



Office of Children and Family Services

Andrew M. Cuomo
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Informational Letter

Transmittal:	15-OCFS-INF-06
To:	Commissioners of Social Services Executive Directors of Voluntary Authorized Agencies
Issuing Division/Office:	Strategic Planning and Policy Development Child Welfare and Community Services
Date:	August 18, 2015
Subject:	Child Welfare Caseworkers' Use of Naloxone (Narcan)
Suggested Distribution:	Directors of Social Services Child Protective Supervisors Child Preventive Supervisors Voluntary Agency Program Directors Voluntary Agency Staff Planning Coordinators Staff Development Coordinators Adoption Supervisors
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Attachments:	Attachment #1 - Information and Resources on Naloxone

Filing References

Previous ADMs/INFs	Releases Cancelled	Dept. Regs.	Soc. Serv. Law & Other Legal Ref.	Manual Ref.	Misc. Ref.
		10 NYCRR 80.138	Soc. Serv. Law § 413; Pub. Health Law § 3309		

I. Purpose

The purpose of this Informational Letter (INF) is to provide information to Local Departments of Social Services (LDSSs) regarding certification of child welfare caseworkers as opioid overdose responders, and administering naloxone in response to an overdose event. The New York State Office of Children and Family Services (OCFS) does not prohibit or require child welfare caseworkers to administer naloxone as an opiate overdose responder, or as a function of case planning or casework responsibilities.

II. Background

In 2014, Governor Andrew M. Cuomo declared the use of heroin and other opiate drugs (opioids) to be a “statewide epidemic.” Governor Cuomo also indicated that the use of heroin and other opioids is responsible for a surge in the number of drug overdoses across the state (<http://www.governor.ny.gov/news/june-23-2014-governor-cuomo-signs-legislation-combat-heroin-opioid-and-prescription-drug-abuse>). In response to the surge, the New York State Legislature amended Public Health Law (PHL) Section 3309, and the Governor signed several opioid-related bills into law, including legislation to change standards for the possession and administration of opioid antagonists under the Opioid Overdose Prevention Program.¹ The New York State Department of Health (DOH) promulgated corresponding regulatory revisions to 10 NYCRR 80.138. The revisions expand the population with access to and permission to administer an opiate antagonist. An “opiate antagonist” is a drug that negates or neutralizes, in whole or in part, the effects of an opioid in the body. One such antagonist is naloxone, also known as Narcan.

The DOH regulation, 10 NYCRR 80.138(a)(9), enables persons other than emergency first responders and health care professionals directly engaged in patient care to receive training on opioid overdose recognition and response. Once these individuals have completed this training, they are certified to administer naloxone. The definition of who may become certified as a trained overdose responder is set forth in 10 NYCRR 80.138(a)(9) and includes any person not otherwise permitted by law to administer an opioid antagonist who has successfully completed an opioid overdose prevention training curriculum offered by an authorized opioid overdose prevention program within the past two years, and has been certified by a registered program to possess the opioid antagonist. DOH approves opioid overdose prevention programs, and monitors utilization of naloxone by trained responders.

Children and families affected by heroin and other opioids often require intervention at various points across the child welfare continuum of services. Case planning functions and interaction with clients may put caseworkers in an environment or situation in which an opioid overdose occurs. Some LDSSs have sought training for caseworkers from DOH-registered opioid overdose prevention programs, and have provisioned certified child welfare caseworkers with naloxone. This approach is in response to a correlation between the rise in child protective services (CPS) cases in their jurisdiction, and a rise in the use of heroin and other opioids in the community.

¹ Chapter 42 of the Laws of 2014, amending Pub. Health Law § 3309

III. Program Implications

LDSSs that are considering naloxone certification for casework staff may choose to do so under the designation of a “common organizational or workforce bond” entity. Section 3309 of the Public Health Law allows trained overdose responders with a common organizational or workforce bond to have shared access to an opioid antagonist. The organization or workforce must have policies and procedures in place that ensure orderly, controlled access to the opioid antagonist by an identifiable pool of trained overdose responders. This allows an agency or organization to obtain naloxone doses through a DOH-registered opioid overdose prevention program, and to allow for agency-wide use and “shared access” to naloxone on site. “Shared access” means that all certified individuals within their agency will have access to the agency supply. This approach means that it is not necessary for each trained responder to have his/her own unique rescue kit with naloxone.

Section 3309 of the Public Health Law provides LDSSs the option to obtain certification of caseworkers, including child welfare caseworkers, as overdose responders. New York State training and certification of child welfare casework staff to administer naloxone is entirely optional, and the decision whether to have staff certified and equipped to administer naloxone lies with the LDSS. Some factors LDSSs may want to take into consideration include identified need within current caseloads, willingness of casework staff to administer naloxone, and impact on current negotiated union contracts.

Certain professionals, such as physicians and EMS personnel, are otherwise permitted by law to administer opioid antagonists. Any such persons employed by an LDSS may administer naloxone under their professional license without the need for certification from an authorized opioid overdose prevention training program.

Section 3309 of the Public Health Law, protects properly trained and certified individuals who administer an opioid antagonist reasonably and in good faith from “criminal, civil, or administrative liability solely by reason of such action.” Such individuals would not be held personally liable for their actions. Caseworkers who are certified overdose responders are covered by this provision.

It is the responsibility of all child welfare caseworkers and supervisors to continually assess case circumstances that may pose immediate safety issues and risk factors. In an overdose situation, caseworkers who are certified to administer naloxone must remain cognizant that their primary responsibility in such situations is to protect the health and safety of minors in such settings. When information related to resuscitation and naloxone administration has been transferred to first responders, CPS or other child welfare caseworkers at the scene should immediately assess safety and respond to the situation accordingly. Some overdose scenarios may require: a report of child abuse or maltreatment to the Statewide Central Register of Child Abuse and Maltreatment; caseworker assistance from law enforcement; and/or an emergency removal of minors from the setting. Assessment of the overdose situation should include, but may not be limited to: considerations that threaten immediate health and safety of children within the environment; the relationship of the overdosed individual to children in the setting; safety and risk related to parent service needs, lack of supervision and/or inadequate guardianship; and/or required follow-up care outside of the home (i.e., hospitalization, rehabilitation, incarceration).

LDSSs that are interested in considering naloxone overdose responder certification for caseworkers or other staff within their agency are encouraged to access information and resources available about naloxone training and certification on the DOH website at: www.health.ny.gov/overdose.

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Attachment #1: Information and Resources on Naloxone

DOH resources and information pertaining to heroin and opiate use, naloxone overdose response, and Pub. Health Law § 3309 can be viewed at:

http://www.health.ny.gov/diseases/aids/general/opioid_overdose_prevention/

LDSSs that opt to train caseworkers in the use of naloxone can obtain information regarding authorized naloxone trainers in their communities at the DOH website above, or the New York State Office of Alcohol and Substance Abuse Services (OASAS) website at: <https://www.oasas.ny.gov>.

Information and resources regarding services and treatment for children, families, and individuals affected by substance abuse can be obtained from:

- OCFS's webpage on "Opiate Abuse, Services and Resources" at: http://ocfs.ny.gov/main/Opiate_Abuse/for_professionals.asp;
- OASAS, at the web address listed above;
- New York State's Combat Heroin website at: <http://www.Combatheroin.ny.gov>.