



NAME OF POLICY

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 ED evaluation.

V. PROCEDURE



NAME OF POLICY

A. Patient Care

Provide indicated patient care per OCEMS treatment protocols. If the patient refuses transport following opioid-related care, complete AMA documentation per agency policy.

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 brief training covering overdose recognition, intranasal naloxone technique, immediate 9-1-1 activation, CPR if no improvement, remaining with the patient until EMS/police arrive, Good Samaritan protections, and safer use practices.

- 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).

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.
- OUD counselors and treatment programs.
- Orange County Behavioral Health and recovery services.
- Emergency Department for withdrawal or recurrent symptoms.

VI. DOCUMENTATION

Document all leave-behind distributions in the ePCR, including: indication, number of kits, recipient relationship (if not the patient), consent, and confirmation of just-in-time training. If no PCR is generated (e.g., cancel, no patient found), a kit may be left without creating a new record; if left with a bystander, document within the existing 9-1-1 response record.

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.



NAME OF POLICY

- 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.



IX. APPROVALS

Approved:



NAME OF POLICY

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OCEMS Interim Medical Director

Daniel McDonnell, MS, NRP
OCEMS Administrator

Original Date:
Reviewed Date(s):
Revised Date(s):
Effective Date: