

Vermont Naloxone Leave Behind Program

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Developed for NASEMSO Opioid & SUD ad-hoc Committee 1/6/2022

Mini Presentation Goal

To showcase innovative projects, programs working to address the Opioids and SUD Crisis.

3-4 slides

5 – 10 mins

High level, key components

Funding Source

Successes, Challenges, Lessons Learned

Data, Legislation

Naloxone Leave Behind Kit Program

Purpose: To provide people at-risk including patients, families, bystanders with opioid overdose prevention training and Naloxone.

Funding: SAMHSA FR- CARA (First Responders Comprehensive Addiction Recovery Act Grants & State

8.11

Naloxone Leave Behind Opioid Overdose Rescue Program

NALOXONE LEAVE BEHIND OPIOID OVERDOSE RESCUE PROGRAM ALSO KNOWN AS NALOXONE LEAVE BEHIND KIT

BACKGROUND

The opioid crisis is a growing concern in America, and it has become the leading cause of injury-related death in the United States. Naloxone is an opioid antidote that reverses the symptoms of opioid toxicity and associated life-threatening respiratory depression. Providing Naloxone Leave Behind Kits containing 4 mg. nasal spray naloxone doses to patients who have just had an overdose or who have other signs of opioid use disorder (OUD) has been shown to save lives and is a critical intervention EMS can deliver.

PURPOSE

To provide individuals who have just experienced an opioid-related overdose or who have other indications of OUD (At-Risk Person) with a Naloxone Leave Behind Kit, along with instructions on harm reduction and how to access treatment, in order to potentially prevent a future opioid related death. Indicators of OUD may include patient confirmation of opioid use/OUD, concern expressed by family members or others on scene, presence of drug paraphernalia or clinical signs and symptoms.

PROCEDURE

- Identify an At-Risk Person who has experienced an opioid related overdose or has indicators of OUD.
- Complete usual patient care as per Vermont Statewide EMS Protocols. (See [Poisoning/Substance Abuse/Overdose – Adult 2.19A](#) or [Pediatric 2.19P](#), [Altered Mental Status – Adult 2.3A](#) or [Pediatric 2.3P](#).)
- Overdose patients who received naloxone by EMS or prior to EMS arrival should be encouraged to accept transport to the Emergency Department.
- Offer a Naloxone Leave Behind Kit to an At-Risk Person if they refuse transport.
- Additionally, offer a kit to an At-Risk Person that has not experienced an overdose but has indications of OUD.
- The Naloxone Leave Behind Kit may also be given to family members, friends or other persons on scene who are in a position to assist the At-Risk Person.
- Provide instructions on how to use the Naloxone Leave Behind Kit along with harm reduction instructions and information handout on how to access treatment for OUD.
- Patients who used Naloxone on scene prior to EMS arrival may be offered a replacement kit.

Follow standard protocol and contact **Medical Direction** for patients who wish to refuse transport. (See [Refusal of Care Policy and Patient Non-Transport Form 8.15](#).)

DOCUMENTATION

- In SIREN under Provider Action – Treatment, document if a Naloxone Leave Behind Kit was given and number of kits distributed at the scene. If kit was offered but not left behind, briefly document why.
- Dispensing a Naloxone Leave Behind Kit is an approved activity under Vermont EMS Scope of Practice for all provider levels.

Medical Policy 8.11

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Year 1

221 kits during 194 EMS incidents

Statewide Protocols

180+ EMS agencies

Year 2

Expanding to Law Enforcement

EMS training & support



8.11

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VT EMS Protocols

[DEPRIP.12321 2020 Protocols 2021 December 3 Hyperlinked FINAL.pdf \(healthvermont.gov\)](https://www.healthvermont.gov/DEPRIP.12321%2020%20Protocols%2021%20December%203%20Hyperlinked%20FINAL.pdf)

First Responder Wellness

<https://www.healthvermont.gov/FR-wellness>

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Thank you

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