

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
 A Division of the Fresno County Department of Public Health

Manual	Emergency Medical Services Administrative Policies and Procedures	Policy Number 558 Page 1 of 3
Subject	Leave Behind Naloxone	
References	California Health and Safety Code, Division 2.5 Title 22, Division 9 of the California Code of Regulations	Effective 03/02/2026

I. PURPOSE

- A. Provide guidelines for EMS personnel to leave behind intranasal Naloxone kits with patients, family members, or bystanders in situations where opioid overdose risk is identified.

II. POLICY

- A. This policy applies only to distribution of Leave Behind Naloxone kits intended for layperson use.
- B. EMS personnel may utilize this policy in conjunction with any CCEMSA treatment protocol and may leave behind naloxone kits in any of the following situations:
 - 1. Patient presenting with suspected or confirmed opioid overdose where the patient is revived or refuses transport.
 - 2. High-risk individuals (known opioid use or paraphernalia present).
 - 3. Upon request by the patient, family, or bystander.
 - 4. When EMS suspects risk for opioid use in any individuals present on scene.
- C. Distribution of leave behind naloxone by provider agencies in the CCEMSA region is optional. Agencies who choose to participate are responsible for training, ensuring continuous quality improvement, and data collection for the program within their agency.
- D. Agencies who choose to participate in the Leave Behind Naloxone Program shall notify the EMS Agency.

III. DEFINITIONS

- A. Opioid (narcotic) overdose: Intentional/accidental exposure to an opioid substance (heroin, morphine, oxycodone, hydrocodone, fentanyl, methadone, opium, dilaudid, and Demerol).

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- B. Naloxone (Narcan): Naloxone is an antagonist ONLY to opioid narcotics and is not effective with other medications. It will NOT reverse non-opiate drug exposures, e.g. benzodiazepines, sedative hypnotics, alcohol or other class of drugs.

III. TRAINING

- A. All EMS personnel shall be familiar with the appropriate administration of intra-nasal naloxone in accordance with CCEMSA treatment protocols.
- B. Each department's training officer/coordinator or other designated individual shall be responsible for the following:
 - 1. Ensuring the intra-nasal naloxone for distribution is not expired, damaged, or otherwise unusable.
 - 2. Ensuring all personnel who will be distributing naloxone demonstrate competency in the following:
 - a. Recognizing the signs/symptoms of opioid overdose.
 - b. Teaching a layperson the signs of an opioid overdose.
 - c. Proper technique for administration of intra-nasal naloxone.

IV. PROCEDURE

- A. Suspected overdoses shall be treated per CCEMSA Protocol #530.18 and #510.13.
- B. EMS personnel shall recommend immediate transport to the emergency department for patients treated with naloxone in the field. If the patient declines transport, the provider shall evaluate for decisional capacity to refuse medical care and transport and follow policies and procedures outlined in CCEMSA Policy #546.
- C. Provide CCEMSA Approved Naloxone kit consisting of the following:
 - 1. Commercially available Naloxone nasal spray intended for lay person use.
 - 2. Written instructions on when and how to administer Naloxone nasal spray.
 - 3. Opioid use disorder resource information sheet.
 - 4. Fentanyl test strips if available (optional).
- D. Provide direct instruction to the patient, family, and/or bystanders on:
 - 1. The signs/symptoms of opioid overdose.
 - 2. Proper intranasal naloxone administration.
 - 3. Importance of dialing 911.

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- E. In addition to documentation of patient care provided, the following shall be documented in the electronic patient care record when naloxone is left behind:
1. Indication for leave behind naloxone.
 2. Number of kits left and relationship of recipient (patient, family, friend).
 3. Instructions provided to the recipient and verbal confirmation of understanding of use.
 4. Medication administration route shall be documented as other/miscellaneous to indicate that it was left behind.

V. CONSIDERATIONS

- A. Refer to EMS Polic 546 for patients refusing medical care and transport. Naloxone may be left with the patient, family, or bystanders if the patient refuses transport. It is not to be used as an alternative to transporting the patient to the hospital.
- B. If naloxone is left with a family member or bystander and not the patient, the provider does not need to initiate an additional patient care report as it is applicable to the emergency scene of the initial 911 response.