

### Criteria:

The “Leave Behind” program may be utilized at *the discretion of the EMS provider* for

- Any scene where naloxone was administered (by EMS, law enforcement, or bystander) **and/or**
- Any scene where there is the suspicion for opiate toxicity (regardless of use of naloxone)

The use of Naloxone “Leave Behind” Kits is a pilot program supported by the WA DOH and may decrease patient mortality and morbidity related to opioid overdose by potentially reducing the “down-time” of overdose patients. The Naloxone “Leave Behind” Program provides a kit that may be offered by BLS or ALS EMS personnel to those who are close to someone who is at risk of overdose (e.g., the patient themselves, family, friends, or house/room-mate). The kit contains both doses of naloxone for intranasal use as well as resource contact information for patients interested in pursuing chemical dependence treatment (i.e. “detox”)

### Procedure:

- *After EMS patient care is complete*, while on the scene with the patient or bystanders, EMS personnel may offer a Naloxone Kit that contains two doses of naloxone nasal spray and information to seek recovery help and social services. This kit may be offered to the patient or to anyone on scene that in the judgement of the EMS provider may serve as a reasonable recipient (e.g., the patient themselves, family, friends, or house/room-mate).
- The choice of distributing a Naloxone “Leave Behind” Kit is at the discretion of the EMS providers, but is encouraged whenever practical.
- When offering a Naloxone “Leave Behind” Kit to the patient or family during an opioid overdose encounter by EMS, EMT’s and Paramedics may have an opportunity to talk about the danger of the overdose as well as where an individual or family may go to get help if they are interested.
- NOTE: The Naloxone “Leave Behind” Kit shall **not be used by EMS to reverse an overdose** (except in extenuating circumstances where no other EMS Naloxone is available). The Naloxone “Leave Behind” Kits are not meant to replace EMS stock but rather to be distributed for potential future use at the scene of an opioid overdose for high risk patients.
- NOTE: Patients who are interested in pursuing “detox” placement should be encouraged to be transported to the Emergency Department as the first step for patients requesting detox placement is a “medical screening evaluation” at the emergency department.
- Document in ESO for that call, the required reporting questions for the naloxone “leave behind” program using the “**Syndromic Surveillance - Overdose**” Form.
- Overdose patients requiring reversal should be encouraged to be transported to the Emergency Department. However, if a patient chooses to refuse transport, please provide detailed documentation of the encounter in the narrative. If a naloxone kit is left with the patient, obtain as much information as possible for the required reporting data. The reporting questions are provided in ESO under the using the “**Syndromic Surveillance - Overdose**” Form. This required information will be prompted from that form. The attached paper form is meant for use at the fire station when distributing from administration or community health programs.

### Distribution:

- Skagit County EMS will stock and re-supply the Naloxone “Leave Behind” Kits for agencies depending on availability from the Department of Health.
- Naloxone “Leave Behind” Kits may be carried on ALS and/or BLS units of those agencies approved to participate in the program.
- Naloxone “Leave Behind” Kits will be provided to the patient or family only after appropriate assessment and treatment of an opioid overdose.
- If naloxone was used prior to EMS arrival, a Naloxone “Leave Behind” Kit can be given to resupply the patient or family.

- EMS personnel are required to track and report to Skagit County EMS any time a Naloxone “Leave Behind” Kit is distributed via this program. Documentation will be completed using the Syndromic Surveillance Overdose form in ESO.
- Additional kits will be provided for storage at Fire Stations for the restocking of apparatus and to offer to the public that may ask about the program.
- To obtain additional kits for restock, Skagit County EMS will also make available an electronic web-based request form.

**Documentation:**

**ESO Syndromic Surveillance – Overdose Form**

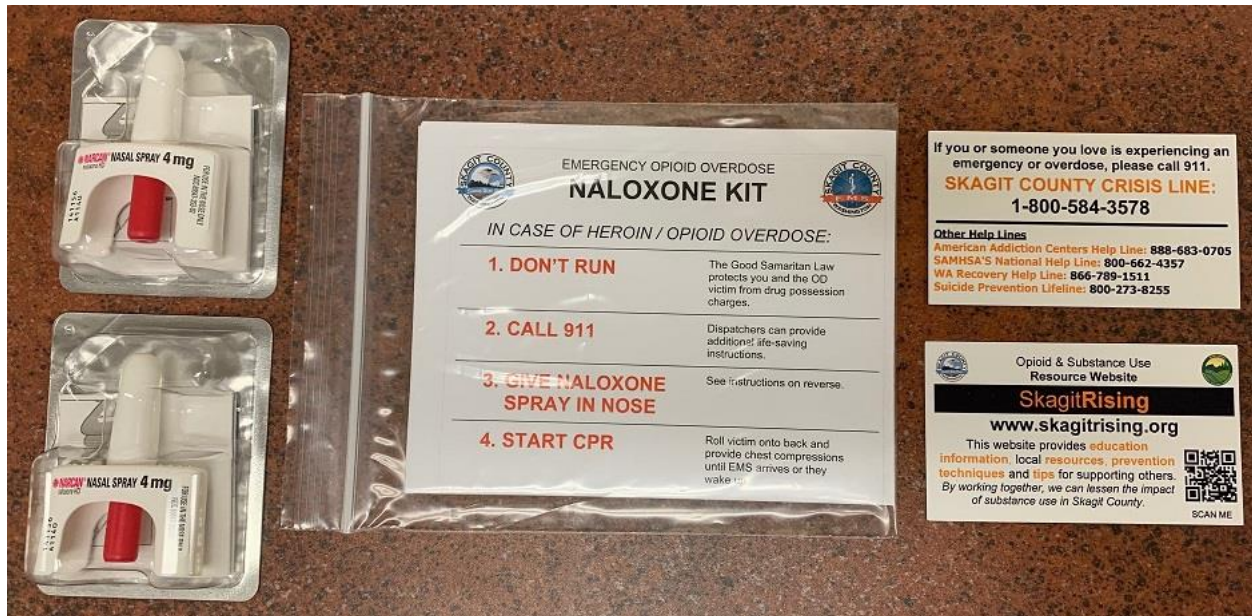
Complete as many fields as possible. Make sure to indicate that a kit was left with the patient/family member/associate.

**Notes:**

- Distribution of the kits is only part of the response to the opioid epidemic, but it serves as a mechanism both to distribute naloxone in a way that may improve a link in the chain of survival, and it serves as a resource reference.
- Please be aware that Skagit Crisis Respite (“detox”) requires a “medical clearance” by the emergency department before accepting a patient. If the patient expresses interest in going directly to “detox”, they should be encouraged to go to the emergency department as the initial step where they would complete screening.
- It is important to professionally convey that treatment and recovery services are available through the contact information found in the kit. It is also the intent for Skagit County Public Health to follow-up with individuals after an overdose encounter and assist with providing them available resources.

**Packaging:**

Each Naloxone Kit contains (2) two doses of 4 mg of Naloxone/Narcan given as a spray in the nose. The kit also contains instructions on the outside of the kit and a two-sided resource card inside the plastic bag with information about local outreach services offering opioid/chemical dependency counseling, medical assisted withdrawal and addiction treatment.



Skagit County EMS in partnership with Skagit County Public Health will continue to request Naloxone supplies through the State Department of Health as long as this program continues. However, part of the agreement is to provide prompt reporting to the State in an effort to gauge the effectiveness of the program. It’s also important to know how EMS can help prevent deaths and to participate in this public health epidemic from this data. Please be diligent in the reporting requirements and in the description of events with the narratives when distributing the Naloxone “Leave Behind” Kits.

*Matthew F. Russell*

Matthew F. Russell, M.D.  
Skagit EMS Medical Program Director