

### PRIORITIES AND NEXT STEPS – UPDATES AS OF 2/16/2021

- Lori will develop a first draft of the Naloxone Kit Request form – and send it out as a working document with track changes:
  - LF to request a split order: 15-20 injectable doses and 80-85 of Nasal Spray doses
  - John will explore if JHC's Quilcene Clinic could be the ordering, receiver and a distribution point for the Naloxone Kits
  - Chief McKern to reach out to Frank Redmond to get a sense of how many Naloxone Kits the schools could use.
  - Lori to ask Sean Hammerle if we can have delivery reception occur at one point (Quilcene Clinic) and then distribute the Naloxone Kits out from there.
  - Lori articulate that on the Naloxone request form that our data gathering would be to note how many kits go to each hosting location
- Chief McKern will reach out to Abe Gardner in Mason County to ask about their initial and ongoing order quantity as a reality check.
- Lori/Apple/Margie to check if we have a form already in use at JCPH that could be used re injectable Naloxone trainee comfort in protecting themselves from blood borne pathogens.
- Trish will connect with Chief Manly to decide how best to manage naloxone Kit supply from Brinnon Fire House, recognizing the school is not a distribution point option. Lori will forward [the meeting video with a time marker \(at the ~ 34 minute mark\)](#) pointing to this discussion for Chief Manly to get context for the conversation.
- Start informally polling at the pilot sites, asking people how we can make this more convenient – (define who does this where at this point?)
- PLEASE, keep sending grant opportunities you find to Lori/John.

### ATTENDEES

Fire Chief Tim McKern, Quilcene Fire Department; Patricia Beathard, Brinnon School District Superintendent; Apple Martine, Jefferson County Public Health – Community Health Director; David Carlborn, M.D., Medical Program Director, Jefferson County EMS; Ford Kessler, Recovery Community Member, Fire Commissioner & Volunteer, District 5, Therapeutic Drug Court Administrator; John Nowak/Lori Fleming – Jefferson County CHIP/BHC.



**Not Present:** Frank Redmon, Quilcene School District Superintendent; Fire Chief Tim Manly, Brinnon Fire Department; Margie Boyd, JCPH, Public Health Nurse, SEP Program; Greg Brotherton, Commissioner; Dunia Faulx, JHC, Population Health; Christina Muller-Shinn, Opioid/Substance Use Response, Mason County Community Services-Public Health (a HRSA-recommended resource); Heidi Mathews, Practice Manager, JHC's South County Clinic (replacing Lindsay Dykes).

**Links:** Meeting [Slides](#) and [Video](#). Check at the [BHC's Harm Reduction South County](#) page if you encounter a broken link in any of the direct links provided. Our Meeting occurs on the 3<sup>rd</sup> Tuesday of each month from 1-2pm. (Zoom link is [here](#).)

## MEETING HIGHLIGHTS



### Naloxone Discussion

The group reviewed the request form forwarded by Sean Hemmerle, an Overdose Education and Naloxone Distribution Consultant for WA DOH's Office of Infectious Disease.

- Sean initially offered the injectable Naloxone until asked if there was an available supply of Naloxone Nasal Spray that could be provided through his supply channel. Sean's response was to ask us to [assess who would be administering the doses, and the level of comfort with either modality](#) (injectable and nasal spray) – and [convey that information](#) when filling out the request form.
- There was a question around Injectable Naloxone vs Nasal Spray, and the issue of the standard nasal dose being too much. Dr. Carlbom noted the Nasal Spray option will require trained people who are comfortable administering a lesser dose than what is given as the single dose.
- Dr. Carlbom suggested we start with a request to procure an initial supply of 100 Naloxone Kits. He noted we could [request a split order: 15-20 injectable doses to have on hand for people who use injection as their route of drug use, or for a school nurse, volunteer firefighter who is willing to sign off that they are comfortable protecting themselves from blood borne pathogens; and 80-85 of Nasal Spray doses.](#) Our goal is to extend a hand to encourage all types of community members to have it on their person or in their car, etc., including Quilcene's graduating seniors (25 of them). Then, once we've gotten initial Naloxone kits out to the community, our ongoing need should be less, perhaps 10-20 doses a month after that initial order.

- Chief McKern will reach out to Abe Gardner in Mason County to ask about their initial and ongoing order quantity as a reality check.
- Folks who have been trained will need to sign a form indicating their comfort in protecting themselves from blood borne pathogens. Lori/Apple/Margie to check if we have a form already in use at JCPH that could be used here.
- Apple Martine notes JCPH mentions at many community meetings that people can obtain a Naloxone dose to have on reserve from the JCPH Clinic. JCPH's supply comes from a University of Washington project, and has some data collection requirements.
- Re: Receipt and Distribution of Naloxone Kit order:
  - John will explore if JHC's Quilcene Clinic could be the ordering, receiver and a distribution point for the Naloxone Kits.
  - Dr. Carlbom suggested that if the Quilcene Clinic becomes the receiving point – the Quilcene and Brinnon Fire Departments could each keep some extra Naloxone Kits for distribution to individuals who are uncomfortable going to the Clinic.
  - Chief McKern noted, if Quilcene Fire Dept he would want to keep the Naloxone Kits under lock and key in his office at the Fire Station.
  - Chief McKern will also reach out to Frank Redmond to get a sense of how many Naloxone Kits the schools could use. Dr. Carlbom noted it would be great to get training and Naloxone Kits into the hands of all the graduating seniors before they leave in June – so let's figure that into the count of what we're ordering.
  - Meeting participants acknowledged the Brinnon School is not a viable distribution point in the area. Explore if Brinnon Fire Department could provide kits to Brinnon School for their own use. Trish will connect with Chief Manly to decide how best to manage this. Lori will forward the meeting video with a time marker (at the ~ 34 minute mark) pointing to this discussion for Chief Manly to get context for the conversation.)
  - Lori to ask Sean Hammerle if we can have delivery reception occur at one point (Quilcene Clinic) and then distribute the Naloxone Kits (with training from there to Fire Stations, Schools, maybe the Community Center, and eventually wherever else we can find to either have a kit on hand or host a supply for people to get one.
  - Dr. Carlbom suggested we start informally polling at the pilot sites, asking people how we can make this more convenient – and that may yield some insight. We also will want to provide some bombproof education pathway, such as a link to the WA State DOH video, so people hosting the pick-up sites don't feel obliged to do the education.

- Dr. Carlbom appreciates the need for data, but can see how this will be a barrier to getting it out there. Suggests Lori articulate that on the Naloxone request form that our data gathering would be to note how many kits go to each hosting location.
- Dr. Carlbom’s licensing information is already with McKesson – and he is happy to sign for the drugs if the South County Clinic Physician or Licensed practitioners are not available to take this on.
- Lori will develop a first draft of the Naloxone Kit Request form – and send it out as a working document with track changes so people can review.
- Outreach through the Community Center. Identify any specific issues, ask who else is willing to serve as a Naloxone distributor. Consider how we might do pre-education outreach at food bank or other community program/events.

The group considered the SAMHSA EMS training grant, and decided from CHIP’s perspective the grant’s exclusive focus on education isn’t ideal as we will need broader funding for things like human resource to run the program, a lockbox, etc. There’s also the question of who would administer the grant, considering the disincentive with JCPH’s high administration fee, so we’d be looking to the Fire Districts or EMS to sponsor the grant.) In all this grant doesn’t feel like the right fit, but PLEASE, keep sending grant opportunities you find to Lori/John.

### Defining our asks of potential contributors

Agreed to invite Mary Allen, JHC’s Wound Care Team Rep once we (the SC Harm Reduction group) begins to engage on the Syringe Exchange aspect of this effort. Dr. Carlbom noted Wound Care information needs to be bi-directional to successfully extend the reach of our available Wound Care Team to the people who need service:

- We need communication from the Wound Care Team to Providers (hospital, police, school district members) in the form of education around recognizing wound types and the appropriate level of care needed for each.
- We need communication from the Providers, or Opioid Users, to the Wound Care Team – to overcome barriers to access such as geographic inaccessibility or stigma. It would be useful to explore if we build an electronic technology pathway that using photography - where a photo is taken of the wound and forwarded to Wound Care Team for a “distanced” assessment and recommendation of next steps. (This would require proper forms signed).
- Dr. Carlbom noted the Emergency Department (ED) may play a bigger role than they realize. Every time the EMTs or paramedics see patients, they call the emergency department, so it is vital the Emergency Department is plugged in and has an internal champion for this Harm Reduction Program. There’s no doubt the ED will be instrumental in distributing both education and positivity, and we want the ED nurses and doctors to be aware and supportive

of the firefighters as we do this work together. He suggests we reach out to both Lori Tinker and Catalina Musso to say this is on the horizon, think about what they want their role to be (at least education advocates.)

### NEXT MEETING

This group will meet next on March 16 @ 1pm – and 3<sup>rd</sup> Tuesday of each month as we work to get the program up and running. (Zoom link is [here](#).)

Apple Martine confirmed with Lori that Margie Boyd is on the email distribution list for the meeting invites.

### LONG TERM ACTION ITEMS

- Explore if we build an electronic technology pathway that using photography - where a photo is taken of the wound and forwarded to Wound Care Team for a “distanced” assessment and recommendation of next steps. (This would require proper forms signed)
- **Social media outreach** will be key – it was a major element of the success realized where he was previously in Mason County. Trish Beathard noted Brinnon and Quilcene are well set up with Social Media channels
- Once we have supply in place, **train EMTs/Paramedics on the pre-hospital team to provide naloxone, training on how to use, resource card, etc. to call-subjects**. This would be appropriate when the EMT has administered Naloxone in the field to revive an individual, yet the call-subject-resists transportation (a common scenario).
- **Train and distribute to ubiquitous locations** (Think librarians, shop owners, Community Center, Post Office.) Think of having naloxone the way you’d have a fire extinguisher present – a tool to perform first aid in our community, and available everywhere. “What easy access place do you keep it?”
- **Weave Naloxone training into the training we do with kids around CPR, AEDs, Tourniquet application, etc.** This will give them hands on practice, stimulate conversation etc. Also consider giving them a coupon to get a kit. **Lori to check in with Sheriff/Police** - could use this education as an opportunity to connect with kids, create positive relationships, positive optics, etc.
- The group set an initial schedule to be education effort with a goal of connecting school kids with training before end of this school year (mid-June):
  - April 2021:** Plan the social media campaign specifics
  - May 2021:** Plan trainings in schools and any appropriate/agreeable local spots
    - Initiate Social Media campaign around Naloxone and imminent trainings
  - June 2021:** Education to be executed in Schools and other locations identified

## PRIORITIES AND NEXT STEPS – ADDITIONS AND UPDATES AS OF 1/19/2021

- **Dive into the discussion around Syringe Exchange at a future Meeting.** What models (or model combinations) are worth considering? What can we be doing now to establish a Syringe Exchange network-of-need in South County?
  - **Identification of program funding beyond the RCORP grant's \$48k.** – how much will we need when, and when does that mean we need to take action to generate those funds.
    - ✓Harm Reduction Budget Sketch – sketch on (slide 14 in the 1/19/21 presentation slides) covers both Naloxone training/distribution and Syringe Exchange. **Budget refinement to continue with input from Apple/her Team, as well as out-of-county contacts.**
  - ✓**Transportation** – we need to carry services out to people, because transportation represents a significant obstacle to them connecting with services.
    - Commissioner Brotherton and John Nowak **will consider who could from the Transportation team** could come to this meeting. In the meantime, at our next meeting we'll **define what our ask is of a Transportation representative.** Might be around the Van Pool facilities – and investigating that avenue as it relates to ?Jefferson County? ?Naloxone/SSP?.
  - **Promote JHC's South County and JCPH's School Based Health Clinics** – higher profile is needed to inform residents of these avenues of service.
  - Establish an ongoing Drug Take Back location -possibly at JHC Clinic.
  - Connect RCORP Grant funding to “on the ground” effort – through continued action setting and execution.
- ✓ Indicates items that were on our “action list” from previous meetings that have had some advancement since the last time meeting's notes.