

MCM Availability during an Opioid-related Mass Casualty Incident (MCI)

May 21, 2024

Agenda

- Background/Planning Assumptions
- Opioid Reversal Agent (ORA) Overview
- Discussion 1: Current ORA Availability
- Discussion 2: Expanding Access
- Discussion 3: Next Steps

Background / Planning Assumptions

- Growing concern that terrorist threats will involve “agents of opportunity” or materials that are readily available.
- Large/special events cause concern as targets of opportunity.
- “White powder incidents” occur periodically and could involve an opioid.
- First responders (Fire/EMS and Police) carry limited doses of opioid reversal agents (ORAs).
- VDH Pharmacy has supported requests for additional ORAs for special events (Lobby Day, Blue Ridge Rock Festival, etc.).
- Consider ongoing campus events and Nov. Elections.

Literature Review

- The large amounts of opioids and the emergence of increasingly potent illicitly manufactured synthetic opioids circulating in the unregulated drug supply are fueling not only the ongoing public health crisis of overdose deaths but also raise the risk of another type of disaster: deliberate opioid release with the intention to cause mass harm.
- Synthetic opioids pose risk for mass casualty incidents due to their **wide availability, high potency, rapid toxicity, and potential ease of dissemination.**
- A mass casualty incident may be either **overt (e.g., deliberate release of airborne opioids in an enclosed space crowded with people) or covert (e.g., contamination of food, drinking water, or illicit drugs).**
- **Inhalation and ingestion** are the routes of exposure most amenable to a mass casualty attack.
- Even an incident with a handful of patients **may strain existing resources**, so plans should address surge capacity for opioid overdose reversal medication such as **naloxone and other medical supplies, equipment, and personnel.**
- Stockpiling of responder PPE, supportive care devices such as bag-valve masks, naloxone, and other supplies needs to consider the **immediacy** with which these items will be required. **Emergency responders must either have them upon arrival at the scene or be able to obtain them in short order.**
- Similarly, **hospitals may need their normal supplies supplemented** for a mass casualty incident. One potential preparedness mechanism is for hospital pharmacies to maintain extra stock of opioid overdose reversal medication, such as naloxone, that is rotated into regular use before expiration, for cost-efficiency.

Discussion 1: Current ORA Availability

- Do all fire/EMS units in Virginia now carry ORAs?
- Do hazmat/specialty units carry ORAs?
- Do all police officers now carry ORAs?
- What is the average number of doses available on hand in each emergency response vehicle?
- Are there concerns with hospitals/EDs having enough medication on hand during an MCI?
- Are other ORAs (in addition to naloxone nasal spray) available and suitable for use on first responders and/or patients during a mass exposure scenario?

- The VDH Naloxone Distribution Team currently maintains naloxone agreements with 116 police departments, 65 sheriff's offices, and 102 Fire/Licensed EMS agencies among other first responders across the Commonwealth. These first responders are eligible to order no-cost naloxone to administer in the case of an overdose emergency or provide (i.e., "leave one behind") naloxone, pursuant to the statewide naloxone standing order.

Discussion 2: Expanding Access

- 🔗 What other partners could be approached to help expand immediate access to ORAs?
 - ✦ VDEM Hazardous Materials Officers? Regional EMS Councils? Regional Healthcare Coalitions? Hospitals?
- 🔗 Can the VDH Naloxone Distribution Program support provision of additional quantities of ORAs for first responders to have on hand?
 - ✦ How would product rotation be handled?
 - ✦ What concerns exist with storage of the medication in vehicles?
 - ✦ What funding, if any, is currently available to support?

Discussion 3: Next Steps

- ⌘ Raise topic to VDH Overdose IMT and Secure and Resilient Commonwealth Panel – Health and Human Resources Subpanel
- ⌘ Determine needs in collaboration with public safety partners
 - ✦ Examine naloxone distribution data?
 - ✦ Training and exercise opportunities?
- ⌘ Identify funding