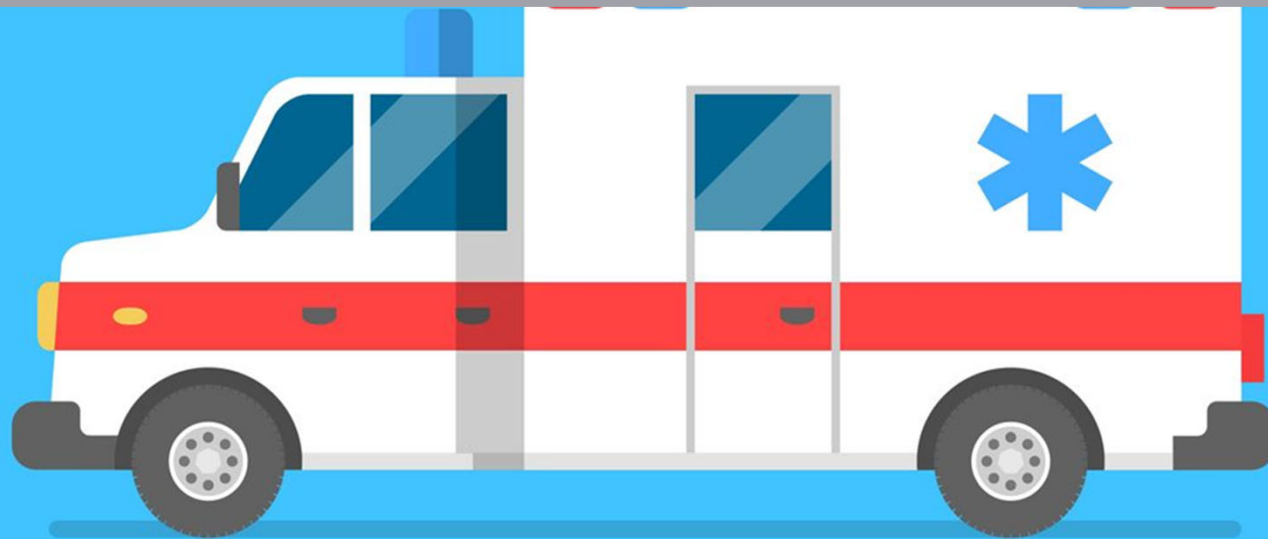


How EMS is Impacting the Lives of Overdose Patients in North Carolina

National Association of State EMS Officials
TASC's Center for Health & Justice
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CENTER FOR
HEALTH & JUSTICE
AT TASC



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



Standards Policy: Disposition Policy Section 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

Disposition Policy 8

Any local EMS System changes to this document must follow the NC OEMS Protocol Change Policy and be approved by OEMS

Post Naloxone Mortality In North Carolina: 2015 - 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

Medication Assisted Treatment (MAT)

Can be administered by EMS
with appropriate training



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 SUD 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

Politics

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



Community Paramedicine
Programs are being added to
EMS agencies to address
Substance Use Disorder

Current Counties in NC

Onslow

Stanly

Buncombe

McDowell

New Counties



10 more counties
starting Community
Paramedic Program



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

COMMUNITY PARAMEDICINE: FIGHTING THE OPIATE CRISIS FROM THE FRONT LINES



Stanly County low population - high opioid use

- Stanly County NC: small blue-collar county in central NC with a population of approximately 63K residents
- Stanly County 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 along with PEER Support Specialists 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

Stanly County EMS

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

14,000 calls annually (includes inter-facility and non-emergency transports)

1 local hospital with cardiac and trauma centers nearby



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 including SUD and mental health disorders
- 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

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

Prevent overdose deaths by engaging the community

CONNECTION TO CARE

Get people where they need to be when they need to be there

HARM REDUCTION

Reduce the need for medical intervention by helping promote healthier lifestyle

STIGMA CHANGE

Eliminate stigma behind Substance Use Disorders (SUD), 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 recovery community

OUR TEAM – STANLY COUNTY EMS

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

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

STANLY COUNTY DATA
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

STANLY COUNTY DATA 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 use related calls since referral
 - Zero overdose deaths in patients who received Suboxone
 - 4 patients are active volunteers at local harm reduction resource

Onslow County EMS Jacksonville, NC

Coastal County

Population of 206,000

Home of Camp Lejeune Marine
Base

EMS has annual call volume of
22,000

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



Onslow County EMS Community Paramedic Program

Mission

Assist the community, in partnership with local organizations, with building daily living stability, quality, sobriety, and resiliency

Staff Resources

6 full time Community Paramedics

3 full time Peer Support Specialists

On-staff and on-call licensed mental health professionals

Onslow County Data

Jan - Oct. 2022

Total OD responses by EMS

- 490 overdoses
- 412 calls followed up on by Community Paramedic Program
- 183 calls were isolated narcotic overdose

Community Paramedic followed up and “bridge” program offered

- 97 patients offered MAT
- Not offered as of 8/3/22 due to inability to obtain suboxone from distributor
- 23 turned away due to suboxone shortage
- 35 accepted MAT

Onslow County Data (continued)

Jan - Oct. 2022

Patients completing MAT program and entering office-based opioid treatment (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

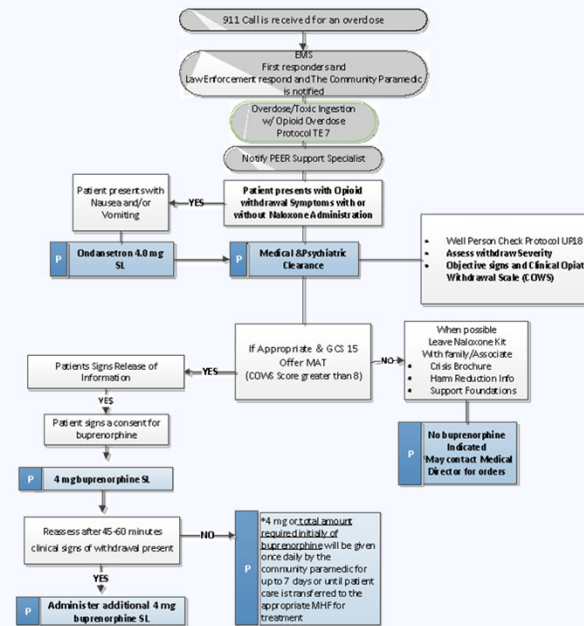
Does not include jail discharges – numbers not available

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 Isosomnia 	<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
05/15/2019

TE 9

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



Stanly County Contact Information

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Onslow County Contact Information

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For more information and to request TTA

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Request TTA on the COSSAP Resources Website

<https://www.cossapresources.org/Program/TTA>

TASC's Center for Health and Justice

www.centerforhealthandjustice.org

