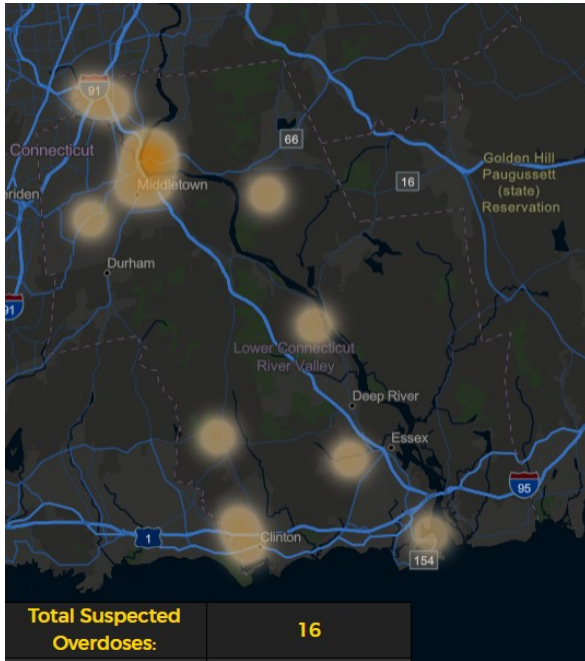


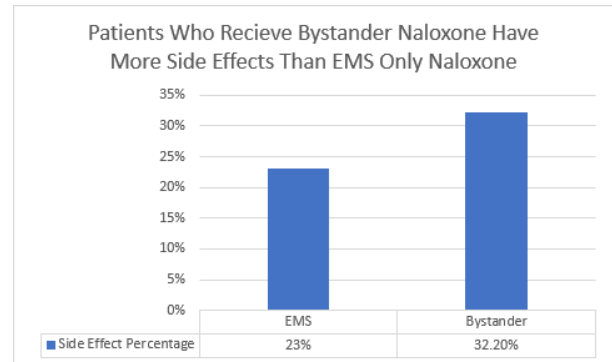
Middlesex & Hartford Counties



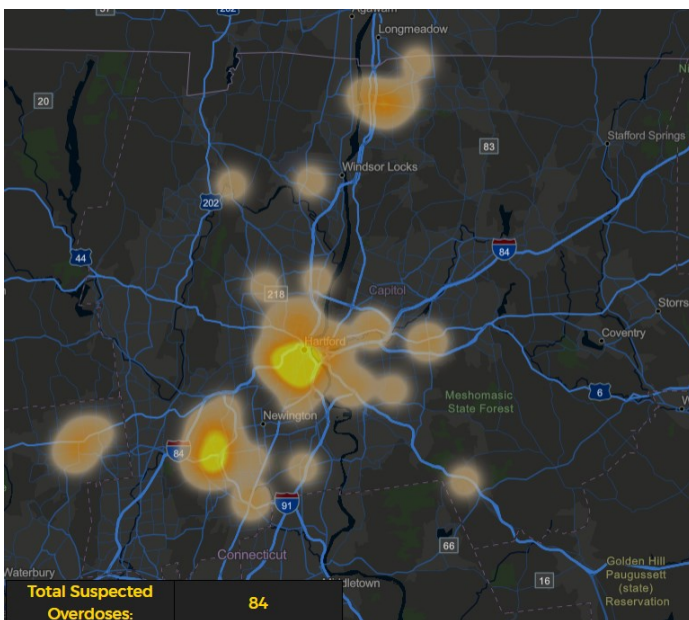
Increased activity was noted in Middlesex County (above), and Hartford (below), as reflected in calls made to the Connecticut Poison Control Center as part of the SWORD program. Data depicted provides results for January of 2024.

Bystander Naloxone Administration: Amounts and Dosages versus EMS Naloxone Administration

Are people who first receive naloxone from bystanders more likely to get larger amounts and more doses of naloxone than those who first receive naloxone from EMS? What percentage of patients who first get naloxone from bystanders need additional naloxone from EMS? Does one group suffer more from naloxone side effects than the other? We asked these questions in reviewing EMS reported overdoses to the Connecticut Poison Control Center as part of the SWORD directive during the months of November and December 2023.



During this study period, EMS reported 391 nonfatal overdoses where the patient received naloxone. 20.5% received naloxone from bystanders, 44.9% received from EMS and 34.6% received it from police, fire or other (not included in this study). The average total dose for the patients treated first by bystanders was 7.65 milligrams (median 8 milligrams) with average of 2.08 doses. Those who first received naloxone from EMS received a total of 3.35 milligrams (2.5 median) with an average of 1.76 doses. A dose was defined as an administration, thus an administration of 4 mg IN and 4 IN was considered 2 doses as were administrations of 0.5 mg IV and 0.5 mg IV. 24.1% of those who received naloxone from bystanders required additional dosing from EMS. Those doses are included in the total amounts received by patient who were first administered naloxone by bystanders. The patients in the EMS first group only received naloxone from EMS.



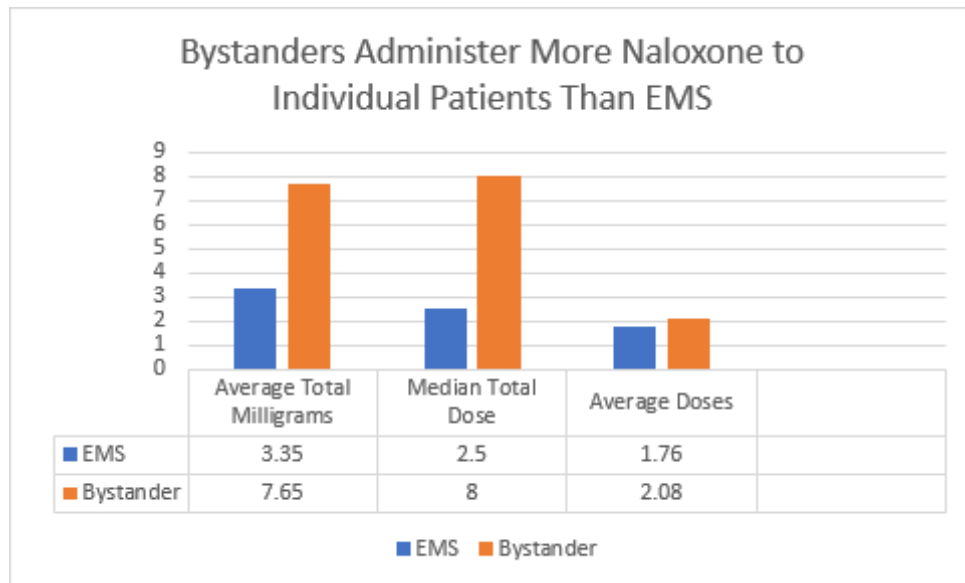
32.2% of patients who first received naloxone from bystanders had reported side effects such as nausea, vomiting and agitation, while only 23% of those who received naloxone from EMS suffered side effects.

Discussion: Those who first received naloxone from bystanders received more naloxone than those who first received naloxone from EMS. Bystanders typically carry naloxone in two packs of 4 mg each to be given intranasally, while EMS carries not only the 4 mg IN injectors, but when carried by a paramedic, EMS is able to give naloxone IV in small titrated amounts. Additionally, EMS, who are able to ventilate patients with bag-valve-masks, are able to wait longer between doses for the naloxone to take effect than bystanders who may administer their second doses more quickly out of concern for a lack of immediate response. The extra naloxone helps

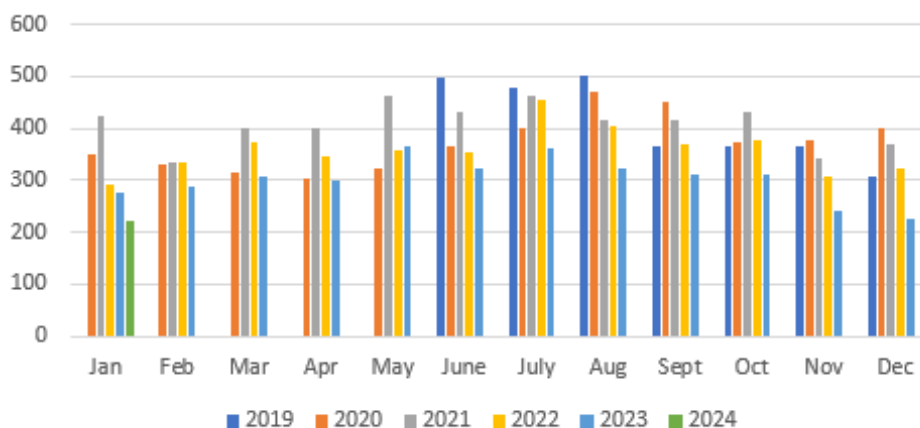
explain the larger incidence of side effects experienced by the bystander group.

Limitations: The data only includes overdoses where 911 was called and EMS reported the overdose to the Connecticut Poison Control Center. It does not include cases where bystanders provided naloxone, but 911 was not called.

Conclusions: Patients who first receive naloxone from bystanders receive larger and more doses of naloxone than those who first receive naloxone from EMS. The additional naloxone may lead to increase side effect risk. Education for bystanders naloxone administration should emphasize that naloxone should be titrated to breathing and not responsiveness. If bystanders are uncertain if the naloxone they have given has improved breathing, they should administer a second dose per product instructions.



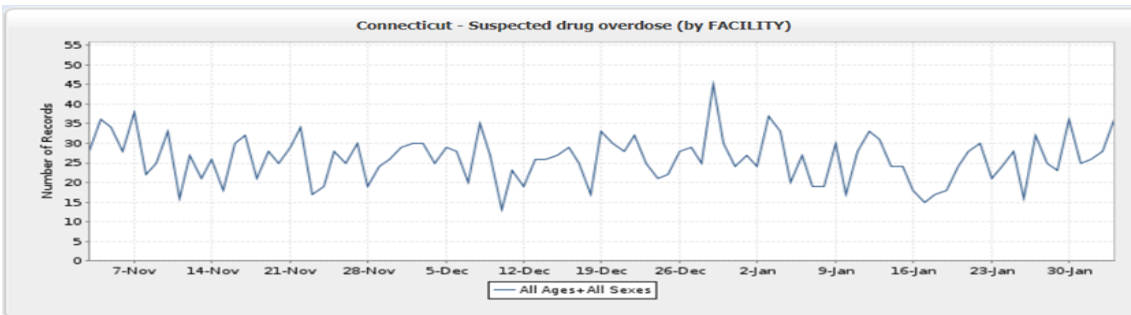
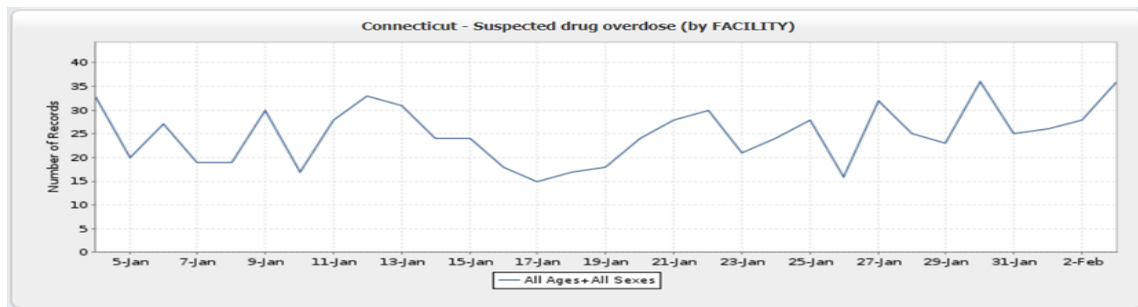
SWORD Data June 2019-January 2024



Data sourced from Connecticut Poison Control through the SWORD program. This sample was extracted in February 2024

Right >: Suspected Overdoses Involving Any Opioid, totaled by day, for the previous 30 days:

Information sourced from EpiCenter system, February 2024.

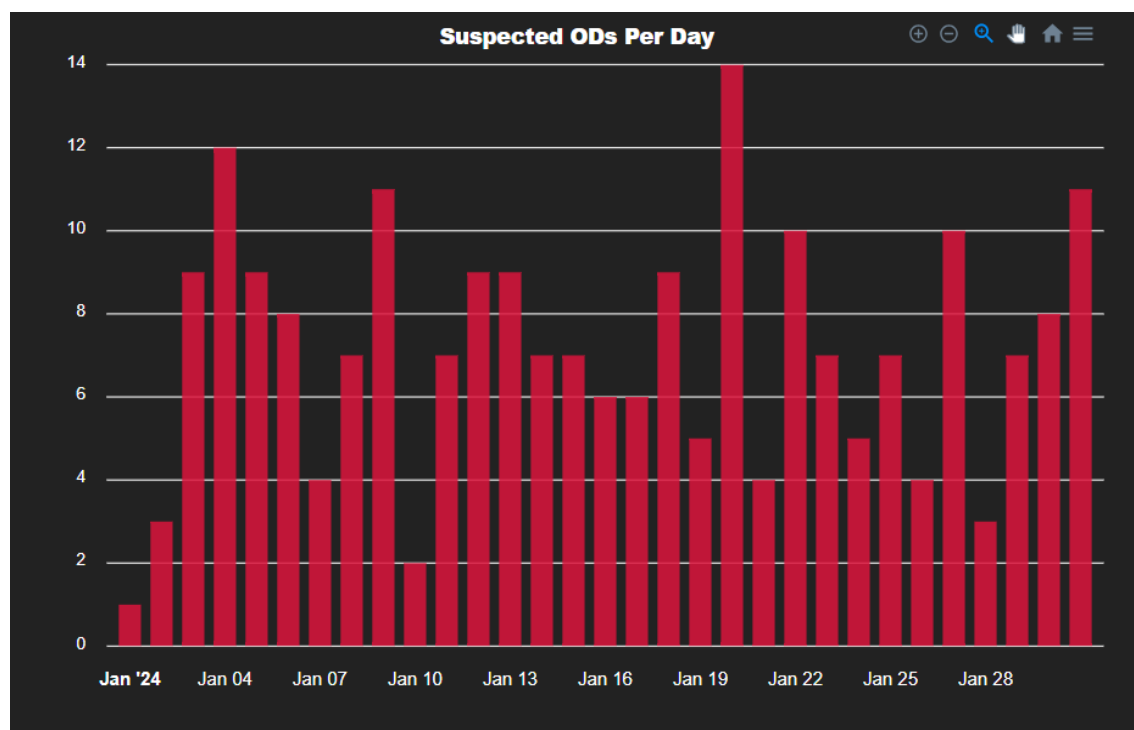


Left: < Suspected overdoses involving any opioid by day previous 3 months

Information sourced from EpiCenter system, February 2024.

Right >: This graph represents EMS reported opioid overdoses by incident day during October 2023.

This graph was sourced from OD-MAP in February 2024.



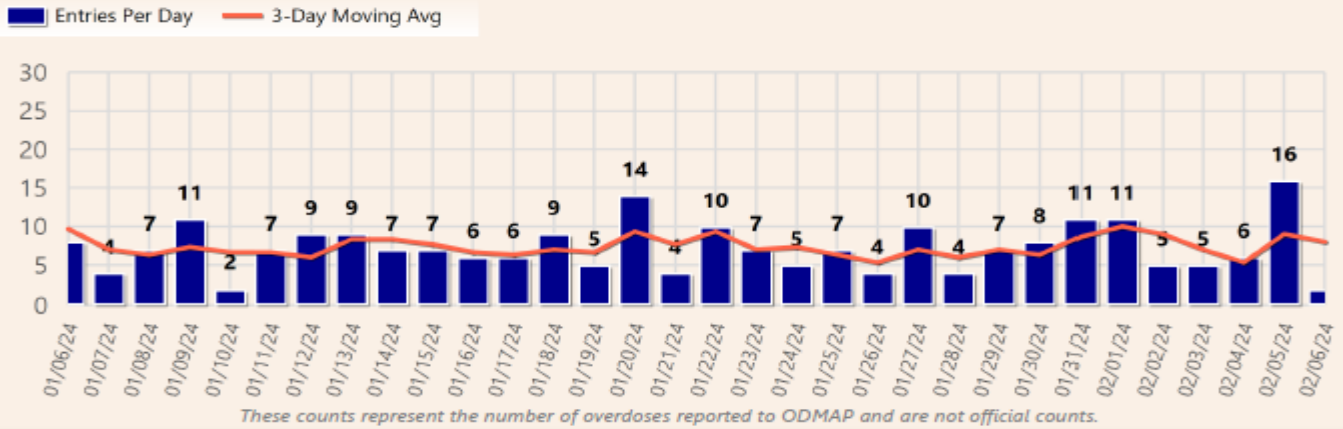
SWORD Statewide Reporting January 2024

In the month of January 2024, there were 221 calls to the Connecticut Poison Control Center (CPCC) for SWORD. Of these calls, 205 were non-fatal and 16 were reported as fatalities. There were 196 total naloxone administrations: 115 non-fatal multiple doses of naloxone administered, 68 non-fatal single dose naloxone, 20 non-fatal with no naloxone administered and two non-fatal naloxone administration unknown. Of the 16 fatalities, 11 received multiple doses of naloxone, two received a single dose, and two with no naloxone administered.

The 221 cases involved suspected overdoses from all of our counties: Fairfield 34, Hartford 84, Litchfield 13, Middlesex 16, New Haven 43, New London 16, Tolland eight and Windham seven.

*Numbers subject to change

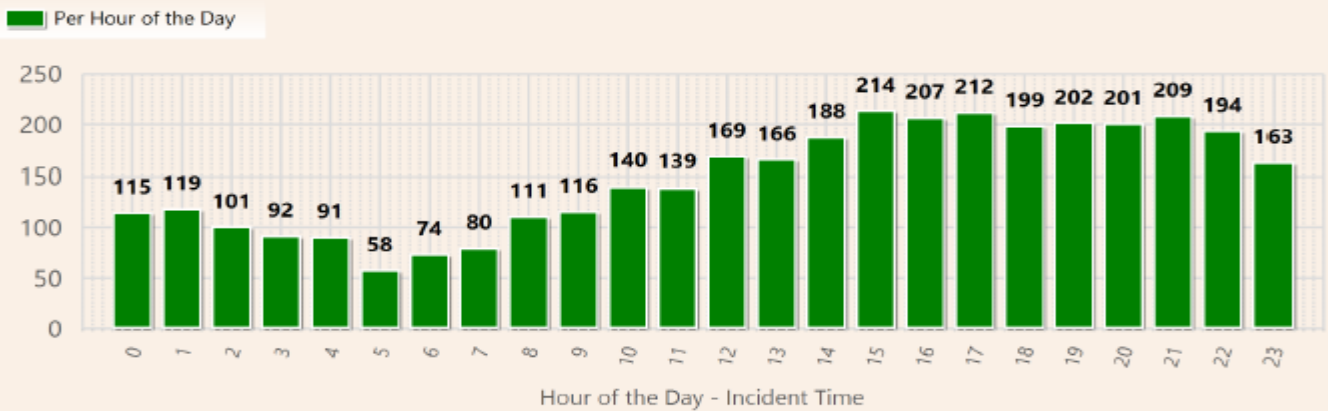
ODMAP Suspected Overdose Submissions - In the Last Month



ODMAP Suspected OD Submissions by day.

This graph shows total suspected overdoses called in each day during the time period. The red line running horizontally shows a 3-day moving average of call-ins.

ODMAP Suspected Overdose Submissions - All Data Submitted



Cumulative (June 2019—January 2024) Overdoses by the Hour of the Day

This graph shows the hour of the day suspected overdose incidents have occurred statewide since the SWORD program began on June 1, 2019.

Do you need help accessing ODMAP [Click here to contact the ODMAP Helpdesk](#), or call (301) 489-1744



410 Capitol Ave
Hartford, CT 06134
860-509-7975

Department of Public Health Office of Emergency Medical Services

[Click here](#) to contact OEMS regarding the SWORD program,

ODMAP, or feedback, [Click here](#) to check out the SWORD page on our website

Thank you for your participation!

