

NARCAN LEAVE BEHIND (NLB) (0000)

INTRODUCTION:

Opioid overdose is one of the leading causes of death in the United States. Naloxone is a life-saving medication that reverses an opioid overdose by blocking the opioid receptor, reversing the toxic effects of the overdose, with minimal to no effect on an individual if opioids are not present in their system. Providing overdose prevention, recognition, and response education to drug users and their neighbors, friends, and families is a harm reduction intervention that saves lives. The Naloxone Distribution Project (NDP) is a federally funded “Leave Behind Naloxone” initiative administered by the Department of Health Care Services (DHCS) in California to combat opioid overdose-related deaths through the free distribution of naloxone to qualifying entities for the purpose of distribution to persons at risk for opioid overdose and those in a position to assist those persons at risk. EMS agencies in California are qualified entities to participate in this program. EMS personnel are encouraged to distribute naloxone to individuals at risk for opioid overdose, or any person in a position to assist individuals at risk and train these individuals on appropriate naloxone use.

PURPOSE:

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

POLICY:

EMS providers may stock naloxone intra-nasal delivery devices intended for layperson use in the event of an opioid overdose. These devices may be obtained through the following mechanisms:

- I. The Narcan Distribution Program (NDP) by completing an application to the DHCS to participate in the NDP program (free of charge)
<https://www.dhcs.ca.gov/individuals/Documents/NDP-Application.pdf>

- II. Purchasing the naloxone intra-nasal delivery devices intended for layperson use through their normal supply chain.

All EMS providers, under the direction of the Kern County EMS Medical Director, are authorized to leave naloxone with a patient or responsible adult that:

- I. Declines transport to the hospital after an opioid overdose event
- II. Meets the standard level of consciousness to refuse transport
- III. Is deemed by EMS to be at risk of an unintentional overdose

EMS personnel may, at their discretion, leave an intra-nasal 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 members or bystanders), even if the call does not specifically involve an opioid overdose.

PROCEDURE:

Administration of naloxone by EMS providers at the scene of an incident will be performed in accordance with existing Kern County EMS protocols.

EMS personnel shall vehemently recommend immediate transport to an emergency department for any patient who requires resuscitation with naloxone or has been determined to be suffering from an opioid overdose.

If a patient declines transport, EMS personnel shall:

- I. Assess the patient for level of consciousness and capacity to refuse transport.
- II. Thoroughly document the assessment and that the patient has been deemed to have adequate decision-making capacity to decline transport.

Patients who do not have adequate decision-making capacity to decline transport shall be transported to the closest, most appropriate emergency department as per Kern County protocol.

Patients who decline transport and are deemed to have adequate decision-making capacity will be asked to sign an AMA declining further care and transport.

For patients who decline and are deemed to have adequate decision-making capacity, EMS personnel may leave an intra-nasal naloxone delivery device and an opioid addiction informational pamphlet with the patient or other responsible adult at the scene.

If a naloxone delivery device is left with the patient or other responsible adult, EMS personnel shall provide instruction on the indications and proper technique for usage of the device and leave an instructional pamphlet.

If a naloxone delivery device is left with the patient or other responsible adult, EMS personnel shall record the patient's level of consciousness, naloxone delivery device lot number, description of the instruction provided and the fact that a naloxone delivery device was left behind in the narrative section of the electronic patient care record. Additionally, the run number and lot number of the naloxone delivery device will be added to a QI log and submitted to EMS monthly.

EMS personnel may, at their discretion, leave an intra-nasal 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 members or bystanders), even if the call does not specifically involve an opioid overdose. In such cases, EMS personnel shall document on the initial electronic patient care record 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 electronic patient care record. Instruction to the recipient or patient will be provided along with the informational pamphlet.