OVERDOSE PREVENTION & RESPONSE IN THE CONTEXT OF THE COVID-19 PANDEMIC: RECOMMENDATIONS FOR SOCIAL SERVICE SETTINGS

PURPOSE
To provide guidance for service providers to develop overdose (OD) prevention & response policies & protocols in the context of COVID-19. *Must be adapted to your site.

OD PREVENTION, RECOGNITION & RESPONSE: FIRST AID & HARM REDUCTION TRAINING
☐ Train-the-Trainer – Internal trainers who are supported by health authority educators.
☐ Cardio Pulmonary Resuscitation (CPR) training. This is essential for unregulated care providers working where OD risk is high. Depending on response times/OD severity, higher levels of intervention may be required including chest compressions.
☐ Harm Reduction Training. Knowledge of harm reduction practices is fundamental for staff working with people who use substances (PWUS). Harm reduction training includes: safer use of drugs & alcohol; how to use of harm reduction equipment; access to health care; personal & cultural safety practices; mechanisms for dealing with critical incidents; & how stigma impacts health outcomes for PWUS.
☐ Infection prevention & control (IPAC) Training. Due to the current risks of COVID-19 it is important that staff know how to protect themselves & clients when having direct contact, including responding to ODs.

CLIENT/PEER INVOLVEMENT
*Client involvement is essential for determining the right solutions to issues that concern their wellbeing.
☐ 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 meetings; anonymous surveys; & a suggestion/complaint box.
☐ Provide paid client positions. Paid client duties can include naloxone & overdose response training, substance use supervision/ follow-up, & consumption room supervision & clean-up.

OVERDOSE READINESS
☐ Have a protocol addressing both onsite & offsite ODs.
☐ Have OD response drills including practicing with personal protective equipment (PPE) 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.
☐ Can guests access shared washrooms? If yes, see VCH Overdose Prevention & Response in Washrooms check sheet.
☐ Have naloxone kits & PPE stored throughout the building
Having emergency naloxone accessible to all throughout building will reduce response time to ODs.
☐ Display the provincial posters/stickers from the BCCDC to show that the site has naloxone & that naloxone training is available there for clients.
☐ Have regular facility safety site assessments to address ODs. This will ensure a review of all OD prevention & response measures. If ODs happen regularly or there

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*All underlined text is connected to a hyperlink
has been an OD death, consider implementing evidence-based OD response practices, including Episodic Overdose Prevention Sites (e-OPS) and/or opening onsite consumption rooms.

☐ Provide timely updates to staff with changes to policies/guidelines.

☐ Have a shift change checklist that:
  ☐ Details ODs 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/increased OD risk.
  ☐ Includes inventory checks of naloxone kit, emergency & PPE 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.

☐ Provide information about the Life Guard app. This is a timer app that is a direct dial to Emergency Health Services. Not all clients will want staff to know about substance use.

☐ Have system to ensure staff is reachable (e.g., posted phone # &/or staff location).

**DESIGNATED SUBSTANCE USE AREA**

Does your building provide an area for clients to consume substances under the supervision of staff/paid clients? See VCH Housing Overdose Prevention Site Manual for more information.

☐ Topics to consider:
  ☐ Who will monitor room?
  ☐ Will you have a camera in the room?
  ☐ Will it be open 24 hours?
  ☐ What equipment will be kept in the room?
  ☐ Can clients use any substance in the room?
  ☐ Who will clean the room? How often?
  ☐ How long can clients stay in the room?
  ☐ What to do if clients need assistance with administering substance?
  ☐ Can clients administer their substance through any route (e.g., injection, smoking, snorting, oral, rectal) in the room?
  ☐ How will data be logged/reported – such as ODs, incidents, shifts, cleaning, alerts etc.

**POST OVERDOSE INCIDENT FOLLOW-UP**

☐ Debrief with staff & clients following an OD.
  Are you aware of the BC Provincial Mobile Response Team? They can brief and provide psychosocial support for ODs and other critical incidents.

☐ 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. Consider the following:
  When does your agency post (e.g., after how many ODs); a poster template; & when posters are removed.

☐ Alert extended community after OD incidents. Consider the following:
  After how many ODs; who is information shared with (e.g. managers, health authority, other non-profit organizations)?

☐ Have a guide to promote staff resiliency & prevent distress after an OD reversal.

☐ Connect client(s) with Overdose Outreach Team for temporary case management support & information on BC withdrawal management/risk mitigation prescribing.