Maine EMS is excited to announce the formal launch of the Naloxone Leave Behind Program. The Medical Direction and Practices Board released the Naloxone Dispensation (Yellow 4, attached) protocol with the December 1, 2021 Protocol roll out that describes the pathway for dispensing naloxone to survivors of opioid overdoses, including their friends and family. Although the goal of the Overdose Protocol (Yellow 1) is to titrate naloxone to respiratory improvement and not necessarily awaken the patient, clinicians may encounter patients that awaken prior to arrival or during care as a result of a naloxone administration.

Maine EMS, in collaboration with the Maine Department of Health and Human Services, will be providing nasal naloxone kits and required printed materials for distribution by clinicians responding with EMS transporting agencies. It may be prudent for EMS agencies to take proactive actions by aggregating a list of local substance use disorder resources to accompany the materials provided in the kit. EMS transporting agencies wishing to participate in the Naloxone Leave Behind Program must request naloxone kits from the state by going to https://getmainenaloxone.org/ems/. Colleagues at the University of Maine Orono have put together a YouTube Video to assist EMS agencies with requesting naloxone from the state’s supply for this program.

It is important to note that EMS clinicians MUST complete the online, MEMSEd training, entitled, “Maine EMS Naloxone ‘Leave Behind’ Dispensation Training” before they are able to dispense one naloxone kit to the patient, family member, or friend. The Naloxone Leave Behind Program and Dispensation Training does not impact EMS clinicians’ authorization to administer naloxone for the clinical management of a patient suspected of experiencing an opioid overdose. However, these kits must not be used by EMS clinicians in the clinical management of the patient and are only to be utilized for distribution to survivors of opioid overdose, their friends or family.
EMS clinicians will be required to document dispensation of the naloxone leave behind kits within MEFIRS. Beginning March 1, 2022, at 00:01, EMS clinicians with a transporting EMS agency that encounter a patient who is resuscitated with naloxone, refuses transport, and a naloxone kit is not dispensed, will be required to fill out a survey with the ePCR in MEFIRS. This survey is intended to better understand and identify barriers to naloxone distribution throughout the State of Maine.

If you have any additional questions, comments, or concerns, please don’t hesitate to reach out to the EMS office at maine.ems@maine.gov or (207) 626-3860.
Amendments to Maine Law in 2021 allow EMS clinicians in the state of Maine to distribute naloxone to patients who are treated for opioid overdose, but refuse transport to the hospital. This protocol establishes the conditions for naloxone distribution (i.e., Naloxone "Leave Behind" Program).

For patients refusing transportation, please refer to the Transport protocol, Grey 20.

EMT/AEMT/Paramedic

If a patient treated for opioid overdose refuses transport to the hospital, and:

1. The patient has decision making capacity (defined by Maine EMS Transport Protocol, Grey 20, and

2. Responding EMS clinicians are trained to distribute naloxone, and

3. Maine EMS approved naloxone distribution kits are available, then:
   a. Distribute one (1) Maine EMS approved naloxone kit for future use to either the patient, for the patient, their family or friends to use in the case of suspected opioid overdose.
   b. Perform point of care training for use of the kit as described in Maine EMS naloxone distribution training.
   c. In addition to the naloxone kit and point of care training, please also provide a list of local substance use disorder resources.

PEARLS

• Maine has disproportionately been affected by the national opioid epidemic. In an effort to address opioid overdoses, Maine EMS has worked with the legislation to create pathways for distribution of naloxone in the instance a patient is treated for opioid overdose in the pre-hospital environment AND refuses transport.

• Please recognize, this protocol is specific to opiate use disorder AND the patient MUST meet the criteria for decision making capacity as described in the Maine EMS Transport Protocol, Grey 20. For patients WITHOUT decision making capacity, please follow the steps in Grey 20.

• The 130th Maine Legislature passed LD 1333, "An Act Concerning the Controlled Substances Prescription Monitoring Program and the Dispensing of Naloxone Hydrochloride by Emergency Medical Services Providers" which authorizes the practice of EMS clinicians leaving a medication with a non-transported patient for future use. Please recognize, this practice is authorized for naloxone ONLY.
**How to Use Narcan®**

1. Peel open the package and hold the device
2. Place the tip of the nozzle into either nostril
3. Press the plunger firmly to administer the dose

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**Signs of Overdose**

- Not moving and cannot be awakened
- Slow, shallow, or no breathing
- Blue lips and nails
- Choking, gurgling sounds, or snoring
- Cold or clammy skin
- Tiny pupils
- Slow, erratic, undetectable pulse

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**The SAVE ME Protocol**

1. **Stimulate**
   - Unresponsive? **Call 9-1-1**
2. **Airway**
   - Check and open
3. **Ventilate**
   - 1 breath every 5 seconds
4. **Evaluate**
   - Breathing?
5. **Medication**
   - 1 dose of naloxone
6. **Evaluate**
   - Wait 3 minutes. Another dose?
**Free Overdose Safety and Education Resources**

**The Brave app**
- Peer-based remote overdose prevention
- Supervised consumption
- Anonymous and private
- No judgment
- Customized rescue plans

**OD-ME overdose response app**
- Signs of overdose
- How to use and store Narcan® and vial & syringe naloxone
- Rescue breathing
- Links to call 9-1-1 and 2-1-1

**An operator will:**
- Ask for your first name, location, and phone number
- Notify EMS of your location if you stop responding

**Need more naloxone?**
[www.getmainenaloxone.org](http://www.getmainenaloxone.org)