



# SPECIAL ORDER

## SPECIAL ORDER 2018.32

### Leave-Behind Naloxone Pilot & Urgent Follow-Up Program

#### EMERGENCY SERVICES BUREAU

Issue Date: June 04, 2018  
 Expiration Date: July 01, 2019  
 Applicability: All Operational Personnel

#### OVERVIEW

Mobile Integrated Health (MIH) is a group of services that is designed to increase community health and the efficiency of overall health care services provided within a community. The specific services provided as part of an MIH program can vary, depending on the needs of a specific community. The Department is currently in partnership with Howard County General Hospital to study needs, issues, and impacts of a potential MIH services here in Howard County. The Leave-Behind Naloxone Program, including the potential of follow-up visits, is one such service for which a need has arisen in Howard County. The Department, in close cooperation with the HCHD, will begin to provide community health services as they relate to this program.

Despite a wide variety of efforts dedicated to combating the opioid overdose epidemic, many people continue to die from opioid-related overdoses in Howard County<sup>1</sup>. To help reduce these deaths, the Howard County Department of Fire and Rescue Services (Department) has received approval from the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to participate in a state-wide pilot protocol to leave naloxone kits with overdose patients and/or their families.

The administration of naloxone is a key step in the emergency medical care for victims of opioid overdose. The pilot protocol seeks to ensure that those patients of opioid overdose are provided immediate access to life saving naloxone kits and promptly connecting opioid-addicted patients with substance abuse recovery resources.

However, a key component for successfully breaking the cycle of opioid addiction involves helping those with opioid addiction gain access to substance abuse recovery resources<sup>2</sup>. Those battling opioid addiction may not be aware of the recovery resources available or how to access them. The collaborative Leave-Behind Naloxone Urgent Follow-Up Program seeks to facilitate access of these patients to substance abuse recovery resources.

#### DEFINITIONS

- **Addiction** – compulsive need for and use of a habit-forming substance characterized by tolerance and by well-defined physiological symptoms upon withdrawal.



# Howard County Department of Fire and Rescue Services

## SPECIAL ORDER

- 30 ➤ **Crisis Intervention Center** – a facility capable of providing individuals with immediate support for  
31 matters posing a threat to personal safety and mental health.
- 32 ➤ **Leave-Behind Naloxone Kit** – a pre-packaged bag containing nasal naloxone and instructions,  
33 information on available resources for substance abuse recovery and other literature deemed  
34 appropriate by the Department.
- 35 ➤ **Mobile Integrated Health Team** – a partnership between the Howard County Police Department  
36 and Grassroots Crisis Intervention Center to provide two mental health professionals able to  
37 respond free of charge to Howard County residents in psychiatric crisis and to consider suitable  
38 options to deescalate the situation.
- 39 ➤ **Naloxone** – a medication used to block the effects of opioids

### TOPIC DETAILS

#### LEAVE-BEHIND NALOXONE PROGRAM PROCESS:

- 42 • In accordance with the Maryland Leave-Behind Naloxone Protocol (Attachment A), any patient at  
43 least 18 years old that receives naloxone, either before the arrival of, or by EMS, is eligible to  
44 receive a Leave-Behind Kit.
- 45 • **Following applicable patient care in accordance with Maryland Medical Protocols (MMP), all**  
46 **eligible patients shall be offered a Leave-Behind Naloxone Kit.**
- 47 • A nonjudgmental and compassionate demeanor as possible is highly encouraged when interacting  
48 with these patients, even if they are not initially receptive to your offer of a kit or assistance.
- 49 • All overdose patients are eligible to receive a kit, regardless of the whether the patient accepts  
50 transport to the hospital.
- 51 • If a patient refuses transport, providers should attempt to convince the patient to be transported,  
52 which may include medical consultation per MMP. Providers should ensure that patients refusing  
53 transport have the medical capacity to do so.
- 54 • The Leave-Behind Kit may be given directly to the patient, immediate family, or cohabitants.
- 55 • Providers shall make all efforts to obtain the best possible phone number for the patient, so that  
56 follow-up contact can be made.
  - 57 ○ Leave-Behind Kits may still be dispensed if the person declines to provide a phone number.
- 58 • Leave-Behind Kits shall be stocked on all front-line ambulances and medical duty officer vehicles.  
59 Kits shall be restocked from the MDO.
- 60 • When providers are documenting patient care, it is important to complete both ePCR and service  
61 defined questions related to the Leave-Behind Naloxone Kit. These questions may include if the  
62 patient accepted a Leave-Behind Kit, a contact phone number and what resources the patient  
63 may be interested in receiving.

#### COLLABORATIVE URGENT FOLLOW-UP PROGRAM:

- 66 • Howard County Health Department (HCHD) staff attempt to contact every overdose patient  
67 within one business day to discuss recovery resources and arrangements for treatment.  
68 Emergency Services Bureau (ESB) shall generate a daily report from the ePCR system for all  
69 Department overdose incidents that includes the patient's name, best contact phone number and



# SPECIAL ORDER

- 70 whether a Leave-Behind Kit was distributed. That report shall be shared with HCHD staff for
- 71 patient follow-up.
- 72 • Working with ESB staff, HCHD will be offering and arranging follow-up home visits to further
- 73 discuss resources and treatment options. Home visits may be arranged Monday through Friday
- 74 during office hours.
- 75 ○ The radio designations of EMS 112 and EMS 113 have been reserved for use to identify MIH
- 76 teams, which for this program shall consist of at least one HCHD provider and one DFRS ALS
- 77 provider.
- 78 ○ Howard Communications shall be notified and an incident number generated for all in-home
- 79 visits for documentation, accountability, and safety purposes.
- 80 ○ The goal of the in-home visit is to engage the patient in the recovery process by helping to
- 81 address coexisting factors identified during an in-home visit.
- 82 ○ This in-home visit may include a home safety inspection, smoke alarm installation, training on
- 83 naloxone administration and overview of how to access substance abuse recovery programs.
- 84 ○ Individuals seeking immediate access to recovery programs will be connected in real time with
- 85 the available resources as coordinated by the HCHD team members.
- 86 ○ If at any point during the in-home visit the team encounters an individual experiencing an
- 87 emergency, Howard Communications will be contacted and the appropriate additional
- 88 resources dispatched. At least one member of the follow-up team will be a Department
- 89 paramedic and have access to a basic life support bag, medications bag and cardiac monitor.
- 90 ○ If the individual presenting to the MIH follow-up team meets the Department definition for
- 91 being a patient, or if the team engages in patient care, an ePCR shall be completed.
- 92 • All in-home visits shall be further documented in a Go Canvas form that captures pertinent data
- 93 from the visit. Further documentation in the ePCR system shall be completed as appropriate.

**QUALITY ASSURANCE:**

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- 95
- 96 • In accordance with the pilot protocol, the Department’s medical director and his/her designees
- 97 will review cases of Leave-Behind Naloxone Kit distribution. Program metrics for review may
- 98 include overall utilization, quantity distributed, basic patient demographics, trends and best
- 99 practices.

**FORMS/ATTACHMENTS/REFERENCES**

- 101 1. [www.hcdrugfree.org](http://www.hcdrugfree.org), accessed April 2017
- 102 2. [www.drugabuse.gov](http://www.drugabuse.gov), accessed April 2017
- 103 • Attachment A: Maryland Leave Behind Pilot Protocol

Approved:

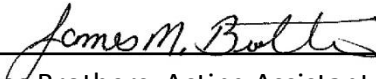
John S. Butler, Fire Chief  
Office of the Fire Chief



Howard County Department of Fire and Rescue Services  
**SPECIAL ORDER**

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Author:

  
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Emergency Services Bureau

**“LEAVE BEHIND” NALOXONE**

Emergency Pilot Protocol

Requires Pilot approval from MIEMSS before implementing

1. PURPOSE

Naloxone is a prescription medication indicated for the reversal of respiratory depression or unresponsiveness due to opioid overdose. Increasing the accessibility and availability of naloxone to family members, close friends, or the public—specifically those at risk for an opioid overdose—may reduce the chance of a prolonged hypoxic event or eventual cardiac arrest.

ALERT: MARYLAND EMS PROVIDERS APPROVED TO PARTICIPATE IN THIS PILOT PROTOCOL DO SO IN ACCORDANCE WITH THE MARYLAND DEPARTMENT OF HEALTH ORDER OF APRIL 1, 2018, “MARYLAND OVERDOSE RESPONSE PROGRAM STATEWIDE NALOXONE STANDING ORDER FOR PARAMEDICS, CARDIAC RESCUE TECHNICIANS-(I), AND EMERGENCY MEDICAL TECHNICIANS” AND COMAR 13.3101.

2. INDICATIONS

Following an administration of naloxone prior to arrival of EMS or as described by the *Maryland Medical Protocols for Emergency Medical Providers*

3. CONTRAINDICATIONS

“Leave Behind” naloxone shall not be dispensed to anyone who has not yet reached their 18<sup>th</sup> birthday.

4. PROCEDURE

- a) Following completion of all general patient care, which may include a patient-initiated refusal of care, naloxone hydrochloride(s) and necessary paraphernalia that has been approved by the EMS Operational Program in accordance with Maryland Department of Health Guidelines may be issued together with instructions on use.
- b) Document the distribution of naloxone in the patient care report as required by the EMS Operational Program.

5. REPORTING

- a) Jurisdictions shall collect documentation on all distributions of naloxone hydrochloride(s) and necessary paraphernalia in this MIEMSS-approved method.
- b) Jurisdictions shall submit quarterly reports to the State EMS Medical Director to include jurisdictional incident numbers and the number of doses of naloxone hydrochloride distributed for each occurrence.