

# An Assessment of the Impact of the South Carolina Overdose Prevention Act of 2015

Brian S. Barrier, BA<sup>1</sup>; Michael Mastropole, BS, EMT-B<sup>1</sup>; Rob Wronski, MBA NRP<sup>2</sup>; Arnold Alier, EdD, NRP<sup>2</sup>; Antonio R. Fernandez, PhD, NRP, FAHA<sup>1</sup>

## INTRODUCTION

In 2015, The South Carolina (SC) Bureau of EMS began a joint initiative with the SC Fifth Circuit Assistant Solicitor's Officer and several law enforcement departments to allow training for law enforcement officers (LEOs) to carry and use naloxone for opioid overdose patients where the officer finds the individual in a life-threatening condition.

This pilot project included local pharmacies, the pharmaceutical company supplying naloxone, the Solicitor's Office, S.C. Department of Alcohol and Other Drug Abuse Services, Medical Control Physicians, and LEOs. The project goal was to realize statewide improvements in the mortality of opioid overdose patients. The SC Bureau of EMS involvement included training and tracking of LEO naloxone usage through a secure web portal.

## OBJECTIVE

Evaluate the impact of training and implementing a secure web portal to track prehospital naloxone administration by LEOs.

## METHODS

In January 2016, the SC Bureau of EMS began training LEOs on administration and reporting of naloxone. Training was provided in a "train the trainer" model. The secure web portal was created in February 2016.

Through the portal, pharmacists were able to confirm each LEO had received required training prior to distributing naloxone for field administration. Following the receipt of training, each LEO was given a two dose unit of naloxone. The portal was built to allow secure log in by LEOs using a unique identification number issued by the Police Academy. LEOs were to report field administration of naloxone through this portal. Once administration was reported, the portal would pass a unique administrative report number to a participating pharmacy.

Pharmacists use this number within the portal to confirm LEO administration. The pharmacist distributed replacement naloxone to LEOs only after receiving confirmation of field administration through the portal. They were also able to track lot number and expiration dates. Each LEO was restricted to entering and viewing naloxone administration reports they initiated. Finally, an administrative view into the portal was constructed to facilitate SC Bureau of EMS oversight.

<sup>1</sup>EMS Performance Improvement Center, Department of Emergency Medicine, School of Medicine, University of North Carolina – Chapel Hill, Chapel Hill, North Carolina, USA

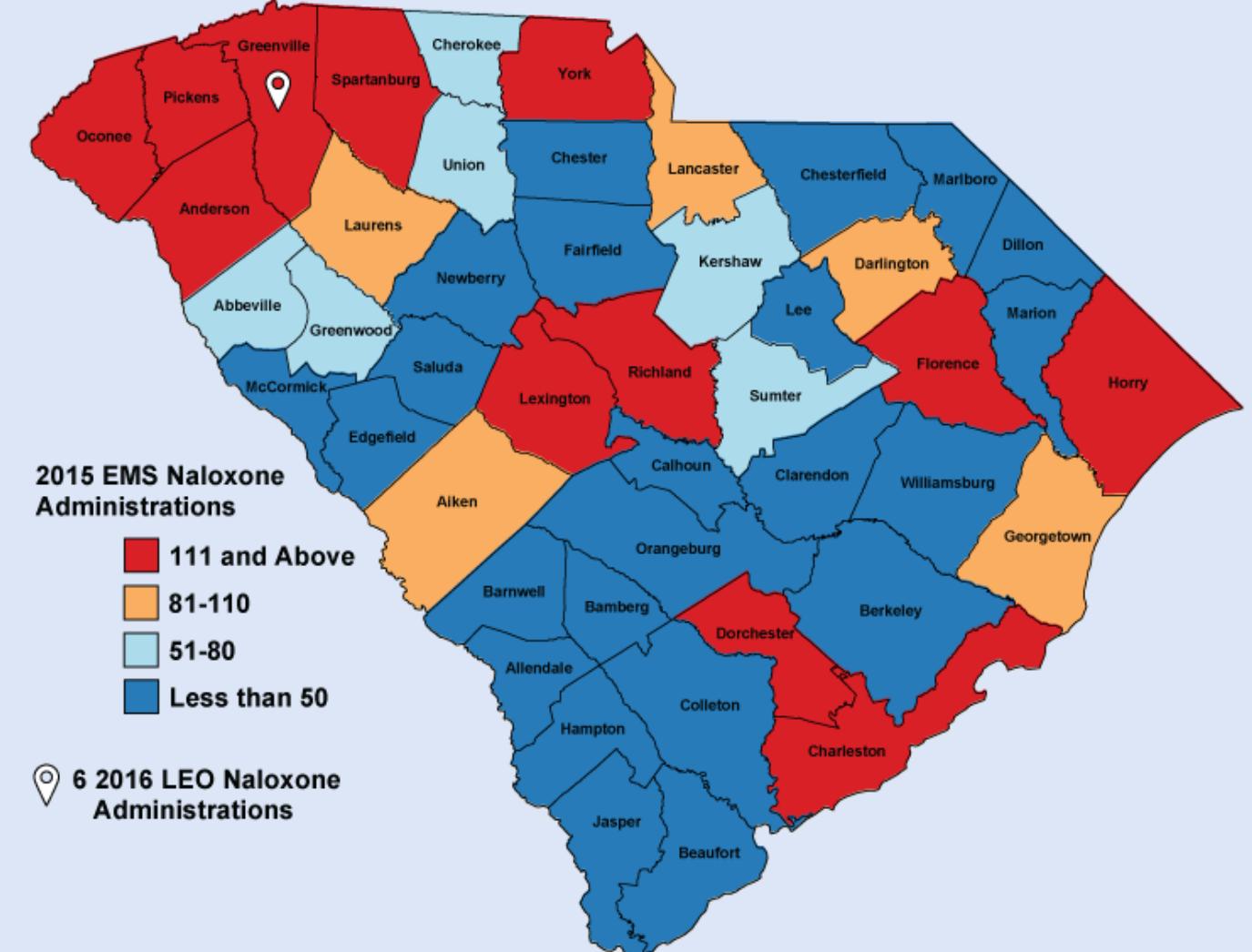
<sup>2</sup>South Carolina Bureau of EMS, Department of Health and Environmental Control, Columbia, South Carolina, USA

## RESULTS

There were 1,266 LEOs eligible to participate in the pilot project. Within the first eight months of the project, 38.6% (489) had completed the required training. Each LEO who successfully completed training received a two dose unit of naloxone.

The first reported field administration of naloxone was performed in the first two weeks of June 2016. By July 31, 2016, a total of 6 reported administrations had been performed in the field by LEOs. For each administration, the LEO reported an improvement in the patient's condition following administration. In 3 instances, there was a report of repeat administrations of naloxone by LEOs. Naloxone was resupplied to LEOs a total of 5 times.

Figure 1: South Carolina Naloxone Administration



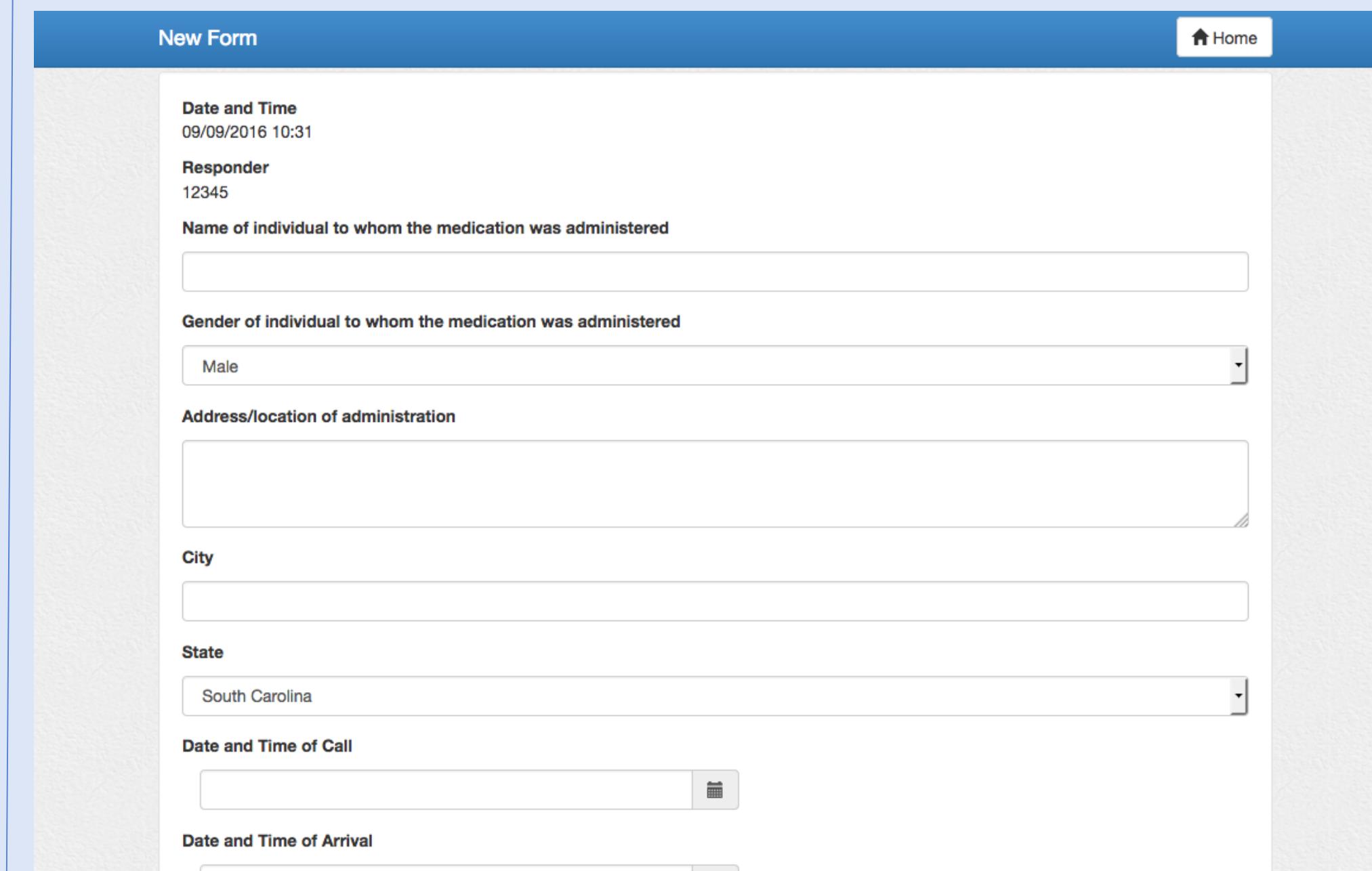
## DISCUSSION

It has been postulated that giving LEOs access to naloxone can save lives because not only are they often the first on scene for an overdose but they are also equipped for dealing with other situational factors post-administration such as patient combative ness.

This pilot project supports the notion that LEOs can be trained to successfully administer naloxone in a prehospital setting while also providing evidence that LEOs can and will appropriately document medication administrations.

The secure web portal has removed some barriers to effective communication between LEOs administering naloxone and pharmacists providing that medication. Most importantly, however, this pilot project has shown that naloxone administration by LEOs can save lives.

Figure 2: LEO Interface for Reporting Naloxone Administration



## LIMITATIONS

This assessment only addressed LEO administration and reporting in South Carolina. Results may not be able to be generalized to other areas or regions depending on local and state laws as well as police and EMS policies.

While many LEOs were eligible to administer naloxone, only a subset of those eligible successfully completed training and fewer still administered naloxone. The results presented here should be reassessed following more training and documented administrations.

## CONCLUSIONS

The South Carolina Overdose Prevention Act of 2015 demonstrated that LEOs can successfully administer and document the delivery of naloxone in the field. This project has led to a number of successes that can be considered "saves". Further analysis should examine the long term success of this pilot project.



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<sup>1</sup> EMS Performance Improvement Center, Department of Emergency Medicine, School of Medicine, University of North Carolina – Chapel Hill, Chapel Hill, North Carolina, USA

<sup>2</sup> Emergency Medical Services and Trauma, South Carolina Department of Health and Environmental Control, Columbia, SC, USA.



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