

ULSTER COUNTY CYANOKIT®

OPERATIONAL PLAN

Effective Date: August 31, 2017

Updated Date: May 7, 2018

BACKGROUND

Ulster County shall acquire a twenty-seven (27) Cyanokit® (hydroxocobalamin for injection) single dose administration kits for distribution to Paramedic level Emergency Medical Services (EMS) Agencies and specific Emergency Services officials. The intent of this plan is to enable immediate access of Cyanokit® in indicated cases to provide the potentially lifesaving intervention to individuals suffering from suspected cyanide exposure that otherwise would have to wait for such intervention at the hospital (if available), and may miss the window for sustained quality of life.

The Ulster County Emergency Management Office submitted a grant that was successfully awarded for the County's acquisition of Cyanokits. The plan calls for the purchase and strategic positioning of these kits in certain geographic areas throughout Ulster County. Advanced Life Support (ALS) Ambulance Units and Emergency Ambulance Service Vehicles (EASVs) outfitted with Cyanokit® will be dispatched upon request from any Fire or EMS agency.

Commercial EMS providers service large swaths of Ulster County. Understanding the system status management method of unit dispatch and relocation, a unit that would be based in Ulster County could end up out of County by the middle of their shift. Over 30 departments rely on Commercial providers as their Advanced Life Support provider. It is outside the fiscal reach of the County to provide all Commercial providers with Cyanokit® for their entire Ambulance fleet, particularly as they may be redeployed elsewhere at any time.

This plan enables Ulster County Department of Emergency Management to outfit Fire and EMS agencies to carry Cyanokits in a lockable medication storage box to assure access at fire scenes where propensity for Cyanide exposure by responder and civilian alike is highest. Access to the Cyanokit® will be limited to County ALS Agencies, including all Commercial units, via a conventional lock with all boxes keyed alike. Quality control and outdates will be administered by those same ALS agencies, as well as the County EMS Coordinator. It is much more cost effective to provide keys to all ALS crews in the County, and strategically place kits on certain EMS units as well as with specific Fire, EMS, and Emergency Management personnel that will be on these same scenes, than to provide Cyanokit® to all ALS units that could potentially be outside the County when requested.

MEMORANDUM OF UNDERSTANDING- NYS CERTIFIED ALS AGENCIES

_____ Cyanokit ®Administration will be completed on any call where the patient exhibits signs of acute Cyanide exposure. Once constituted with NaCl and administered, the hydroxocobalamin in Cyanokit® bonds to cyanide and forms Vitamin B12 which is excreted in the urine.

_____ shall be supplied ONE Cyanokit® and will store, account, and dispose of the drug in accordance to New York State Department of Health policy, and all sharps and medications disposed of in a safe manner.

The Cyanokit® shall be stored in an easily accessible secured location that is temperature controlled in an apparatus of their choice. The apparatus containing the Cyanokit® assigned shall be reported to Ulster 911 Communications Center. The Cyanokit® on said apparatus shall include the following equipment:

- a. One (1)- 250 ML Glass Vial containing 5 grams of lyophilized Hydroxocobalamin for IV Administration
- b. One (1)- Sterile Transfer Spike
- c. One (1)- Sterile intravenous infusion spike
- d. One (1)- Quick use reference guide
- e. One (1)- Package Insert

It is understood by _____ that if supplied a Cyanokit®, or obtaining under the County plan, _____ agrees to respond, when dispatched by Ulster County 911, to any emergency suspected to require the Cyanokit® if available. This includes, but is not limited to;

- Structure fires with reported victims trapped
- Reported smoke inhalation cases
- Firefighter Mayday
- Suspected Cyanide exposure

Administration will be in accordance with the current New York State Collaborative Protocols.

Pursuant to the protocol, paramedic level providers shall be the only level prehospital provider that will administer Cyanokit®.

_____ Paramedics eligible to perform this procedure will complete an Agency specific familiarization program and records shall be kept for auditing purposes and accountability by _____ training officer or designee. Training required by the Agencies' Medical Director shall be completed prior to the distribution of the medication, as well as a Physician Authorization form to acquire the kit. _____ shall not bill for the administration of the County supplied Cyanokit® drug.

Medication outdates shall be completed by the agency, and discrepancies or requests for replacement shall be directed to the Ulster County EMS Coordinator's office at (845) 331-7000. Replacement shall be on an as needed basis.

The Hudson Valley Regional Emergency Medical Services Council (HVREMSCO) Quality Assurance/Quality Improvement Office, _____ Medical Director, The Ulster County EMS Coordinator's Office, and _____ Continuous Quality Improvement Committee (CQIC) will review all Prehospital Care Reports (PCRs) documenting the administration of this procedure.

A HVREMSCO Prehospital Cyanokit® Quality Improvement Report shall be completed by the administering Paramedic and submitted to the receiving facility, Ulster County EMS Coordinators Office, as well as the HVREMSCO office no later than 24 hours following administration.

CERTIFICATION

We, _____, have reviewed the Ulster County Cyanokit® Operational Plan for distribution and utilization of Cyanokit® in Ulster County and agree to adhere to the procedures set forth in this agreement.

_____ agrees to respond if available when dispatched by the Ulster County 911 Communications Center to any call requesting Cyanokit® and complete necessary CQI forms and notifications upon utilization.

_____ agrees to provide yearly refresher/ familiarization training to all paramedics qualified to administer Cyanokit®, and notify _____ of any further information that he/she requests.

_____	_____	_____	_____
AGENCY CEO/ DESIGNEE	DATE	AGENCY MEDICAL DIRECTOR	DATE
_____	_____	_____	_____
ULSTER COUNTY MEDICAL DIRECTOR	DATE	ULSTER COUNTY EMERGENCY SERVICES DIRECTOR	DATE

MEMORANDUM OF UNDERSTANDING- NON NYSDOH CERTIFIED UNITS

_____ will be supplied ONE Cyanokit® and will store the medication in an easily accessible location that is temperature controlled in a secured apparatus of their choice. The apparatus shall be accessed only by a NYSDOH Certified Paramedic level Advanced Emergency Medical Technician (AEMT-P) on scene of the incident via key and will include the following equipment inside:

- a. One (1)- 250 ML Glass Vial containing 5 grams of lyophilized Hydroxocobalamin for IV Administration
- b. One (1)- Sterile Transfer Spike
- c. One (1)- Sterile intravenous infusion spike
- d. One (1)- Quick use reference guide
- e. One (1)- Package Insert

It is understood by _____ that if supplied a Cyanokit® _____ agrees to respond, when available and dispatched by Ulster County 911, to any emergency suspected to require the Cyanokit®. This includes, but is not limited to;

- Structure fires with reported victims trapped
- Reported smoke inhalation cases
- Firefighter Mayday
- Suspected Cyanide exposure

*It is recommended that if a Cyanokit® is requested to a fire scene, an ALS unit is requested simultaneously. Basic life support providers may not administer Cyanokit®.

_____ shall reflect the Cyanokit® on any County Inventory Forms. Medication outdates shall be completed by the Ulster County EMS Coordinator's office, and discrepancies or requests for replacement shall be directed to (845) 331-7000. Replacement shall be on an as needed basis.

_____ shall agree to provide unrestricted access to the Cyanokit® to any ALS provider operating at an incident where such utilization is indicated.

*It is recommended that on a fire scene the Cyanokit® shall be staged in an accessible location (ie. adjacent to FAST team) by EMS with full ALS gear so that administration will not be delayed.

CERTIFICATION

We, _____, have reviewed the Ulster County Cyanokit® Operational Plan for distribution and utilization of Cyanokit® and agree to adhere to the procedures set forth in this agreement.

_____ agrees to respond if available when dispatched by the Ulster County 911 Communications Center to any call requesting Cyanokit® and provide unrestricted access to the medication to the responding ALS unit.

_____ agrees to report any discrepancies directly to Ulster County Emergency Management at (845) 331-7000.

_____	_____	_____	_____
AGENCY CEO/ DESIGNEE	DATE	AGENCY MEDICAL DIRECTOR	DATE
_____	_____	_____	_____
ULSTER COUNTY MEDICAL DIRECTOR	DATE	ULSTER COUNTY EMERGENCY SERVICES DIRECTOR	DATE

ULSTER COUNTY CYANOKIT® RESTOCK AND PROCUREMENT PLAN

Agencies within Ulster County participating in the program shall be furnished with one (1) Cyanokit® by the Ulster County Department of Emergency Management. It is understood by the participating agencies in the plan that this is anticipated to be a one-time purchase, and additional purchases and the continuance of the program will be based upon the participating agencies' willingness and financing unless otherwise notified.

Agencies shall be notified of availability and MUST complete the County Memorandum of Understanding with authorizing signatures prior to issuance, along with the Meridian Medical Technologies Physician Authorization Form. Original signatures are required on both forms. The Cyanokit® shall then be delivered by the County 911 Medical Director or his designee, to the Agency Medical Director for disbursement to the Agency.

The EMS Coordinator will supply the Communications Center with a list of agencies and apparatus that will carry the Cyanokit so they can be entered into the Computer Aided Dispatch System (CADS). The EMS Coordinator shall maintain a list of expiration dates.

IN THE EVENT OF CYANOKIT® USAGE ON A PATIENT/ FIREFIGHTER-

Complete the steps and required notifications outlined in each respective memorandum of understanding. The County EMS Coordinator shall then notify the Agency with arrangements to restock the Cyanokit ®. Replacement shall be on a one for one basis.