

**EMS-related Frequently Asked Questions (FAQs) of
Acting Secretary and Physician General on Updated Naloxone Standing Order DOH-001-2018**

1. What is the Acting Secretary and Physician General’s updated Naloxone Standing Order?

In October 2015 then Physician General Dr. Rachel Levine signed Standing Order DOH-002-2015. The standing order’s goal is to ensure that residents of the Commonwealth of Pennsylvania who are at-risk of experiencing an opioid-related overdose, or who are family members, friends or other persons who are in a position to assist a person at risk of experiencing an opioid-related overdose are able to obtain Naloxone.

The January 10, 2018 updated [Standing Order DOH-001-2018](#) added language for a naloxone leave-behind program. Specifically, 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.”

2. Is an agency required/mandated to leave naloxone behind?

As the opioid crisis continues to impact the Commonwealth of Pennsylvania, the Department of Health recommends agencies participate in the naloxone leave-behind program. However, it is not mandatory or required for agencies to participate.

3. Is there funding available for EMS agencies to purchase naloxone for the leave-behind program?

Naloxone kits are available for free through the Pennsylvania Commission on Crime and Delinquency (PCCD). PCCD serves as the lead agency to administer the \$5 million of state funds to support the Naloxone for First Responders program. To find your Centralized Coordinating Entity please visit PCCD’s website, with an interactive map found at:

http://www.pccd.pa.gov/criminaljustice/advisory_boards/Pages/Naloxone-for-First-Responders.aspx

4. How can I get more of the naloxone kits from PCCD through the CCEs?

EMS agencies who choose to participate can obtain more naloxone kits by completing the procurement process established by your CCE.

5. I didn't apply by November 6, 2017, can my EMS agency still obtain naloxone kits?

Yes, EMS agencies can still obtain naloxone kits through PCCD by contacting their CCE. To find the CCE for your respective county please visit:

http://www.pccd.pa.gov/criminaljustice/advisory_boards/Pages/Naloxone-for-First-Responders.aspx

6. How many doses should be left behind?

Agencies who elect to participate in the leave behind program should leave a single kit provided by PCCD or a single dose of naloxone behind if the agency has not received a kit.

7. Should EMS leave a dose with an At-Risk-Person if there is no other person (family or friend) present?

An EMS agency who elects to participate in the leave-behind program should consult with their agency's medical director and create a policy for the leave-behind program.

8. Is leaving naloxone behind covered under an EMS practitioners' scope of practice?

Yes, as noted in [EMS Information Bulletin 2018-02](#) the Department of Health considers EMS agencies and EMS providers participating in the naloxone leave-behind program to be operating within the scope and under the authority of the Emergency Medical Services System Act, 35 Pa. C.S. §§ 8101-8157, and the department's corresponding regulations, 28 Pa. Code §§ 1001-1033.

9. Can the EMS Agency utilize a mobile integrated healthcare program to deliver the instructions for use after naloxone is left behind?

The EMS agency should provide initial instructions at time of leave behind. However, the agency may utilize their mobile integrated healthcare program to provide referral services or follow-up utilizing their normal processes.

10. Is there additional required reporting to the Department of Health?

Yes, while EMS agencies must continue to complete an electronic patient care record (PCR), the Bureau of EMS is requiring those agencies participating in the naloxone leave-behind program to complete the following survey at time of PCR completion. The survey can be found at <https://www.surveymonkey.com/r/R56LSKR>.