



December, 2024  
DOH 530-303

# Naloxone Leave-Behind Program Guidance for EMS

## Background

Medical In accordance with [RCW 69.41.095](#) (SSB 5380 Opioid Use Disorder, 2019) any person or entity may obtain, possess, and administer naloxone. The law defines first responders to include all levels of certified emergency medical services (EMS) providers. This means emergency medical responder (EMR), emergency medical technician (EMT), advanced emergency medical technician (AEMT), and paramedic-level certified EMS personnel may obtain, possess, and administer naloxone.

In September 2019, the Washington State Department of Health issued the [Washington State Standing Order to Dispense Naloxone](#). The purpose of this standing order is to aid persons experiencing an opioid-related overdose by facilitating the distribution of the opioid agonist naloxone to people in Washington.

Naloxone (brand name: NARCAN®) is a medication that can help save lives by reversing the effects of an opioid overdose. The use of naloxone may decrease overdose patient mortality and morbidity by reducing the time a patient has inadequate breathing, decreasing rates of hospitalization and the incidence of costly long-term care related to anoxic brain injury.

A naloxone leave-behind program allows EMS personnel Medical I to provide naloxone kits to individuals who are likely to experience an overdose, an involved bystander, or individuals who are likely to witness an opioid-related overdose in the prehospital setting.

Research shows overdose survivors are at increased risk for fatal overdose. EMS personnel can help reduce the risk of fatal overdose by distributing naloxone kits through a naloxone leave-behind program.

Naloxone leave-behind programs improve linkages to care in the community, which can reduce future overdoses and the strain on the EMS workforce. First responders are uniquely positioned to interrupt the cycle of nonfatal-to-fatal opioid overdose by increasing the distribution of overdose prevention resources to patients in real time.

Naloxone leave-behind allows EMS professionals to give naloxone directly to the people who need it the most. By providing this medication, EMS can save lives beyond the patient care given in the moment of an overdose. First responder naloxone leave-behind programs are an evidence-based strategy for effective harm reduction.

## Medical Program Director (MPD) Role

EMS services must consult with the EMS MPD to initiate and participate in naloxone leave-behind

programs.

If certified EMS providers are administering or dispensing naloxone while in the course of their duties with the EMS service, they must follow MPD-approved patient care protocols and county operating procedures. MPDs develop patient care protocols in accordance with [WAC 246-976-920](#) that function as standing orders for certified EMS providers.

MPDs can refer to or adopt the [Washington State Standing Order to Dispense Naloxone HCl](#) or develop a county protocol using the statewide standing order as a minimum standard.

## Steps for starting a naloxone leave-behind program

1. Contact your MPD for the county policy/protocol/procedures (guidance).
2. Involve key community partners in decision-making and planning.
3. Acquire naloxone.
4. Administer per established MPD guidance.
5. Track and document per established MPD guidance.

## Fundamental Principles for Success

- Identify local “champions” who are supportive of the effort to establish a leave-behind program.
- Get feedback from departments that have implemented a similar program on how it has worked in their unit and kit ideas and resources (i.e., instruction cards, kit labels, resource cards, etc.).
- Develop relationships with local EMS-receiving facilities that may receive patients who have overdosed. These EMS-receiving facilities are key to helping link patients to treatment options.
- Leverage technology to simplify workload and processes. Building the new process into the normal EMS workflow is essential for compliance and buy-in. For example, build a data collection tool for naloxone distribution onto existing iPads (and provide iPads if needed) to allow direct data entry linked to the database to allow for tracking and reporting.
- Naloxone kits may be carried on any EMS unit of those EMS services approved by the MPD to participate in a leave-behind program.
- Leave-behind naloxone should be provided to at-risk patients, patients who are reversed from opioid overdose and refuse EMS transport, and/or family, friends, or community members who are likely to experience or witness an opioid overdose.
- If naloxone was administered by a bystander or family member/friend on scene before EMS arrival, a naloxone kit(s) can be provided for resupply.
- Determine documentation and data requirements based on EMS protocol.
- Overdose patients, when transported, need to be taken to an appropriate EMS receiving facility. However, if a patient refuses transport or leaves against medical advice (AMA), document the encounter in the narrative. If a naloxone kit is left with the patient, obtain as much information as possible for the required reporting data.

## Naloxone acquisition

**Naloxone may be acquired through multiple pathways:**

- EMS service supported (EMS directly purchasing).
- Local public health resources.
- Washington State Department of Health Overdose Education and Naloxone Distribution (OEND) program.

# Washington State Department of Health OEND Overview:

The Overdose Education and Naloxone Distribution (OEND) program supports access to naloxone for people who are likely to experience or witness an opioid overdose. This DOH-supported program provides free naloxone for distribution to patients, clients, and community members; overdose recognition and response training for community organizations; and technical assistance to organizations that are interested in distributing naloxone.

## DOH Overdose Education and Naloxone Distribution (OEND) Principles:

- Naloxone provided by the Overdose Education and Naloxone Distribution (OEND) program for naloxone leave-behind programs shall not be used by EMS to reverse an opioid overdose (except in extenuating circumstances where no other EMS naloxone is available). The naloxone kits are not meant to replace EMS stock but rather to “leave behind” at the scene of an opioid overdose for patients, family, and friends.
- The data requirement for the OEND program includes the number of kits distributed per month; the number of people trained on naloxone administration per month; and the number of people who reported having used their most recent naloxone kit to reverse an opioid overdose. Documentation will be completed to meet OEND requirements and MPD county protocols and procedures.
- Additional kits can be provided for storage at fire stations for restocking apparatus and to offer to the public who may ask about the program.
- EMS services can request additional naloxone kits from DOH as needed (dependent on resources).
- To apply for a leave-behind program, please complete the [Naloxone Program Application](#).
- For more information about the OEND program, contact [naloxoneprogram@doh.wa.gov](mailto:naloxoneprogram@doh.wa.gov).

## Resources

- [EMS Overdose Response and Prevention Support | Washington State Department of Health](#)
- [Washington State Standing Order to Dispense Naloxone HCl](#)
- [EMS and Naloxone Guidance – DOH346-141](#)
- [Washington State Approved Skills and Procedures for Certified EMS Providers - DOH530-173](#)



530-303 December 2024

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