**Greater Miami Valley EMS Council**

**Optional Community Paramedicine EMS Program**

Created by the Research Committee

Distributing Resource Information on Opioid Calls

Updated: April 17, 2017

**Introduction:**

One of the many challenges facing EMS agencies is the increasing number of calls being made because of opiate overdoses. One potential aid in combating these increasing calls is to distribute information regarding local resources that offer assistance about opioid addiction.

This program is optional for area departments. If an EMS agency wishes to adopt the distributing resource information program, they must have approval from their chief and medical director. This is offered by Greater Miami Valley EMS Council as a template; actual implementation is entirely the responsibility of the implementing agency/department.

**Purpose:**

The EMS agency will distribute literature regarding available resources during response calls to opioid overdoses.

**Target Participants:**

* Individuals who overdose on opiates and their support system (family/friends).

**Distributing Resource Literature Procedure:**

The EMS agency will distribute a packet containing information regarding resources available to people addicted to opioids and their families when responding to overdose calls. This will be accomplished through the following action steps:

1. A designated person in the EMS agency will work with agencies in their county to develop a list of resources available to each community.
* Examples of resources include information on the following:
	+ Project DAWN (Deaths Avoided with Naloxone)
	+ Family of Addicts (FOA)
	+ Medication-Assisted Treatment (MAT) providers
	+ Other treatment providers
	+ Support services (e.g., AA, Al-Anon)
	+ Syringe exchange programs (e.g., Public Health – Dayton and Montgomery County’s CarePoint
	+ Conversation for Change
	+ Counterfeit Drug Alerts from local Public Health, social service, and mental health agencies.
1. EMS crews will then offer the packet or bag of information packet to overdose victims, friends, or families as time and circumstances permit while on emergency calls.
2. EMS crews will not distribute information when it would interfere with critical patient care or may delay distributing it (e.g., after arrival at the hospital), and will not do so when the scene temperament indicates doing so could create confrontations.
3. Each quarter, the resources being distributed will be reviewed to make sure the information is up to date.