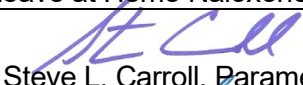
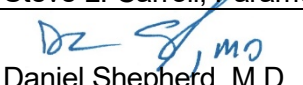


COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Leave at Home Naloxone Program		Policy Number 736	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: December 1, 2021	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: December 1, 2021	
Origination Date:	March 12, 2020		
Date Revised:	May 13, 2021	Effective Date: December 1, 2021	
Date Last Reviewed:	May 13, 2021		
Review Date:	May 31, 2023		

- I. PURPOSE: To authorize ALS prehospital personnel to distribute naloxone kits to patients with suspected opioid misuse, or family/friends of these patients, and to delineate the process for distribution of naloxone to Ventura County ALS provider agencies.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.220 and 1798; California Code of Regulations, Title 22, Sections 100146, 100169, 100170
- III. POLICY: 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. ALS prehospital personnel may distribute naloxone kits to patients with suspected opiate misuse, or the friends/family of these patients. All appropriate training will be offered to the recipient at the time of distribution.
  - A. Indications
    1. Suspected opioid use misuse or self-reported dependence
    2. Patient is not transported
  - B. Contraindications
    1. Patient is transported
- IV. PROCEDURE:
  - A. Treat Patient in accordance with VCEMS policies and procedures
  - B. Once it has been determined that patient will refuse transport, AMA shall be processed and documented in accordance with VCEMS Policy 603 – Refusal of EMS Services.

- C. Once AMA process has been completed, the patient, or the patient's family/friends (must be present on scene) will be offered a leave-at-home naloxone kit, with clearly identified kit number and medication expiration date, and the relevant training
- D. Friends/family can be offered a kit if the patient is determined to be dead. Kits and training should be offered if the individuals at the scene appear to be at risk for opioid misuse. For example, they were using drugs with the patient or there is paraphernalia on scene. Document as outlined below.
- E. In limited circumstances where patient is treated with naloxone for a suspected overdose and transported to hospital, but patient and/or family/friends express concern that they will not be able to afford a prescription or demonstrate an inability to access naloxone, a leave at home kit may be left at the scene.
  - 1. In these limited circumstances, efforts should be made to ensure patient and/or family/friends understand resources that are available to them related to overdose prevention. Resources include, but are not limited to:
    - a. OD rescue kit and training on how to administer nasal naloxone (Ventura County Behavioral Health) 805-667-6663
    - b. Treatment Services Access Line (Ventura County Behavioral Health) 844-385-9200
- F. Recipient Training and Education
  - 1. If the naloxone kit is accepted, the patient and/or family and friends will be trained on the recognition of opioid overdose and on the administration of nasal naloxone.
  - 2. At a minimum, the training will consist of the following:
    - a. Signs and symptoms of an opioid overdose
    - b. Administration of nasal naloxone
    - c. Activating the 911 system
    - d. Hands Only CPR. Instruct the recipient how to perform chest compressions: "place your hands between the nipples and push hard and fast."
  - 3. Printed training materials and resources related to ongoing drug treatment services, including the Behavioral Health Department's 24/7 Access line will be left with patient or patient's family/friends at the scene.

#### G. Documentation

1. Information will be completed for both the patient contact, as well as the refusal of EMS services, in accordance with VCEMS Policy 1000 – Documentation of Patient Care.
2. In addition to the standard ePCR documentation, additional fields related to the leave at home naloxone kit will also be documented via supplemental ePCR fields. At a minimum, these fields will include:
  - a. Name of Naloxone Kit Recipient
  - b. Recipient relationship to patient
  - c. Recipient phone number
  - d. Kit number on Naloxone kit provided - Should begin with a letter, followed by three or four numbers (e.g. E123)
  - e. Confirmation that training was provided to recipient and family/friends on scene
  - f. Confirmation that addiction resources were left with recipient

#### H. Inventory

1. Distribution of leave at home naloxone will be tracked through the ePCR system, which means accurate documentation is very important.
2. Nasal naloxone should not be distributed through standard inventory that is part of the day-to-day equipment (i.e. jump bags, supply cabinets, etc). These kits will be specially marked and tracked outside of the standard inventory process.
3. As nasal naloxone inventory is depleted through the leave at home program, replacement kits will be supplied by VCEMS to agencies on a one-for-one basis.