**Greater Miami Valley EMS Council**

**Optional Community Paramedicine EMS Program**

Created by the Research Committee

Post Overdose Response Outreach Community EMS Program

Updated: April 18, 2017

**Introduction:**

One of the many challenges facing EMS agencies is the increasing number of opiate overdose calls. This crisis is continuing to rise both locally and nationally. Not only is this a risk to human life, but it also increases the amount of other opiate related crimes.

One potential solution to this challenge is through the use of post overdose response outreach programs. Such programs have proven successful in numerous communities, such as Colerain Township in Hamilton County, Ohio. The programs go by different names in different counties:

* Quick Response Team (QRT)
* Getting Recovery Options Working (GROW) Team
* Post Overdose Response Team
* And others

This program is optional for area departments. It provides an opportunity for your EMS agency to participate in efforts to reduce the devastation of the opioid crisis in your community.

If an EMS agency wishes to adopt a post overdose response outreach program, they must have approval from their chief and medical director. Note that this is offered by Greater Miami Valley EMS Council as a template and actual implementation is entirely the responsibility of the implementing agency/department. This SOP template should be altered to match the needs of your agency, your community, and your county. **It is crucial that each EMS agency planning to participate in such a program communicate and coordinate with public health, law enforcement, the mental health board, and others in that agency’s county. In some counties, grant funds are available to support such programs.**

**Purpose:**

An overdose outreach team conducts visits to the homes of individuals who have overdosed on opiates and have been saved or to homes of those who have suffered a fatal overdose, with the intention of educating the community on available resources and treatment options. Additionally, these efforts are appropriate to cross jurisdictional boundaries, if necessary.

**Target Participants:**

* Individuals who overdose on opiates and their support system (family/friends).

**Outreach Response Team Procedure:**

The multidisciplinary outreach team, consisting of one representative each from local EMS and law enforcement, and a support service provider (from an organization such as the county public health agency, Alcohol, Drug, and Mental Health Services (ADAMHS) board, or a certified-peer supporter), will follow up within seven days of an overdose save or fatal overdose. The team will conduct outreach to the homes of those individuals to educate them and their support system (family and friends) on available resources in the community to prevent another overdose or death. This will be accomplished through the following action steps:

1. Designated team members will gather recent opiate overdose information and maintain a list of recent overdoses.
2. The designated team member will coordinate with the community based organizations and other team members to schedule visits to follow up with recent overdoses.
3. The outreach team will attempt to visit the home address of the individual who overdosed. If the individual is not at home or no one answers the door, they will leave a bag or packet that includes resources for all appropriate services. See GMVEMSC’s “Optional Community Paramedicine EMS Program Distributing Resource Information on Opioid Calls” for examples of information to include. Such materials may be available from the Public Health, social service, and mental health agencies in your county.
4. Once contact is made, a conversation will be attempted. The team explaining who we are and why we are reaching out to them and their support system. Team members will ask questions, giving the individual the opportunity to share their story and their struggles. The team will show empathy towards the individual’s situation to help build relationships between the community, EMS, law enforcement, and local resource providers. This conversation provides an opportunity to educate the individual with resources available to them throughout the county, as well as meeting the individual and his/her family where they are in the process of getting help.
5. If indicated, the EMS team member will offer to perform patient assessment, or provide emergency treatment, including calling for additional resources.
6. A primary focus is to assess if the individual could be immediately transferred to a Medication-Assisted Treatment (MAT) provider. Team members must have knowledge of this program and know initial screening processes. If this program is not immediately available, information will be shared about other available resources.
7. If the EMS team member’s department is participating in the “Personally Furnishing Naloxone by Emergency Medical Service Personnel” (see separate GMVEMSC Optional Community EMS program of that title), training can be conducted, and a DAWN Kit furnished as part of the visit.
8. The outreach team will track the number of houses visited each week and the outcome of each visit. Further follow up will be conducted as needed.
9. The outreach team will evaluate the program on a regular basis (e.g., bimonthly) to learn patterns as well as identify barriers to accessing resources in the community, and share this information with all partners involved with outreach and all crucial partners involved with the larger recovery community.