the BLS Naloxone Administration Pilot Program:

Name: _____

Daytime #: _____

Email (if applicable): _____

2. Agency Administrator (Chief/President):

Name: _____

Daytime #: _____

Email (if applicable): _____

3. Agency Medical Advisor:

Name: _____

Daytime #: _____

Email (if applicable): _____

4. Agency QI Coordinator:

Name: _____

Daytime #: _____ Email (if applicable): _____

5. Naloxone will be stored in the Agency's station in the following manner:

7. Naloxone will be carried and secured on the ambulance(s) in the following manner:

8. The following ALS agencies will be called for intercepts:

Must Be Completed By BLS Non-transporting Agencies ONLY:

9. Primary transporting ambulance service:

Name: _____



**NASSAU REGIONAL EMERGENCY MEDICAL
ADVISORY COMMITTEE**

131 Mineola Boulevard, Suite 105
Mineola, NY 11501-3919

FAX: 516-542-0049
Website: www.nassauems.org

Medical Director Statement of Agreement

I hereby agree to serve as the Medical Director for:

(agency name)

I understand that all patient care will be provided under my license, in accordance with NYS and Nassau REMAC regional protocols and training guidelines, except in cases of gross negligence resulting in injury or death.

Upon signing this document, I agree to:

- Provide and/or assist with annual Naloxone in-services/updates and training
- Participate in Q.I., and review all calls in which Naloxone was administered and any other calls as necessary
- Provide medical leadership
- Act as a resource for continuing education
- Remain familiar with regional and NYS BLS protocols

If I have any questions concerning my responsibilities, I will contact Nassau REMAC.

MD signature: _____

MD name printed: _____

Date: _____ MD daytime phone #: _____

MD address: _____
