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OPERATIONAL BULLETIN			
Bulletin #	Title		Date Issued
#2022-10-25-01	Naloxone Administration and Dispensing		October 25, 2022
Superseded	Released By:	Source:	Pages
No	Maine EMS	Maine EMS	3
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NOTE: The following information applies to EMS services and EMS clinicians participating in a coordinated response to an emergency medical call for service. It may not be applicable for an individual who holds an EMS license but is participating in an emergency medical call for service in another role (i.e., bystander, law enforcement, fire response, etc.).

Between August 2021 and August 2022, nearly one (1) of every eighteen (18) EMS activations for 911 response were for an overdose. The field mortality rate of these suspected overdoses is three (3) times as high as the overall field mortality rate and four (4) times as high when the overdose is a suspected opioid overdose. Over this time EMS clinicians have administered 2,413 doses of naloxone and documented 582 administrations of naloxone prior to EMS care.

The State of Maine has passed legislation, and Maine EMS implemented protocols and processes to empower EMS clinicians leaving naloxone with overdose patients, their friends, and/or the family of those who have experienced an overdose and subsequently refuse transport.

Naloxone is available within the State of Maine from a variety of sources, having different administration methods, doses, and in numerous different packaging concepts. Naloxone that is administered or dispensed by Maine EMS clinicians providing patient care as part of a coordinated EMS response requires specific sourcing, packaging, and dosing.

Administration of Naloxone Hydrochloride for a Suspected Narcotic Overdose

The [Maine EMS protocols](#), effective December 1, 2021, provide for the administration of naloxone by all level of EMS clinicians (Yellow #1 – Poisoning/Overdose) when a narcotic overdose is suspected, and unassisted spontaneous respirations are less than twelve (12) breaths per minute.

Naloxone used for this purpose is governed by [Maine EMS Rules](#) and must be obtained from the pharmacy(ies) with which the service has a written contract or other source approved by the Board.

When administering naloxone, as per protocol, it is preferred to titrate to effect with the desired outcome of effective oxygenation and an unassisted spontaneous respiratory rate of greater than twelve (12) breaths per minute. Single-dose intranasal packaging of naloxone does not allow for titrated administration of the medication, as it is designed for non-medical interveners. It is best practice for

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EMS services to stock and EMS clinicians to administer naloxone with low dose strategies that allow titration to effect in accordance with the Maine EMS protocols, whenever possible.

When documenting the administration of naloxone, as with any medication documented in a patient care report, each administration should be documented separately with the specific dose, route, response, and complications, if applicable. Administrations prior to EMS care should also be documented in a similar manner and should be recorded as administered prior to arrival.

Dispensing of “Leave Behind Naloxone”

Maine law provides for the dispensing of naloxone by emergency medical services persons ([Title 32, section 88 B, subsection 1, paragraph A](#) and [Title 22, section 2353, subsection 2-A](#)).

The ability for Maine EMS clinicians to leave naloxone behind with patients who have experienced an overdose provides EMS agencies an expanded ability to save the lives of patients within the community they serve. During the time since the protocol for this went into effect there have been sixty five (65) EMS activations where the patient experienced a suspected opioid overdose, refused transport, and experienced a subsequent overdose. Sadly, patient care reports indicate that four (4) of those individuals died at some point following that encounter for a suspected opioid overdose. Conversely, there were no fatalities documented for those patients who were provided a naloxone leave behind kit.

The [Maine EMS protocols](#), effective December 1, 2021, provide criteria for the dispensing of naloxone by Maine licensed EMR’s, EMTs, AEMTs, and Paramedics (Yellow #4 – Naloxone Dispensation). This protocol section states:

If a patient treated for opioid overdose refuses transport to the hospital, and:

1. The patient has decision making capacity
2. Responding EMS clinicians are trained to distribute naloxone, and
3. Maine EMS approved naloxone distribution kits are available, then:
 - a. Distribute one (1) Maine EMS approved naloxone kit for future use to either the patient, for the patient, their family, or friends to use in the case of suspected opioid overdose.
 - b. Perform point of care training for use of the kit as described in Maine EMS naloxone distribution training.
 - c. In addition to the naloxone kit and point of care training, please also provide a list of local substance use disorder resources.

It is important to note that EMS clinicians MUST complete the online, [MEMSEd](#) training entitled, “Maine EMS Naloxone ‘Leave Behind’ Dispensation Training” before dispensing naloxone leave-behind kits to the patient, their family member, or friend. The Naloxone Leave Behind Program and Dispensation Training does not impact EMS clinicians’ authorization to administer naloxone for the clinical management of a patient suspected of experiencing an opioid overdose. Naloxone leave behind kits *must* not be used by EMS clinicians in the clinical management of the patient and are only to be utilized for distribution to survivors of opioid overdose, their friends or family.

Maine EMS, in collaboration with the Maine Department of Health and Human Services, is providing nasal naloxone kits and required printed materials for distribution by clinicians responding with EMS

transporting agencies. EMS transporting agencies wishing to participate in the Naloxone Leave Behind Program must request naloxone leave behind kits from the state by going to <https://getmainenalozone.org/ems/>. These kits are specifically designed to be left behind and includes additional educational materials. *There is no charge to agencies for leave behind kits.* Colleagues at the University of Maine Orono have put together a [YouTube Video](#) to assist EMS agencies with requesting naloxone from the state's supply for this program.

Effective November 1, 2022, when an EMS activation is documented as a suspected opioid overdose a required question will become visible asking "Did you leave behind a naloxone kit." If the answer is "YES" then the clinician will be asked:

- To whom and provide additional information about who they left the kit with.
- Did you perform point of care training for use of an approved naloxone kit?
- Has the recipient ever administered naloxone before?

If the clinician answers "NO" then they will be asked for any reason(s) why they did not leave a kit behind.