

## 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

Does your staff provide:

- 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 train-the-trainer 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 or Harm Reduction Training Site from the BCCDC.
- Have a protocol addressing both onsite & offsite ODs?**
- 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** - including volunteers & practicum students?

### CLIENT INVOLVEMENT

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

- Providing clients with OD prevention, recognition, & response training including providing a naloxone kit onsite?**
- Accessible venues to solicit meaningful client feedback?** A variety of options can be used in combination such as: monthly client peer meetings; client advisory groups; annual anonymous surveys; & a suggestion/complaint box.
- Paid client positions/peer trainers?** Peer trainers are an asset to both client & staff trainings and peer witnessing.
- 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](#).

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- How to develop 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.
- How to address 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.

## 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. Consider knowledge translation, literacy and visual impairedness for materials.

## OVERDOSE PREVENTION

### Does 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. See this [site](#) for more in depth Vancouver Coastal Health (VCH) safer washroom checklist.
- Have public access washrooms?** If so, does this space have its own protocol to prevent ODs that includes:
 

<input type="checkbox"/> Regular safety checks?	<input type="checkbox"/> Secured, tamper resistant sharps containers?
<input type="checkbox"/> Locks that can be opened from the outside?	<input type="checkbox"/> Posted washroom OD prevention policy?
<input type="checkbox"/> Doors that open outward?	<input type="checkbox"/> A timer system when washroom door locks?
- 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 sites/rooms for residents to consume substances more safely. For VCH manual on guidance for housing overdose prevention sites see [this site](#).

### 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 and that training is available on site.

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## 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 emergency naloxone boxes on every floor to allow quick access for clients, guests, and staff to naloxone in the event of an emergency. Contact your local health authority for details.
- 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?](#)
- Know about the VCH [Overdose Outreach Team?](#) for client treatment resource and temporary case management.
- Know about the [online Overdose Community of Practice?](#) Here you can find current posters, updates on trainings, drug checking sites, local forums and minutes for the weekly Community of Practice call.
- Have fentanyl testing strips? Contact your local health authority for info. In Vancouver Coastal

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