



LEAVE BEHIND NALOXONE (DRAFT)

POLICY NO: **4013**

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EFFECTIVE DATE: 00-00-00

REVISED DATE: NEW POLICY

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4013.1 PURPOSE

- a. To authorize EMS prehospital personnel to distribute Naloxone and provide training material to patients with suspected opioid misuse, or family and/or friends of these patients. The opioid crisis has had a profound impact on communities across the United States. This policy is part of a broader harm reduction strategy that attempts to mitigate the impact of the crisis by increasing the availability of Naloxone to the public.

4013.2 POLICY

This policy will authorize prehospital EMS personnel to distribute Naloxone and approved training materials to patients with suspected opiate misuse, or to the friends and/or family of these patients.

- a. Indications
 1. Suspected opioid misuse or self-reported dependence

4013.3 PROCESS

- a. The Leave Behind Narcan Program is an optional initiative – EMS and fire agencies are not mandated to participate. EMS and fire agencies that choose to participate in the program are required to ensure CQI oversight and comply with the following program specifications within their agency Leave Behind Narcan Program guidelines.
 1. Provide all appropriate patient care in accordance with CVEMSA treatment guidelines.
 2. Once determined that a patient will refuse transport for a suspected overdose, AMA shall be completed in accordance with CVEMSA policy 8003 – Patient Refusal of Treatment or Transport.
 3. Provide Naloxone and approved training materials to patient directly or a friend and/or family member at scene. Approved training material can be printed or provided through an electronic format through this link: <https://cabridge.org/resource/naloxone-what-you-need-to-know/>

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4. If unable to resuscitate or patient meets Determination of Death policy due to suspected overdose, friends and/or family can be offered Naloxone if they appear to be at risk for opioid misuse. Example, if they were using drugs with the patient, identify a self-dependence or drug paraphernalia is found on scene.
 5. If the patient is treated with Naloxone for a suspected overdose and transported to the hospital, but the patient's friends and/or family at scene express concern that they may need Naloxone because of identified self-dependence or financial limitations to access a prescription, Naloxone may be left on scene. Efforts should be made to ensure patients, friends and/or family understand resources that are available related to overdose prevention. Agencies within Coastal Valleys shall provide local area resources to staff.
 6. The maximum dose to be left on scene is one package of Naloxone. One package contains two, 4 mg Intra-nasal doses.
 7. Provide documentation of any Naloxone distribution through the EMS data system.
 1. EMS and fire agencies who wish to participate in the Leave Behind Narcan program shall notify the EMS Agency.
 2. Once the EMS Agency receives notification, reportable Leave Behind Narcan data fields will be uploaded to the agency's patient care report.
 3. Field providers who Leave Behind Narcan are required to complete the applicable data fields when completing the patient care report. If Leave Behind Narcan is left on scene with a family member or friend and not the patient, the field provider does not need to create a new patient care report as it is applicable to the emergency scene of the initial 911 response.

4013.4 SPECIAL CONSIDERATIONS

- a. Leave Behind Narcan may be provided when a patient refuses transport after a naloxone field reversal, a suspected opioid-related overdose, or if friends and/or family at scene identify a potential need due to self-identified dependence. It is not to be used as an alternative to transporting a patient to the hospital.
- b. The Leave Behind Narcan Program is an important component in improving outreach to a vulnerable patient population by increasing opportunities for access to care and treatment and recovery from opioid addiction. Agencies who participate in this program shall provide field personnel access to information about local support and recovery services to better inform our patient care population and the public.