Connecticut Department of Public Health

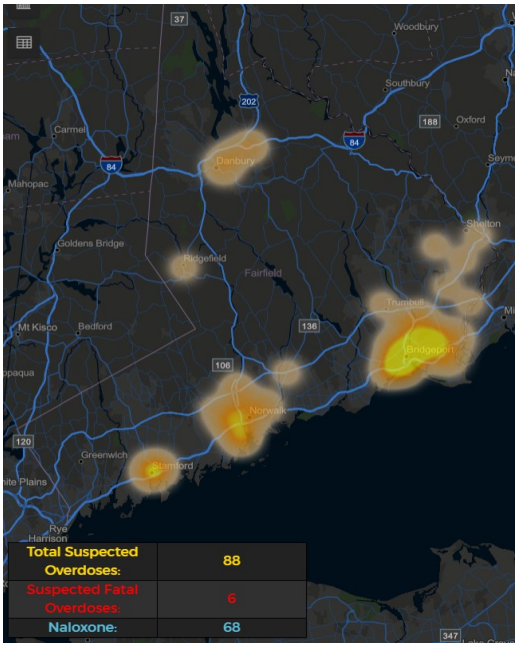
CT EMS SWORD

Statewide Opioid Reporting Directive Newsletter

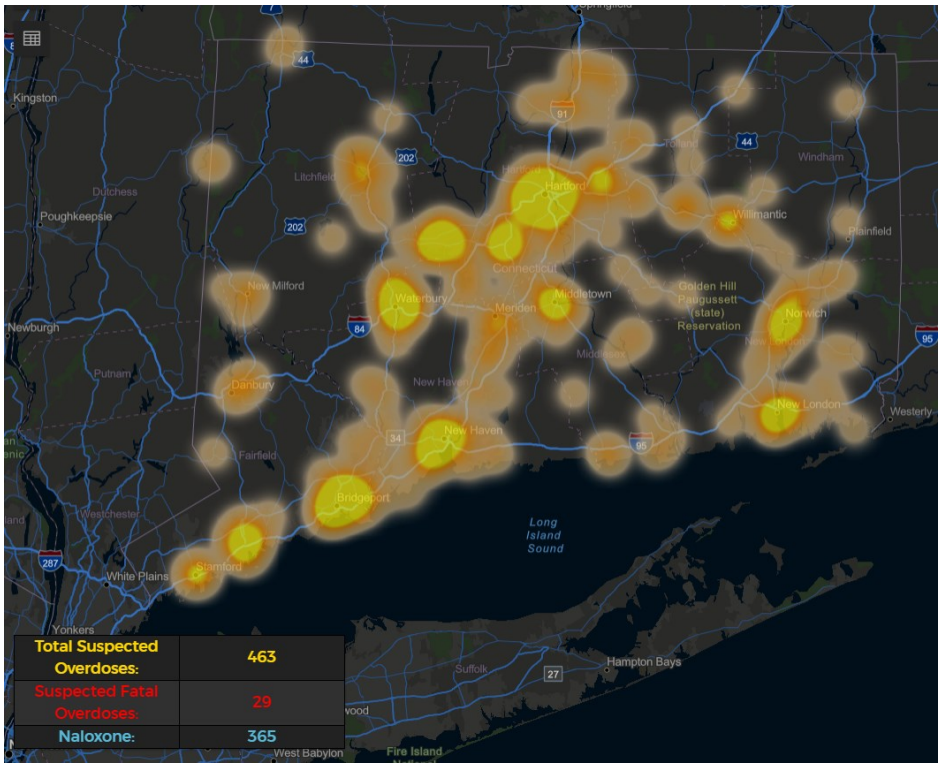
June 2021, Issue XXV

CT Opioid Heat Map

In the month of May the State of Connecticut saw increased activity in Fairfield and Hartford Counties. The heatmaps depicted, at right, and below show cumulative data for the month of May 2021.



Above/\ Fairfield County Heat Map, for May 2021



SWORD Spotlight

Kudos to AMR-New Haven, Middlesex Hospital Medics, and American Ambulance Service, who all achieved 100% reporting of overdoses in the month of March.

Your continued diligence is appreciated. Consistent and committed reporting translates into real outcomes as local public health entities and their community partners look to ODMAP for real time data relating to opioid overdoses.

New Question from Connecticut Poison Control

We have added a new question to the SWORD project. As those of you who have called recently know, we are now asking for the patient's race and ethnicity. Please do you best to answer the question as accurately as possible. We recognize that is some cases the answer will be based on appearance as opposed to the patient's declaration. The question was added at the request of local health departments. Thanks for your help with this.

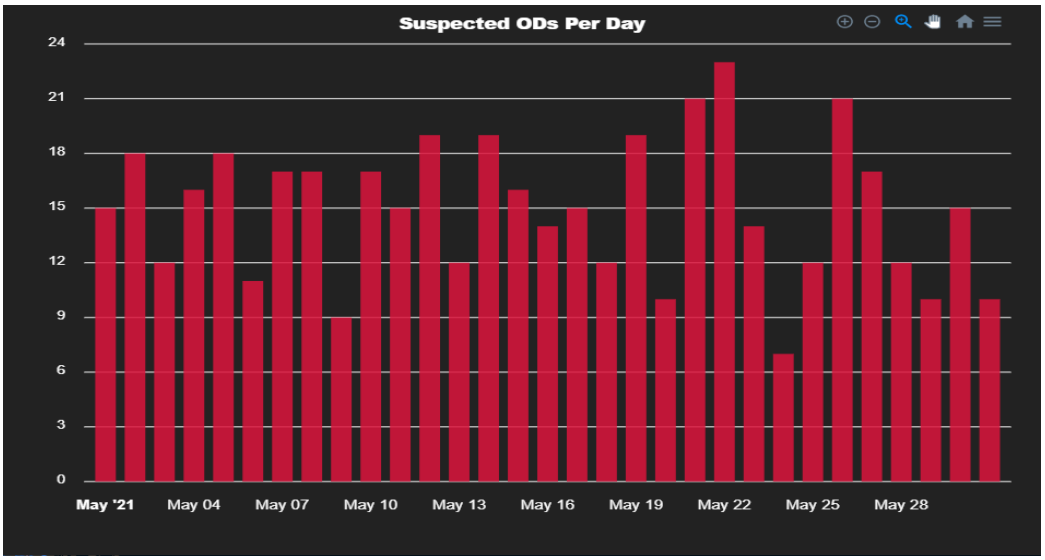
Naloxone Administration story continues on page 3

Left: < Total count of emergency department visits related to suspected overdoses with any opioid*. This data shows counts for **May 2021** for the state of Connecticut.

Right: > Total count of emergency department visits related to suspected overdoses with any opioid*. This data shows total counts for the **previous 90 days** for the state of Connecticut.

Data, above, represents the total count of emergency department visits (Syndromic Surveillance) related to prescription and illicit opioid drug overdoses. Data reflects overdoses based on town/city resident. It does not include non-resident overdoses. Data subject to change.

**Suspected overdoses involving any opioid include prescription and illicit opioids.*



< Left: This graph represents EMS reported opioid overdoses by incident day during May, 2021.

SWORD Statewide Reporting May 2021

In the month of May 2021, there were 463 calls to the CT Poison Control Center (CPCC) for SWORD. Of these calls, 434 were non-fatal and 29 resulted in fatalities. There were 365 total naloxone administrations: 188 non-fatal multiple doses of naloxone administered, 163 non-fatal single dose naloxone, and 76 non-fatal with no naloxone administered. There were seven (7) non-fatal with "unknown" naloxone administered. Of the 29 fatalities, eight (8) received multiple doses of naloxone, six (6) received single dose, and fifteen (15) with no naloxone administered. The gender breakdown for the state is: Male (335), Female (124), and (4) unknown.

The 463 cases involved suspected overdoses from all of our counties: Fairfield (88), Hartford (152), Litchfield (25), Middlesex (28), New Haven (91), New London (54), Tolland (12), and Windham (12). The age breakdown of the patients is as follows: 0 to 18 years of age (5); 19 to 24 years of age (22); 25 to 34 years of age (142); 35 to 44 years of age (115); 45 to 54 years of age (86); 55 to 64 years of age (67); 65 years of age and older (18); age unknown (8).

*Numbers subject to change

***TIP: Store the CPCC number in your cell for ease of use! 1-800-222-1222**

Data a Deeper Dive

Naloxone and Cardiac Arrest

In a new paper, the American Heart Association writes: "naloxone does not have a likely benefit in patients with confirmed cardiac arrest who are receiving standard resuscitation, including assisted ventilation, and there are some reasons to suspect that this practice may cause harm by increasing cerebral metabolic demand at a time of hypoxemia and acidosis. If the patient is definitely pulseless and receiving standard resuscitation, including assisted ventilation, naloxone is unlikely to be beneficial. Because there is a theoretical basis for harm, standard resuscitation alone is indicated."

The AHA document makes a distinction for lay people and for medical responders who are unable to determine if a suspected opioid overdose patient is pulseless. In these situations, they say, "Clearly, some patients present with respiratory arrest and faint or difficult-to-palpate pulses; these patients are likely to benefit from naloxone" and "Opioid antagonism… is always reasonable and should be delivered along with CPR when it is uncertain whether the patient is pulseless."

We decided to look at this question by reviewing SWORD data for the month of April.

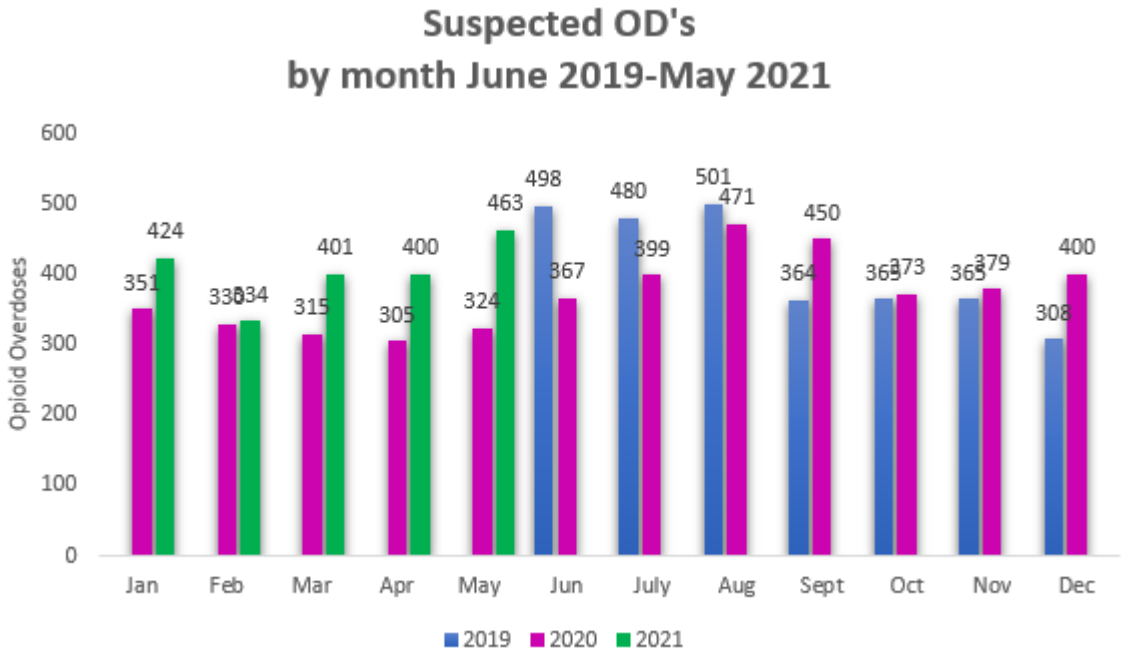
CPR was performed in 28 cases. 3 cases (all deaths) were later ruled to have no opioid involved. There was 1 case where the patient arrested in the hospital. This left 24 cases of prehospital CPR on opioid overdose patients. There were 14 cases where the patient roused after naloxone, 1 case where pulses were restored after ACLS meds, and there were 9 deaths.

Of the 14 cases where patient roused after naloxone, CPR was started by layperson (10) or fire first responder (4). Of the 6 cases where EMS started CPR, and the patient was given naloxone there were 0 survivors. In 2 cases where fire started CPR, the patient remained dead, and 1 case of bystander CPR where patient remained dead.

We conclude that Naloxone can be helpful in cases where first responders and lay persons are unable to palpate pulses and lack the equipment. Training to confirm arrest with the cardiac monitor. Naloxone does not appear helpful in cases where patients are found pulseless by paramedics, who have a better tool to confirm cardiac arrest (heart monitor).

Bottom Line: Paramedics should not deliver naloxone to patients in confirmed cardiac arrest. It will do no good, and according to the AHA, may cause harm. Laypeople and BLS providers should deliver naloxone to patients whose pulses they cannot feel and who they have reason to believe might have pulses. The benefits here outweigh the harms.

Dezfulian, C., Orkin, A. M., Maron, B. A., Elmer, J., Girotra, S., … Lavonas, E. J. (2021). Opioid-Associated Out-of-Hospital Cardiac Arrest: Distinctive Clinical Features and Implications for Health Care and Public Responses: A Scientific Statement From the American Heart Association. Circulation, 143(16). https://doi.org/10.1161/cir.0000000000000958



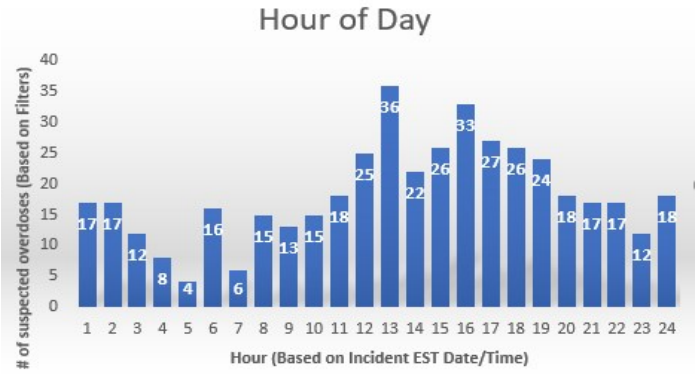
Overdose Good Samaritan Training Video for Law Enforcement

Robert Lawlor, an Intelligence Officer and Anna Gasinski, Public Health Anayst, CDF, of the High Intensity Drug Trafficking Area Program for New England is coordinating the creation of another education module for Connecticut Law Enforcement as part of the Roll Call series.

HIDTA (High Intensity Drug Task Area) is a program funded by the Office of Narcotics and Drug Control Policy (ONDCP). Created by Congress in 1988, the High Intensity Drug Trafficking Areas (HIDTA) Program coordinates and assists Federal, State, Local, and Tribal law enforcement agencies (LEAs) to address regional drug threats with the purpose of reducing drug trafficking and drug production in the United States. The HIDTA program oversees 34 regional HIDTAs in all 50 states, Puerto Rico, the United States Virgin Islands, and the District of Columbia. With HIDTA presence in over 600 counties across the country, an estimated two-thirds of Americans live in a HIDTA-designated county. HIDTA is a federal asset, which also operates the ORS (Overdose Response Strategy) which is a collaboration between the Office of National Drug Control Policy and the Centers for Disease Control and Prevention.

Lawlor & Gasinski are working in cooperation with Quinnipiac University, the POSTC (Police Officers and Standards Training Council), and the Chief State's Attorney's Office to create an up-to-date module, which will help law enforcement effectively interpret and implement the current Good Samaritan Laws in Connecticut, when interacting with the public at overdose scenes.

In June of 2018 the Good Samaritan laws in Connecticut changed in order to encourage those who witness an overdose to call 911 without fear of being arrested. The challenge is that both the public and law enforcement are often in need of clarification of how the 2018 changes apply in different situations. The changes in the Good Samaritan law do not provide a full immunity, but they do provide some broad applications, which allow law enforcement to avoid arrest in many situations.



Data, above, represents the hour of the day when the most overdoses occur. The information represents data from May of 2021. The data was extracted from the ODMAP system on 6/14/2021, and is subject to change.

Lawlor is hopeful that the education module will provide law enforcement with additional tools when it comes to responding to overdose situations. If all goes well the module should be completed by the end of the summer 2021. There are a number of law enforcement agencies, as well as local public health entities that are looking forward to the availability of this valuable new training tool.

Dube, N. (2018). Connecticut's Opioid Drug Abuse Laws 2018. *Office of Legislative Research,* (2018-R-0129). Retrieved June 09, 2021, from https://portal.ct.gov/-/media/DPH/Connecticuts-Opioid-Drug-Abuse-Laws2018.pdf?la=en.

(2021). HIDTA Works. Retrieved June 10, 2021, from https://www.hidtaprogram.org/summary.php

Do you need help accessing ODMAP Level 1 (Spike Alert Level) or Level 2 (Map Level)?

Click here to contact the ODMAP Helpdesk, or call (301) 489-1744

Keeping Connecticut Healthy
DPH
Connecticut Department of Public Health

410 Capitol Ave
Hartford, CT 06134
860-509-7975

Department of Public Health

Office of Emergency Medical Services

Click here to contact OEMS regarding the SWORD program, ODMAP, or feedback, Click here to check out the SWORD page on our website

Thank you for your participation!

POISON Help
1-800-222-1222