

Legal Tidbit: Can You Report an Overdose When Patient Refuses Transport?

EMS clinicians are now as sensitive to safeguarding data as they are to providing proper care.

You encounter a patient who is in a stupor or unconscious with respiratory depression or arrest; you administer naloxone and the patient quickly recovers, but refuses transport. What can you do if you feel an intervention could be of value to the patient who may be an opioid abuser? Your county health department could play an important role here, but can you communicate the information needed for the department to contact the patient? The answer is “yes”.

Disclosure to County Health Departments

By now, the principles of the Health Insurance Portability and Accountability Act (HIPAA) privacy regulations, known informally as the Privacy Rule, are firmly embedded in the psyche of every EMS clinician. The Privacy Rule strives to limit disclosure of a patient’s health information to the greatest extent possible, consistent with the patient receiving quality treatment and, of course, a bill for services provided. EMS clinicians are now as sensitive to safeguarding data as they are to providing proper care.

There are certain circumstances under which the Privacy Rule allows for the disclosure of protected health information to a public health authority.

Under HIPAA, healthcare clinicians, including EMS clinicians, may, but are not required to, share limited protected health information with “public health authorities or other entities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability.” This includes reporting disease, injury, and vital events (e.g., births or deaths), and conducting public health surveillance, investigations, or interventions. A county health department does qualify for these purposes.

A county health department is a public health authority and is able to provide an intervention in the case of an opioid abuser. An EMS clinician may disclose limited information to allow the county health department to provide follow-up interventions. The United States Department of Health and Human Services has issued a checklist that will assist you in this endeavor (see page 6).

If your county health department is interested in providing intervention in cases of opioid abuse, your EMS Operational Program officials and the county health department should work together to coordinate an intervention process. MIEMSS is available to provide assistance in this process.

Disclosure to ODMAP

Section 13-3602 of the Health General Article, Reporting of Overdose Information, took effect July 1, 2018. It provides for the reporting of overdoses in an effort to address the opioid epidemic. The law states:

(a) an emergency medical services clinician or a law enforcement officer who treats and releases or transports to a medical facility an individual experiencing a suspected or an actual overdose may report the incident using an appropriate information technology platform with secure access, including the Washington/Baltimore high intensity drug trafficking area overdose detection mapping

application program (ODMAP), or any other program operated by the federal government or a unit of state or local government.

(b) A report of an overdose made under this section shall include:

- (1) The date and time of the overdose;*
- (2) The approximate address where the overdose victim was initially encountered or where the overdose occurred;*
- (3) Whether an opioid overdose reversal drug was administered; and*
- (4) Whether the overdose was fatal or nonfatal.*

(c) if an emergency medical services clinician or a law enforcement officer reports an overdose under this section, the emergency medical services clinician or law enforcement officer making the report shall make best efforts to make the report within 24 hours after responding to the incident.

(Continued on page 10)

Naloxone Use Reporting to the Maryland Poison Center

The Maryland Poison Center (MPC), as the state-designated poison control center, is playing a vital role in fighting the opioid epidemic that is destroying lives and families across Maryland. In partnership with the Maryland Department of Health, MPC collects data on each call reported to them for which naloxone was administered. MPC then aggregates that data and reports usage rates weekly to the Department of Health and local health departments so that these agencies are equipped with information to prevent and control the spread of opioid use and overdose deaths.

Naloxone training for law enforcement and the public teaches a four-step process for when an individual needs to

provide this lifesaving, opioid overdose reversal drug: 1) call 9-1-1; 2) rescue breathing; and 3) administer naloxone; and 4) call the MPC at 1-800-222-1222 to report the incident.

In 2018, the reported number of cases involving bystander naloxone was 1,264; from January 2019 through September 2019, there were 674 (note: these numbers include calls directly to the MPC, as well as cases that MPC learned of ex post facto from health departments and others in the community). As an EMS clinician, you may wonder why you should encourage a bystander to report any incident where you had to administer



(Continued on page 10)

EMS Reporting Suspected Opioid Overdoses to ODMAP

The Overdose Detection Mapping Application Program (ODMAP) was developed to assist public health, fire, emergency medical services, and law enforcement agencies track known and suspected overdose incidents using Smartphone technology. This technology relies on first responders to report overdose occurrences by simply touching a button on the ODMAP website application installed on their Smartphone or computer. Suspected overdose incident information is submitted to a central database and mapped to an approximate location, including details about the time and date. First Responders enter data into the system identifying whether or not the incident is fatal or non-fatal and whether or not naloxone was administered in a simple one-click system. Geocoded information on the location of the overdose is sent automatically to a secure server where it is mapped and made available for analysis by authorized personnel. The data quickly reveals where, when, and how frequently overdoses are happening on a map viewable only by participating agencies. No personal identifying information is collected on the victim or location. ODMAP helps decision makers develop strategies and tactics to curb the spread of substance abuse disorders and reduce overdose occurrences. The Office

of National

Drug Control Policy (ONDCP) funded the Washington/Baltimore High Intensity Drug Trafficking Area (W/B HIDTA) to develop ODMAP and provide it free-of-charge

where the overdose victim was initially encountered or where the overdose occurred; (3) Whether an opioid overdose reversal drug was administered; and (4) Whether the overdose was fatal or nonfatal

The data quickly reveals where, when, and how frequently overdoses are happening on a map viewable only by participating agencies.

No personal identifying information is collected on the victim or location.

to first responders and government agencies. MIEMSS is submitting data that meets the following four legal reporting requirements:

A report of an overdose made under this section shall include: (1) The date and time of the overdose; (2) The approximate address

MIEMSS is selecting patient care reports for submission to ODMAP where there is suspicion a patient is suffering from an opioid overdose based on the administration of naloxone as reported in the patient care report (PCR). See related article on page 9. (LEGAL TIDBITS) ODMAP reporting will be further refined to patients who receive naloxone and 1) have EMS primary impression = opioid overdose/substance overdose, or 2) EMS service responded “yes”

to the question “Do you suspect opioid overdose?”. As there is no definitive diagnostic test for opioid overdose for EMS clinicians, this reporting will enable us to more accurately capture the “suspected opioid overdose patient.” ♦

For more information on the Overdose Detection Mapping Application Program (ODMAP), please visit www.ODMAP.org

Baltimore County Health and Fire Departments Work Together to Reduce Opioid Overdoses

The Baltimore County Health Department and the EMS Division of the Baltimore County Fire Department are working together in partnership to provide naloxone kits to victims of non-fatal opioid-related incidents in an effort to reduce opioid overdoses.

The “leave a dose behind” program puts naloxone in the hands of a recent opioid victim or their family member. Through this program, EMS clinicians provide onsite instruction

on how to administer naloxone before leaving it with an overdose victim who refuses transport to the hospital. The Department of Health provides the naloxone to EMS teams for distribution.

In addition to leaving the naloxone kit – which includes plastic gloves, a facemask, and an informational pamphlet – with the victim, EMS staff also make referrals to the Health Department’s Help Line

and Peer Recovery Specialist. The ultimate goal of the program is not to have EMS staff simply leave a dose of naloxone, but to maintain a link to Peer Recovery Specialists trained to assist the patient and make appropriate community referrals. Thus far, the Baltimore County Fire Department has responded to approximately 1,100 incidents involving an overdose and administration of naloxone. ♦

Wicomico County Opens Safe Station with 24/7 Recovery Services

On August 1, 2019, the Wicomico County Health Department, in partnership with the City of Salisbury Fire Department, Hudson Health Services, and the Recovery Resource Center, launched the county's first Safe Station in an attempt to link individuals battling addiction to appropriate treatment and recovery services. The project received funding from Mid-Shore Behavioral Health, Inc. and their unwavering support has allowed this innovative program to assist 19 individuals in linkages to treatment services in Wicomico County.

Open 24 hours a day and seven days a week, the Safe Station ensures that services are available when individuals have determined that they are ready to pursue them. Slightly different than other Safe Station programs throughout the state, Wicomico County's Safe Station is housed within the Recovery Resource Center in Salisbury, MD.

"Having the Safe Station housed within a building that supports those who struggle with addiction will hopefully break down any barriers that may keep individuals from utilizing this beneficial resource," says Christina Bowie-Simpson, Wicomico County Opioid Coordinator.

"In the first quarter of 2019, Wicomico County saw a reduction of two lives lost to overdose when compared to the first quarter of 2018, and we are optimistic that by implementing this additional resource in our community that we will

continue to see a reduction in lives being lost here in our community," says, Lori Brewster, Wicomico County Health Officer.

This program ensures that individuals seeking treatment and recovery services at the Safe Station are met with caring and empathetic individuals who have knowledge of the disease of addiction, and understand what the individual may be experiencing upon entry.

Each person who enters the Safe Station will be met by a peer in recovery from Wicomico County's Community Outreach Addiction Team (COAT). They will then be evaluated for any medical concerns by the EMTs and Paramedics on duty at the Salisbury Fire Department before being linked to treatment services.

For more information on the Safe Station project or recovery and treatment resources, please contact the Wicomico County Opioid Coordinator at (410) 219-3956, or call COAT at (443) 783-6875. ♦

Open 24 hours a day and seven days a week, the Safe Station ensures that services are available when individuals have determined that they are ready to pursue them.

Maryland Poison Center

(Continued from page 7)

naloxone. After all, naloxone administration is reported in your patient care report through eMEDS®. But this is why you should stress the extra step to make that very important call to the MPC: Maryland is racing against the clock to beat this epidemic.

eMEDS® is a crucial tool for assessing and planning for EMS care throughout the state. But it handles millions of pieces of raw data on a daily basis, and aggregating and reporting naloxone data is not a rapid process. Often, the MPC collects and reports naloxone data to health departments before patient care reports are submitted into eMEDS®.

If you attend a call during which you provide naloxone, please encourage at least one bystander to report this; it only takes a few minutes. Although you are on the front lines of this crisis, the information you can assist in providing to the MPC with a brief call will help fight the epidemic in other significant ways. ♦

Legal Tidbit

(Continued from page 7)

While HIPAA generally supersedes state law, it does not supersede a state law such as §13-3602 of the Health General Article which "provides for the reporting of disease or injury, child abuse, birth, or death, or for the conduct of public health surveillance, investigation, or intervention." 45 C.F.R. § 160.203. This new law strengthens the ability of EMS clinicians to report and share data.

MIEMSS is submitting data in compliance with the requirements of §13-3602(d). Patient care reports are identified for submission to ODMAP where there is suspicion a patient is suffering from an opioid overdose based on the administration of naloxone and clinician primary impression as reported in eMEDS®. Information is reported electronically to ODMAP every 15 minutes. The following elements are reported:

- The date and time of the overdose;
- The approximate address where the overdose victim was initially encountered or where the overdose occurred;
- Whether an opioid overdose reversal drug was administered; and
- Whether the overdose was fatal or nonfatal. ♦



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.