# Providing Supplemental Oxygen During Overdose Response: Fact Sheet for Non-Regulated Providers

April 1, 2026

The BC Ministry of Health is expanding who can administer supplemental oxygen during suspected overdose (drug poisoning) response. The new *Regulated Health Practitioners Regulation* allows more responders to provide supplemental oxygen during a suspected overdose. This change came into effect on **April 1, 2026**.

This document is intended to provide information following the change in regulation, and answers questions about safely providing supplemental oxygen during overdose response for organizations and overdose responders. This document is not a legal or regulatory requirement.

**Key messages**

- As of April 1, 2026, the BC Ministry of Health is implementing a change that will allow more responders to provide supplemental oxygen while responding to suspected overdose.
- Overdose responders should follow their organization's policies around providing supplemental oxygen.
- Responders who give oxygen during overdose response should have relevant education and hands-on training.
- Supplemental oxygen does not need to be provided in all overdose responses and may not be appropriate or feasible in all settings.
- Supplemental oxygen should never replace calling 911 and providing naloxone and rescue breaths, which should always be given to reverse opioid poisoning, restore breathing, and support oxygen flow.

## How are the regulations changing?

Providing supplemental oxygen is a restricted activity. Only certain regulated healthcare providers (such as nurses) are normally able to provide supplemental oxygen.

However, with this regulation change, there is an exemption to this restriction during suspected overdose response and organizations can now support non-regulated staff to provide supplemental oxygen during suspected overdose response.

## Who can provide supplemental oxygen during overdose response?

As of April 1, 2026, non-regulated staff (such as peer workers, mental health workers, overdose prevention service staff, etc.) can provide supplemental oxygen during overdose response.

This change does **not** mean that everyone should provide supplemental oxygen during overdose response. There are important factors to consider before providing supplemental oxygen, including training and education requirements, equipment, and safety.

BCCDC recommends that you should only provide supplemental oxygen during an overdose response if:

- Your organization has training, equipment, and policies to provide supplemental oxygen during emergency response, and
- You have training in **both** basic opioid poisoning response and in providing supplemental oxygen, and
- It is only while waiting for Emergency Health Services (EHS) to arrive or until breathing returns to normal, whichever comes first.

## What if my organization does not support me to provide supplemental oxygen?

Follow your organization's policies on providing supplemental oxygen. It is up to your organization to decide if providing supplemental oxygen as part of overdose response is feasible and appropriate for their specific setting.

If your organization does not support you to provide supplemental oxygen, know that giving supplemental oxygen during an overdose can have benefits, but is not necessary.

Research shows that giving rescue breaths using a mouth-to-face mask device (such as a CPR face shield or pocket mask) allows responders to give oxygen effectively until EHS arrives or naloxone restores breathing.

When responding to an overdose, follow the SAVE ME steps found here.

## What should overdose responders consider when providing oxygen?

- **Always call 9-1-1** if you suspect someone is experiencing an overdose and follow the SAVE ME steps to respond. Oxygen should not be given as an alternative to calling EHS.

- Oxygen should never replace naloxone and rescue breaths. Naloxone and rescue breaths should always be given to reverse opioid poisoning and restore breathing.
- Oxygen should only be provided for a short amount of time while waiting for EHS arrive. Oxygen should be stopped once breathing returns to normal.
- There are risks to providing supplemental oxygen. Even during an overdose, providing supplemental oxygen can have potential negative effects, so only those who are trained should provide it.
- Nurses and other regulated professions should continue to follow their regulatory college guidance on providing supplemental oxygen.

## What should organizations consider regarding providing supplemental oxygen?

- **Training**
  Organizations must ensure that staff who provide supplemental oxygen have the appropriate education and hands-on training and feel comfortable doing so.
- **Safety Practices**
  Oxygen is a compressed gas which is risky if handled incorrectly. Oxygen increases fire risk and must be handled and used carefully, following safety protocols. It should only be used briefly during emergencies, alongside naloxone, and stopped once normal breathing returns.
- **Supplies & Storage Requirements**
  Organizations should ensure that supplies are available and checked regularly. Oxygen must be stored safely, away from heat sources, open flames, and significant temperature changes. Clear procedures should be in place for fire safety in areas where oxygen is stored and used.
- **Policies & Protocols**
  Organizations should have policies and protocols about occupational health and safety, staff training, storage, equipment maintenance, and safe transport of oxygen.

## Where can I learn more about providing supplemental oxygen?

Organizations that provide oxygen as part of overdose response should develop plans for education and training, staffing and response capacity, complex drug poisoning presentations, supplies, and safety.

Your **regional health authority** may have further guidance and resources available on oxygen provision in suspected cases of overdose. Please contact your Regional Harm Reduction Team for further information.