Division of Public Health Services

Office of the Assistant Director
Public Health Preparedness Services
Bureau of Emergency Medical Services and Trauma System

150 N. 18th Avenue, Suite 540
Phoenix, Arizona 85007
(602) 364-3150 / 1-800-200-8523
(602) 364-3568 FAX

DOUGLAS A. DUCEY, GOVERNOR
CARA M. CHRIST, MD, DIRECTOR

EMERGENCY MEDICAL SERVICES COUNCIL

Date: September 17, 2015 - **Time**: 10:30 AM

Location: 150 N. 18th Ave., Conference Room 215A & 215B

Conference Call: 1-877-820-7831 - **Code**: 450908#

iLinc URL: https://azdhsems.ilinc.com/join/xcphsxt

You must register prior to the meeting to join the web conference session.

AGENDA

I. Call to Order – Glenn Kasprzyk, Vice Chair

II. Roll Call – Jennifer Herbert (31 members, 16 required for quorum)

III. Chairman's Report – Glenn Kasprzyk
   a. Attendance report (Attachment III.a.)
   b. 2016 Meeting schedule (Attachment III.b.)

IV. Bureau Report – Ithan Yanofsky
   a. Naloxone Workgroup Output – Ithan Yanofsky, Gail Bradley, MD

V. Discussion and Action Items
   a. Discuss, amend, approve EMS Council meeting minutes of May 21, 2015 (Attach. V.a.)
   b. Discuss, amend, approve Curriculum for the Law Enforcement/EMT Administration of Naloxone (Attachment V.b.)

VI. Reports
   a. Excellence in Prehospital Injury Care Traumatic Brain Injury Project – Ben Bobrow, MD
   b. Trauma and EMS Performance Improvement Standing Committee – Rebecca Haro
   c. Education Standing Committee – Gail Bradley, MD
   d. Protocols, Medications and Devices Standing Committee – Noreen Adlin

Persons with disabilities may request reasonable accommodations such as a sign language interpreter, by contacting Angie McNamara, Program Project Specialist II, 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations.

"Health and Wellness for all Arizonans"

e. Regional Emergency Medical Services Councils
   i. AEMS - Joe Gibson (Attachment VI.e.i.)
   ii. SAEMS - Sara Perotti
   iii. NAEMS - Paul Coe
   iv. WACEMS – Rod Reed
f. Data and Quality Assurance – Rogelio Martinez, MPH
g. PACES – Tomi St. Mars
h. Physician Orders for Life Sustaining Treatment (POLST) – Brian Smith
i. Community Integrated Paramedicine –Bob Ramsey, David Harden, JD

VII. Agenda Items to be Considered for Next Meeting

VIII. Call to the Public: A public body may make an open call to the public during a public meeting, subject to reasonable time, place and manner restrictions, to allow individuals to address the public body on any issue within the jurisdiction of the public body. The Committee may ask staff to review a matter or may ask that a matter be put on a future agenda. Members of the public body shall not discuss or take legal action on matters raised during an open call to the public unless the matters are properly noticed for discussion and legal action. A.R.S. § 38-431.01(G)

IX. Summary of Current Events
   a. November 2-4, 2015: National Pediatric Disaster Conference. Scottsdale
   b. November 5-6, 2015: Emergency Pediatric Interdisciplinary Care Conference. Desert Diamond Casino, Tucson
   c. November 6-7, 2015: Pediatric Trauma Society Meeting. Scottsdale
   d. November 12-13, 2015: Southwest Trauma and Acute Care Symposium (STACS). Scottsdale
   e. Dignity Health

X. Next Meetings: January 21, 2016 @ 10:30 AM in rooms 215A & B – 2nd Floor 150 Building
May 19, 2016 @ 10:30 AM in rooms 215A & B – 2nd Floor 150 Building
September 15, 2016 @ 10:30 AM in rooms 215A & B – 2nd Floor 150 Building

XI. Adjournment

Persons with disabilities may request reasonable accommodations such as a sign language interpreter, by contacting Angie McNamara, Program Project Specialist II, 602-364-3156; State TDD Number 1-800-367-8939; or Voice Relay Number 711. Request should be made as early as possible to allow time to arrange accommodations.

"Health and Wellness for all Arizonans"

Committee Attendance Report

Attachment III.a

EMS Council

		Present	Tele	Absent
Alberto Gutier	Governor's Office of Highway Safety			
	1/29/2015	☐	☐	☑
	5/21/2015	☐	☐	☑
Bentley Bobrow	Chair/ADHS BEMS Medical Director			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☐	☐	☑
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Bob Ramsey	Ambulance Service Corporation			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☐	☐	☑
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☐	☑	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☐	☐	☑
	9/25/2014	☐	☐	☑
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Brian Smith	Emergency Medical Technician			
	5/29/2014	☑	☐	☐
	9/25/2014	☐	☑	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Charlie Smith	Non-Governmental Employer of Interm			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☐	☐	☑
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☐	☐	☑
Chris Salvino	Trauma Surgeon			
	1/19/2012	☐	☐	☑
	4/19/2012	☐	☐	☑
	9/20/2012	☑	☐	☐

EMS Council

		Present	Tele	Absent
Chris Salvino	Trauma Surgeon			
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☐	☑	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☐	☐	☑
Christopher Baker	Hospital Administrator (Population < 50			
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☐	☑	☐
	9/25/2014	☐	☐	☑
	1/29/2015	☐	☐	☑
	5/21/2015	☐	☐	☑
Dale Woolridge	Public Member			
	1/19/2012	☑	☐	☐
	4/19/2012	☐	☑	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☐	☑	☐
	5/16/2013	☐	☐	☑
	9/26/2013	☐	☑	☐
	1/23/2014	☐	☑	☐
	5/29/2014	☐	☐	☑
	9/25/2014	☐	☑	☐
	1/29/2015	☐	☑	☐
	5/21/2015	☐	☐	☑
Dan Millon	Department of Public Safety			
	1/29/2015	☐	☐	☑
	5/21/2015	☐	☐	☑
Daniel Spaite	Emergency Medicine Physician - Southe			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☐	☐	☑
	5/16/2013	☐	☑	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☐	☑	☐
	5/21/2015	☐	☑	☐
Gene McDaniel	Pre-Hospital Emergency Medical Trainin			
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☐	☐	☑

EMS Council

		Present	Tele	Absent
Gene McDaniel	Pre-Hospital Emergency Medical Trainin			
	5/29/2014	☐	☑	☐
	9/25/2014	☐	☑	☐
	1/29/2015	☐	☑	☐
	5/21/2015	☐	☑	☐
Glenn Kasprzyk	Public Member/Vice Chair (Education Li			
	1/19/2012	☐	☑	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☐	☑	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Howard Reed	Ambulance Service Corporation			
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
James Hayden	Public Member			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☐	☐	☑
	5/29/2014	☐	☑	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Jim Dearing	Hospital Administrator (Population > 50			
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☐	☐	☑
	1/23/2014	☐	☐	☑
	5/29/2014	☐	☑	☐
	9/25/2014	☐	☐	☑
	1/29/2015	☐	☐	☑
	5/21/2015	☐	☐	☑
John Karolzak	Three Largest Employer of EMCTs			
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Jonathan Maitem	Emergency Medicine Physician - Central			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐

EMS Council

		Present	Tele	Absent
Jonathan Maitem	Emergency Medicine Physician - Central			
	9/20/2012	☑	☐	☐
	2/25/2013	☐	☑	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☐	☑	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Joseph Gibson	Local EMS Coordinating System - Centra			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Laura Baker	Three Largest Employer of EMCTs			
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Michael Patten	Public Member			
	1/19/2012	☐	☐	☑
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☑	☐	☐
	5/16/2013	☐	☐	☑
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☐	☑	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Michele Preston	Emergency Medicine Physician - Wester			
	5/21/2015	☐	☑	☐
Nathan Lewis	Public Member			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☐	☐	☑
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☐	☑	☐

EMS Council

		Present	Tele	Absent
Nathan Lewis	Public Member			
	5/21/2015	☐	☑	☐
Patricia Coryea-Hafk	Professional Nurse			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☐	☐	☑
	2/25/2013	☑	☐	☐
	5/16/2013	☐	☐	☑
	9/26/2013	☑	☐	☐
	1/23/2014	☐	☑	☐
	5/29/2014	☐	☑	☐
	9/25/2014	☐	☑	☐
	1/29/2015	☐	☐	☑
	5/21/2015	☐	☑	☐
Paul Coe	Local EMS Coordinating System - North			
	1/19/2012	☐	☑	☐
	4/19/2012	☐	☑	☐
	9/20/2012	☐	☑	☐
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☐	☑	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☐	☑	☐
	1/29/2015	☐	☑	☐
	5/21/2015	☐	☐	☑
Rebecca Haro	Statewide Fire District Association Repr			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☑	☐	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Rianne Page	Emergency Medicine Physician - Northe			
	1/29/2015	☑	☐	☐
	5/21/2015	☐	☑	☐
Rodney Reed	Local EMS Coordinating System - Weste			
	1/19/2012	☑	☐	☐
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☑	☐	☐
	5/16/2013	☑	☐	☐
	9/26/2013	☑	☐	☐
	1/23/2014	☐	☑	☐
	5/29/2014	☑	☐	☐

EMS Council

		Present	Tele	Absent
Rodney Reed	Local EMS Coordinating System - Weste			
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☐	☑	☐
Ronalee Quarles	Volunteer Medical Rescue Program			
	1/19/2012	☐	☐	☑
	4/19/2012	☑	☐	☐
	9/20/2012	☑	☐	☐
	2/25/2013	☐	☑	☐
	5/16/2013	☐	☑	☐
	9/26/2013	☐	☑	☐
	1/23/2014	☐	☑	☐
	5/29/2014	☐	☑	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☐	☑	☐
	5/21/2015	☐	☐	☑
Sara Perotti	Local EMS Coordinating System - South			
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☑	☐	☐
Todd Harms	Three Largest Employer of EMCTs			
	9/26/2013	☑	☐	☐
	1/23/2014	☐	☑	☐
	5/29/2014	☑	☐	☐
	9/25/2014	☑	☐	☐
	1/29/2015	☑	☐	☐
	5/21/2015	☐	☐	☑
Tyler Matthews	Public Member			
	1/23/2014	☐	☑	☐
	5/29/2014	☐	☑	☐
	9/25/2014	☐	☑	☐
	1/29/2015	☐	☑	☐
	5/21/2015	☐	☐	☑

Attachment III.b.

Bureau of Emergency Medical Services and Trauma System
2016 Statutory/Standing Committee Meetings

Date	Time	Meeting	Conference Room
January 21, 2016	9:00 a.m.	State Trauma Advisory Board	215A & 215B – 2nd Floor 150 Bldg
January 21, 2016	10:30 a.m.	Emergency Medical Services	215A & 215B – 2nd Floor 150 Bldg
January 21, 2016	12:00 p.m.	Medical Direction Commission	215A & 215B – 2nd Floor 150 Bldg
March 17, 2016	9:00 a.m.	Trauma and EMS Performance Improvement (TEPI)	215A & 215B – 2nd Floor 150 Bldg
March 17, 2016	10:30 a.m.	Education Committee	215A & 215B – 2nd Floor 150 Bldg
March 17, 2016	12:00 p.m.	Protocols, Medications and Devices Committee	215A & 215B – 2nd Floor 150 Bldg
May 19, 2016	9:00 a.m.	State Trauma Advisory Board	215A & 215B – 2nd Floor 150 Bldg
May 19, 2016	10:30 a.m.	Emergency Medical Services Council	215A & 215B – 2nd Floor 150 Bldg
May 19, 2016	12:00 p.m.	Medical Direction Commission	215A & 215B – 2nd Floor 150 Bldg
July 21, 2016	9:00 a.m.	Trauma and EMS Performance Improvement (TEPI)	215A & 215B – 2nd Floor 150 Bldg
July 21, 2016	10:30 a.m.	Education Committee	215A & 215B – 2nd Floor 150 Bldg
July 21, 2016	12:00 p.m.	Protocols, Medications and Devices Committee	215A & 215B – 2nd Floor 150 Bldg
September 15, 2016	9:00 a.m.	State Trauma Advisory Board	215A & 215B – 2nd Floor 150 Bldg
September 15, 2016	10:30 a.m.	Emergency Medical Services Council	215A & 215B – 2nd Floor 150 Bldg
September 15, 2016	12:00 p.m.	Medical Direction Commission	215A & 215B – 2nd Floor 150 Bldg
November 17, 2016	9:00 a.m.	Trauma and EMS Performance Improvement (TEPI)	215A & 215B – 2nd Floor 150 Bldg
November 17, 2016	10:30 a.m.	Education Committee	215A & 215B – 2nd Floor 150 Bldg
November 17, 2016	12:00 p.m.	Protocols, Medications and Devices Committee	215A & 215B – 2nd Floor 150 Bldg

DISCLAIMER: "Meeting schedule subject to change upon the request of the Governor's Office or the Office of the Director. Should this occur, the Bureau will make all reasonable efforts to contact the affected members as soon as feasible."

06/17/15

Attachment V.a.

EMERGENCY MEDICAL SERVICES COUNCIL

May 21, 2015 - 10:30 A.M.

150 N. 18th Ave., Conference room 215A & B

Meeting Minutes – DRAFT

Present		**Absent**
Ben Bobrow	Joe Gibson	Alberto Gutier
Brian Smith	Laura Baker	Charlie Smith
Bob Ramsey	Michael Patten	Chris Salvino
Dan Spaite*	Michele Preston*	Chris Baker
Gene McDaniel*	Nathan Lewis*	Dale Woolridge
Glenn Kasprzyk	Patricia Hafkey*	Dan Millon
Howard Reed	Rebecca Haro	Jim Dearing
James Hayden	Rod Reed*	Paul Coe
John Karolzak	Sara Perotti	Ronalee Quarles
Jon Maitem	Rianne Page*	Todd Harms
		Tyler Matthews

*Indicates teleconference

I. Call to Order – Ben Bobrow, MD, at 10:30 AM

II. Roll Call – Jennifer Herbert (31 members, 16 required for quorum). A quorum was present.

III. Chairman's Report – Ben Bobrow, MD
   a. Attendance report
   b. Welcome new members: Dan Millon & Alberto Gutier

IV. Bureau Report – Ithan Yanofsky
   a. Rules updates
   b. Overview of National EMS initiatives – Terry Mullins

V. Discussion and Action Items
   a. Discuss, amend, approve EMS Council meeting minutes of January 29, 2015. Brian Smith made the motion to approve the minutes, seconded by Jon Maitem. A vote was taken and the **motion carries.**
   b. Discuss the Traffic Incident Management Responder Training (TIMS) – David Harden, JD.

VI. Reports
   a. Overview of the Arizona Fallen Firefighters & EMS Workers Memorial – Rick DeGraw
   b. Trauma and EMS Performance Improvement Standing Committee – Rebecca Haro
   c. Education Standing Committee – Glenn Kasprzyk
   d. Protocols, Medications and Devices Standing Committee – Noreen Adlin
   e. Regional Emergency Medical Services Councils

DRAFT

i. AEMS - Joe Gibson
ii. SAEMS – Sara Perotti
iii. NAEMS – Brian Smith
iv. WACEMS - Rod Reed

f. DQA - Rogelio Martinez, MPH
   i. Quarterly Reports Update
g. Community Integrated Paramedicine Workgroup – David Harden, JD
h. EPIC TBI Project - Ben Bobrow, MD
i. Acute Stroke Grant application – Ben Bobrow, MD

VII. Agenda Items to be Considered for Next Meeting: None

VIII. Call to the Public: Will Humble gave a brief overview of his project work at the U of A. Joe Gibson announced the release of the AZ Crisis Standards of Care Document.

IX. Summary of Current Events
a. June 11-12, 2015: EMS Odyssey. Desert Willow Conference Center. Phoenix
b. July 15-17, 2015: Western Pediatric Trauma Conference. Park City, Utah
c. July 16-17, 2015: Traffic Incident Management Train-the-Trainer Course. FMC
d. November 2-4, 2015: National Pediatric Disaster Conference. Scottsdale
e. November 5-6, 2015: Emergency Pediatric Interdisciplinary Care Conference. Desert Diamond Casino, Tucson
f. November 6-7, 2015: Pediatric Trauma Society Meeting. Scottsdale
g. November 11-13, 2015: Southwest Trauma and Acute care symposium (STACS). Scottsdale
h. November 13-14, 2015: AZTrACC. Talking Stick Resort. Scottsdale
i. August 11, 2015: CPR University. U of A Medical Center, Phoenix.

X. Next Meeting Date: September 17, 2015 @ 10:30 AM in rooms 215A & 215B – 150 Building

XI. Adjournment at 11:19 AM

Approved by EMS Council
Date:

DRAFT

VISITORS PLEASE SIGN IN

Emergency Medical Services (EMS) Council - May 21, 2015 @ 10:30 a.m.

	Name (PLEASE PRINT)	Organization & Position
1	VAL GALE	#CHANDLER FIRE, HEALTH & MEDICAL
2	Cindy Inskeep	Maricopa Fire Dept.
3	Chris Bardin	Sun Lakes Fire Dept
4	ALBERT RAZO	MAYO Clinic Hospital
5	~~[illegible]~~	
6	RONALD MARTINEZ	FMC PHC CEP
7	Sara Perotti	SAEMS
8	Mark Venuti	GA-GMT
9	Noreen [illegible]	BEMS
10	Gail Bradley	Peoria, Sun City, + Goodyear Fire Depts
11	TERRY MASON	MFMD EMS COORD
12	Will Humbel	Univ of Arizona
13	DAVID HARDEN	ADHS / BEMSTS
14	JOHN GALLAGHER MD	PHOENIX FIRE / ACEP
15	Bob Hayes	AZDHS BEMSHT
16	BRIAN O'KEAN	AZDHS BEMS
17	DOUGLAS CRUNK	AZBEMSTS
18	David Wood	Banner

W

GD-____-PHS-EMS: Curriculum for the Law Enforcement / EMT Administration of Naloxone®

STATE OF ARIZONA ● EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEM

Curriculum for the
Law enforcement / EMT Administration of Naloxone in the Pre-Hospital Setting

Course Description
This course is designed to provide instruction in a procedure for the administration of Naloxone by Law Enforcement Officers and EMT providers.

Requirements

Licensed Physician or Nurse Practioner approval and issuance of a standing order
ADHS approved training

Prerequisites

Standard AZ Post first aide law enforcement training or current EMT certification.

Methodology
The student shall receive at least 1.5 hours of lecture (Module One) and .5 to 1.0 hour of skills practice and validation (Module Two). The curriculum may be used for both law enforcement and EMTs. Agencies utilizing Naloxone must have agency specific guidelines regarding, storage, accountability, reporting and replacement.

Instructor

- The instructor must be approved by the administrative medical director for the organization or AZ Post approved first aid instructor.

Equipment
The Following equipment is required for the course:

1. Naloxone auto injector trainers (if agency will be utilizing this device)
2. Naloxone intranasal mucosal atomizer trainers

Course Competencies:
Upon completion of the course the student shall be able to:

1. Describe what opioids are and how they work on human anatomy.
2. List three common opioids that are available to the public.
3. List the common routes of administration.
4. Differentiate between an opioid overdose and an “opioid high”.
5. State the signs and symptoms of an opioid overdose
6. Describe how Naloxone works to counteract opioids
7. List the types of overdoses that Naloxone does not reverse.
8. Describe the signs and symptoms of Opioid withdrawal.
9. State the difference between the duration of Naloxone and the duration of most opioids
10. Describe the routes of administration of Naloxone for EMT and Law Enforcement Officers.
11. State the indications for Naloxone use.
12. State the dosages of Naloxone for both intramuscular and intranasal use
13. Demonstrate proficiency in the administration of the medication. (Skills module)
14. List possible safety and post-administration considerations.
15. Describe the agency specific follow-up and documentation guidelines.

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COURSE OUTLINE
Module One: Lecture
Approximate time: 1.5 Hours

I. Objectives
   a. Background and statutes
   b. Define Naloxone
   c. Routes of administration
   d. Training requirements
   e. Immunity

II. The Opioid Problem
   a. Lethal drug overdose is the leading cause of accidental death in America
   b. Opioids include legal prescriptions and illegal drugs

III. Law Enforcement and EMT's
   a. Safe, effective, well established practice
   b. Few side effects
   c. First step in combating deaths from overdose
   d. Time sensitive emergency

IV. ARS 36-2228
   a. Requires a standing order issued by a licensed physician or nurse practitioner
   b. A trained EMT or Law Enforcement Officer may administer Naloxone
   c. May be administered if the EMT or Law Enforcement officer believes that the person is suffering from an opioid related overdose
   d. Requires a uniform training module for both EMTs and Law Enforcement
   e. Help providers identify persons suffering from opioid related overdose
   f. Mandates training on the use of Naloxone and other opioid reversal drugs
   g. Provides immunity for physicians, nurse practitioners who issue the standing order
   h. Provides immunity for EMTs and law Enforcement Officers who administer this drug.

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V. Definition of Opioids/Opiates
   a. Opioids – synthetic drugs
   b. Opiates – naturally derived from the poppy plant
   c. Central Nervous System Depressants
      1. Central Nervous System or brain function
      2. Respiratory system
      3. Cardiovascular system
   d. Abused for euphoric effects (to get high) and for pain control

VI. How Opioids Kill
   a. Respiratory and CNS Depression
   b. "Slows" everything down
   c. Decreased level of consciousness
   d. Decreases respiratory drive
   e. Decreases heart rate and lowers blood pressure
   f. Respiratory drive is taken away
   g. Lack of oxygen (hypoxia)
   h. Aspiration (inhaling vomit)
   i. Eventual cardiopulmonary arrest

VII. Increased incidence of Overdose
   a. The following substances, when combined with opioids can increase the incidence of overdose
      1. Alcohol
      2. Benzodiazepines (sedatives)
      3. Other medications

VI. Common Opioid Medications:
   a. Buprenorphine
   b. Codiene
   c. Fentanyl
   d. Hydrocodone (Vicoden / Norco/ Lortab)
   e. Hydromorphone (Dilaudid)
   f. Methadone
   g. Morphine
   h. Oxycodone (Percocet, Oxycontin)
   i. Illegal Opioids (heroin, opium)

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VIII. Routes of Opioid Administration
   a. Oral (pills)
   b. Intravenous (IV)
   c. Snorting
   d. Smoking
   e. Subcutaneous e.g. under skin ("skin popping")

VIII. Naloxone (Narcan)
   a. Developed in the 1960's
   b. Opioid antagonist (reversal drug)
   c. Used as an emergent overdose treatment in the hospital and pre-hospital settings
   d. Increased need for Narcan due to:
      1. Greater variety of available opioids
      2. Increased opioid use and abuse

IX. Naloxone Mechanism of Action
   a. Naloxone displaces the opioid from the opioid receptor in the nervous system
   b. Temporarily reverses respiratory and CNS depression
   c. May result in a sudden onset of withdrawal

X. Signs and Symptoms of Opioid withdrawal
   a. Agitation
   b. Tachycardia (rapid heart rate)
   c. Pulmonary edema (fluid in the lungs)
   d. Nausea
   e. Vomiting
   f. Seizures

XI. Overdoses that Naloxone does not work for:
   a. Sedatives
      1. Valium
      2. Ativan
      3. Xanax
      4. Alcohol
   b. Stimulants
      1. Cocaine
      2. Amphetamines

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XII. Routes of Administration of Naloxone
   a. EMT's and Peace Officers
      1. Intramuscular (IM)
      2. Intranasal (IN)
   b. Paramedic, AEMTs, I-99s
      1. Intramuscular (IM)
      2. Intranasal (IN)
      3. Intravenous (IV)
      4. Intraosseous (IO)
      5. Endotracheal (ET)

XIII. Benefits of Naloxone Administration by Intranasal or Auto-injector
   a. IV access may be difficult to establish in chronic IV drug abusers
   b. Decreased risk of needle stick injury
   c. Decreased risk for infectious disease exposure
   d. Simple, rapid convenient

XIV. Benefits of Naloxone administration
   a. Intranasal
      1. Works quickly, drugs absorb into nasal mucosa
      2. Nose is an easy access point
      3. Starts working as fast as IV administration
      4. Atomizer facilitates quick administration
      5. Painless
   b. Auto-injector
      1. Contains pre-measured dose, reduces medication dosing errors
      2. Designed for self-administration of medication by patients or ease of use by laypersons

XV. Indications for Naloxone Use
   a. Altered Level of Consciousness (LOC)
   b. Respiratory depression or apnea (not breathing)
      1. Shallow slow – less than 8 to 10 breaths minute
      2. Inadequate respirations
   c. Unable to wake up with painful stimuli
   d. Constricted pupils (miosis)
   e. Needle track marks
   f. Profuse sweating (diaphoresis)

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g. Cardiac arrest

XVI. Differentiating between “High” vs. overdose

a. High
    1. Muscles become relaxed
    2. Speech is slow/slurred
    3. Sleepy looking
    4. Responsive to stimuli
    5. Normal heart rate pulse
    6. Normal skin color

b. Overdose
    1. Pale clammy skin, limp
    2. Very infrequent or no breathing
    3. Deep snoring or gurgling
    4. Not responsive to stimuli
    5. Slow heart beat pulse
    6. Blue lips and or fingertips

c. See Appendix A

XVII. Patients at Risk for Opioid Overdose

a. Chronic users, especially with recent release from jail or detox or a recent history of relapse
b. Young adults or teens experimenting with drugs
c. People with chronic illness and chronic pain, includes all ages and demographics

XVIII. Naloxone Algorithm

a. See Appendix B

XIX. Safety Considerations

a. Use caution when administering Naloxone to narcotic dependant patients
b. Rapid opioid withdrawal may cause nausea, vomiting and may cause combativeness
c. Roll patient on their side after administration to keep airway clear
d. If patient does not respond within 3 to 5 minutes, administer second dose if available.
e. Other disease processes may mimic opioid overdose be aware of possible low blood sugar, head injury, stroke, shock or hypoxia

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XX. Naloxone vs. opioid drug durations
   a. Naloxone has a relatively short duration compared with opioid drugs
   b. The Naloxone may wear off and dependent upon the amount of opioid in the system, signs of overdose may reappear.
   c. See Appendix C

XXI. Procedure for administration of Naloxone
   a. Recognize opiate overdose
      1. Decreased Level of Consciousness (LOC)
      2. Decreased or no breathing
      3. In setting of likely opioid ingestion
   b. Give sternal rub/stimulate
   c. If no response administer Naloxone
   d. Place patient on side (recovery position)
   e. See Appendix D

XXII. Naloxone Dosage (Adult and Pediatric)
   a. Auto Injector (IM)
      1. 0.4 mg IM dose
      2. May repeat every 3 to 5 minutes as necessary
      3. Max dose 4.0 mg
   b. Intra Nasal
      1. 1.0 mg in each nostril using Mucosal Atomizer Device for a total of 2.0 mg
      2. May repeat every 3 to 5 minutes as necessary
      3. Max dose of 4.0 mg

XXIII. Intra nasal (IN) Naloxone Administration
   a. Take cap off medication
   b. Remove the two caps from each end of the applicator
   c. Apply atomizer onto the end of the applicator
   d. Tightly screw the medication into the applicator
   e. Insert the atomizer into the nostril and push the syringe
   f. Apply 1.0 ml into each nostril
   g. The tip of the atomizer should be placed near or just inside the nostril
   h. Placement of the syringe too far inside the nasal cavity may traumatize the nasal passages or cause bleeding

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i. The use of the atomization device on the tip of the syringe prevents nasal trauma and maximizes the delivery of the medication to the patient

XXIV. Auto Injector Intramuscular (IM) Administration (Note: There is currently only one Naloxone Auto Injector available, the EVZIO. If other auto injectors become available, the following may need to be amended to follow manufacturer's recommendations.)

a. Pull the auto-inject from the outer case
b. Pull off the red safety guard. The red safety guard is made to fit tightly. Pull firmly to remove.
c. Do not touch the black base of the auto injector, which is where the needle comes from
d. Do not replace the red safety guard after it is removed.
e. Place the black end against the middle of the patient's outer thigh, through clothing if necessary
f. Press firmly and hold in place for 5 seconds after hearing the popping sound and the hiss.
g. For an infant less than 1 year old, pinch the middle of the outer thigh before you administer the auto injector and continue to pinch while you give the medication.
h. The needle will inject and then retract back into the auto injector and is not visible after use.
i. The auto injector cannot be reused
j. After use place the auto injector back into its outer case
k. Do not replace the red safety guard

XXV. Post Naloxone Administration

a. Place the patient in the recovery position
b. If the patient is not breathing and/or has no pulse begin rescue breathing/ventilations or CPR, if trained
c. Be alert for vomiting/diarrhea and agitation (withdrawal symptoms).
d. If no response within 3 to 5 minutes repeat dose.
e. Even if the person wakes up and starts breathing, the overdose symptoms can come back.
f. The patient should be transported to the hospital by EMS

XXVI. Documentation

a. EMS

1. Document patient encounter on agency patient care report

b. Law Enforcement data to collect
   1. Patient Name and DOB
   2. Location of incident
   3. Indications for use
   4. Dose, route and time of Naloxone administered
   5. Response to administration
   6. Patient Disposition i.e. EMS, DOA, Elope etc.

Module Two: Skills Practice/Validation
Approximate time: 0.5 to 1.0 hours

I. Provide Appropriate Equipment
   a. Auto Injector Trainer
   b. Pre-filled Naloxone syringe with atomizer device
   c. Optional – mannequins as available

II. Instructor will demonstrate administration techniques and equipment use.

III. The student shall demonstrate proficiency on the skills evaluation form See Appendix E).

IV. Instructor will verify, complete and sign skills evaluation form and will maintain in agencies training files.

V. Post Test ?????

VI. Instructor shall provide remediation and retesting as necessary

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Appendix A – Comparison of Opioid "High" vs. Overdose

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Appendix B – Naloxone Algorithm

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Appendix C – Comparison of Duration of Naloxone and Opioids

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Appendix D – Procedure for Naloxone Use

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Appendix E - Skills Evaluation Sheet

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Attachment VI.e.i

EMS Council Report
Central Arizona Region
June - September 2015
Prepared by Arizona Emergency Medical Systems, Inc. (AEMS)

- The AEMS Functional Group meetings were held July 15 and September 16.
  During the July 15 meeting, and as part of our Topical Focus, Kohinoor Kar, PhD and Richard Weeds, PE,, with Arizona Department of Transportation, presented the Arizona 2014 Strategic Highway Safety Pln (SHSP) Implementation and Evaluation. Kevin Meek presented Dignity Health Arizona General Hospital's emergency centers as part of our Central Region Agency/Hospital Profile. As part of our Lunch N Learn, Kelli Donley, MPH, with the Arizona Department of Health Services, presented the 2015 Arizona Plan to End Suicide.

  During our September 17 meeting, as part of our Topical Focus, Toni Gross, MD, with Phoenix Children's Hospital, and Tomi St. Mar, RN, with the Arizona Department of Health Services, presented an update on the Arizona Pediatric Prepared Emergency Care program. As part of our Lunch N Learn, Mindy Wakefield, with the Alzheimer's Association Desert Southwest Chapter presented Understanding Alzheimer's Patients.

  The next AEMS Functional Group meeting will be held on November 18, 2015.

- AEMS Board meetings were held June 15 and August 19. The June 15 meeting focused on our close-out of the 2014-15 fiscal year. The August 19 Board meeting focused on the new fiscal year, including reviewing year-end financial report and approving the budget for 2015-16.

  The next AEMS Board of Governors meeting – which is our Annual Meeting - will be held October 21, 2015.

- We are preparing for AEMS 2016 membership campaign. Our goal for the 2016 campaign is $65,000. Membership dues remain an important part of AEMS base funding and underwrite many of our operational expenses.

- AEMS successfully implemented the 15th Annual EMS Odyssey Conference. This year's conference marked our 15th Anniversary and it was held June 10-12, 2015 at the Desert Willow Conference Center in Phoenix. To mark this special milestone, we hosted the National EMS Museum's Traveling Exhibit. This year's Pre-Conference – held on June 10 – was a four hour training on Pediatric Disaster Response and Emergency Preparedness. Some of the two day conference presentation topics included: Arizona and National EMS history; stem cell therapy; K-9 emergency medicine, pediatric trauma, management of LVADs, medical direction of EMS, prevailing and emerging infectious diseases, geriatric trauma, managing homelessness, and border patrol EMS. On the second day of the conference, we offered a special Public Safety track which included presentations on rescue task force response to active shooter / active killing events and IED recognition. We have begun planning for next year's conference which will be held June 8-10, 2016 at the Desert Willow Conference Center.

- Over the past year, we have been updating our Categorization Matrix. All Central Region hospitals have completed the Categorization Questionnaire. We are now in the process of finalizing the Categorization Matrix and anticipate it to be published on the AEMS website in January 2016.

- AEMS is seeking nominations for our annual Service Awards which will be presented during our Annual Meeting of the Board on October 21, 2015. Service Awards recognized individuals for their outstanding contributions provided to the AEMS organization.

Attachment VI.e.i

- The AEMS Board of Governor is seeking nominations for one vacancy - Representative from A Rural EMS Provider Agency. An election for this position will be held during the next AEMS Board of Governors' meeting on October 21.