

**NORTH COAST EMS
AGREEMENT TO PROVIDE
BLS INTRANASAL NARCAN (NALOXONE)**

This agreement is made and entered into on this _____ day of _____, 20__ by and between **North Coast Emergency Medical Services**, 3340 Glenwood Eureka, CA hereinafter referred to as “**NCEMS**”, and _____, hereinafter referred to as “**BASIC LIFE SUPPORT (BLS) INTRANASAL NARCAN (NALOXONE) PROVIDER**”.

WHEREAS, **NCEMS** is designated the local emergency medical services agency by the Counties of Del Norte, Humboldt, and Lake pursuant, in part, to Division 2.5 of the California Health and Safety Code, incorporated herein by reference, and

WHEREAS, **NCEMS** is responsible for the planning, organization, coordination, and evaluation of local EMS systems pursuant to Section 1797.103 of the California Health and Safety Code, and

WHEREAS, **NCEMS** is responsible for approval of First Responder Agencies and approval of BLS Intranasal Narcan (naloxone) administration, and

WHEREAS, **BLS INTRANASAL NARCAN (NALOXONE) PROVIDER** agrees to provide emergency medical service response according to the policies, procedures, and protocols of **NCEMS** as outlined in the California Administrative Code, Title 22, Division 9, Chapter 2; therefore,

IT IS MUTALLY AGREED AS FOLLOWS:

I. TERM:

This agreement shall begin on _____, and shall be automatically renewed on an annual basis unless terminated by either party giving thirty (30) days written notice to the other party.

II. BLS INTRANASAL NARCAN (NALOXONE) PROVIDER Agrees:

- a. To abide by all state laws, regulations, and North Coast EMS policies, procedures and protocols.
- b. To ensure that only personnel trained and approved to use intranasal narcan (naloxone) and that are affiliated with the provider are allowed to administer or use intranasal narcan (naloxone).

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(continued)

- c. To ensure that each affiliated individual is oriented to and at all times proficient in the use of BLS intranasal narcan (naloxone).
- d. To ensure that each provider notifies NCEMS after any use of BLS intranasal narcan (naloxone), utilizing the NCEMS BLS intranasal narcan (naloxone) reporting form.

III. Designation by NCEMS:

Execution of this agreement by all the parties designates an approved BLS INTRANASAL NARCAN (NALOXONE) PROVIDER by NCEMS.

EXECUTED BY THE PARTIES

By: _____ Title _____
For BLS INTRANASAL NARCAN PROVIDER

_____ Phone Number _____
Agency Mailing Address

_____ Date _____
Agency Contact Person Email

By: _____ Date _____

_____ Director _____
Larry Karsteadt Printed Name Title