Maryland EMS News

For All Emergency Medical Care Clinicians

Vol. 45, No.9 Special Edition

Special Edition: EMS and Maryland's Opioid Crisis

This special edition of Maryland EMS News is once again dedicated to the ongoing opioid crisis. Recent reports have been promising, as opioid-related deaths have decreased modestly. Any glimmer of hope is a good sign, but the struggle is far from over, and efforts must not wane.

EMS clinicians are exposed daily to the scourge of opioid dependence and abuse. Across Maryland, they have responded with compassion, empathy, and creativity. This special edition is devoted to sharing stories of innovative best practices, new collaborations, and successes.

Without question, the EMS system is vital to turning the tide on opioids. Whether it is by saving the life of one overdose victim at a time, expanding life-saving influence by "leaving behind" naloxone, linking patients to vital counseling and rehabilitation resources, or opening up their own quarters as safe harbors, EMS clinicians are making huge differences for fellow Marylanders.◆

DR. TED DELBRIDGE
MD, MPH, MIEMSS Executive Director

We Couldn't Do This Without You

Emergency Services Personnel,

The last time that I was invited to contribute an opening message like this was nearly a year ago, in January 2019. At that time, I had just taken over as Executive Director of the Opioid Operational Command Center from the very capable Clay Stamp. And as I was learning more about the work taking place across Maryland to battle opioid misuse, I was increasingly impressed by the role of EMS clinicians as central figures in so many of our response efforts. After almost a year on the job – as we are increasingly encouraged by the measurable progress that our state is making – I can assure you that impression is stronger than ever.

STEVE SCHUH
Executive Director, Opioid Operational Command Center

EMS professionals are the lynchpin of nearly every first-line response that we have, from naloxone administration, to medical transport, to Safe Stations. These are all programs that have been instrumental in making Maryland a leader in responding to the opioid crisis, and they are all programs that rely on the ready, willing and able support of EMS professionals. To put it simply, we wouldn't be in this fight without you.

As those first on the scene, your roles are some of the most difficult in the field, and you deserve to be applauded for your dedication. That dedication has been paying off: opioid-related fatalities in Maryland were down for the first two quarters of 2019. We

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Update on the Opioid Crisis in Maryland

Maryland takes a proactive role in addressing this public health crisis in a variety of ways

On March 1, 2017, Governor Larry Hogan declared a state of emergency in response to the opioid crisis in Maryland. All Maryland EMS clinicians have seen firsthand the growth of opioid addiction over the past several years through an ever-increasing number of acute overdose calls and are only too aware of the strain this crisis has placed upon public health.

Opioids are a class of medication that reduce pain by acting upon receptors in the brain and spinal cord. Opioids have long been used in the treatment of severe, acute pain, including during prehospital emergency care. Unfortunately, these opioids are also highly addictive in nature when utilized for longer periods of time.

Maryland has taken many actions in response to this crisis. Governor Hogan signed an executive order creating a Heroin and Opioid Emergency Task Force in February 2015 to increase coordination and collaboration among various state entities with a role in the response to the crisis. MIEMSS has participated in the state's response to the opioid crisis since that task force was initially formed. During the 2017 legislative session, Governor Hogan worked with the Maryland General Assembly to pass legislation to toughen penalties for those dealing fentanyl, place limits on opioid prescriptions, and expand access to life-saving naloxone.

In 2018, Governor Hogan signed legislation aimed at combating the opioid epidemic, including the Overdose Data Reporting Act and the Controlled Dangerous Substances – Volume Dealers Act. The Overdose Data Reporting Act allows EMS clinicians and law enforcement officers to input and share data about opioid overdoses. This legislation makes Maryland one of 27 states and approximately 300 agencies to inform emergency services personnel, identify trends, and prevent overdose deaths (see page 8).

The Overdose Data Reporting Act makes Maryland one of 27 states and approximately 300 agencies to inform emergency services personnel, identify trends, and prevent overdose deaths.

The creation of the Opioid Operational Command Center (OOCC) in 2017 has brought together partners to support prevention, treatment, and enforcement efforts to combat the heroin and opioid crisis in Maryland. This collaborative effort brings together local, state, and federal agencies and departments, including: Governor's Office of Crime Control & Prevention; Department of Health; Maryland Emergency Management Agency; Maryland State Police; Maryland State Department of Education; Department of Human Resources; Department of Juvenile Services; Department of Public Safety and Correctional Services; Maryland Institute for Emergency Medical Services Systems; Maryland Higher Education Commission; Maryland Insurance Administration; and Office of the Attorney General of Maryland.

The OOCC is organized using an emergency management system – the Incident Command System (ICS). The tasks are divided into sections:

- the **Planning Section**, which creates objectives and operational tasks based on recommendations from the Heroin and Opioid Emergency Task Force;
- the **Operations Section**, which ensures coordination and collaboration of state agencies and departments (this Section has five branches made up of common functional areas: health and medical, education, social services, public safety, and a local liaison to coordinate between state and local partners); and
- the **Joint Information Center** (JIC), which coordinates consistent public messaging about the activities and achievements of the Opioid Operational Command Center.

Another successful effort has been the development of Opioid Intervention Teams (OIT) which are the local jurisdiction multi-agency coordination bodies established by the OOCC to integrate with the statewide opioid response. OITs are coordinated jointly by the jurisdiction's health officer and emergency manager but rely heavily on coordination of community organizations, local agencies, and community members to develop a unified local strategy to reduce the impact of overdose deaths in their respective jurisdictions. OITs are set up in 24 jurisdictions in Maryland, including 23 counties and Baltimore City. All jurisdictions have reported EMS as partners with their OIT.

MIEMSS has taken several actions to

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Naloxone Leave Behind Pilot Protocol: Did You Know?

Several Maryland EMS jurisdictions are engaged in a partnership with their local health departments to provide "leave behind naloxone" to patients who have experienced an opioid overdose. This pilot protocol enables EMS clinicians in participating jurisdictions to "leave behind" up to two doses of naloxone to any individual who may be at risk of opioid overdose or in a position to assist someone experiencing an opioid overdose.

As of this year, 13 of our EMS jurisdictions are participating in the protocol. While naloxone does not replace the need for long-term treatment for opioid use disorder, it can play an important role in saving lives in the critical minutes after an opioid overdose. Many EMS jurisdictions are coupling the naloxone leave-behind intervention with handoffs to health department personnel to link patients with long-term treatment options. Of note, naloxone is provided without charge to EMS jurisdictions or patients through grants from the Maryland Department of Health and the Opioid Operational Command Center.

If your jurisdiction is interested in participating in the pilot protocol, please contact the MIEMSS Office of the Medical Director for further assistance.◆

Statewide Data on Naloxone Administration

Through eMEDS®, the statewide electronic patient care reporting software, MIEMSS collects data on the number of patients who receive naloxone treatment for possible overdoses and, from that population, the number of patients transported to receiving facilities for further treatment and those who were not transported. The table below displays this information for each Maryland county and Baltimore City, as well as patients who were treated by Maryland EMS providers who crossed state lines to deliver care. Data marked as "unidentified" location represent records of naloxone administration for which a call location has yet to be determined. State and local health officials use this data to target areas of the greatest need for opioid addiction treatment and prevention.◆

Patients Receiving Naloxone Administration by Transport Outcome and Incident Time Period

~ Source: eMEDS® (StateBridge and Elite Records) ~

Scene Jurisdiction	2015 (Jul - Dec)	2016 (Jan - Dec)	2017 (Jan - Dec)	2018 (Jan - Dec)	2019 (Jan - Sep)	Grand Total
Allegany	**94**	**240**	**248**	**105**	**96**	**875**
Naloxone + No Transport	3	20	17	21	7	68
Naloxone + Transport	91	220	232	176	89	808
Anne Arundel	**384**	**1,115**	**1,134**	**1,136**	**707**	**4,476**
Naloxone + No Transport	53	137	140	155	120	411
Naloxone + Transport	331	978	994	981	587	3,871
Baltimore City	**1,658**	**5,317**	**6,039**	**6,096**	**3,623**	**22,733**
Naloxone + No Transport	349	1,684	2,397	2,514	1,436	8,380
Naloxone + Transport	1,309	3,633	3,642	3,582	2,187	14,353
Baltimore Co.	**777**	**2,122**	**2,065**	**1,781**	**1,048**	**7,793**
Naloxone + No Transport	51	207	154	337	170	919
Naloxone + Transport	726	1,915	996	1,444	878	5,959
Calvert	**48**	**114**	**159**	**141**	**75**	**537**
Naloxone + No Transport	11	24	24	25	16	100
Naloxone + Transport	37	90	135	116	59	437
Caroline	**30**	**82**	**93**	**69**	**62**	**336**
Naloxone + No Transport	4	13	20	21	24	82
Naloxone + Transport	26	69	73	48	38	254
Carroll	**120**	**301**	**331**	**335**	**200**	**1,287**
Naloxone + No Transport	17	57	70	104	56	304
Naloxone + Transport	103	244	261	231	144	983
Cecil	**95**	**229**	**384**	**406**	**301**	**1,415**
Naloxone + No Transport	27	71	118	148	109	473
Naloxone + Transport	68	158	266	258	192	942
Charles	**83**	**235**	**260**	**184**	**162**	**924**
Naloxone + No Transport	28	76	81	60	46	291
Naloxone + Transport	55	159	179	124	116	633
Dorchester	**39**	**80**	**60**	**53**	**57**	**289**
Naloxone + No Transport	4	4	10	8	8	34
Naloxone + Transport	35	76	50	45	49	255

Scene Jurisdiction	2015 (Jul - Dec)	2016 (Jan - Dec)	2017 (Jan - Dec)	2018 (Jan - Dec)	2019 (Jan - Sep)	Grand Total
Frederick	**113**	**343**	**269**	**275**	**160**	**1,160**
Naloxone + No Transport	12	55	65	87	39	258
Naloxone + Transport	101	288	204	188	121	902
Garrett	**6**	**31**	**36**	**30**	**27**	**130**
Naloxone + No Transport	-	6	7	1	7	21
Naloxone + Transport	6	25	29	29	20	109
Harford	**239**	**432**	**546**	**459**	**272**	**1,948**
Naloxone + No Transport	28	71	115	112	69	395
Naloxone + Transport	211	361	431	347	203	1,553
Howard	**125**	**290**	**286**	**286**	**153**	**1,140**
Naloxone + No Transport	18	39	43	44	19	163
Naloxone + Transport	107	251	243	242	134	977
Kent	**13**	**34**	**23**	**38**	**21**	**129**
Naloxone + No Transport	1	5	4	3	2	15
Naloxone + Transport	12	29	19	35	19	114
Montgomery	**177**	**504**	**462**	**490**	**390**	**2,023**
Naloxone + No Transport	12	54	37	50	36	189
Naloxone + Transport	165	450	425	440	354	1,834
Prince George's	**245**	**706**	**842**	**698**	**547**	**3,038**
Naloxone + No Transport	29	131	193	166	109	628
Naloxone + Transport	216	575	649	532	438	2,410
Queen Anne's	**32**	**68**	**75**	**91**	**70**	**336**
Naloxone + No Transport	4	17	20	13	12	66
Naloxone + Transport	28	51	55	78	58	270
Somerset	**24**	**47**	**45**	**33**	**32**	**181**
Naloxone + No Transport	1	3	4	4	4	16
Naloxone + Transport	23	44	41	29	28	165
St. Mary's	**42**	**90**	**180**	**154**	**99**	**565**
Naloxone + No Transport	9	10	34	33	18	104
Naloxone + Transport	33	80	146	121	81	461
Talbot	**18**	**43**	**44**	**28**	**34**	**167**
Naloxone + No Transport	1	7	6	5	11	30
Naloxone + Transport	17	36	38	23	23	137

EMS Naloxone Grant Program

The Maryland Behavioral Health Administration, the Opioid Operational Command Center, and MIEMSS have partnered to provide financial relief to jurisdictional EMSOPs that have been carrying the increased burden of providing naloxone without reimbursement from the patient or insurance providers. This reimbursement program is funded by a grant from the Maryland Behavioral Health Administration to MIEMSS. MIEMSS will pass-through these grant funds to EMSOPs based on the number of previous naloxone administrations where the patient was not transported or refused transport to the hospital during fiscal year 2019. Only one naloxone administration per patient contact will be incorporated into the funding formula. Based on input from Maryland pharmaceutical vendors, the formula utilizes an estimated cost of 2 mg/2 mL Luer-Jet Prefilled Syringe of naloxone. EMSOPs must be able demonstrate proof of purchase and payment of naloxone to be eligible for this program. Applications for this grant program will be available from the MIEMSS Regional Offices. Interested jurisdictions should contact their Regional Administrator for additional information.◆

Scene Jurisdiction	2015 (Jan - Dec)	2016 (Jan - Dec)	2017 (Jan - Dec)	2018 (Jan - Jun)	2019 (Jan - Sep)	Grand Total
Washington	**166**	**386**	**404**	**443**	**302**	**1,701**
Naloxone + No Transport	16	49	76	141	79	361
Naloxone + Transport	150	337	328	302	223	1,340
Wicomico	**64**	**238**	**171**	**156**	**143**	**772**
Naloxone + No Transport	1	14	16	22	20	73
Naloxone + Transport	63	224	155	134	123	699
Worcester	**38**	**68**	**82**	**72**	**66**	**326**
Naloxone + No Transport	1	1	11	9	10	32
Naloxone + Transport	37	67	71	63	56	294
Out-Of-State	**22**	**42**	**43**	**30**	**22**	**159**
Naloxone + No Transport	6	4	3	4	4	21
Naloxone + Transport	16	38	40	26	18	138
Unidentified	**1**	**2**	**0**	**93**	**7**	**103**
Naloxone + No Transport	-	-	0	12	2	14
Naloxone + Transport	1	2	0	81	5	89
Grand Total	**4,653**	**13,159**	**14,281**	**13,774**	**8,676**	**54,543**
Naloxone + No Transport	686	2,759	3,816	4,099	2,433	13,793
Naloxone + Transport	3,967	10,400	10,465	9,675	6,243	40,750

Message on the Opioid Crisis from Maryland Department of Health Officials

Maryland is investing millions of dollars and every available resource to fight this epidemic

When Maryland became the first to declare a State of Emergency in response to the national opioid crisis, unintentional overdose had become the fourth leading cause of death in our state. Root causes of the crisis — including the over-prescription of opioids, resulting dependency, the introduction of fentanyl into the illicit drug market, and stigma about addiction — had all combined to create a lethal statewide epidemic, with no jurisdiction left untouched by its devastating impact.

"We need to treat this crisis the exact same way we would treat any other state emergency," said Governor Larry Hogan in March 2017, upon declaring the State of Emergency. "With this continuing threat increasing at such an alarming rate, we must allow for rapid coordination with our state and local emergency teams. This is about taking an all-hands-on-deck approach so that together we can save the lives of thousands of Marylanders."

In response to Governor Hogan's declaration, the Maryland Department of Health (MDH) emerged as one of many agencies that leveraged federal, state, and local partnerships to address the crisis from the ground up. Key to successful execution of this strategy is MDH's recent reorganization of several programs, aligning objectives to support the Department's core goal of driving down overdose deaths. The reorganization consolidated and strengthened our Public Health Administration's prevention, early intervention and surveillance efforts, while allowing our Behavioral Health Administration to focus on providing prevention, education, treatment, and recovery resources statewide for individuals with mental health and substance use disorders.

With federal assistance, Maryland is focusing significant resources to prevent opioid misuse and abuse, to help those in need gain access to treatment, and to support those who have completed treatment in finding success in recovery. Across the state, we are bolstering naloxone distribution programs and expanding consultation reimbursement and technical assistance to health care clinicians. Locally, we are increasing residential treatment capacities and implementing peer recovery support programs in communities. We plan to carry this work and much more into 2020 and beyond, with the continued support of our partners, including Maryland's 24 local health departments, a critical component to our public health response.

As emergency medical services clinicians, your partnership is critical to success in our approach to addressing this epidemic. We sincerely appreciate your leadership, collaboration, dedication, and support in this effort.

Frances B. Phillips, RN, MHA
Deputy Secretary for Public Health
Maryland Department of Health

Lisa A. Burgess, MD
Acting Deputy Secretary for Behavioral Health
Maryland Department of Health

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE FOR CIVIL RIGHTS

ASPR
ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE

HIPAA: Public Health Authority Disclosure Request Checklist

A Health Insurance Portability and Accountability Act (HIPAA) Covered Entity is permitted to disclose protected health information (PHI) without individual authorization to a "public health authority" that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury or disability, such as for purposes of reporting disease, injury, or vital events, or for public health surveillance, investigations, or interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority. (45 CFR 164.512(b)(1)(i)).

The HIPAA Privacy Rule imposes certain requirements and conditions on these disclosures, such as that the covered entity must make reasonable efforts to limit the PHI disclosed to the minimum necessary to accomplish the intended purpose of the disclosure. The following checklist is intended to help public health authorities be prepared to provide a covered entity with the information and representations necessary for the covered entity to ensure that a disclosure meets the specific requirements and conditions outlined in the Privacy Rule.

The requestor of the PHI should be able to demonstrate or represent that:

- ☐ The requestor is a "public health authority" as defined in the Privacy Rule. The Privacy Rule defines "public health authority" as an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, or a person or entity acting under a grant of authority from or contract with such public agency, including the employees or agents of such public agency or its contractors or persons or entities to whom it has granted authority, that is responsible for public health matters as part of its official mandate.
- ☐ The requestor has legal authority to collect or receive the information it is requesting for the stated public health purpose.
- ☐ The information being requested is the minimum necessary for the stated public health purpose.

In most cases, the requestor should be prepared to provide a written statement of its legal authority. However, in circumstances where it would be impracticable to provide a written statement, a covered entity may rely, if reasonable, on an oral statement of authority.

In addition, the requestor should be prepared to verify its identity by:

- Presenting an agency identification badge, other official credentials, or other proof of government status if the request is made in person;
- Making the request on the appropriate government letterhead if the request is made in writing; or
- If the request is by a person acting on behalf of a public official, providing a written statement on appropriate government letterhead that the person is acting under the government's authority or other evidence or documentation of agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.

Additional guidance about the HIPAA Privacy Rule and public health disclosures may be found at: http://www.hhs.gov/ocr/privacy/hipaa/understanding/special/publichealth/index.html

Legal Tidbit: Can You Report an Overdose When Patient Refuses Transport?

EMS clinicians are now as sensitive to safeguarding data as they are to providing proper care.

You encounter a patient who is in a stupor or unconscious with respiratory depression or arrest; you administer naloxone and the patient quickly recovers, but refuses transport. What can you do if you feel an intervention could be of value to the patient who may be an opioid abuser? Your county health department could play an important role here, but can you communicate the information needed for the department to contact the patient? The answer is "yes".

Disclosure to County Health Departments

By now, the principles of the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations, known informally as the Privacy Rule, are firmly embedded in the psyche of every EMS clinician. The Privacy Rule strives to limit disclosure of a patient's health information to the greatest extent possible, consistent with the patient receiving quality treatment and, of course, a bill for services provided. EMS clinicians are now as sensitive to safeguarding data as they are to providing proper care.

There are certain circumstances under which the Privacy Rule allows for the disclosure of protected health information to a public health authority.

Under HIPAA, healthcare clinicians, including EMS clinicians, may, but are not required to, share limited protected health information with "public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability." This includes reporting disease, injury, and vital events (e.g., births or deaths), and conducting public health surveillance, investigations, or interventions. A county health department does qualify for these purposes.

A county health department is a public health authority and is able to provide an intervention in the case of an opioid abuser. An EMS clinician may disclose limited information to allow the county health department to provide follow-up interventions. The United States Department of Health and Human Services has issued a checklist that will assist you in this endeavor (see page 6).

If your county health department is interested in providing intervention in cases of opioid abuse, your EMS Operational Program officials and the county health department should work together to coordinate an intervention process. MIEMSS is available to provide assistance in this process.

Disclosure to ODMAP

Section 13-3602 of the Health General Article, Reporting of Overdose Information, took effect July 1, 2018. It provides for the reporting of overdoses in an effort to address the opioid epidemic. The law states:

(a) an emergency medical services clinician or a law enforcement officer who treats and releases or transports to a medical facility an individual experiencing a suspected or an actual overdose may report the incident using an appropriate information technology platform with secure access, including the Washington/Baltimore high intensity drug trafficking area overdose detection mapping application program (ODMAP), or any other program operated by the federal government or a unit of state or local government.

(b) A report of an overdose made under this section shall include:

(1) The date and time of the overdose;

(2) The approximate address where the overdose victim was initially encountered or where the overdose occurred;

(3) Whether an opioid overdose reversal drug was administered; and

(4) Whether the overdose was fatal or nonfatal.

(c) if an emergency medical services clinician or a law enforcement officer reports an overdose under this section, the emergency medical services clinician or law enforcement officer making the report shall make best efforts to make the report within 24 hours after responding to the incident.

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Naloxone Use Reporting to the Maryland Poison Center

The Maryland Poison Center (MPC), as the state-designated poison control center, is playing a vital role in fighting the opioid epidemic that is destroying lives and families across Maryland. In partnership with the Maryland Department of Health, MPC collects data on each call reported to them for which naloxone was administered. MPC then aggregates that data and reports usage rates weekly to the Department of Health and local health departments so that these agencies are equipped with information to prevent and control the spread of opioid use and overdose deaths.

Naloxone training for law enforcement and the public teaches a four-step process for when an individual needs to provide this lifesaving, opioid overdose reversal drug: 1) call 9-1-1; 2) rescue breathing; and 3) administer naloxone; and 4) call the MPC at 1-800-222-1222 to report the incident.

In 2018, the reported number of cases involving bystander naloxone was 1,264; from January 2019 through September 2019, there were 674 (note: these numbers include calls directly to the MPC, as well as cases that MPC learned of ex post facto from health departments and others in the community). As an EMS clinician, you may wonder why you should encourage a bystander to report any incident where you had to administer

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EMS Reporting Suspected Opioid Overdoses to ODMAP

The Overdose Detection Mapping Application Program (ODMAP) was developed to assist public health, fire, emergency medical services, and law enforcement agencies track known and suspected overdose incidents using Smartphone technology. This technology relies on first responders to report overdose occurrences by simply touching a button on the ODMAP website application installed on their Smartphone or computer. Suspected overdose incident information is submitted to a central database and mapped to an approximate location, including details about the time and date. First Responders enter data into the system identifying whether or not the incident is fatal or non-fatal and whether or not naloxone was administered in a simple one-click system. Geocoded information on the location of the overdose is sent automatically to a secure server where it is mapped and made available for analysis by authorized personnel. The data quickly reveals where, when, and how frequently overdoses are happening on a map viewable only by participating agencies. No personal identifying information is collected on the victim or location. ODMAP helps decision makers develop strategies and tactics to curb the spread of substance abuse disorders and reduce overdose occurrences. The Office of National

Drug Control Policy (ONDCP) funded the Washington/Baltimore High Intensity Drug Trafficking Area (W/B HIDTA) to develop ODMAP and provide it free-of-charge to first responders and government agencies. MIEMSS is submitting data that meets the following four legal reporting requirements:

A report of an overdose made under this section shall include: (1) The date and time of the overdose; (2) The approximate address where the overdose victim was initially encountered or where the overdose occurred; (3) Whether an opioid overdose reversal drug was administered; and (4) Whether the overdose was fatal or nonfatal

The data quickly reveals where, when, and how frequently overdoses are happening on a map viewable only by participating agencies. No personal identifying information is collected on the victim or location.

MIEMSS is selecting patient care reports for submission to ODMAP where there is suspicion a patient is suffering from an opioid overdose based on the administration of naloxone as reported in the patient care report (PCR). See related article on page 9. (LEGAL TIDBITS) ODMAP reporting will be further refined to patients who receive naloxone and 1) have EMS primary impression = opioid overdose/substance overdose, or 2) EMS service responded "yes" to the question "Do you suspect opioid overdose?". As there is no definitive diagnostic test for opioid overdose for EMS clinicians, this reporting will enable us to more accurately capture the "suspected opioid overdose patient."◆

For more information on the Overdose Detection Mapping Application Program (ODMAP), please visit www.ODMAP.org

Baltimore County Health and Fire Departments Work Together to Reduce Opioid Overdoses

The Baltimore County Health Department and the EMS Division of the Baltimore County Fire Department are working together in partnership to provide naloxone kits to victims of non-fatal opioid-related incidents in an effort to reduce opioid overdoses.

The "leave a dose behind" program puts naloxone in the hands of a recent opioid victim or their family member. Through this program, EMS clinicians provide onsite instruction on how to administer naloxone before leaving it with an overdose victim who refuses transport to the hospital. The Department of Health provides the naloxone to EMS teams for distribution.

In addition to leaving the naloxone kit – which includes plastic gloves, a facemask, and an informational pamphlet – with the victim, EMS staff also make referrals to the Health Department's Help Line and Peer Recovery Specialist. The ultimate goal of the program is not to have EMS staff simply leave a dose of naloxone, but to maintain a link to Peer Recovery Specialists trained to assist the patient and make appropriate community referrals. Thus far, the Baltimore County Fire Department has responded to approximately 1,100 incidents involving an overdose and administration of naloxone.◆

Help for Clinicians Struggling with Addiction

If you are an EMS clinician struggling with addiction or the potential for addiction, there is help for you. Providing emergency care is a high-stress job, which elevates the risk for stress disorders, suicidal tendencies, and alcohol and/or drug abuse. If you are suffering from any of these problems, get help now. The State EMS Medical Director has compiled a list of resources for individual clinicians as well as EMS officials.

- The **Behavioral Health Administration of the Maryland Department of Health** (https://bha.health.maryland.gov) features a number of prevention and treatment resources for clinicians in Maryland.
- **International Association of Fire Fighters** members can access the organization's substance abuse recovery programs through www.iaffrecoverycenter.com.
- **American Addiction Centers** maintains resources specifically for emergency services personnel at americanaddictioncenters.org/firefighters-first-responders.

Providing emergency care is a high-stress job, which elevates the risk for stress disorders, suicidal tendencies, and alcohol and/or drug abuse. If you are an EMS clinician struggling with addiction or the potential for addiction, there is help for you.

- **Safe Call Now** is a confidential, comprehensive 24-hour crisis hotline referral service to assist all emergency services personnel and their families at www.safecallnow.org.

For EMS Operational Programs or individual EMS/fire companies, there is guidance available for identifying and managing clinician substance abuse, and for providing help before addiction starts. You can download a variety of free informational flyers directly from the Substance Abuse and Mental Health Services Administration website (www.samhsa.gov), including Returning to Work: Tips for Disaster Responders, Identifying Substance Misuse in the Responder Community, and Helping Staff Manage Stress When Returning to Work. These and other printable resources are available through the Publications tab from the homepage. For information on possible indicators or warning signs associated with substance abuse in emergency personnel, click https://store.samhsa.gov/shin/content/NMH05-0212/NMH05-0212.pdf for a printable download to read and share.

Remember, Maryland's Crisis Hotline is available 24/7 to provide support, guidance, and assistance. Call 1-800-422-0009 for help. For more information on how the crisis hotline works and what services are provided, you can watch an explanatory video at https://youtu.be/eVZDG8WZhFw.◆

City of Annapolis Your Life Matters Project

The Your Life Matters Project is dedicated to working with individuals as they deal with all areas of substance abuse and crisis. By working directly with community leaders, substance abuse providers, and mental health clinicians, the City of Annapolis is determined to help stop addiction and overdoses and provide long-term strategies to help end this epidemic.

The City of Annapolis created the Your Life Matters Project to train its citizens in overdose recognition, Narcan administration, and Hands Only CPR when it became apparent that many in the general public did not understand the Safe Station Program in which the City was already participating. The Safe Station portion of the program begins when an individual arrives at a Fire or Police Station. The Public Safety Officer at the station inquires about any other medical condition that may require the individual to be transported to the hospital. If transport is needed, the person will be met by the Mobile Crisis Response Team (MCRT) at the hospital. If no additional medical treatment is required, the Public Safety Officer will call the MCRT team, who will begin their evaluation upon arrival at the Safe Station. The MCRT is solely responsible for evaluating and determining the path of treatment.

Through its partnership with the Anne Arundel County Health Department, the Your Life Matters Project has been able to help get Narcan kits to those individuals who need them. To date, the initiative has trained over 1,000 people, as well as 10 businesses, in Narcan administration and Hands Only CPR.

The Annapolis Fire Department provides this free training to community groups, churches, and schools. For more information on the Your Life Matters Program in Annapolis, go to www.annapolis.gov/ylm.◆

Anne Arundel County Fire Dept. Safe Station Program

Driven by a growing number of responses due to overdose calls and their impact, including decreased unit availability, increased response times, and burgeoning costs, the Anne Arundel County Fire Department, working in partnership with several local agencies, launched its Safe Station Program in April 2017 in an effort to combat the epidemic of opioid overdoses in Anne Arundel County.

Since its inception, the Anne Arundel County Safe Stations Program has served nearly 2,500 clients, and an overall decline in the number of overdoses and fatalities over this same time last year reflect these substantial efforts. In fall 2019, Anne Arundel County logged 657 opioid overdoses, down from 825 at the same time the previous year. Likewise, the number of related fatalities dropped from 135 in fall 2018 to 111 in fall 2019.◆

Wicomico County Opens Safe Station with 24/7 Recovery Services

On August 1, 2019, the Wicomico County Health Department, in partnership with the City of Salisbury Fire Department, Hudson Health Services, and the Recovery Resource Center, launched the county's first Safe Station in an attempt to link individuals battling addiction to appropriate treatment and recovery services. The project received funding from Mid-Shore Behavioral Health, Inc. and their unwavering support has allowed this innovative program to assist 19 individuals in linkages to treatment services in Wicomico County.

Open 24 hours a day and seven days a week, the Safe Station ensures that services are available when individuals have determined that they are ready to pursue them. Slightly different than other Safe Station programs throughout the state, Wicomico County's Safe Station is housed within the Recovery Resource Center in Salisbury, MD.

"Having the Safe Station housed within a building that supports those who struggle with addiction will hopefully break down any barriers that may keep individuals from utilizing this beneficial resource," says Christina Bowie-Simpson Wicomico County Opioid Coordinator.

"In the first quarter of 2019, Wicomico County saw a reduction of two lives lost to overdose when compared to the first quarter of 2018, and we are optimistic that by implementing this additional resource in our community that we will continue to see a reduction in lives being lost here in our community," says, Lori Brewster, Wicomico County Health Officer.

Open 24 hours a day and seven days a week, the Safe Station ensures that services are available when individuals have determined that they are ready to pursue them.

This program ensures that individuals seeking treatment and recovery services at the Safe Station are met with caring and empathetic individuals who have knowledge of the disease of addiction, and understand what the individual may be experiencing upon entry. Each person who enters the Safe Station will be met by a peer in recovery from Wicomico County's Community Outreach Addiction Team (COAT). They will then be evaluated for any medical concerns by the EMTs and Paramedics on duty at the Salisbury Fire Department before being linked to treatment services.

For more information on the Safe Station project or recovery and treatment resources, please contact the Wicomico County Opioid Coordinator at (410) 219-3956, or call COAT at (443) 783-6875.◆

Emergency Treatment of an Opioid Overdose

1. **Call 9-1-1**: Immediately. The Good Samaritan Law protects you from prosecution. Don't run; call 9-1-1!
2. **Rescue Breathing**: Tilt the head, lift the chin, and pinch the nose. Give 1 breath every 5 seconds.
3. **Naloxone**: Give if you have it. If first dose does not revive the person, administer a second dose.
4. **Recovery Position**: If you must leave the person alone, place them on his or her left side.

Maryland Poison Center

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naloxone. After all, naloxone administration is reported in your patient care report through eMEDS®. But this is why you should stress the extra step to make that very important call to the MPC: Maryland is racing against the clock to beat this epidemic.

eMEDS® is a crucial tool for assessing and planning for EMS care throughout the state. But it handles millions of pieces of raw data on a daily basis, and aggregating and reporting naloxone data is not a rapid process. Often, the MPC collects and reports naloxone data to health departments before patient care reports are submitted into eMEDS®.

If you attend a call during which you provide naloxone, please encourage at least one bystander to report this; it only takes a few minutes. Although you are on the front lines of this crisis, the information you can assist in providing to the MPC with a brief call will help fight the epidemic in other significant ways.◆

Legal Tidbit

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While HIPAA generally supersedes state law, it does not supersede a state law such as §13-3602 of the Health General Article which "provides for the reporting of disease or injury, child abuse, birth, or death, or for the conduct of public health surveillance, investigation, or intervention." 45 C.F.R. § 160.203. This new law strengthens the ability of EMS clinicians to report and share data.

MIEMSS is submitting data in compliance with the requirements of §13-3602(d). Patient care reports are identified for submission to ODMAP where there is suspicion a patient is suffering from an opioid overdose based on the administration of naloxone and clinician primary impression as reported in eMEDS®. Information is reported electronically to ODMAP every 15 minutes. The following elements are reported:

- The date and time of the overdose;
- The approximate address where the overdose victim was initially encountered or where the overdose occurred;
- Whether an opioid overdose reversal drug was administered; and
- Whether the overdose was fatal or nonfatal.◆

Update on the Opioid Crisis in Maryland

(Continued from page 2)

assist with the response. MIEMSS provides data from eMEDS® to the Maryland Department of Health for epidemiological analysis, namely to assist public health practitioners in identifying clusters of overdoses and targeting interventions toward communities most affected (see page 3).

The State EMS Medical Director, Dr. Tim Chizmar, has conducted presentations about the opioid crisis at numerous meetings, events, and educational conferences throughout the state. The required annual educational EMS Update for EMS clinicians and hospital base stations includes current information on the opioid crisis issues effecting EMS clinicians.The many topics Dr. Chizmar has addressed include appropriate personal protective equipment (PPE) for providing care to an opioid overdose patient, or in the presence of opioids at the scene (see page 5), as well as the need to increase the administered dosage of naloxone for patients who do not respond to lower dosages because they have taken high-potency opioids, such as fentanyl and carfentanil (see page 5). Various representatives from the Opioid Operational Command Center have presented educational programs regarding Maryland's response to the opioid epidemic.

For additional resources, please visit
https://beforeitstoolate.maryland.gov/

In 2018, MIEMSS, in partnership with the Maryland Department of Health, added a naloxone "Leave Behind" Pilot Protocol, which enables many EMS operational programs to "leave behind" naloxone to patients who have experienced an overdose, yet decline transport to an emergency department. While transport to a hospital is always recommended for patients who have received naloxone in the prehospital environment, MIEMSS recognizes that many patients may decline this transport against best medical advice. While naloxone is not a long-term treatment for opioid addiction, it can provide an immediate treatment for bystanders to administer prior to the arrival of the ambulance on a subsequent overdose. Early naloxone administration is an important and time-sensitive step when a patient has stopped breathing due to an overdose.

Maryland is not the only state facing the opioid epidemic; many other states and the federal government have also declared this crisis as a public health emergency. MIEMSS will continue to coordinate the EMS system's response to this pressing issue. The roots of the current crisis are complex, and it will take continual efforts to decrease the prevalence of this disease that affects the citizens of Maryland.◆

OOCC Message

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have every reason to be optimistic that this will become a sustained trend driven by the public safety and other programs that we have in place across Maryland.

This sort of progress is possible because professionals like you have remained committed to the battle. In a recent survey of our local Opioid Intervention Team partners, the OOCC was encouraged to learn that there was a 70% increase in the number of local jurisdictions reporting implementation of EMS naloxone leave-behind programs between the end of 2018 and the second quarter of 2019. Naloxone is one of the most powerful tools in our arsenal, and its effectiveness has been supported by EMS clinicians in local communities.

I thank you again for your tireless dedication to this effort. As our state continues to direct every resource available to the opioid crisis, it is reassuring to know that you are at the center of the fight.

STEVE SCHUH
Executive Director,
Opioid Operational Command Center

Calvert County Behavioral Health Mobile Crisis Team

Approximately 20-25% of opioid overdose patients in Maryland decline ambulance transport to a hospital after treatment by EMS. Unfortunately, many of these individuals are not connected to the medical treatment and urgent psychosocial resources they may need to begin their recovery from opioid use disorder (OUD).

Dr. Drew Fuller, Medical Director for the Calvert County Behavioral Health Mobile Crisis Team (MCT), has begun a new opportunity to engage with patients who refuse ambulance transport and to enroll them into treatment and recovery. The MCT proposes to collaborate with EMS and respond to scenes with a specially equipped and staffed van, which will be located centrally in Prince Frederick.

Under the new proposed program, if a patient refuses ambulance transport, the team may be present on scene to assess, stabilize, and support the individual's needs. This may include the initiation of medically assisted therapy (MAT) with buprenorphine and referral for long-term care. The MCT aims to initiate treatment and referral early to increase the likelihood of enrolling patients into long-term treatment and lowering the risk of mortality.

Remember, all patients should be treated and transported to the closest appropriate emergency department, per Maryland EMS protocol. However, if a patient with medical capacity refuses EMS transport by the "Patient-Initiated Refusal of EMS" protocol, these patients in Calvert County may be handed over to the MCT. With this innovative approach to care for patients with OUD who refuse EMS transport, MIEMSS looks forward to receiving data on successes and lessons learned.◆

State EMS Medical Director Clarifies PPE Guidelines for Suspected Overdose Calls

As an EMS clinician in Maryland, you may have had to respond to a call for a sick person, breathing difficulty, or arrest where the patient may be a victim of a drug overdose. Certain opioids associated with these overdose victims, such as carfentanil or acrylfentanyl, are very potent and, if inhaled or ingested, could cause symptoms in a first responder.

The State EMS Medical Director is encouraging Maryland EMS clinicians to continue to use universal personal protective equipment (PPE) and precautions in these situations. You should only need to utilize respiratory protection (P-100 masks) if you are **actively handling and processing fentanyl** or its drug analogues, such as carfentanil—so avoid contact with any substance found at the scene of an overdose. During a typical overdose call, EMS clinicians are not handling fentanyl, and universal PPE provides sufficient protection.

Guidance on PPE and precautions when coming into contact with unknown substances was created collaboratively by Opioid Operational Command Center (OOCC) representatives from the Maryland Department of Health, MIEMSS, and the Maryland State Police. Standard PPE includes nitrile gloves, and only if there is blood or other bodily fluids present should a face shield/standard mask and splash protection be used. A higher level of respiratory protection would only be required in incidents with greater risk of aerosolization of powders, such as active entry by tactical teams where a flash bang has been discharged. This enhanced respiratory guidance is available from the National Institute for Occupational Safety and Health. Detailed information about PPE and respiratory protection is available on MIEMSS' website (www.miemss.org), or by clicking bit.ly/2xV3jBg.

You should only need to utilize respiratory protection (P-100 masks) if you are actively handling and processing fentanyl or its drug analogues, such as carfentanil—so avoid contact with any substance found at the scene of an overdose.

Although there have been rare case reports of public safety/emergency personnel across the United States being sickened from exposures to fentanyl and carfentanil, there have not been any law enforcement or EMS deaths associated with contact during typical overdose calls. However, it is imperative that you are prepared to handle these situations: promptly support an unresponsive patient's respiration, support their circulation with CPR if indicated, and administer naloxone to save their life. Do not spend valuable minutes putting on Tyvek suits, as they are not indicated.◆

MIEMSS, *Maryland EMS News*
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Governor Larry Hogan
Lt. Governor Boyd Rutherford