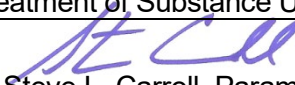



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Treatment of Substance Use Disorder		Policy Number 736	
APPROVED: Administration:	 Steve L. Carroll, Paramedic	Date: July 1, 2025	
APPROVED: Medical Director:	 Daniel Shepherd, M.D.	Date: July 1, 2025	
Origination Date:	March 12, 2024	Effective Date: July 1, 2025	
Date Revised:	March 12, 2024		
Date Last Reviewed:	March 12, 2024		
Review Date:	March 31, 2025		

- I. PURPOSE: To define the authorized treatment and harm reduction strategies Ventura County personnel may use when they encounter a patient with substance use disorder. Specifically, to authorize the distribution of naloxone kits, administration of buprenorphine tablets, and patient referral to a substance use counselor as outlined below.
- II. AUTHORITY: California Health and Safety Code, Sections 1797.220 and 1798; California Code of Regulations, Title 22, Sections 100091.02, 100096.02, 100079.03
- III. POLICY: The opioid crisis has had a profound impact on communities across the United States. This policy attempts to mitigate the impact of the crisis by increasing the availability of naloxone, as well as improving access to medication-assisted treatment and other addiction treatment services. All EMS personnel may distribute naloxone kits to patients with suspected opioid use disorder, or their friends/family. ALS personnel may administer buprenorphine to patients with suspected opioid withdrawal who have a COWS score ≥ 8 . All EMS personnel should refer any consenting patient with a suspected substance use disorder to a substance use disorder navigator as defined below. All relevant training will be offered to the recipient at the time of distribution.
 - A. Indications
 1. Buprenorphine:
 - a. Age ≥ 16 and suspected opioid withdrawal with a COWS ≥ 8
 2. Naloxone distribution
 - a. Suspected opioid use disorder
 3. Referral to substance use counselor
 - a. Suspected substance use disorder
 - B. Contraindications
 1. Buprenorphine:
 - a. Age < 16

- b. COWS < 8
- c. Any methadone use within the last ten days
- d. Altered and unable to give consent (unable to comprehend potential risks and benefits for any reason)
- e. Severe medical illness (sepsis, respiratory distress, etc.)
- f. Known allergy to buprenorphine
- g. Use caution, and consider withholding buprenorphine, for patients at greater risk of respiratory depression:
 - i. Patients who remain sedated after naloxone administration
 - ii. Patients currently under the influence of benzodiazepines, alcohol, or other CNS depressants.
- 2. Naloxone distribution
 - a. None
- 3. Referral to substance use counselor
 - a. Patient does not consent to referral

IV. PROCEDURE:

A. Buprenorphine Administration

- 1. Assessment and treatment shall be in accordance with VCEMS policies and procedures.
- 2. Assess opioid withdrawal signs and symptoms and determine clinical opioid withdrawal scale (COWS) score.
- 3. Assess for exclusion criteria
- 4. If no exclusion criteria, and COWS \geq 8, provide supportive care and counseling, and then assess patient interest in buprenorphine
- 5. If patient consents to treatment with buprenorphine:
 - a. Give water to moisten mucous membranes
 - b. Administer 16 mg of buprenorphine SL
 - c. Instruct patient not to chew or swallow the tablet. It must dissolve in their mouth. No food or drink for at least five minutes after administration.
 - d. Reassess after ten minutes
 - e. Repeat with 8 mg if symptoms are not improved or worsening
 - f. Max dose of buprenorphine is 24 mg
 - g. Refer to substance use disorder treatment navigator.
 - h. Provide medication for addiction treatment brochure

6. If patient declines buprenorphine:
 - a. Refer to substance use disorder treatment navigator.
 - b. Provide medication for addiction treatment brochure.
7. Refusals/AMAs:
 - a. Patients refusing transport **are** eligible for buprenorphine administration and should be referred to a substance use disorder treatment navigator.

*** See treatment algorithm on final page ***

B. Naloxone distribution

1. Treat patient in accordance with VCEMS policies and procedures
2. When a patient is treated for overdose or is suspected to be at risk of opioid misuse, the patient will be offered a leave-at-home naloxone kit.
3. A leave-at-home naloxone kit may also be provided to friends/family/bystanders who are at risk of opioid misuse or close to those who are.
4. Naloxone kit recipients will be provided training to aid in a lay person overdose response. At a minimum, the training will consist of the following:
 - a. Signs and symptoms of an opioid overdose
 - b. Administration of nasal naloxone
 - c. Activating the 911 system
 - d. Hands Only CPR. Instruct the recipient how to perform chest compressions: “place your hands between the nipples and push hard and fast.”

C. Referral

1. All patients who are given buprenorphine will be referred to Conejo Health Substance Use Navigator through Pulsara.
2. All patients with a substance use disorder are also eligible for referral to a Conejo Health substance use disorder navigator.
3. Obtain consent for referral and then refer to substance use disorder treatment navigator by completing “consult template” in Pulsara and transmitting to “Conejo Health”.

D. Substance Use Navigator Contact Information

1. 24/7 Conejo Health Substance Use Navigator: 1-844-930-4434

E. Documentation

1. All Buprenorphine and/or leave-at-home naloxone kit distribution must be documented in the Ventura County Electronic Patient Care Report (VCePCR) system in accordance with VCEMS Policy 1000 – Documentation of Patient Care.

F. Inventory

1. Conejo Health will supply buprenorphine, leave-at-home naloxone, and supplemental print materials to EMS System provider agencies.

Clinical Opioid Withdrawal Scale (COWS) Information

[EMS.wiki](https://www.ems.wiki) or <https://conejohealth.com/ems-cows>



BUPRENORPHINE ADMINISTRATION ALGORITHM

