EMS Buprenorphine Training Curriculum

A Two-Tiered Approach to Field-Based Opioid Use Disorder Care

Overview

This curriculum equips EMS providers with the knowledge, mindset, and communication tools to safely and compassionately initiate buprenorphine in the field. The **Core Training Module** is essential for all systems implementing buprenorphine. The **Supplemental Training Module** offers expanded content for systems with additional time, resources, or clinical depth.

Training materials, videos, and examples can be found in the Education & Training section of Program Resources tab on MNBridge.org.

CORE TRAINING MODULE

(Minimum Required – 45 to 50 minutes)

1. Understanding the Opioid Crisis & EMS's Role (7–8 min)

- Opioid use disorder (OUD) is a **chronic disease**, not a moral failure.
- After a nonfatal overdose, **1 in 7 patients** will die within 1 year—many within **24–72 hours** (*JAMA, 2021*).
- EMS is often the **only healthcare touchpoint** for patients with OUD.
- Buprenorphine in the field is like **Zofran for withdrawal**—offering relief, not requiring commitment.
- This is a moment to **intervene, stabilize, and show patients they matter.**

2. What is Buprenorphine? (7–10 min)

- A **partial opioid agonist**: relieves withdrawal and cravings, blocks other opioids, and has low misuse potential.

- **Ceiling effect** makes it safer in overdose scenarios.
- Buprenorphine reduces **all-cause mortality by over 50%** (*Annals of Internal Medicine*).
- Especially protective in the **first 24–48 hours** after overdose—the most dangerous time for patients.
- Provides a **bridge to safety** and a chance to engage in further care.

3. Recognizing Withdrawal (5–7 min)

- Review causes of withdrawal: **cessation vs naloxone induced.**
- **Common symptoms**: sweating, yawning, goosebumps, nausea, anxiety, restlessness.
- Ask clear, respectful questions:
    - "When did you last use?"
    - "Are you starting to feel sick?"
    - "Would you use again right now if you could?"
- Trust the patient's insight and use clinical judgment.
- **Questions** if patient is in opioid withdrawal or withdrawal worsens after buprenorphine administration? **Call 24/7 hotline**- 1-800-222-1222.

4. Addiction & the Brain (7–8 min)

- Addiction is a **brain disease** that rewires reward and decision-making systems.
- People with OUD are often operating in a **state of neurochemical survival**, not choice.
- Buprenorphine helps **rebalance brain chemistry**, reduce compulsions, and restore function.
- Understanding addiction as a disease allows EMS to respond with **curiosity instead of judgment**.

5. Offering Buprenorphine in the Field (5–7 min)

- Discuss who is **eligible, contraindications**, when to defer/refer
- Frame the offer as **relief for right now**, not a long-term treatment plan, unless the patient is desiring that.
- Use clear, supportive language:

    - “This will help you feel better—it won’t get you high.”
    - “You look sick to me, I have a medication that can help with that.”
    - “You’re not signing up for anything long-term today.”
- Respect the patient’s autonomy and offer information, not pressure.
- **Discuss dosing regimen, formulation, and instructions on how to administer**.

6. Follow-Up & Care Connection (3–5 min)

- The goal is not just symptom relief—it’s to **connect the patient to next steps**.
- Use warm handoffs when possible: clinics, ED, peer recovery, or telehealth.
- Document the conversation and plan when protocols allow.
- Even a **small act of connection** can open the door to longer-term recovery.

7. Treating People with Compassion (5–7 min)

- Many patients with OUD carry **trauma, housing instability, and stigma**.
- Your tone, words, and body language matter deeply.
- Use person-first language:
    - “Person who uses drugs,” not “addict”
    - “Experiencing homelessness,” not “homeless person”
- Compassion is **not extra—it’s part of the care.**

SUPPLEMENTAL TRAINING MODULE

(Optional Expansion – 30 to 60 additional minutes)

8. Social Determinants & Systemic Barriers (10–15 min)

- Many patients face **poverty, incarceration, and fragmented care**.
- Stigma and systemic failures often prevent engagement—not apathy.
- EMS is uniquely positioned to meet people **where they are**.
- **Harm reduction is a doorway** to hope, healing, and survival.

9. Complex Situations & Field Challenges (10–15 min)

- Discuss protocol-guided discretion in scenarios involving:
    - Pregnancy
    - Minors
    - Incarcerated individuals
    - Mixed intoxication
- If uncertain, defer dosing and prioritize **safety, communication, and transport.**
- Compassionate deferral is still meaningful care.

10. Scenario Practice & Team Reflection (10–15 min)

- Practice field conversations in role-play or debrief format.
- Discuss challenges, fears, and solutions as a team.
- Review documentation language, handoff summaries, and what to expect from follow-up systems.
- Share **real-world stories**—they build confidence and connection.