



Novel Coronavirus (COVID-19) and Opioid Overdose Response

GUIDELINES FOR COMMUNITY PRACTICE SETTINGS

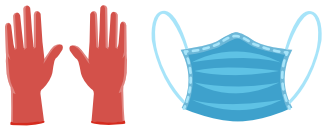
SCOPE

This document provides guidance in relation to opioid overdose response in community practice settings. It is intended for settings such as street outreach, shelters, supportive housing, community-based clinics and offices, supervised consumptions sites and overdose prevention sites. It does not apply to places where it is reasonable to expect an advanced medical response, such as licensed facilities and outpatient clinics located on hospital property.

HOW THIS DOCUMENT IS ORGANIZED

This document is organized according to the **British Columbia Centre for Disease Control (BCCDC) SAVE ME framework**. There are two main arms for the response depending on whether the practice environment does or does not use aerosol-generating medical procedures such as bag valve mask ventilation.

AT THE START OF YOUR SHIFT



Check overdose response supplies and Personal Protective Equipment (PPE). Ensure supplies are available and in good condition.



Consider keeping equipment for a single overdose response separate from the main equipment supply (e.g. Facility Overdose Response Box) to prevent possible contamination of the entire supply.



Discuss overdose response procedures with staff and confirm roles and responsibilities, including which staff members are available to call 911, provide rescue breaths and administer naloxone.

RECOGNIZE THE SIGNS OF AN OPIOID OVERDOSE



Not moving and can't be woken



Unusual snoring or gurgling sounds



Cold or clammy skin



Slow or no breaths (less than 10–12 breaths/min)



Blue or grey lips and nails



Tiny pupils

PUT ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

IF PERFORMING AEROSOL-GENERATING MEDICAL PROCEDURES (SUCH AS BAG VALVE MASK VENTILATION)



N95 Mask



Goggles or face shield



Gown



Gloves

IF NOT PERFORMING AEROSOL-GENERATING MEDICAL PROCEDURES



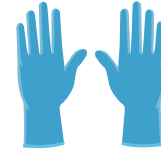
Surgical or procedure mask



Protective eye wear, goggles or face shield

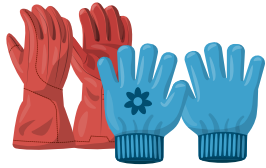


Gown



Gloves

If these items are **not** available consider wearing:



Any gloves you have



A homemade mask or bandana



Prescription eye glasses or sunglasses



A large shirt or apron

STIMULATE



1 Verbally encourage the person to take breaths. This can be done while putting on PPE.



2 If they do not respond, stimulate physically.



3 If there is no response to physical stimulation, **call 911 immediately.**



4 Sites with access to oxygen therapy and, or bag valve mask ventilation may wish to proceed without calling 911 at this time.

AIRWAY



1 Ensure the person is lying down on a hard surface.



2 Tilt head and clear airway.



3 Verbally encourage the person to take breaths once airway is cleared.

VENTILATE

Ventilation is a critical component of opioid overdose response. The longer a person is without oxygen, the more likely they are to experience hypoxic brain injury.



IF USING A FACE SHIELD OR POCKET MASK

- 1 Provide rescue breathing (one breath every 5 seconds).

- 2 Face shields in Take Home Naloxone (THN) kits and Facility Overdose Response Boxes (FORB) have a one-way valve and a large impermeable area that protects the responder from respiratory secretions or droplets.
- 3 Whenever rescue breathing is provided, there is always a risk of infection, particularly if provided without PPE. However, this risk is very low relative to the very high risk of brain injury or death during an overdose event.
- 4 If someone already shares germs with the person (a member of their household, for example) they may wish to provide the rescue breathing.



IF USING A BAG VALVE MASK ¹

- 1 Sites with **requisite training and expertise** may use a bag valve mask with HEPA or bacterial/viral filter attachment. This is a high risk aerosol-generating medical procedure, therefore droplet precautions are required with N95 respirator and goggles or face shield instead of surgical or procedural mask).
- 2 Non-essential people and people not wearing the correct PPE should leave the room or stay as far away as possible.



IF PROVIDING OXYGEN THERAPY

- 1 Use nasal prongs and a flow rate of 1 to 6 L/min² or 1 to 15 L/min by simple or non-rebreather mask.



EVALUATE

Is the person breathing on their own? Have they regained consciousness? If the person has started breathing on their own/regained consciousness, continue to monitor and support but, do not administer naloxone at this time.

MEDICATION



IF PROVIDING VENTILATION

Administer **one** dose of naloxone by intramuscular injection.³

IF NOT PROVIDING VENTILATION

If the person is not breathing and ventilation is not provided, administer **two** back-to-back doses of naloxone by intramuscular injection.



EVALUATE AND SUPPORT

Continue to breath for the person until they are breathing on their own. **Wait 3–5 minutes** before deciding if another dose of naloxone is required. Repeat cycle as needed.

¹ Fraser Health recommends against using bag valve masks unless staff have received specialized training and are highly skilled and experienced in their use. Bag valve mask ventilation is a complex skill to master and maintain competence in, generally requiring two individuals to apply the face mask and operate the bag. Performed incorrectly, it can result in serious injury or death. Please refer to the BCCDC position statement on Bag Valve Masks for Overdose Response: http://www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/Epid/Other/BCCDC_BVM_PositionStatement.pdf

² Low flow oxygen (1–6 L/min on nasal prongs) is not considered an aerosol generating procedure

³ Nasal naloxone is not recommended at this time as it may aerosolize respiratory droplets

⁴ Chest compressions only is considered a low risk aerosol generating procedure

CHEST COMPRESSIONS (CPR)

If the person's heart stops, use hands-only chest compressions while covering the person's mouth and nose lightly with a surgical mask, towel or t-shirt. Use this table to guide the best choice of PPE for the specific client:

	LOW RISK FOR COVID-19 (ASYMPTOMATIC AND NO EXPOSURE TO AT-RISK PEOPLE / PLACES)	HIGH RISK FOR COVID-19 (SYMPTOMATIC OR EXPOSED TO AT-RISK PEOPLE / PLACES OR POSITIVE TEST IN THE PAST 28 DAYS)
CHEST COMPRESSIONS ONLY ⁴	Surgical mask, eye protection, gloves, gown	N95 mask, goggles or face shield, gloves, gown
CHEST COMPRESSIONS WITH MANUAL VENTILATION (E.G. BAG VALVE MASK) OR SUCTION	N95 mask, goggles or face shield, gloves, gown	N95 mask, goggles or face shield, gloves, gown

Non-essential people and people **not wearing the correct PPE** should leave the room or stay as far away as possible.

WHEN EMERGENCY MEDICAL SERVICES (EMS) ARRIVES

Ask people to leave the room before EMS performs aerosol-generating medical procedures such as bag valve mask ventilation, and stay away for one hour following these procedures.

Think about moving the person outside to avoid aerosolized droplets in the service delivery area. Things to consider include whether or not there are people outside who could be exposed, risk of physical injury when trying to move the person, and **how closing the service for one hour plus cleaning time would impact others.**

WHEN THE RESPONSE IS OVER

Take off and dispose of PPE, including hand washing. If aerosol-generating medical procedures have been performed, the space needs to be closed long enough for the air management system to clear the air of 99% of any airborne contaminants. If you do not know your air system specifications then the space stays closed for at least one hour. Anyone entering the space before the air is clear must wear a N95 mask and eye protection (plus a gown and gloves if you are going to touch anything in the room).

Get support: Debrief the event with a friend or get support for your own well-being. We need you!

AIR CLEARANCE TIME (MINUTES) REQUIRED FOR REMOVAL

* Values apply to an empty room with no aerosol generating procedures

** Fraser Health has adopted a standard 99% efficiency for air clearance time

AIR CHANGES PER HOUR*	99% EFFICIENCY**
2	138 (minutes)
4	69
6	46
8	35
10	28
12	23
15	18
20	14
50	6

CLEANING AND DISINFECTING

Fraser Health services follow Fraser Health Infection Prevention and Control guidelines:

[fhpulse/quality_and_patient_safety/infection_control/novel_coronavirus/FH%20COVID-19%20Cleaning%20and%20Disinfection%20for%20Community%20Settings%20\[Guidance\].pdf](https://fhpulse/quality_and_patient_safety/infection_control/novel_coronavirus/FH%20COVID-19%20Cleaning%20and%20Disinfection%20for%20Community%20Settings%20[Guidance].pdf)

Other organizations may refer to BCCDC cleaning and disinfecting guidelines:

bccdc.ca/health-info/diseases-conditions/covid-19/prevention-risks/cleaning-and-disinfecting