



NALOXONE LEAVE BEHIND PROGRAM

I. PURPOSE

To establish a policy to allow EMS personnel to provide an intra-nasal naloxone delivery device to patients who are at high risk for fatal opioid overdose.

II. POLICY

All EMS providers, under the direction of the Monterey County EMS Medical Director, are authorized to leave an intra-nasal naloxone delivery device with the patient or a responsible adult who:

- A. Decline transport to the hospital after a suspected opioid overdose event.
- B. Meets criteria of EMS Policy 4030, Pre-Hospital Consent and Refusal of Service/Care-Supplemental Checklist.
- C. EMS personnel deem to be at risk of an unintentional overdose.

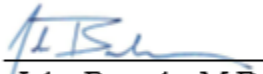
III. PROCEDURE

- A. EMS units may be stocked with naloxone intra-nasal delivery devices intended for layperson utilization in the event of an opioid overdose.
- B. Administration of naloxone by EMS providers at the scene of an incident will be performed in accordance with existing Monterey County EMS protocols.
- C. EMS personnel should recommend immediate transport to an emergency department for any patient who requires resuscitation with naloxone or is suspected to have experienced an opioid overdose.
- D. If a patient declines transport, EMS providers will:
 - 1. Assess the patient using EMS Policy 4030, Pre-Hospital Consent and Refusal of Service/Care- Supplemental Checklist.
- E. Patients who do not have adequate decision-making capacity to decline transport will be transported to the closest appropriate emergency department.
- F. Patients who decline transport and are deemed to have adequate decision-making capacity will be asked to sign an AMA form declining further care and transport.
- G. For patients who decline transport and are deemed to have adequate decision-making capacity, EMS personnel may leave an intra-nasal naloxone delivery device and opioid addiction resource form with the patient or other responsible adult at the scene of the incident.

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- H. If a naloxone delivery device is left with the patient or other responsible adult, EMS personnel will instruct the recipient on the proper indications and technique for usage of the device and leave an instructional pamphlet.
- I. If a naloxone delivery device is left with the patient or other responsible adult, EMS personnel will record the lot number of the device on the EMS Policy 4030, Pre-Hospital Consent and Refusal of Service/Care- Supplemental Checklist form.
- J. PCR documentation shall include patient capacity, distribution of an intra-nasal naloxone delivery device to the patient, naloxone delivery device lot number, and a description of the instructions given to the patient.
- K. EMS personnel may, at their discretion, leave an intra-nasal naloxone delivery device with other individuals whom EMS personnel deem to be at risk for unintentional opioid overdose (e.g., patients whose medication regimen includes high doses of narcotics or at-risk family and bystanders), even if the call to which EMS personnel are responding does not specifically involve an opioid overdose. In such cases, EMS personnel will document on the initial patient's PCR, that naloxone was provided to a separate individual, and include the naloxone lot number. No demographic information of the individual shall be recorded on the patient's PCR. The EMS personnel will instruct the recipient or responsible adult on the proper indications and technique for usage of the device and leave an instructional pamphlet.
- L. When utilized on the scene of a call, the completed EMS Policy 4030, Pre-Hospital Consent and Refusal of Service/Care- Supplemental Checklist form is to be uploaded electronically and attached to the electronic Patient Care Report. The physical copy of the completed form is to be submitted to the supervisor in charge of that jurisdictional agency's Leave Behind Naloxone Program.

END OF POLICY



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