

# Educational Supplement

to the

## Connecticut Statewide Emergency Medical Services Protocols

CT EMS Advisory Board  
Education & Training Committee

Protocols Version: v2023 v1  
Last Reviewed: 2024- January

Purpose: To provide guidance for EMS-Instructors, Training Officers, and Preceptors regarding items in the CT EMS Protocols and Scope of Practice that:

- Require specific additional training and/or approval under the oversight of a service’s Sponsor Hospital and Medical Director,
- Represent recent significant changes to the protocols or scope of practice, or
- Would be benefit from consistency in the education and training of providers statewide.

Limitation: *Credentialing to perform any skill as an EMS provider is overseen by the service’s Sponsor Hospital Medical Director and additional training or other requirements may exist at their discretion. This document serves only as a guide in the development of education and training programs and does not replace appropriate medical oversight.*

### **“Check and Inject” Naloxone**

CME Approval: CT-F4-199

Last Reviewed: 2024- January

Sponsor Hospital Approval: EMR/EMT

Service MIC Authorization: N/A

Cognitive Objectives:

- EMR/EMT will recognize the opioid toxidrome.
- EMR/EMT will be able to differentiate opioid use from opioid overdose with respiratory depression.
- EMR/EMT will learn to prioritize airway management, ventilation, and oxygenation during an opioid overdose.
- EMT/EMR will understand the benefit of a 0.4mg IM dose vs. the 2-4 mg IN dose (more reliable medication delivery)
- EMR/EMT will review the proper dosing for “IM” naloxone
- EMR/EMT will learn the items required to draw up naloxone from a vial.
- EMR/EMT will learn the proper location(s) to administer an “IM” injection of naloxone (outer thigh or outer upper arm).
- EMR/EMT will review the “Rights” of medication administration
- EMR/EMT will review method to ensure correct dosing (i.e. “check and inject”)
- EMR/EMT will review proper sharps disposal procedures
- EMR/EMT will review proper documentation of administering “IM” naloxone (in both the narrative and interventions sections of a patient care report)
- EMR/EMT will learn how to report and prevent medication errors- including the concept of “check and inject.”

- EMR will learn procedure if the patient wishes to refuse transport after receiving naloxone. (As EMRs do not perform a full patient assessment, no refusal can be obtained until a higher level of care is on scene to obtain it.)

Psychomotor Objectives:

- EMR/EMT will demonstrate an effective assessment of a patient who may be experiencing an opioid overdose. This should include vitals, lung sounds, full SAMPLE history.
- EMR/EMT will demonstrate proper use of PPE and aseptic technique when withdrawing the naloxone and administering it.
- EMT will correctly demonstrate drawing naloxone from a vial.
- EMR/EMT will correctly select syringe size for the “sample” patient
- EMR/EMT will correctly administer naloxone to the “sample” patient
- EMR/EMT will properly dispose of sharps
- EMR/EMT will voice the correct locations for documentation of naloxone administration in the PCR
- EMR/EMT will voice when it is time to re-administer naloxone.
- EMT will review the “High risk refusal” protocol for a patient who receives naloxone and wishes to refuse transport.

Affective Objectives:

- Given a scenario, the EMR/EMT will be able to justify why continuing airway management/breathing is more important than administering naloxone.
- Given a scenario the EMR/EMT will explain why or why not subsequent doses of naloxone should/should not be administered.
- Given a scenario the EMR/EMT will explain why a medication error was made and detail how to prevent it in the future.
- EMR/EMT will appreciate the importance of the State-Wide Opioid Reporting Directive (SWORD).

Instructor Notes:

- Any Paramedic who holds their EMS-I may instruct this program.
- Any EMT who holds their EMS-I must successfully take this program or already be approved to teach “Check and Inject” epi, and demonstrate skill competency either to: a paramedic EMS-I or their Sponsor Hospital prior to teaching
- Remind all providers there should be no “pre-drawn medications”, providers should not administer anything they did not draw up.

Related Protocols:

- 2.20A/P: Poisoning / Substance Abuse / Overdose – Adult/Pediatric
- High risk refusal

Recommended CQI Performance Metrics:

- Successful completion of quiz developed by State Education and Training
- Successful completion of skills associated with administering “check and inject” naloxone
- Yearly training, including skill practice
- QA of every administration of IM “check and inject” naloxone

Resources:

- State Education and Training Quiz (request from OEMS)
- State Education and Training skill sheet

- Certificate of completion
- <https://nida.nih.gov/publications/drugfacts/naloxone>
- <https://www.cdc.gov/stopoverdose/naloxone/index.html>
- <https://www.drugs.com/naloxone.html>
- <https://www.narcan.com/>
- <https://portal.ct.gov/DPH/Emergency-Medical-Services/EMS/OEMS---SWORD>
- <https://egov.ct.gov/norasaves/#/HomePage>
- <https://www.dhs.state.il.us/OneNetLibrary/27896/documents/INFO-ON-HOW-TO-ADMINISTER-NALOXONE.pdf>
- [Statewide EMS Protocols \(ct.gov\)](#)

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