

Optional First Responder Naloxone Program for First Responders **Frequently Asked Questions (FAQ):**

1. Does the Massachusetts Controlled Substances Registration (MCSR) application form for first responders to use naloxone need to be signed by a medical director?

Yes, the MCSR must be signed and authorized by a medical director, who is either an individual, independent physician or the physician designee of the hospital providing medical oversight to the first responder agency.

2. Is the \$300.00 MCSR fee a one-time fee or an annual fee?

It is an annual fee, but until further notice, the fee for a naloxone MCSR is being waived.

3. What is a Memorandum of Agreement (MOA)?

A Memorandum of Agreement (MOA) is a contract between entities. With respect to first responder agencies, the MOA is between either a hospital or a physician and the first responder agency, for provision of medical oversight to the first responder agency's naloxone program. The MOA sets out the terms of the services that the hospital or physician will provide, such as: quality assurance, training, skills assessment, remediation, oversight of storage of drugs (this should follow the FDA's approved manufacturer's product label recommendations), and drug replacement. The MOA also sets out the responsibilities of the first responder agency, such as: ensuring its personnel meet with the medical director as required, ensuring its personnel complete necessary training, providing the medical director timely access to information about the naloxone administration program.

4. What is a Standing Order?

Under the Statewide Treatment Protocols, first responders now have standing orders. These provide authorization to administer medications prior to assessment by a physician. In the case of first responders, the Emergency Medical Services Pre-Hospital Statewide Treatment Protocols (Protocols 2.2A, 2.2P, 2.9 and 2.14 provide standing orders for the administration of epinephrine, nerve agent antidotes and naloxone, respectively).

For additional information:

<http://www.mass.gov/eohhs/docs/dph/emergency-services/emergency-protocols-substance-abuse-overdose.pdf>

5. How many MCSR forms must be submitted for naloxone; one per municipality, one per unit or one per address?

One MCSR for naloxone is required per municipality.

6. Does a first responder agency need to wait for the printed MCSR certificate once the application is submitted?

Yes, the agency will receive the printed MCSR certificate within 2 to 3 weeks from the Drug Control Program (DCP). Please contact the Bureau of Health Care Safety and Quality Licensing Program (617-753-8003) if the printed MCSR certificate is not received in a timely manner. Agencies cannot implement their program prior to receiving the MCSR certificate.

7. Do these regulations and guidelines only apply to police departments?

No, the regulations apply to all first responder agencies, including police, fire and certain lifeguards.

8. Is an MOA required for those first responder agencies currently carrying AEDs in their patrol cars?

Yes, under the First Responder Training Regulations, all first responder agencies carrying AEDs must have a MOA with a hospital for medical oversight.

9. Who will train the first responders to use naloxone?

Please see Administrative Requirement 2-100, with regard to the qualifications of instructors and minimum curriculum requirements for naloxone training. Under the First Responder Training Regulations, such training needs to be approved by the first responder agency's medical director.

Administrative Requirement 2-100:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/oems/emt/regulations/public-health-oems-administrative-requirements.html>

11. Can naloxone be purchased in bulk for a first responder agency?

Under the authority of the MCSR signed by the medical director, first responder agencies may purchase the amount of naloxone needed to respond to emergencies. Details regarding purchasing, accountability, record keeping, storage and distribution of the naloxone should be outlined by the medical director in the MOA.

12. If the medical director was not present during the training, is the training course still valid?

As part of the regulations, the medical director must review and approve training content. The medical director is not required to be present during the training.

13. In the event that a first responder agency obtains an MOA with a physician, rather than a hospital, how is the distribution, storage and of naloxone handled?

Details regarding purchasing from a manufacturer or wholesaler, accountability, record keeping, distribution and storage of medications should be outlined by the medical director, signatory of the MCSR, in the established MOA.

It is allowable to purchase naloxone under a physician's MCSR from a medical supplies vendor. Please see question 11 related to quantity.

14. Does DPH have rules or regulations allowing or preventing exchange of naloxone kits with hospital pharmacy departments or ambulance services?

Under both state statute and regulations, exchange or replacement of naloxone (sometimes known as "swapping") depleted kits with ambulance services is not permitted. It could constitute insurance fraud and is considered illegal. However, if the first responder agency establishes an MOA with a hospital, that MOA may include an agreement for receiving naloxone kits from or replacing naloxone kits by the hospital pharmacy. Such an agreement is permissible.

15. Can naloxone be administered to individuals under 18 years old?

Yes, naloxone can be administered to individuals less than 18 years of age. See Emergency Medical Services Pre-Hospital Statewide Treatment Protocols, Protocol 2.14.

16. Where can first responders store naloxone?

Naloxone can only be stored as directed by the physician or hospital providing medical oversight.

17. What are requirements for manner of and location for disposal of naloxone vials that have been used but still contain some naloxone?

Disposal and handling of naloxone is to be established in the MOA by the medical director or hospital providing medical oversight.