Opioid Operational Command Center

Webinar Series – October 25, 2017

Agenda

PREVENTION • TREATMENT • RECOVERY

Before it's **too late.**

- ❑ Administrative Items
- ❑ Welcome
- ❑ Introductions:
  - Dr. Richard Alcorta, MD FACEP, Acting Co-Executive Director, State Emergency Medical Services Medical Director, Maryland Institute for Emergency Medical Services Systems (MIEMSS)
  - Corporal Mike Parker: Maryland State Police's Drug Intelligence Coordinator to the Washington/Baltimore HIDTA.
- ❑ Presentation:
  - Pre-Hospital Update Related to the Opioid Crisis and Heroin/Fentanyl Safety
- ❑ Questions

Pre-Hospital Update Related to the Opioid Crisis

Dr. Richard Alcorta, MD FACEP, Acting Co-Executive Director, State Emergency Medical Sysytem Medical Director, Maryland Institute for Emergency Medical Services Systems (MIEMSS)

October 25, 2017

MARYLAND Department of Health

Pre-Hospital Update Related to the Opioid Crisis

Richard Alcorta, MD, FACEP
State EMS Medical Director
Acting Co-Executive Director
MIEMSS

Overview

- MDH and MIEMSS data sharing agreement for patient treatment
- Local EMSOP data sharing with health officers
- Addition of 4 questions to EMEDS
- Crisis Hotline Card
- Naloxone use by EMS

Overview

- **Naloxone improve by EMS –**
  Only 67% demonstrated improvement
- **Myth: New Opioid Resistant to Naloxone**
- **Appropriate Personal Protective Equipment (PPE)**

MDH (previously DHMH) and MIEMSS Data Sharing Agreement

- **MIEMSS has had a data sharing agreement in place since 2012 with an update in 2014**
- **The focus of this agreement was for patient treatment**
- **Current discussions on expanding the conditions of this agreement with MDH**
- **Intention was to then share with local health officer**

Local EMSOP Data Sharing with Local Health Officers

- **Some EMS Operational Program (EMSOP) leaders feel there is a risk of litigation for disclosing EMS patient health information to local health officers**

➢ **This is false**

- **Legal and moral evidence supports the sharing of overdose data with local health officer**

45 C.F.R. § 164.512 (HIPAA Privacy Regulation)

A covered entity may use or disclose protected health information without the written authorization of the individual…subject to the applicable requirements of this section. …

***

(b) Standard: Uses and disclosures for public health activities.

(1) Permitted uses and disclosures. A covered entity [such as an EMSOP] may use or disclose protected health information for the public health activities and purposes described in this paragraph to:

(i) 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, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions;…

HIPAA Check List

https://www.hhs.gov/sites/defaults/files/hippa-disclosure-chcklist102314.pdf

Federal Confidentiality of Alcohol and Drug Abuse Patient Records Regulations

- **Federal Confidentiality of Alcohol and Drug Abuse Patient Records Regulations prohibit substance use disorder programs from disclosing records containing patients' identities, diagnoses, prognoses, or treatments if that program is funded, regulated, or assisted by a federal department or agency.**

- **EMS Operational Programs are not considered programs within the meaning of that law**

Maryland Code Ann., Health-Gen. § 4-305

(b) A health care provider may disclose a medical record without the authorization of a person in interest:

****

(3) Subject to the additional limitations for a medical record developed primarily in connection with the provision of mental health services in § 4-307 of this subtitle, to a government agency performing its lawful duties as authorized by an act of the Maryland General Assembly or the United States Congress; *Md. Code Ann., Health-Gen. § 4-305*

Legal Summary

- There is not a law prohibiting the sharing of EMS patient data with local health officers
- MIEMSS strongly recommends sharing of EMS naloxone administration patient data with their local health officer
- Please contact Fremont Magee

  Assistant Attorney General for MIEMSS

  fmagee@miemss.org

4 Questions added to EMEDS to Improve the Identification of the Most at Risk Opioid Patients

1.Do you suspect this patient is suffering from an opioid [heroin, fentanyl, or narcotic] overdose?

- **i. Yes**
- **ii. No**

2. Did the patient report having a previous opioid overdose?

- **i. Yes**
- **ii. No**
- **iii. Not Applicable**

3. Have you (the provider) previously encountered this patient as a suspected opioid overdose?

- **i. Yes**
- **ii. No**
- **iii. Not Applicable**

Non-EMS Administration of Naloxone

4. Was there naloxone (Narcan) administered prior to EMS arrival?

i. No
ii. Yes-Layperson
iii. Yes-Lay Person Family Member
iv. Yes-Lay Person Medical Provider
v. Yes-Law Enforcement

Reports on these four questions will be coming soon

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.

Recovery is possible. Support, guidance, and assistance on how to access Substance Use Disorder services is available 24/7 from the

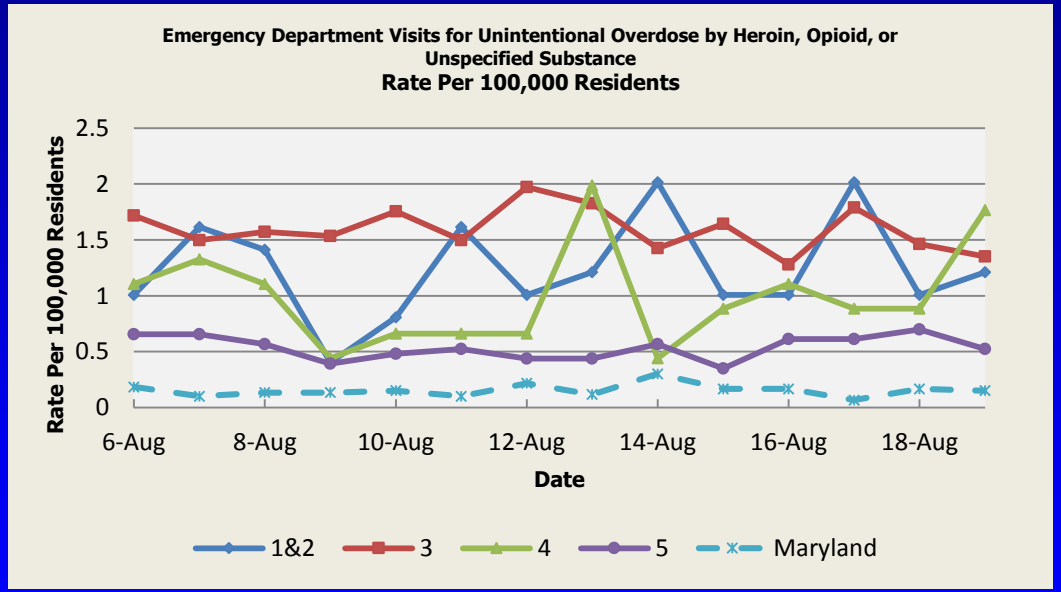
Maryland Crisis Hotline

1-800-422-0009

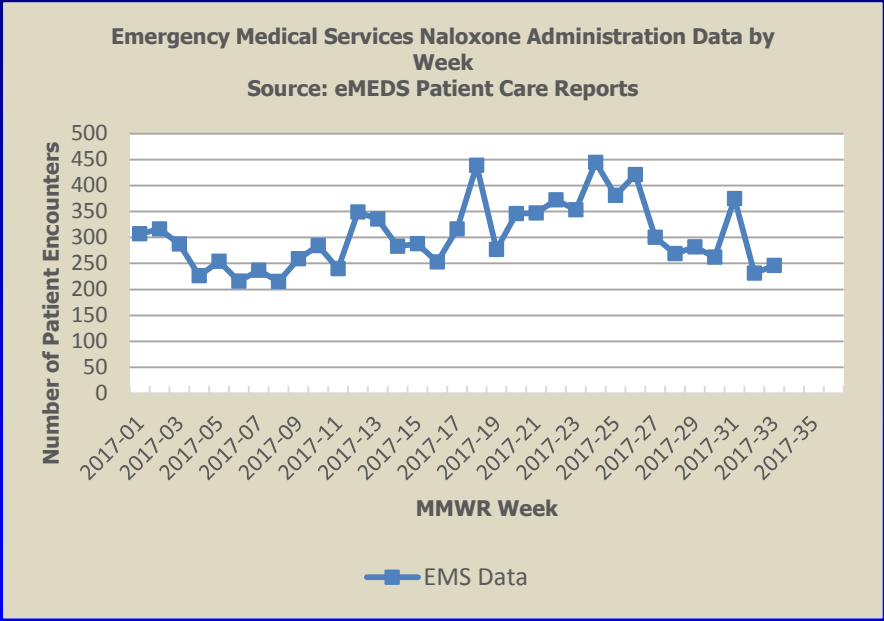
Naloxone works. Information on obtaining Naloxone through the Overdose Response Program is available at **NaloxoneMD.org**

MdDestinationRecovery.org

Emergency Department Regional Trends Compared to State Averages 2010 (light blue)



EMS Naloxone Administration



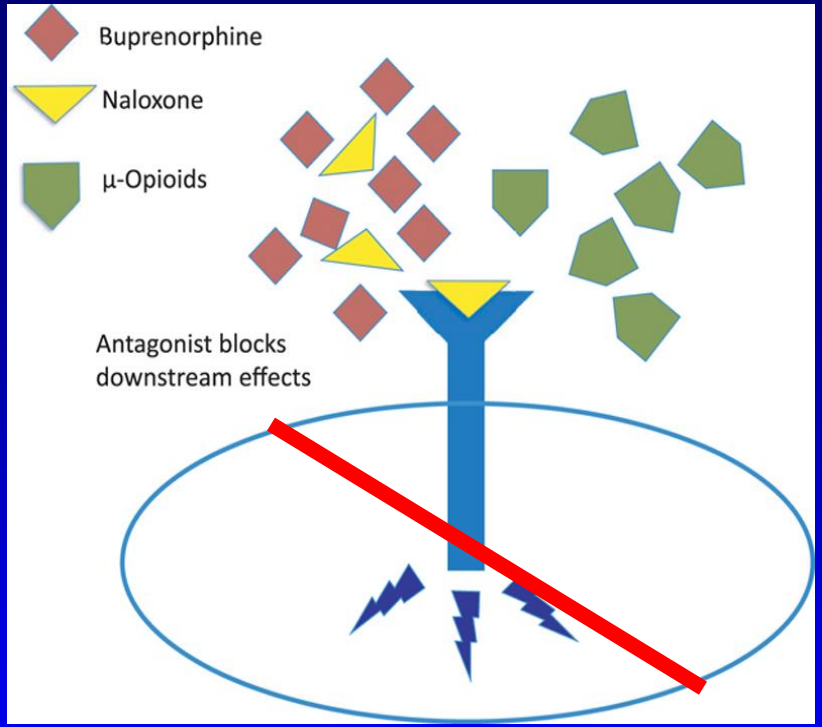
Only 67% of EMS naloxone administrations demonstrated improvement.

Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

MYTH:
New Opioids Do Not Respond to Naloxone

- Acrylfentanyl and other fentanyl analogs such as carfentanyl are all opioids with varied and potent respiratory depressant, sedation and hypotensive properties.

- Naloxone is a competitive inhibitor which competitively displaces the fentanyl compound from the opioid receptors (mu, kappa, sigma) therefore the more fentanyl present or presence of more potent fentanyl will require larger or repeat doses of naloxone to displace the fentanyl from the opioid receptors.



Buprenorphine–Naloxone Therapy in Pain Management

Kelly Yan Chen, B.S.; Lucy Chen, M.D.; Jianren Mao, M.D., Ph.D.

JASofAnthesiology May 2014

MYTH:
New Opioids Do Not Respond to Naloxone

- **Based on the White House Drug Control Conference call July 7, 2017 with national subject matter experts, all opioids including acrylfentanyl will respond to naloxone.**

- **It is simply a matter of increasing the dose or delivering additional doses of naloxone to competitively displace the acrylfentanyl from the opioid receptors.**

Appropriate Personal Protection Equipment

- **CDC stated: For active handling and processing fentanyl, which includes any time there has been aerosolization of the powder, such as a flash bang on raid, there is respiratory protection guidance from the National Institute for Occupational Safety and Health (NIOSH) as listed below. This is NOT for average response or overdose calls.**

Appropriate Personal Protection Equipment

- Drug Enforcement Agency (DEA) published that law enforcement and EMS providers should be wearing extremely high levels of protection which included Level A protection (Tech Escort equivalent with encapsulated suit with self contained breathing apparatus).

- The recent Interagency Board reported that if you see any substance with an overdose you should be wearing nitrile gloves, eye protection and a P100 filtering face piece respirator. P-100 has a significant fiscal and operational impact.

- <u>Operationally, N-95 filtering masks are which EMS uses today is more than adequate particulate respiratory protection.</u>

Appropriate Personal Protection Equipment

- **Opioids are ususally encountered in powder or liquid form neither state will spontaneously become aerosolized or evaporate, therefore do not touch or disturb the agent.**
- **There has not been a single reported death of a law enforcement or EMS provider exposed to opioids while treating an opioid patient.**

Questions?


Maryland EMS:
A System Saving Lives
BRYANS ROAD
119
FIRE-EMS
EMERGENCY MEDICAL DISPATCHER
MARYLAND
EMERGENCY MEDICAL RESPONDER
MARYLAND
EMERGENCY MEDICAL TECHNICIAN
MARYLAND
CARDIAC RESCUE TECHNICIAN
MARYLAND
CARDIAC RESCUE TECHNICIAN
MARYLAND
PARAMEDIC
MARYLAND
Maryland Institute for Emergency Medical Services Systems

Heroin/Fentanyl Safety

Mike Parker
Maryland State Police
W/B HIDTA
October 25, 2017

MARYLAND
Department of Health

Heroin/Fentanyl Safety

Mike Parker
Maryland State Police
W/B HIDTA

History

- From 2006-2010, narcotics officers dealt primarily with prescription opioids such as Oxycontin, Vicodin, and Percocet
- From 2010-2012, heroin began taking the place of prescription narcotics
- From 2013-Present, dealers began adding Fentanyl, and other synthetic opioids, to heroin to increase the potency and profits

Physiological Effects

- Constricts pupils
- “Track Marks” (injection scars)
- Residue in the users nasal cavity
- Droopy eyelids
- Depressed reflexes
- Itching, or scars from scratching (especially on the face)
- The “Nod”
- Slowed, or stopped, breathing

Fentanyl

- Originally acquired by diverting pharmaceutical Fentanyl
- Fentanyl is now being manufactured illicitly and imported through numerous methods
- 50-100 times more powerful than heroin
- Dealers are adding Fentanyl to heroin in order to increase it's potency and/or their profits
- Some samples do not even contain heroin anymore
- Such samples are primarily cutting agents such as caffeine, quinine, baking soda, etc… with only a small amount of Fentanyl/Carfentanil

Fentanyl Analogs

- Potency varies widely by analog
  - Acetyl Fentanyl
  - Furanyl Fentanyl
  - 4-Flouroisobutyryl Fentanyl
  - Acryl Fentanyl
  - Desproprionyl Fentanyl
- All are far more powerful than heroin
- Carfentanil is approximately 10,000 times more powerful than morphine
- Generally includes “Research Chemicals” such as U-47700, which are not technically opioids, but mimic the affects and can cause overdoses

Carfentanil

- While a fatal dose varies widely by user and the method of consumption, 30 mg of heroin, or 2-3 mg of Fentanyl can be fatal. Theoretically, a fatal dose of Carfentanil could be as little as 200 micrograms

2 mg of powder shown next to a penny (DEA)

So How Do We Identify It?

- Fentanyl, and it's analogs, have primarily been recovered as white, brown, tan, grey, pink, etc… powders, but can also be found in liquids, such as nasal spray and eye drops, or pressed into counterfeit pills
- Only lab testing can confirm the identity of a sample
- Numerous commercial "Raman" scanners have been developed, however their usefulness is questionable
- Proximity to victims and/or Associated Paraphernalia
- Is the victim attempting to hide it?
- "Totality of the Circumstances"- Officers are trained to use their training, knowledge, and experience to identify it as a Controlled Dangerous Substances

Packaging and Paraphernalia

- “Stamp” envelopes, gelatin capsules, glassine bags, plastic or glass vials, balloons, cut corner baggies
- “Rigs” – syringes, spoons with residue or burn marks, tourniquets (belts, shoelaces, etc…)
- Tin foil, steel wool, cotton, cigarette filters, knives or razor blades
- Straws, sections of ink pens, rolled up bills, etc…
- Hard surfaces, such as mirrors or tables, with residue on them

Packaging and Paraphernalia

Capsules

Folds


HARD LINER
HARD LINER
HARD LINER
HARD LINER
HARD LINER
HARD LINER


BETTY
WHITE


BLUE MAGIC

Corner Baggies

Jewelers Baggies

Warning from the Inter-agency Board

"Personal Protective Equipment alone is not sufficient to ensure protection from synthetic opioids. Each organization is responsible for conducting it's own risk assessment to determine the appropriate PPE for it's individual members. In addition, each organization must develop specific standard operating procedures related to the selection, use, and care of PPE, and repeatedly train its members in these procedures."

Employee Safety

- Suspected Fentanyl should not be handled- **Contact Law Enforcement Immediately!**
- Fentanyl may (more on this later) be absorbed through the skin, or even inhaled, by employees.
- Even a small, accidental, dose of Fentanyl can cause illness or death
- Agencies which do not routinely encounter suspected opioids should designate a safety officer to review and update policy and procedures, and to coordinate the response to any incidents

Employee Safety

- Not every incident requires a full HAZMAT response!
- In any circumstance where opioids are suspected, non-essential personnel should be evacuated from the immediate area.
- At a minimum, disposable gloves should be worn when contacting a suspected o.d. victim
- If suspected opioids are present, the IAB recommends donning a P100 level respirator and covering exposed skin with clothing or a disposable garment
- Extreme care should be taken not to aerosolize the powder, no brushing powders or “burping” packages!
- In any situation where aerosolization is suspected, employees should be immediately evacuated and Law Enforcement/911 should be notified

If Exposed (Per MSDS)

- Inhalation: Remove to fresh air. If not breathing give Narcan and/or CPR. Contact 911.
- Skin Contact: Immediately wash with soap and water for at least 15 minutes. Do NOT use hand sanitizer or bleach
- Eye Contact: Flush eyes with water for at least 15 minutes
- Ingestion: If the victim is conscious, flush their mouth with water
- Always seek medical attention. Symptoms may reappear later and require additional treatment

Skin Absorption?

- Due to a lack of scientific studies, opinions on this vary:
- **No:**
  - Baltimore Health Department
  - American College of Medical Toxicology/American Academy of Clinical Toxicology
  - Office of National Drug Control Policy
- **Yes:**
  - Intra-agency Board (VA Fire/EMS/LE)
  - Drug Enforcement Agency
  - NJ Regional Operations and Intelligence Center
  - Cayman Chemicals (manufacturer)

“Narcan Resistent Analogs”

- Some news outlets are reporting that Naloxone is not effective on some analogs, primarily Acryl Fentanyl
- There is no known opioid, or analog, which has been proven to be “resistant” to Naloxone
- While scientific studies with the scheduled analogs are impossible, Fentanyl and it’s analogs appear to require a larger dose of Naloxone to be effective
- Some experts suggest that the human body metabolizes the Naloxone faster than the opioid. As a result, symptoms may return later
- Any exposed employee should be transported to the hospital for observation and/or further treatment

GET OUT!!

Questions?

The End

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Email: mparker@wb.hidta.org or
michael.parker@maryland.gov

DISCUSSION, QUESTIONS AND CONCLUSION

THANK YOU

(This presentation is available upon request.)

Questions?

Next Webinar Topics

- **November 8, 9:30-10:30 a.m.:** Opioids and the Workplace, an Occupational Health Perspective (Presented by Dr. Cliff Mitchell, Chief, Environmental Health Bureau, Maryland Department of Health)
- **November 22**: No webinar
- **December 6**: TBD
- **December 20**: Maryland Insurance Administration Updates, Consumer Education and Advocacy (Presented by: Maryland Insurance Commissioner Al Redmer).

Webinar Frequency: Bi-weekly, Wednesdays, 9:30 am – 10:30 am

Thank you!