

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	<b>Document #</b>	2002.02
	<u>PROGRAM DOCUMENT:</u> <b>Naloxone Leave Behind Program</b>	<b>Initial Date:</b>	08/15/23
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Signature on File

EMS Medical Director

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Signature on File

EMS Administrator

**Purpose:**

- A. To authorize EMS prehospital personnel and local law enforcement to distribute Naloxone and provide training material to patients with suspected opioid misuse, or family and/or friends of these patients.
- B. To help mitigate the impact of the opioid crisis by increasing the availability of Naloxone to the public.

**Authority:**

- A. California Health and Safety Code, Division 2.5 §1797.220, §1798.

**Policy:**

- A. Suspected opioid overdoses shall be treated per SCEMSA PD# 8004.1
- B. A Naloxone Leave Behind Kit may be offered to an at-risk person, friend, or family member in the event of a suspected overdose following treatment of the patient. Kits may be provided to patients or bystanders regardless of whether the patient is transported to the hospital. Naloxone Leave Behind Kits may also be offered to bystanders, friends or family members who are in close contact with patients at risk for opioid overdose.
  - 1. These patients include:
    - a. History of illicit substance use or active prescriptions for opioids.
    - b. History or physical exam findings consistent with IV drug use – needle marks, abscesses at injection sites.
    - c. Physical environment suggestive of illicit substance use – paraphernalia and opioid pill bottles present at the scene.
  - 2. Naloxone Leave Behind Kit will consist of:
    - a. Commercially available Naloxone (Narcan) 4 mg/0.1 mL nasal spray.
    - b. Instructions on when and how to administer the Naloxone Leave Behind Kit.
    - c. ~~Department of Health Services~~ Opioid resource information sheet.
- C. A Naloxone Leave Behind Kit may be distributed on each call where there is a primary impression of overdose or reasonable provider suspicion of opioid abuse behavior.
- D. Documentation indicating that a kit has been left behind should be made in the encounter ePCR.
  - 1. Field providers who Leave Behind Narcan are required to complete the specified data fields when completing the patient care report.
    - a. Medication administration route shall be documented as other/miscellaneous (992887037) to indicate left behind.

2. If Leave Behind Narcan is left on the scene with a family member or friend and not the patient, the field provider does not need to create a new patient care report as it is applicable to the emergency scene of the initial 911 response.
- E. Resupply the provider's naloxone kits, as stock is available, via usual supply chain procedures. It may be the case that no resupply is available; layperson naloxone kits are not a required in-service medication.
1. EMS shall not give naloxone to patients or bystanders from the regular EMS patient care supply.

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