

Naloxone Leave Behind Procedure

Purpose:

To ensure our standards when providing community members with Narcan, this process is separate from Narcan Administration/ rescue. You were provided with Narcan to carry and administer, and the use of Narcan follows current city policies and reporting.

The Narcan provided for Naloxne leave behind is subject to the standards in this procedure.

Naloxone Leave Behind

1. The Community Support team has a contract with the Department of Health to provide individuals at risk with Narcan
2. Limit 1 per individual or 2 per family (within a 90-day period of time)

Who Is eligible to be provided with Narcan

1. Individual Client must meet all the criteria:
 - a. We have not provided Narcan leave behind in the past (within the last 90 days)
 - b. Client reports they had experienced a recent overdose (within the last 7 days)
 - c. Client reports they are an active opioid user and desire some form of help or reprieve from their use
2. Family or friend
 - a. Family member recently overdosed (last 7 days) and family wants to feel empowered to rescue should an event occur in the future
 - b. Friend recently overdosed (last 7 days) and friend wants to be able to feel empowered to rescue should an event occur in the future
3. Other considerations
 - a. Client recently completed treatment such as detox or inpatient eligible and has requested Narcan
 - b. You responded to the overdose, and they sought care in the Emergency room
 - c. Client released from jail (last 3 days) without jail provided naloxone and interested in treatment options or reprieve from their use

Requirements to provide Naloxone leave behind

1. Obtain the minimum Demographics
 - a. The name,
 - b. Date of Birth
 - c. Identified gender
 - d. Race and ethnicity
 2. Obtain release of information that includes the County Department of Health
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Notes and reporting

1. Create a note as standard requirement
 - a. Service provided selected should be other: you will have to write in **Naloxone**
2. Document and report to the Department of Health at the time of notation
 - a. Link to the form here
 - b. Complete all fields including demographics
 - i. Organization agency - select City Embedded Social Worker
 - ii. Name of the staff member who responded- Provide your full name
 - iii. Date-exact date provided
 - iv. Zip code- Where were you in the City when you provided the Naloxone
 - v. Number of kits provided (should never be more than 2)
 - vi. Was Narcan left behind during overdose response- select 1 of 2 options
 1. Overdose response (likely only Fire/ Police)
 2. Outreach (most common expected)
 3. DO NOT select other