| SECTION #PAGE # | AGENCY | COMMENT | EMS RESPONSE |
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| NLB 1015.00 | KCFD | As a health care professional, I feel protocol NLB1015.0 should stay as is. An optional scope of practice, or as it says now “may” leave Narcan. One example; I’m in an outlining area. If I run a Narcan patient, use up my Narcan and only have one left. With the change I would have to give them my last Narcan. Leaving us with none for the next Narcan call, or until we can get a resupply. Which brings up example two, to leave the protocol as is: The nation supply chain problems that has pledged EMS field and its agencies. There are no guarantees, that Narcan could end up as a supply chain issue. Leaving the word “may” gives agencies the option for “what if this happened scenario”. And third reason to leave it the same, legal issues. I think/feel the word “Shall”, instead of “May”, open EMS agencies to more legal scenarios. Replacing a word with “shall”, puts an understand that this is definite, it will happen 100% no question asked. It like saying “this will never happen”; when in fact, that just did happen. Leaving the word “May”, leaves it open for the agencies as an option, and a way to cover or CYA agencies in case of legal matters. Thank you for your time in this matter. I look forward to your reply. |  |
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