

## OVERDOSE PREVENTION & RESPONSE: POLICY AND PROTOCOL RECOMMENDATIONS FOR SERVICE PROVIDERS

### PURPOSE

To provide guidance for service providers to develop overdose (OD) prevention & response policies & protocols.

### OD PREVENTION, RECOGNITION & RESPONSE: FIRST AID & HARM REDUCTION TRAINING

Do your staff have:

- OD prevention, recognition & response training?** Training resources include the BCCDC [online training](#) & [Training Manual](#); St. Paul's [Web app training](#) & Learning Hub's [Train-the-Trainer](#). Contact your local health authority for in-person training support.
- First Aid Training** that includes responding to ODs? This is essential for unregulated care providers working where OD risk is high. Depending on response times, higher levels of intervention may be required including chest compressions.
- Harm Reduction Training?** Knowledge of harm reduction practices is fundamental for staff who work with people who use substances. Harm reduction addresses: safer use of drugs & alcohol; appropriate use of harm reduction equipment; access to health care; personal & cultural safety practices; & mechanisms for dealing with critical incidents. Contact your local health authority for training opportunities. Access the online [Harm Reduction Training](#) from Learning Hub.

### CLIENT INVOLVEMENT

Does your agency:

- Encourage clients to get OD prevention, recognition, & response training including acquiring their own naloxone kit?**
- Have accessible venues to solicit meaningful client feedback?** A variety of options can be used in combination such as: monthly client peer meetings; annual anonymous surveys; & a suggestion/complaint box.
- Have paid client positions/peer trainers?** Peer trainers are an asset to both client & staff trainings.

### DRUGS POLICY

Does your agency:

- Have current [policies related to substance use](#)** that might increase isolation & OD risk associated with using alone such as 'no guest policies', 'no use onsite', or police attending 911 calls? Have punitive sanctions in relation to drugs that would change or compromise an individual's ability to access services & supports? This will likely inhibit communication about drug use, ODs, & staff's ability to intervene effectively.
- Have a transparent drugs policy for clients & staff?** Share it with clients/staff in conversations, posters & training.

### OVERDOSE PREVENTION

Does your agency:

- Recommend that all staff who have contact with clients receive the training referenced above?**
- Have a protocol addressing both onsite & offsite ODs?** Have a protocol for volunteers & practicum students?
- Track staff training?** Training for staff should occur annually, or more regularly if needed.
- Have an agency staff trainer** (or an external resource)? This will help with refresher, new staff, & client trainings.
- Have OD response drills at regular intervals at each facility in your agency?**
- Identify quiet corners where clients & their guests might use substances & be at risk for OD?** (e.g., washrooms & stairwells.) Develop a system for checking these spaces & posting signs to direct people to ask for assistance.
- Have public access washrooms?** If so, does this space have its own protocol to prevent ODs that includes:
  - Regular safety checks?
  - Secured, tamper resistant sharps containers?
  - Locks that can be opened from the outside?
  - Posted washroom OD prevention policy?
  - Doors that open outward?
  - A timer system when washroom door locks?

\*All underlined text is connected to a hyperlink

<http://towardtheheart.com/resource/overdose-prevention-response-protocol-recommendations/open>

**Have regular facility safety site assessments to address OD?** This will ensure a review of all OD prevention & response measures. If ODs happen regularly or there has been an OD death, consider implementing evidence-based OD response practices, including observation tables/rooms for residents to consume substances more safely.

**Does your agency have signage that includes:**

- List of staff who are trained in OD response** (particularly if not all staff are trained)?
- List of clients who are trained in OD response** (voluntary)?
- SAVE ME signs?** Cue people on OD response steps (including those with low literacy).
- Door signs for clients who have naloxone & are trained in opioid OD interventions** (voluntary)?
- A naloxone sign at the front desk?** To inform clients & guests that staff are trained to respond with naloxone.

**Does your agency have client-focused OD prevention such as:**

- How to determine which clients are at risk of OD?** OD risk should be assessed at intake & on an ongoing basis. Clients can be at higher OD risk at different times. A resource for this is: [Housing Opioid OD Risk Assessment Tool](#).
- Developed care plans in collaboration with clients during known times of OD risk.** Can include but not limited to:
  - How to facilitate supporting clients to use alone more safely in their rooms:
    - Encourage clients to inform staff or trusted peer when using substances (with OD potential) in their room to facilitate a follow-up room check (may be via: in-person, phone call, intercom, baby monitor).
    - Timing for room checks should be based on route of administration, time of use, & ease of use.
  - Support client to be trained in OD prevention, recognition & response.
  - Discuss with client when to call 911.
- Addressing stigma?** Is stigma around substance use preventing clients from accessing services?
  - Vertical stigma** – staff to peer.
  - Lateral stigma** – peer to peer.
  - Self-stigma** – self-judgment.
- OD prevention as a standing item on all client advisory groups & staff meetings?** This will ensure continued evaluation, input & feedback from both groups.

## OVERDOSE RESPONSE

**Does your agency:**

- Allow trained staff to administer naloxone to clients in the event of an OD?** Is there a protocol describing this intervention? Is staff trained yearly? Does your agency have naloxone onsite if not, contact [BCCDC](#)?
- Have a shift change checklist that:**
  - Details OD responses that occurred on that shift.
  - Requires a communication log review.
  - Establishes roles & responsibilities of each person on shift in case of an OD (including volunteers/students).
  - Identifies clients with new or increased OD risk.
  - Includes inventory checks of naloxone kit & emergency supplies.
  - Explains how staff can notify the health authority when there is a marked increase in ODs.
- Have a means of emergency communication** (e.g., cell phones, walkie-talkies, panic buttons)?
- Provide clients with access to phone, 24/7?**
- Have system to ensure staff is always reachable** ( e.g., posted phone # &/or staff location when away from desk)?

## POST OVERDOSE INCIDENT FOLLOW-UP

**Does your agency:**

- Debrief with staff & clients following an OD** (Is leadership is aware of provincial Mobile Resource Team resource)?
- Have post-OD intervention duties** (e.g., restocking supplies, reporting: critical incident form, naloxone usage log, naloxone administration, OD response information form, supervisor notification, staff care plan)?
- Make alert posters to notify clients?** After how many ODs? Is a template used? When are posters removed?
- Alert extended community after OD incidents?** After how many ODs? Who is information shared with (managers, health authority, other non-profit organizations)?
- Have a [guide to promote staff resiliency & prevent distress](#) after an OD reversal?**
- Know about this resource: [A Public Health Guide to Developing a Community Overdose Response Plan?](#)

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