



EMS Information Bulletin 2018-03

DATE: January 19, 2018

SUBJECT: Naloxone leave-behind program

TO: Pennsylvania EMS Agencies
Pennsylvania EMS Agency Medical Directors
Pennsylvania Medical Command Facilities

FROM: Aaron M. Rhone, EMS Program Manager

A handwritten signature in blue ink, appearing to read 'A. Rhone', is placed to the right of the 'FROM:' field.

On January 17, 2018 the Department of Health's Bureau of Emergency Medical Services (EMS) published EMS Information Bulletin 2018-02 relating to Acting Secretary and Physician General Dr. Rachel Levine's updated [Standing Order DOH-001-2018](#).

Standing Order DOH-001-2018 states:

“This standing order authorizes Department-certified EMS providers or Department-licensed EMS Agencies who have responded to an individual experiencing an opioid-related overdose (At-Risk Person), and who are therefore in a position to assist that At-Risk Person, to leave behind naloxone with the At-Risk Person or with family members, friends, or other persons who are in a position to assist the At-Risk Person, along with instructions to follow the naloxone package insert directions and the guidance provided in Standing Order DOH-002-2017, available on the Department's website.”

The naloxone leave-behind program is an optional program that is strongly encouraged of all EMS agencies within the Commonwealth. EMS agencies are not mandated to participate.

If a medical command physician believes that it is in the best interest of the patient for a leave-behind dose they may suggest but not order the leave-behind of naloxone. The Department suggests the following verbiage be used:

If your agency participates in the naloxone leave-behind program, I recommend that you leave a dose behind if the patient meets the definition in Department of Health Standing Order DOH-002-2017.

Medical Command Facilities shall ensure that all Medical Command Physicians have received this Information Bulletin as well as post this near the Medical Command phone and/or radio.