



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Office of Emergency Medical Services
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MEMORANDUM

TO: All MA Licensed Ambulance Services and Accredited EMT Training Institutions
CC: EMCAB Members
FROM: Dr. Jonathan Burstein, OEMS Medical Director
RE: Emergency Statewide Treatment Protocol Release
DATE: August 14, 2023

The Massachusetts Department of Public Health, Office of Emergency Medical Services (the Department) is issuing on an emergency basis a new **medical director option protocol** for treatment addressing withdrawal symptoms in overdose patients, including those who have received treatment with naloxone. The use of the new Statewide Treatment Protocol **6.18 Buprenorphine for Opioid Withdrawal–Adult** requires approval of the ambulance service’s affiliate hospital medical director, 100% quality assurance review, and proper training of EMTs in the thorough assessment and treatment of overdose patients, to now include the administration of buprenorphine to ease the patient’s withdrawal symptoms.

Both ALS and BLS licensed ambulance services can obtain buprenorphine. Ambulance services must be able to properly store controlled substances, and because buprenorphine is a Schedule III controlled substance, services must ensure they have the appropriate Drug Control Program MCSR (Massachusetts Controlled Substance Registration) to carry and use this drug. Once trained and authorized, EMTs at all levels of certification can administer buprenorphine.

The Department strongly encourages ambulance services and their AHMDs, when authorizing use of protocol 6.18, to also authorize medical director option protocol 6.12 Leave Behind Naloxone.

Under protocol 6.18, the thorough assessment of overdose patients must include a more detailed assessment of a patient’s withdrawal symptoms, using the Clinical Opiate Withdrawal Scale (COWS). The COWS checklist is included in the protocol and its use, including recording the numerical value of the score, is required to be documented as part of the patient care report (PCR).

Thank you for your continued collaboration and efforts to effectively serve patients across the Commonwealth. If you have any questions, please contact Renée Atherton, NRP, Clinical Coordinator, at renee.atherton@mass.gov.