**Greater Miami Valley EMS Council**

**Optional Community Paramedicine EMS Program**

Created by the Research Committee

**Dispensing/Furnishing Naloxone by Emergency Medical Service (EMS) Personnel**

Updated: June 15, 2024

**Intent:**

This Optional Community Paramedicine Standing Order serves as a template for departments that wish to dispense naloxone. Ohio law has changed significantly since the last version of this was released to Greater Miami Valley EMS Council (GMVEMSC) and is now much less restrictive. See <https://codes.ohio.gov/ohio-revised-code/section-3715.50>, Section B.

Departments may remove the Greater Miami Valley EMS Council logo and title from the heading, and replace it with their own title and logo, also removing this paragraph, and making other changes consistent with guidance from the Ohio Board of Pharmacy.

Prior to issuing this policy, each agency should also do the following:

* **Obtain the approval of the department director and the department medical director.**
* Contact public health and mental health agencies in your county:
	+ Obtain contact numbers for relevant agencies, and plan to provide that information at the same time that naloxone is dispensed. See GMVEMSC’s **“Optional Community Paramedicine EMS Program Distributing Resource Information on Substance Abuse Calls”**.
	+ Ask if those agencies can provide DAWN Kits or financial support to your agency for furnishing naloxone.
* Under the Ohio Revised Code, personally furnishing or dispensing naloxone can be conducted by any level of EMS provider. Determine what level(s) of EMS providers (EMT, AEMT, paramedic) in your agency will be authorized to dispense naloxone.
	+ Determine if all personnel in that certification level(s) are authorized to dispense naloxone, or if you prefer to limit that to selected personnel.
* Determine if your agency will authorize dispensing naloxone while crews are on an EMS incident.
* Determine if department stations will dispense naloxone, and if so which ones and during what hours.

**Policy:**

The \_\_\_\_\_\_\_\_\_ (Department Name) supports the availability of naloxone to combat opioid overdoses. The \_\_\_\_\_\_\_\_\_ (Department Name) supports “Death Avoided With Naloxone” or Project DAWN.

The \_\_\_\_\_\_\_\_\_ (Department Name), with support from Project DAWN, will provide Overdose Response Training and Free Naloxone (SELECT EITHER OR BOTH OPTIONS FOR YOUR AGENCY):

1. At \_\_\_\_\_\_\_\_ Headquarters and/or list of stations [Phone Number(s)] and [Address(es)]

[Available Times (ex. Monday – Friday 9am – 4pm)]

1. On emergency calls as determined by the Dispensing protocol

EMS is permitted to dispense naloxone under Ohio law to any of the following:

1. An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose.
2. A family member, friend, or other person in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose.

**Stipulations:**

1. EMS can only dispense naloxone to be used by others with the express permission of their agency and their agency medical director.
2. UNDER NO CIRCUMSTANCES may naloxone from the Greater Miami Valley EMS Council Drug Bags be given to others for use at a future date, nor can GMVEMSC Drug Bag naloxone be replaced with departmental supplies.

**Purpose:**

To establish a standard for training \_\_\_\_\_\_\_\_\_ (Department Name) personnel and to serve as a Standing Order of the \_\_\_\_\_\_\_Department Medical Director for those personnel to dispense naloxone under Standing Order consistent with guidance from the Ohio Board of Pharmacy (OBP).

**Definitions:**

* 1. Training Programs
		1. Departmental Dispensing/Furnishing Training Program – A minimum standard training curriculum for Departmental personnel on overdose prevention and dispensing or furnishing naloxone as defined by the Medical Director. Each \_\_\_\_\_\_\_\_\_\_\_\_ Department member must complete the Dispensing/Furnishing Training prior to being authorized to dispense naloxone.
		2. Lay Training - A program to be used by authorized Department members each time naloxone is furnished, to train the person receiving the naloxone for future use (Lay Training). The Lay Training may be printed on one sheet of paper, six slides to a page, front and back), and used as a handout, or laminated for repeated use.
	2. Standing Order
		1. Dispensing/Furnishing Standing Order - An order to furnish or dispense naloxone to lay persons.
	3. Naloxone
		1. FDA-approved opioid antagonist medication.
	4. Nasal Naloxone Overdose Prevention Kit
		1. A Pre-assembled kit for nasal naloxone that includes:
			1. Two naloxone atomizers (or number determined by the Medical Director and/or Project DAWN Medical Director);
			2. And may include Face shield (optional); Educational flip guide (optional); and Flier with information about refills (optional).
1. **Furnishing/Dispensing Naloxone**
2. Ohio law (ORC 3715.50) permits persons or government entities to purchase, possess, distribute, dispense, personally furnish, or otherwise obtain or provide an overdose reversal drug (ORD) which includes any instrument or device used to administer the drug, if all the following conditions are met:
	1. The overdose reversal drug is in its original manufacturer's packaging.
	2. The overdose reversal drug's packaging contains the manufacturer's instructions for use.
	3. The overdose reversal drug is stored in accordance with the manufacturer's or distributor's instructions.
3. A protocol established by a physician for EMS to furnish or dispense naloxone shall include all of the following:
	1. Any limitations to be applied concerning the individuals to whom the overdose reversal drug may be furnished or dispensed;
	2. The overdose reversal drug dosage that may be furnished and any variation in the dosage based on circumstances specified in the protocol;
	3. Any storage, recordkeeping, and administrative requirements;
	4. Training requirements that must be met before a person will be authorized to furnish or dispense overdose reversal drugs;
	5. Instructions or training that the authorized person must provide to an individual to whom an overdose reversal drug is furnished or dispensed.
4. There are no specific age restrictions for dispensing an overdose reversal drug.
5. Ohio Revised Code authorizes any individual to administer an overdose reversal drug if the individual is in a position to assist another who is apparently experiencing an opioid-related overdose.
6. Naloxone is generally considered to be safe for laypersons to administer in emergency situations.
7. In addition, Ohio law authorizes persons and government entities to obtain and maintain a supply of overdose reversal drugs for use in emergency situations (i.e., EMS agencies may maintain a cache of overdose reversal drugs for emergencies).
8. A person or government entity that maintains a supply of overdose reversal drugs for use in emergencies must:
	1. Establish a process to replace accessed overdose reversal drugs within a reasonable time period;
	2. Store the overdose reversal drugs in accordance with manufacturer or distributor instructions.
9. A person or government entity that exercises the authority granted by the law is not subject to administrative action or criminal prosecution and is not liable for civil damages arising from exercising that authority. Additionally, after an overdose reversal drug has been dispensed or personally furnished, the person or government entity is not liable for damages in a civil action, criminal prosecution, or professional disciplinary action. The law does not eliminate, limit, or reduce any other immunity or defense that a person or government entity may have under existing law governing the general immunity of public such as political subdivision tort liability, emergency medical personnel immunity, or any other provision of Ohio law or common law of Ohio.
10. The law provides immunity from civil damages, criminal prosecution, and professional disciplinary action for practitioners who prescribe, personally furnish, or dispense in accordance with the authority described above.
11. The law generally maintains similar immunity, providing that an individual who administers an overdose reversal drug is not liable for damages in a civil action, or subject to administrative action or criminal prosecution, so long as the individual, acting in good faith, (1) obtains the drug in an authorized manner, (2) administers it to an individual who is apparently experiencing an opioid-related overdose, and (3) attempts to summon emergency services as soon as practicable, unless emergency services have already been summoned or are present.
12. Select \_\_\_\_\_\_\_\_\_ (Department Name) personnel who have received training in opioid overdose prevention are authorized to furnish Overdose Prevention Kits (Project DAWN Kits) in accordance with this Standing Order of the Medical Director.
13. \_\_\_\_\_\_\_\_\_ (Department Name) personnel authorized to furnish naloxone shall:
	1. Maintain an inventory of naloxone supply
	2. Maintain a log of the:
		1. Date, unit, and name of crew member furnishing and providing training to the recipient
		2. When and where it was furnished
		3. The indication for furnishing: 1) Individuals at risk of experiencing an opioid-related overdose; 2) Family member, friend, or other people in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid-related overdose; or 3) Refill/replacement kit
		4. ***If feasible***, the name and address of the person to whom naloxone was personally furnished.
		5. The OBP has suspended all patient-specific record keeping requirements for personally furnishing naloxone
	3. **Provide education to individuals** to whom they furnish Overdose Prevention Kits (Project DAWN Kits) on the topics listed in the “Dispensing Naloxone” section of this order using the “Furnishing Naloxone DAWN Lay Training” either as a handout or simply a printed or laminated version for the individual to look at.
14. The \_\_\_\_\_\_\_\_\_ (Department Name) shall be responsible for:
	1. Ensuring that the Overdose Prevention Kits (Project DAWN Kits) are properly stocked prior to dispersing
	2. Ensuring that \_\_\_\_\_\_\_\_\_ (Department Name) personnel have been properly trained in opioid overdose prevention
	3. Reviewing logs and naloxone inventory
	4. Preparing, coordinating, and overseeing the training program, including an annual review for opioid overdose prevention
	5. Reviewing and revising this Standing Order as necessary
	6. By law, EMS personnel (or any other authorized person) must instruct the individual to whom naloxone is personally furnished to summon EMS as soon as practicable, either before or after administering naloxone.
15. **Training Program**
	1. The \_\_\_\_\_\_\_\_\_ (Department Name) personnel shall complete training in opioid overdose prevention as coordinated and approved by the Medical Director.
	2. The Training Program shall include, at a minimum, review on the following topics:
		1. Limitations concerning the persons to whom Naloxone my be dispensed;
		2. The naloxone dosage that may be furnished/dispensed and any variation in the dosing based on circumstances specified in the Standing Order;
		3. Labeling, storage, record keeping, and administrative requirements;
		4. Clinical presentation of opioid overdose
		5. Risk factors for an opioid overdose, recognition of an opioid overdose and response to an opioid overdose;
		6. Ohio Revised Code pertaining to dispensing Naloxone;
		7. Logs will be kept per OBP requirements;
		8. \_\_\_\_\_\_\_\_\_ (Department Name) personnel shall complete annual review; documentation of the dates will be maintained.
		9. Use of the brief Lay Training Program for teaching those who receive dispensed/furnished naloxone
16. **Dispensing Naloxone**
	1. \_\_\_\_\_\_\_\_\_ (Department Name) personnel who have received training in opioid overdose prevention are authorized to dispense Overdose Prevention Kits (Project DAWN Kits) in accordance with the Standing Order of the Medical Director to:
		1. Any patient requesting an Overdose Prevention Kit (Project DAWN Kit);
		2. An individual who there is reason to believe is experiencing or at risk of experiencing an opioid-related overdose;
		3. A family member, friend, or other individual in a position to assist an individual who there is reason to believe is at risk of experiencing an opioid related overdose; or
		4. Persons requesting a refill of their Project DAWN Kit.
	2. \_\_\_\_\_\_\_\_\_ (Department Name) personnel shall:
		1. Provide education and training to individuals to whom they dispense Overdose Prevention Kits (Project DAWN Kits) to on the following topics in accordance with the Standing Order:
			1. Information regarding agencies that can assist people with opioid addiction
			2. Proper storage temperature;
			3. Expiration date;
			4. Indications for Naloxone administration;
			5. How to respond to an opioid overdose
				1. Activate EMS
				2. Clear airway
				3. Rescue breathing
				4. Administer Naloxone
				5. Repeat dose in 2-5 minutes if no response
				6. Recovery position
	3. Record Keeping for dispensing of Naloxone
		1. As required by \_\_\_\_\_\_\_\_\_ (Department Name)
17. **Miscellaneous**
	1. Dispatch Center
		1. If someone calls 911 requesting an ambulance to dispense a project DAWN Kit to them, advise them that the kits are available at local pharmacies.
	2. Dispensing
		1. While on a medical emergency call, if you are approached by someone with no relation to the call that you are on, asking about the Project DAWN Kit, advise them that you are medically treating a patient and provide them with the Project DAWN Information packet.
		2. When not on an emergency call, if you are approached by someone requesting a project DAWN kit, follow your department’s guidelines \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
		3. **By law, EMS personnel (or any other authorized person) must instruct the individual to whom naloxone is dispensed to summon emergency services as soon as practicable either before or after administering naloxone.**