



PREHOSPITAL NALOXONE LEAVE BEHIND PROGRAM

I. AUTHORITY:

Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220, and 1798; California Code of Regulations, Title 22, Division 9; California Civil Code § 1714.22.

II. APPLICATION:

This policy authorizes and establishes standards for distribution of naloxone kits by EMS personnel and OCEMS system provider agencies during 9-1-1 responses in Orange County.

III. DEFINITIONS:

- **Orange County Medical Emergency Data System (OC-MEDS):** The Orange County data hub and local data standard for emergency medical services managed by OCEMS.
- **Against Medical Advice (AMA):** Patient refusal of transport following EMS care.
- **Continuous Quality Improvement (CQI):** Ongoing review process to monitor program outcomes.
- **Electronic Patient Care Report (ePCR):** Official documentation of EMS encounters submitted through an approved PCR system.
- **Medication-Assisted Treatment (MAT):** Use of medications (e.g., buprenorphine, methadone) with counseling to treat opioid use disorder.
- **Naloxone (Narcan®):** An opioid antagonist that rapidly reverses opioid overdose.
- **Opioid Use Disorder (OUD):** A chronic condition characterized by compulsive opioid use despite negative consequences.

IV. CRITERIA:

Naloxone kits may be provided when one or more of the following conditions exist:

- Suspected opioid overdose requiring naloxone, supportive care, or monitoring; patient resuscitated and refuses transport (AMA).
- History or exam findings consistent with illicit drug use or opioid dependence (e.g., paraphernalia, self-report).
- Current or past use of prescription opioids (prescribed or recreational).
- Scene indicates high-dose or multiple prescription opioids present.
- Family/friends/bystanders report dependence, barriers to access, or recent co-use.
- Patient deceased from suspected overdose and surviving contacts appear at risk.
- Upon request by patient, family member, or bystander when the EMS clinician judges it appropriate.

NOTE: Leave-behind naloxone is not a substitute for transport; patients should be encouraged to seek evaluation.



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V. PROCEDURE

A. Patient Care

Provide indicated patient care per OCEMS treatment protocols. If the patient refuses transport following opioid-related care, complete AMA documentation per EMS Policy Ref 310 and SO-AMA.

B. Assessment for Naloxone Distribution

Confirm opioid involvement or risk using history, exam, and scene cues; assess decision-making capacity; identify the most appropriate recipient(s) (patient and/or responsible contact).

C. Education & Training (Just-in-Time)

Provide training covering: (Ref OCEMS Policy 398.00 and 398.01)

- Recognize opioid overdose (unresponsiveness, slow/absent breathing, pinpoint pupils).
- Intranasal naloxone administration technique.
- Immediate 9-1-1 activation.
- Provide CPR if no improvement.
- Remain with the patient until EMS/police arrive.
- Good Samaritan protections (Cal. Civ. Code § 1714.22).
- Safer use practices: avoid mixing drugs, use with a friend, keep naloxone accessible.

Recipients may be directed to visual aids in the kit or the approved training resource (e.g., CA Bridge — Naloxone: What You Need to Know [CA Bridge - Bridge to Treatment](#)).

D. Distribution

Provide kit(s) to identified recipient(s). Standard kit contents: two (2) 4 mg intranasal naloxone doses, instructions, resource handout, and fentanyl test strips if available. Minimum leave-behind quantity: one (1) two-dose package per scene.

E. Linkage to Resources

- Medication-Assisted Treatment (MAT) programs and CA Bridge sites ([CA Bridge - Bridge to Treatment](#)).
- Orange County Behavioral Health and recovery service ([OC Links: Behavioral Health Information, Referrals, Crisis Response And More | Orange County California - Health Care Agency](#))
- Emergency Department for withdrawal or recurrent symptoms.

VI. DOCUMENTATION

- **ePCR fields:**
 - Leave behind naloxone distributed: Yes/No



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- Number of kits distributed

- **ePCR narrative:**

- Indication for distribution
- Recipient relationship to the patient, if the recipient is not the patient
- Consent to receive the kit
- Confirmation that just-in-time training was provided

VII. SPECIAL CONSIDERATIONS

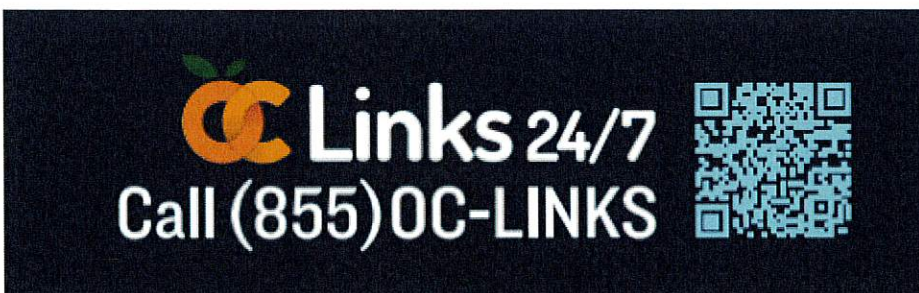
- Leave-behind naloxone should never be used as an alternative to transport; encourage ED evaluation.
- Use standard PPE when handling naloxone; consider respiratory/ocular protection if powdered opioids are suspected on scene.
- Post-reversal agitation or combative behavior may occur due to acute withdrawal; maintain scene safety.
- Naloxone effects typically last less than 60–90 minutes; long-acting opioids may persist for 4+ hours; counsel patients who refuse transport.
- High-potency opioids (e.g., fentanyl analogs) may require repeated doses; educate recipients to administer both doses and call 9-1-1.

VIII. DATA STANDARDS & RESOURCES

- NEMSIS Data Standards
- CEMSIS Data Dictionary
- OCEMS Data Dictionary (Ref. Policy 300.31 Addendum)
- OC-MEDS submission requirements (Ref. Policy 300.30)

F. OC Links — Behavioral Health Navigation (24/7)

Call: (855) 625-4657 (855-OC-LINKS). For live chat and resources, scan the QR in the banner below or visit the OC Links webpage.





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IX. APPROVALS

Approved:

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