

## SULLIVAN COUNTY PUBLIC HEALTH SERVICES

<p><b><u>POLICY:</u> SULLIVAN COUNTY OPIOID OVERDOSE PREVENTION PROGRAM (SCOOPP)</b></p> <p><b><u>PURPOSE:</u></b> To address the growing health concern and reduce morbidity and mortality related to opioid overdoses in Sullivan County, New York by providing oversight, reporting, training, and access to naloxone for law enforcement, EMS personnel, firefighters, school personnel and other community partners involved in the prevention and treatment of opioid overdoses.</p> <p><b><u>RESPONSIBLE PARTY:</u></b> The Program Director or his/her designee will oversee all activities of the SCOOPP. The Program Director is the Public Health Director or his/her designee; The Clinical Director will oversee all clinical aspects of the program; the Clinical Director is the Medical Director for the Sullivan County Department of Public Health Services, and a NYS licensed physician.</p> <p>Sullivan County Public Health Services Registered Opioid Overdose Provider Certificate No. 200</p>	<p>Original Approval: 11/21</p> <p>Reviewed:</p> <p>Revised:</p> <p>Revised:</p>
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### Program Director's Responsibilities

The Program Director will

- Identify a New York State-licensed physician, physician assistant, or nurse practitioner to oversee the clinical aspects of the Opioid Overdose Prevention Program prior to and during the operation of the program;
- Develop and administer a training curriculum which meets the approval of the New York State Department of Health (NYSDOH);
- Identify and select persons as Trained Overdose Responders (TORs);
- Ensure that all Trained Overdose Responders successfully complete all components of the training program;
- Issue certificates of completion to Trained Overdose Responders who have completed the training program as appropriate according to NYSDOH guidelines;
- Maintain Sullivan County Opioid Overdose Prevention Program records including Trained Overdose Responder training records, Opioid Overdose Prevention Program usage records, and inventories of program supplies and materials;
- Provide liaison with local EMS, law enforcement, firefighters and other community partners where appropriate;
- Assist Clinical Director with review of all overdose reports, particularly those including opioid antagonist administration;
- Report all administrations of opioid antagonist on forms prescribed by the NYSDOH;
- Ensure that the program's registration with the NYSDOH remains up-to-date, with no lapse in the program's ability to operate;
- Ensure that the NYSDOH is notified in a timely fashion of all changes in the information contained on the program's registration form, including names and contact information for the Program Director, Clinical Director, and Affiliated Prescribers and sites at which the program operates.

## **Clinical Director's Responsibilities**

The Clinical Director will be a New York State-licensed physician, nurse practitioner or physician assistant, who will:

- Provide clinical consultation, expertise and oversight of medical issues related to program;
- Adapt training program content and protocols as needed, in consultation with the Program Director;
- Approve and provide ongoing supervision of the trainers;
- Approve of affiliated prescribers;
- Review reports of all administrations of an opioid antagonist with the Program Director; and
- Oversee procurement of naloxone.

## **Selection of Individuals to be Trained as Overdose Responders (TORs)**

The county's SCOOPP Program will focus on the training of first responders within the county including law enforcement/safety officers, EMS providers, firefighters, School Nurses and Registered Nurses within Sullivan County, School Resource Officers, Athletic Trainers, School-Affiliated Coaches and other designated School Officials, and other individuals operating in an official emergency response category. In addition, the SCOOPP will provide Community Based Training Programs to Public Health Services nurses and other county employees during non-working hours free of charge to those employees who desire to become trained community responders. The SCOOP Program may also assist in the provision of Community Based Training Courses in conjunction with other Opioid Overdose Prevention Programs within Sullivan County, NY at their request.

## **Trainers**

All Trainers affiliated with the Sullivan County Opioid Overdose Prevention Program will be designated by the Program Director as such. The current list of Trainers will be maintained in the Public Health Services office. Trainers may be Public Health Services staff members and/or Certified Topics Instructors. Each trainer will be supervised at least once by the Program Director or his/her designee who has specifically been delegated the responsibility of supervising trainers under the direction of the Clinical Director.

## **Affiliated Prescribers**

Affiliated prescribers must be New York State-licensed physicians, nurse practitioners or physician assistants. Each affiliated prescriber must be approved by the Clinical Director, who must keep a written record of such approval. The affiliated prescribers must be knowledgeable regarding the following: opioid overdose; administration and storage of naloxone; and instructing TORs to report use or loss of naloxone. On a **quarterly** basis, they must report their program-related activities to the Clinical Director or his/her designee and must ensure that all reports of opioid antagonist administration are communicated to the Clinical Director as soon as practicable, preferably within 24 hours of an overdose incident. Affiliated prescribers may be delegated the responsibility of supervising those individuals who train TORs.

## **Training Protocol**

The program must maintain an up-to-date training curriculum which has been approved by the NYSDOH. All trainings will address at a minimum:

Definition of opioids

Current information related to the opioid crisis in Sullivan County and nationally

Organization or group specific training information (law enforcement, firefighter, school, RN, etc.)

Risk factors for opioid overdose:

- Loss of tolerance
- Mixing drugs
- Using alone

Signs of an overdose:

- Lack of response to sternal rub
- Shallow or no breathing
- Bluish lips or nail beds

Actions:

- Call 911
- Rescue breathing
- Rescue position
- Using naloxone

Trainings may take place in a variety of settings, including a conventional classroom setting or a setting that can be adapted to accommodate the needs of the curriculum and training goals. The trainings may be in small groups or conducted one-on-one and the length of the training sessions may vary based on the type of training program provided (ex: law enforcement vs community course), background knowledge of the participants, or initial or recertification course. As familiarity with hands-on drug administration and knowledge of drug overdose recognition and response are important components to a successful program, programs will minimally require both components.

## **Training Certification**

At the conclusion of training, each person who has demonstrated adequate understanding of the course material will receive a certificate of completion. Department of Criminal Justice Services (DCJS) will issue certificates to law enforcement personnel. All other participants will receive the certificate in the Overdose Rescue Kit. The certification is valid for a period not to exceed two (2) years from the date of the training.

## **Refresher Course**

Each TOR's training record will be reviewed and a refresher training will be scheduled consistent with the NYSDOH regulations. TORs will be required to take a refresher training in order to retain their status if more than two (2) years have passed since their previous certification. Training records will be checked for currency of certification at a minimum when TORs request a new kit for loss, use or expiration date. Refresher courses may be offered prior to the expiration of two (2) years to ensure current knowledge regarding overdose protocols and seamless ability of the TOR to administer naloxone.

## **Naloxone-Kits—Intranasal**

The kits will minimally include 2 vials of naloxone, 2 mucosal atomizers, instructions for administering naloxone, two (2) alcohol swabs, a CPR barrier device and one (1) pair of gloves.

As Naloxone is a prescription medication, naloxone kits will be dispensed by the Medical Director or his designee at the conclusion of a training session, as refills when appropriate, and in accordance with the remaining sections of this policy. Dispensations shall be tracked through the inventory record.

### **Instructions Regarding Use or Loss of Naloxone Kit**

TORs will fax all usage reports to the Epidemiology unit at Public Health Services at 845-513-2274 within 24 hours of an overdose incident. SCOOP appointed personnel shall monitor and review reports with the Program Director and Clinical Director or Affiliated Prescriber. Additionally, TORs shall report loss of or damage to the kits and expired naloxone dosages to the Public Health Department Epidemiology Unit to obtain replacement dose(s).

### **Refill Protocol**

Reporting of usage/damage/loss of Naloxone will initiate the replacement process. The Program Director or his/her designee will contact the requesting agency's Program Coordinator and/or the individual requesting a replacement according to that agency's protocol and arrange for the medication replacement. When the naloxone dose is distributed to the individual or agency representative, the receiving individual or designated personnel must sign for the medication and ensure that it is placed in the appropriate naloxone kit as a replacement to the lost or used dose.

The Program Director will ensure that naloxone is stored safely consistent with the manufacturer's guidelines and that an adequate inventory of naloxone be maintained consistent with reasonable projected demand. The naloxone inventory should be routinely assessed and inventoried to ensure that TORs are furnished naloxone which has at least 9 months—and preferably 12 months—prior to the expiration date.

### **Back-Up Kits for First Responders**

SCOOP will provide up to 5 back-up kits to designated personnel within an agency. Any agency that chooses to maintain a back-up supply must keep the kits in a locked area, monitor expiration information and lot numbers on atomizers and naloxone doses, and maintain a log of distribution for the kits. The dispensation information (who a kit has been provided to as a replacement kit) must be emailed or a copy of the log must be faxed to SCPHS when a kit has been dispensed so that appropriate tracking of medication and atomizers can occur.

### **Record Keeping**

The Program Director will maintain a log of all TORs that includes the name of the TOR, the date trained, the location of the training, the name of the trainer and the names of the TORs. Training rosters for each course and a list of all persons who are designated trainers will also be retained in the files. The Program Director must also maintain records in order to comply with the requirement of reporting opioid antagonist administrations to the NYSDOH, as detailed below under Overdose Reversals. The Clinical Director must maintain a log of current affiliated prescribers, and this information must be shared with the Program Director.

## **Overdose Reversals**

All overdose reversals will be recorded on the form supplied by the NYSDOH and reviewed by the Program Director or his/her designee. The reports will be reviewed regularly with the Clinical Director. Copies of these reports will be sent to the NYSDOH by SCPHS and/or each affiliated agency when the report is submitted to SCPHS. The Program Director/designee will follow-up with the NYSDOH to verify the submission of all reports as needed. If there is a sudden increase in the number of reports received by the SCPHS in a week or if there are specific concerns over either the strength or contamination of drugs in the area, the concern will be discussed with the Clinical Director and Program Director and reported immediately to the NYSDOH.