

BLS Naloxone Administration Program	Last Revised	Effective Date	Page
Mountain Lakes Regional EMS Council	9/22/2022		1 of 8

Authority: Regional Emergency Medical Advisory Committee of the Mountain Lakes Regional EMS Council

Re: BLS Naloxone Administration Program

Date: February 24, 2014

Based upon the success of a pilot study in conjunction with The AIDS Institute, New York State Department of Health has approved BLS Naloxone administration at the BLS levels. The goal of this program is to provide faster appropriate care to Opioid Overdose patients that fall into our care.

This information packet will help your agency understand the requirements associated with deploying this new BLS modality.

BLS Naloxone Administration Program	Last Revised	Effective Date	Page
Mountain Lakes Regional EMS Council	9/22/2022		2 of 8

Table of Contents

1. Checklist for completion of BLS Naloxone Administration Program requirements
2. Agency Letter of Intent
3. Required Agency Information Sheet
4. Medical Director Statement of Agreement
5. Required equipment list for program
6. Mountain Lakes BLS Naloxone Quality Improvement Form

BLS Naloxone Administration Program	Last Revised	Effective Date	Page
Mountain Lakes Regional EMS Council	9/22/2022		3 of 8

BLS Naloxone Checklist

Submit the following items to paperwork@fdrhpo.org

_____ Signed Letter of Intent

_____ Required Agency Information Sheet

_____ Signed Statement of Agreement from Medical Director

BLS Naloxone Administration Program	Last Revised	Effective Date	Page
Mountain Lakes Regional EMS Council	9/22/2022		4 of 8

BLS Naloxone Agency Letter of Intent for Participation

We the members of _____, hereby request
 (name of agency)
 permission to participate in the Mountain Lakes BLS Naloxone Administration Program.
 We understand and agree to the following:

1. All necessary equipment and IN Naloxone trained personnel will be provided on a twenty-four (24) hour per day, seven (7) days a week schedule.
2. All providers will complete the Naloxone Administration Training Material **as outlined by NYS DOH BEMS Policy Statement 13-10.**
3. Agency and personnel must follow all policies, procedures and protocols set forth by the Regional Emergency Medical Advisory Committee and New York State.
4. Our agency agrees to participate in the Regional Quality Improvement Program. A copy of the PCR and related CQI form must be sent to Mountain Lakes within 72 hours.
5. If our agency, or one of our personnel disregards these guidelines and/or other applicable protocols, the privilege of providing pre-hospital Naloxone treatment may be revoked or suspended by our agency medical director or the Regional Emergency Medical Advisory Committee.
6. Any changes to the Required Agency Information will be reported to Mountain Lakes within 30 business days.

The signatures below certify that the above conditions will be maintained and that we will be responsible for all aspects of participation in this program.

Agency Captain or Chief Signature

Agency Medical Director Signature

BLS Naloxone Administration Program	Last Revised	Effective Date	Page
Mountain Lakes Regional EMS Council	9/22/2022		5 of 8

BLS Naloxone Required Agency Information *(please print)*

Agency Name: _____ Agency Phone Number: _____

Agency Mailing Address: _____ City: _____ Zip _____

1. Designated representative responsible for the BLS Naloxone Administration Program:

Name: _____

Daytime #: _____ Email: _____

2. Agency Administrator (Captain or President):

Name: _____

Daytime #: _____ Email: _____

3. Agency Medical Director:

Name: _____

Daytime #: _____ Email: _____

4. Agency CQI Coordinator:

Name: _____

Daytime #: _____ Email _____

5. We will receive Overdose Prevention Rescue Kits from:

6. Naloxone will be stored in the Agency's station in the following manner:

7. Naloxone will be carried and secured on the ambulance(s) in the following manner:

8. The following ALS agencies will be called for intercepts:

Must Be Completed By BLS Non-transporting Agencies ONLY:

9. Primary transporting ambulance service:

Name: _____

BLS Naloxone Administration Program	Last Revised	Effective Date	Page
Mountain Lakes Regional EMS Council	9/22/2022		6 of 8

BLS Naloxone Medical Director Statement of Agreement

I _____ confirm that I am the Medical
(name of medical director)

Director for _____
(name of agency)

I understand that all patient care will be provided under my license, in accordance with NYS and collaborative regional protocols and training guidelines. Upon signing this document, I agree to:

- Provide and/or assist with Naloxone in-services/updates and training
- Annually review the Naloxone agreement with this agency
- Participate in CQI.
- Provide medical leadership
- Act as a resource for continuing education
- Remain familiar with Regional and NY State BLS protocols

If I have any questions concerning my responsibilities, I will contact the Mountain Lakes office.

MD signature: _____

MD name printed: _____

Date: ____/____/____ MD daytime phone #: () _____ - _____

MD address:

BLS Naloxone Administration Program	Last Revised	Effective Date	Page
Mountain Lakes Regional EMS Council	9/22/2022		7 of 8

BLS Naloxone Required Equipment List

The following minimum equipment must be carried on every BLS unit:

An intranasal Naloxone kit that contains the following:

Two (2)- naloxone hydrochloride pre-filled Luer-Lock (needleless) syringes containing 2mg/2ml

Two (2)- mucosal atomization devices (MAD)

One (1)- container for security/storage

BLS Naloxone Administration Program Mountain Lakes Regional EMS Council	Last Revised 9/22/2022	Effective Date	Page 8 of 8
--	---------------------------	----------------	----------------

BLS Naloxone CQI FORM

This form is to be completed by the provider who has administered Naloxone to a patient using the BLS Naloxone protocol. This form should be returned, along with a copy of the completed PCR to the FDRHPO-North Country EMS Office within 72 hours of administration.

Agency _____ Transporting Agency (if different) _____

Call Date ____/____/____ Hospital Destination _____

Level of Care of Provider that "Pushed" the Naloxone (circle one) CFR EMT

Patient Age: _____ Gender: Male Female Blood Glucose (if obtained): _____

Initial Vital Signs: GCS: E ____ V ____ M ____ Heart Rate: _____ BP: ____/____

Resp. Rate & Effort: _____ SPO2: _____ Pupils: _____

Final Vital Signs: GCS: E ____ V ____ M ____ Heart Rate: _____ BP: ____/____

Resp. Rate & Effort: _____ SPO2: _____ Pupils: _____

Airway Maintained by: Patient BVM NPA OPA

Suspected Agent/Medication Ingested: _____

How many doses administered before the desired effect was achieved? _____

Were the times for each Naloxone treatment documented? Yes / No

Were there any hazards to the crew? Yes / No If yes, what were they?

Were there any complications with administration? Yes / No If yes, what were they?

Was ALS requested? Yes / No

Was ALS available and on-scene? Yes / No

Did the ALS provider administer more Naloxone IV or IM? Yes / No

Please provide any other pertinent information about this incident on the back of this page.