| SECTION #PAGE # | AGENCY | COMMENT | EMS RESPONSE |
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| All | KCFD | This policy is very broad and open to interpretation and subjectivity with regards to EMS providers deeming a person “at risk for unintentional opioid overdose.” Due to this subjectivity, I am very uncomfortable with the word “shall” being added to the policy language. I believe the liability would be too great for individual responders and agencies if EMS personnel failed to identify a person on scene who might be at risk. The policy is clear that these individuals could theoretically be anybody on scene or with the patient. I would ask that before the word “shall” is implemented KCEMS seek advice from County Counsel, Bakersfield City Attorney’s Office, Cal City Attorney’s Office, and private ambulance legal counsel. Additionally, language should be included that specifically denies the public’s right to simply call 911 or ambulance dispatch to request delivery of a device. We have seen a huge uptick in all calls for service (both emergency and non-emergency) the past few years with no increase in staffing. This policy absolutely should not add to our call volume, whether it remains as-is or amended to a mandate.Furthermore, I would first encourage KCEMS to identify those areas of the county that are seeing the largest increase in overdoses and initiate an aggressive public education campaign to include PSAs, radio and television ads, billboards, social media posts, news articles, interviews, etc. The media campaign should highlight retail pharmacies that offer free naloxone along with the obvious admonishments regarding opioid dangers. Finally, my objection to this change includes the potential economic impact it could have to agencies, both public and private. It’s my understanding DHCS is not in a position to supply the required doses to implement this change, and lacking pharmaceutical price controls, our potential costs are incalculable.Thank you for your time.  |  |
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