

# OVERDOSE PREVENTION & RESPONSE PROTOCOL RECOMMENDATIONS FOR SERVICE PROVIDERS



## PURPOSE

Provide guidance for service providers to develop overdose (OD) prevention and response policies and protocols.

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

Does your staff have:

- OD prevention and response training?** Provincial training resources and a [Training Manual](#) can be found at [TowardTheHeart.com](#). Contact your local health authority for training support.
- First Aid Training** that includes responding to overdoses? This is essential for unregulated care providers working where overdose risk is high.
- 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 and alcohol; appropriate use of harm reduction equipment; access to health care; personal and cultural safety practices; and mechanisms for dealing with critical incidents. Contact your local health authority for training opportunities. Access the online [Harm Reduction Training](#) from the Course Catalogue Registration System (CCRS).

## CLIENT INVOLVEMENT

Does your agency:

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

## SUBSTANCE USE PROTOCOL

Does your agency:

- Have a substance use protocol** (example found [here](#))? Policies that force drug use off site (or to be hidden) increase risk of undetected ODs, and greatly diminish your staff's ability to intervene effectively.
- Have punitive sanctions or a Residential Tenancy Agreement that states that "any drug-related criminal activity" is a reason for end of tenancy?** This will likely inhibit communication about drug use and overdoses.
- Have a substance use protocol known by all clients?** Share it with clients in casual conversations or posters.

## 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 and offsite ODs?**
- Track staff training?** Does training happen yearly?
- Have an agency staff trainer** (or an external resource)? This will help with timely new staff and client trainings.
- Have OD response drills at regular intervals at each facility in your agency?**
- Identify quiet corners where clients and their guests might use substances and be at risk for OD?** e.g. bathrooms, stairwells and develop a system for regularly checking these spaces.
- Have a public bathroom?** 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 bathroom protocol for clients to see?
  - Doors that open outward?

\*All underlined text is connected to a hyperlink

**Have regular site assessments?** This will ensure a review of all OD prevention and response measures. **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 and stickers for clients who have naloxone and are trained in opioid OD interventions** (voluntary)?
- A naloxone sign at the front desk?** To inform clients and 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 and 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](#).
- Developing 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 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, and ease of use.
  - Support client to be trained in opioid OD prevention and response.
  - Discuss with client when to call 911.
- Addressing stigma in your agency?** Is stigma about 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 and staff meetings?** This will ensure continued evaluation, input and feedback from both groups.

## OVERDOSE RESPONSE

**Does your agency:**

- Allow trained staff to administer naloxone to clients in the event of an overdose?** Is there a protocol describing this intervention? Is staff trained yearly? Does your agency have naloxone onsite?
- Have a shift change checklist that:**
  - Details overdose responses that occurred on that shift.
  - Requires a communication log review.
  - Establishes roles and responsibilities of each person on shift in case of an OD (including volunteers/students).
  - Identifies clients with new or increased OD risk.
  - Include inventory checks of naloxone kit and emergency supplies.
- Have a means of emergency communication?** e.g. cell phones, walkie-talkies, panic buttons.
- Provide clients with access to phone, 24/7?**
- Have a system to ensure staff is always reachable?** e.g. posted phone number and/or staff location.

## POST OVERDOSE INCIDENT FOLLOW-UP

**Does your agency:**

- Debrief with staff and clients following an OD?**
- Have post-OD intervention duties?** e.g. restocking supplies, reporting: critical incident form, naloxone usage log, naloxone administration, OD response information form?
- 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 and prevent distress](#) after an OD reversal?**

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