

# Coordinated Overdose Response By EMS (CORE)

- ▶ CORE is an extension of CARES/CRP.
- ▶ The goal is to offer options and coordinate connections to those suffering from opioid use disorder.



**NORTH COUNTY**  
**CARES**  
COMMUNITY ASSISTANCE  
REFERRAL & EDUCATION SERVICES



# Mission Statement

To deliver compassionate, evidence-based treatment and comprehensive outreach for individuals suffering from Opioid Use Disorder (OUD).

We are dedicated to fostering recovery, reducing harm, and enhancing the quality of life for our clients and their families.

By integrating cutting-edge medical practices with community engagement and support, we strive to create a pathway to sustained recovery and holistic well-being





# Key Elements of Mission Statement

- ▶ **Compassionate Care:** Emphasizes the empathetic and supportive approach towards individuals with OUD
- ▶ **Evidence-Based Treatment:** Highlights the use of scientifically validated methods in treating OUD.
- ▶ **Comprehensive Outreach:** Underlines the importance of community engagement and support in the treatment process.
- ▶ **Recovery and Harm Reduction:** Focuses on both immediate and long-term goals for individuals, aiming to reduce the negative impacts of OUD and promote sustained recovery.
- ▶ **Quality of Life:** Stresses the goal of enhancing the overall well-being of clients and their families.
- ▶ **Integration of Practices:** Reflects the combination of medical psychological, and social support services.



# We Are Losing The Battle

- ▶ Between 2017 and 2022, the number of opioid-related overdose deaths reported in Snohomish County more than doubled.
- ▶ These numbers continue to climb, with no end in sight.
- ▶ Although EMS providers encounter those suffering from Opioid Use Disorder frequently when responding to overdose, all our treatments are reactive.





# Current Approach By EMS

- ▶ We wait for an overdose to occur.
- ▶ Attempt resuscitation by reversing the overdose with Narcan. Sometimes it works, sometimes it doesn't.
- ▶ Offer transport which is most often refused.
- ▶ The patient is left alone, uncomfortable and potentially in a withdrawal state, with no further help. The patient experience is mechanical and often lacks compassion.
- ▶ Expecting anything other than a recurrent overdose in this situation is insane.



# Components of CORE Program



NARCAN LEAVE-BEHIND:



BUPRENORPHINE  
INDUCTION



OUTREACH  
COORDINATION WITH  
TREATMENT FACILITIES

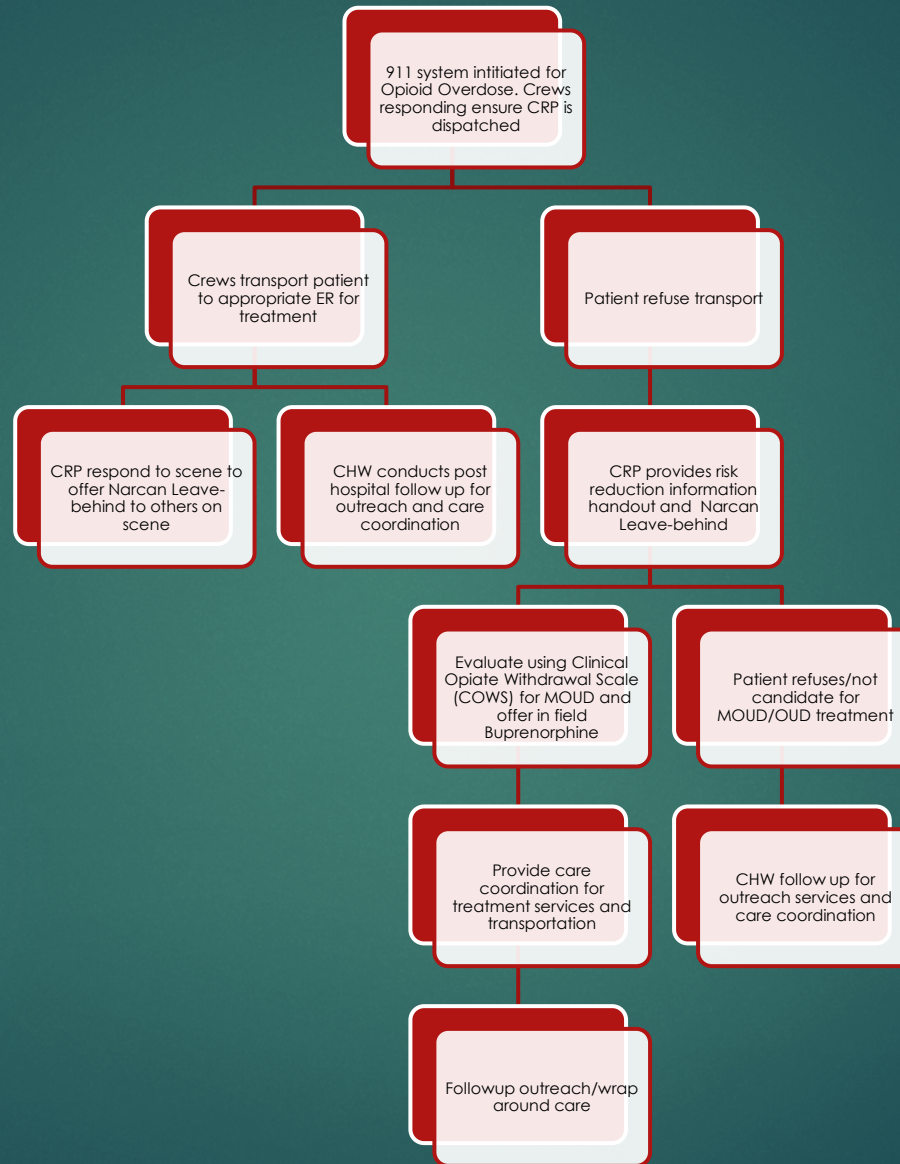


FOLLOW UP CARE  
AND SUPPORT



# Flowchart for Service Delivery

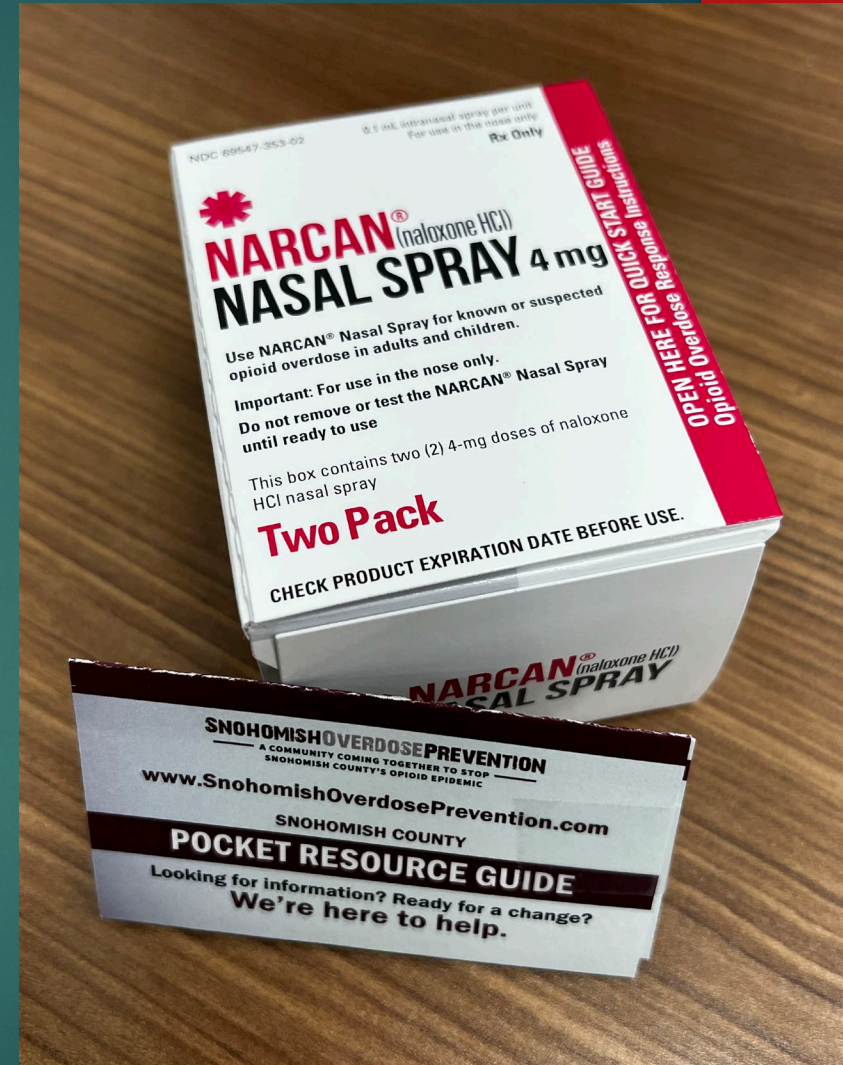
1. **911 Call:** Originates the flowchart, triggering immediate response by fire crews. Fire crews will ensure CARES team/CRP is dispatched.
2. **CARES Team/CRP:** Team member makes initial contact to assess the situation and initiate a treatment plan.
3. **Narcan Leave-behind:** Narcan kit is provided as part of harm reduction and outreach efforts.
4. **Buprenorphine Administration:** If deemed appropriate, Buprenorphine is administered in the field as part of a more comprehensive MOUD program.
5. **Social Worker/CHW Contact:** Social worker/CHW will contact the patient to provide ongoing support and facilitate access to additional treatment.
6. **Care Coordination:** Continual engagement and coordination with healthcare providers and support services for comprehensive care.
7. **Follow up:** CARES/CHW will engage in post care follow-up to ensure higher rates of success and data collection.





# Connection is Key

- ▶ For those that are not ready to engage with us, we leave behind Narcan with the patient or family/friends.
  - We also leave contact info for the CARES program and ask if they'd be up for a follow up call in the coming days.





# MOUD

## Buprenorphine Induction by EMS

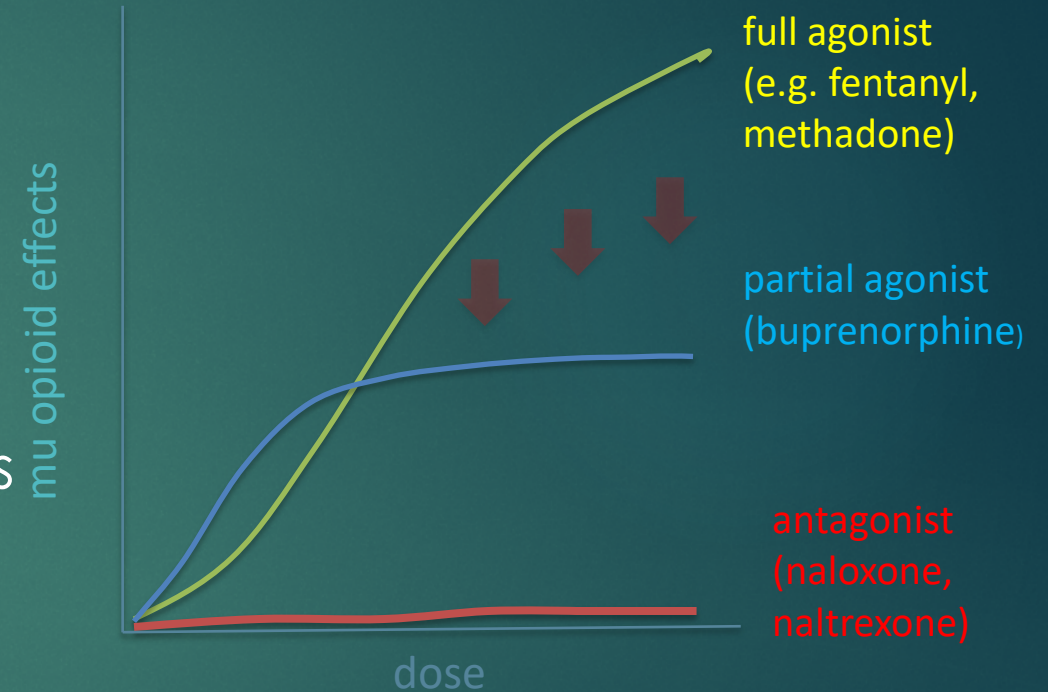
- ▶ Reduces cravings and withdrawal symptoms
- ▶ We will use the COWS score as well as other inclusion criteria to determine eligibility.
- ▶ A 16 mg loading dose will be provided on scene with potential follow up dose.
  - warm hand-off to treatment partner if available
  - Cold hand-off if off hours





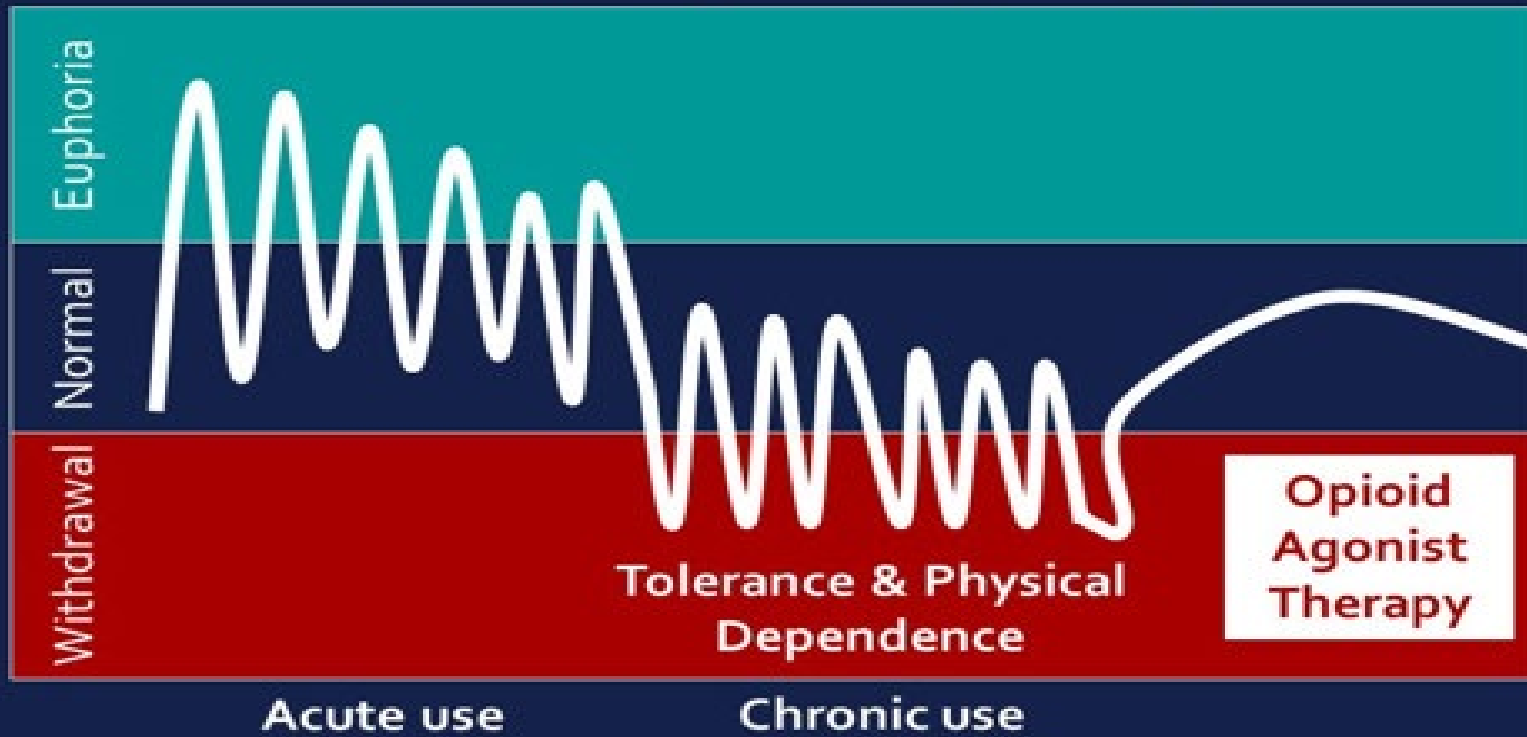
# Major Features of Buprenorphine

- ↪ Partial agonist
  - ↪ Minimal respiratory suppression
- ↪ Long acting
  - ↪ Half-life ~ 24-36 Hours
- ↪ Sticky / High affinity to opioid receptors
  - ↪ Blocks other opioids
  - ↪ Displaces other opioids
  - ↪ Can precipitate withdrawal in patients taking methadone
- ↪ Slow dissociation
  - ↪ Stays on receptor for a long time



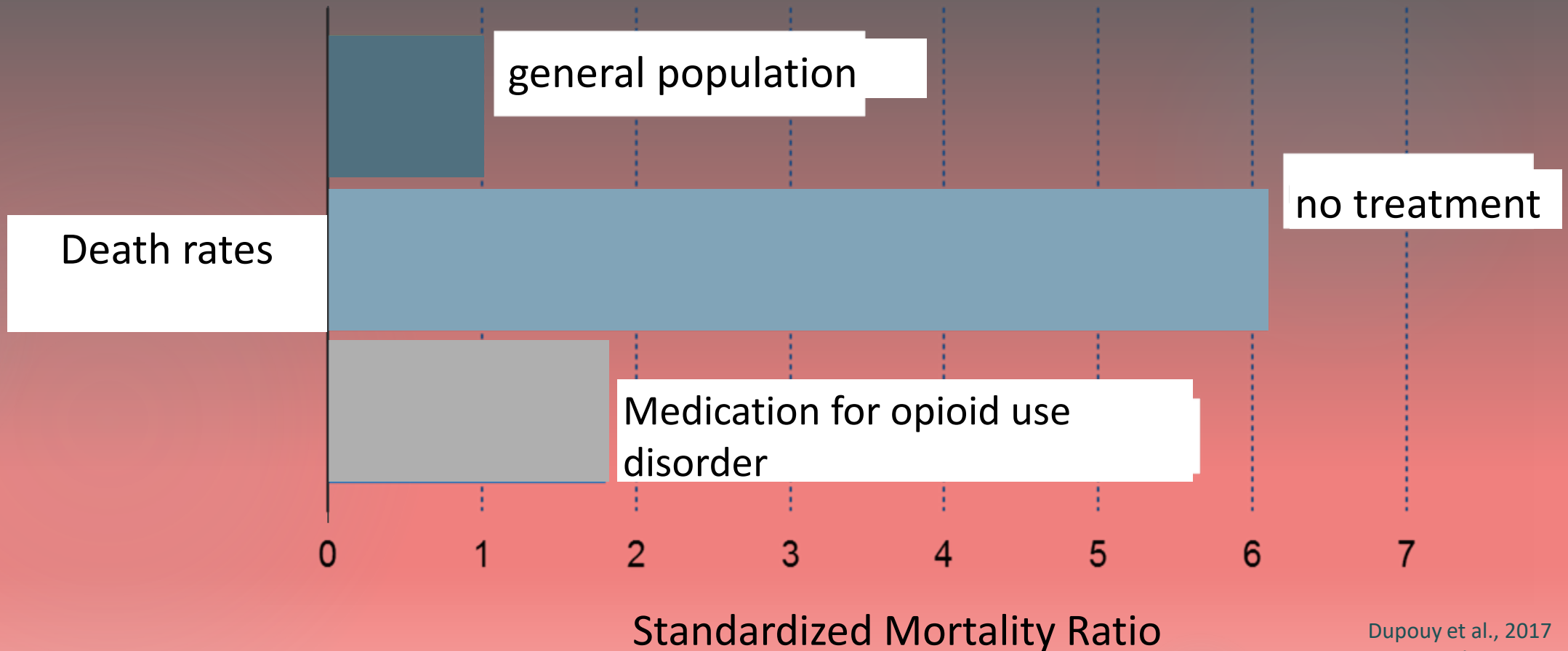
# No Longer Chasing the High

## Opioid Agonist Therapy (Methadone and Buprenorphine)





# MOUD Cuts Mortality in Half



# Buprenorphine Induction for Non-Transport Patients

- ▶ Obtain Clinical Opioid Withdrawal Score (COWS).
- ▶ If  $COWS \leq 5$ , provide with Narcan Leave-Behind and request MH
- ▶ If  $COWS > 5$ , educate patient about CORE Program and obtain verbal consent from patient for buprenorphine administration
  - ▶ Administer buprenorphine 16 mg SL (2 strips)
  - ▶ Consider ondansetron 4mg SL for nausea or vomiting
  - ▶ Assess COWS 15 minutes after administration
    - ▶ If  $COWS > 5$ , administer an additional buprenorphine 8mg SL
    - ▶ If patient has a  $COWS > 5$  after 24mg of buprenorphine, contact medical control for more buprenorphine, and transport to closest appropriate hospital for further treatment



# COWS Wesson & Ling, J Psychoactive Drugs. 2003 Apr-Jun;35(2):253-9.

## Clinical Opiate Withdrawal Scale

Resting Pulse Rate: _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 Pulse rate 80 or below 1 Pulse rate 81-100 2 Pulse rate 101-120 4 Pulse rate greater than 120	GI Upset: <i>over last 1/2 hour</i> 0 No GI symptoms 1 Stomach cramps 2 Nausea or loose stool 3 Vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: <i>over past 1/2 hour not accounted for by room temperature or patient activity:</i> 0 No report of chills or flushing 1 Subjective report of chills or flushing 2 Flushed or observable moistness on face 3 Beads of sweat on brow or face 4 Sweat streaming off face	Tremor <i>observation of outstretched hands</i> 0 No tremor 1 Tremor can be felt, but not observed 2 Slight tremor observable 4 Gross tremor or muscle twitching
Restlessness <i>Observation during assessment</i> 0 Able to sit still 1 Reports difficulty sitting still, but is able to do so 3 Frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds	Yawning <i>Observation during assessment</i> 0 No yawning 1 Yawning once or twice during assessment 2 Yawning three or more times during assessment 4 Yawning several times/minute
Pupil size 0 Pupils pinned or normal size for room light 1 Pupils possibly larger than normal for room light 2 Pupils moderately dilated 5 Pupils so dilated that only the rim of the iris is visible	Anxiety or irritability 0 None 1 Patient reports increasing irritability or anxiousness 2 Patient obviously irritable anxious 4 Patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches <i>If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored</i> 0 Not present 1 Mild diffuse discomfort 2 Patient reports severe diffuse aching of joints/ muscles 4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 Skin is smooth 3 Piloerection of skin can be felt or hairs standing up on arms 5 Prominent piloerection
Runny nose or tearing <i>Not accounted for by cold symptoms or allergies</i> 0 Not present 1 Nasal stuffiness or unusually moist eyes 2 Nose running or tearing 4 Nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing Assessment: _____

Score: 5-12 mild; 13-24 moderate; 25-36 moderately severe; more than 36 = severe withdrawal

# Partnering agencies for treatment

- ▶ Snohomish County Diversion Center
- ▶ Ideal Options
- ▶ Providence Detox
- ▶ Providence Swedish Edmonds
- ▶ Providence Swedish Mill Creek
- ▶ Quelite Healing Center
- ▶ SCALA NW
- ▶ Skagit Community Detox



# Closing Thoughts

- ▶ CORE Program is completely voluntary, and transport will always be offered as per protocol
- ▶ Current barrier is access to 24/7 service.
- ▶ Using Evidence-based treatment allows the CORE program to respond to barriers and adapt for the best outcome.





Questions?



# Special Thanks to the following

- ▶ Dr. Josh Corsa
- ▶ Dr. Ryan Keay
- ▶ Matt Hickman
- ▶ Chief Grady Persons
- ▶ Keith Sharp
- ▶ Nicole Picknell
- ▶ Brenna Smith
- ▶ Sara Lindstrom
- ▶ Kali Turner
- ▶ Scott Dorsey
- ▶ Val Manuel