

<<Organization Name>>		<<Organization Logo>>
POLICY		
OPIOID OVERDOSE PREVENTION, RECOGNITION AND RESPONSE		Page 1 of 5
AUTHORIZATION: <<name/dept>>	DATE APPROVED: <<MM/DD/YYYY>>	CURRENT VERSION: <<MM/DD/YYYY>>

HISTORY OF REVISIONS

Version	Date	Comments/Changes
1.0	<<MM/DD/YYYY>>	Initial Policy Released

PURPOSE

To prevent fatal opioid overdoses at <<Organization Name>>

SCOPE

This policy and procedure applies to <<who?>> <<where?>>

DEFINITIONS <<modify as required for your organization>>

Client: Any individual using the facilities or services of the organization.

Facility Overdose Response Box (FORB): A hard sided box containing naloxone, syringes, gloves and a breathing masks.

Naloxone: Antidote to an opioid overdose. Naloxone can restore breathing following an opioid overdose and can be given by injection or intranasally. Naloxone is unscheduled in British Columbia meaning emergency use naloxone can be sold anywhere (including outside pharmacies) and purchased by anyone. Under BC law, anyone is able to administer naloxone in an emergency situation outside of a hospital setting.

Opioid Overdose: An acute life threatening condition caused by using an excess amount of opioids. Opioids can slow or stop a person's breathing.

Opioid: A class of drug, sometimes referred to as opiates. Opioid drugs are derived from the poppy such as morphine and codeine ('opiates') as well as synthetic or partially synthetic formulas such as heroin, oxycodone, methadone and fentanyl. Opioids are used to treat pain.

Facility Overdose Response Box Site Coordinator: The individual at a facility/program responsible for liaising with the BC Harm Reduction Program with respect to participation in the FORB Program, and accountable for submitting documentation to the BC Harm Reduction Program when naloxone is used.

Shift Supervisor: The individual in charge of the daily operations of a facility or program for a given shift.

Staff: Any employee or volunteer at the organization.

Trained Overdose Responder: Any employee of the organization that has completed training in Overdose Prevention, Recognition and Response, including administration of naloxone, and has met the competencies identified by the BC Harm Reduction Program (Appendix 2).

POLICY <<modify as required for your organization>>

<<Organization Name>> is committed to opioid overdose prevention, recognition and response. This policy will support staff in preventing and intervening in opioid overdoses at this organization.

1) Minimum Standard

- a) All staff will be able to identify an opioid overdose, and respond with rescue breathing and phoning 911.
- b) In addition, staff trained in naloxone administration may choose to give naloxone in addition to rescue breathing and calling 911, depending on the circumstances and their comfort level.
- c) At least one staff member with training in naloxone administration will be available at all times.
- d) Clients will be encouraged to obtain Take Home Naloxone Kits (THN) and will be permitted to retain possession of them at all times while accessing services or the facility. *(if applicable)*

2) Education and Training

a) Initial Training of Staff

- i) Training for all staff will include:
 - (1) Overdose Prevention;
 - (2) Overdose Recognition;
 - (3) Overdose Response without naloxone (rescue breathing and 911);
 - (4) This Policy and Protocol.
 - (5) A walkthrough of the site *(if applicable)* to identify high risk areas

- ii) Training for staff that will be permitted to administer naloxone will include:
 - (1) All training under 2)a)i) 'Initial Training of Staff';
 - (2) Naloxone administration;
 - (3) Requirements for participating in the FORB Program, including documentation of naloxone usage.

iii) <<Will your staff require any additional training?>>

b) Competencies

- i) In order to be a trained overdose responder an employee must have received the training described in 2)a) and meet the required competencies for the FORB Program, found in Appendix 2 of this policy.

c) Ongoing Training of Agency Staff

- i) Overdose response drills will be held <<insert how often>> at every site within the Organization;
- ii) Refresher training will be held yearly.

d) Documentation of Staff Training

- i) The Organization will retain records of staff training, including documentation of staff that have the required competencies to administer naloxone.

e) Training of Clients

- i) Clients will be encouraged to attend THN training and obtain kits where appropriate << *this is a good idea but may not be appropriate for all sites. Could THN training be scheduled on site? Clients are often the first on scene, so training them to participate in the response and equipping them with naloxone is valuable.*>>

3) Overdose Preparedness: Prevention and Early Recognition

- a) Overdose prevention will be integrated into communication with clients, through posters and/or conversations;
- b) All clients will be made aware of this policy and protocol and that staff at the organization have access to naloxone;
- c) Clients will be encouraged to be aware of potential overdoses and to report any suspected overdose to staff immediately;
- d) A regular schedule for staff monitoring of high risk areas (like bathrooms or rooms) will be followed and documented; *(if applicable make a list of these areas)*
- e) Drop-in staff will continuously monitor clients that appear to be sleeping by checking on them and making sure they are safe; *(if applicable)*
- f) Signs will be posted that inform clients of the availability of naloxone and trained staff.

4) Overdose Response Supplies

- a) Overdose response supplies, including naloxone, will be ordered from the BC Centre for Disease Control. The FORB Site Coordinator will be responsible for placing orders based on the naloxone usage log and regular monitoring of the supply levels;
- b) The FORB box will be stored <<insert where the box will be stored>>. The location of the naloxone will be clearly marked with a sign. All naloxone will be stored within the overdose response box;
- c) Staff are responsible for confirming available supplies at the beginning of shift, and informing the FORB Site Coordinator when there are <<insert number of doses>> of naloxone remaining;
- d) The <<FORB Site Coordinator?>> will be responsible for monitoring the expiry dates of the naloxone, and this will be checked <<how often?>> and documented. Unused medication that expires will be disposed of at a pharmacy.

5) Overdose Response

- a) Process:
 - i) The Protocol for overdose response (both with and without naloxone) is found in Appendix 1 <<multiple protocols have been provided for you to choose from, or you can create your own.>>
 - ii) The Protocol will be posted within the Organization. Instructions will also be available inside the FORB box;
 - iii) Staff are encouraged to work together, delegate tasks, and involve clients where possible. <<if this is true, insert: However, staff may be responding to overdoses alone;>>
 - iv) While all staff are expected to do rescue breathing and call 911, only staff trained in naloxone administration are permitted to give naloxone. No staff are required to give naloxone in the event of an overdose.
- b) Requests to Attend Off-Site Overdoses:
 - i) The Agency **does not** require or request that staff leave the facility to respond to overdoses;
 - ii) *Statement of agency policy – choose one of the 2 following options, whichever you feel is best for your organization, clients and staff.*
 - (1) Staff may NOT leave the facility;
<<OR>>
 - (2) Staff may decide to do leave the facility to respond to overdoses only if the safety of clients and other staff is ensured.
 - (a) Staff may only consider leaving the site if there are two staff trained in overdose response available (over and above the minimum staffing levels of <<how many are required to continue to run your site safely?>> staff to remain on-site);
 - (b) A single staff member must never respond alone;
 - (c) Both responding staff must be trained in rescue breathing, but only one needs to have training in naloxone administration;
 - (d) Staff deciding to leave the site must take a cell phone;
 - (e) In deciding whether to leave the site, staff should consider whether the weather conditions or other hazards will negatively affect their safety;

- (f) Staff must never respond outside the designated response zone of <<specify – how many meters/blocks radius?>>
- c) Documentation of Overdose Response and Naloxone Administration-
 - i) All staff that respond to an overdose will complete:
 - (1) <<Specify documentation requirements for your site - any Critical Incident Forms? And the time frame for completing it;>>
 - (2) <<It is suggested that sites utilize the Naloxone Usage Log provided to them by the FORB Program to track naloxone usage – however, this form is not collected by the BC Harm Reduction Program.>>
 - ii) All staff that administer naloxone from the FORB box must complete the ‘Overdose Response and Administration of Naloxone Information Form’ from the FORB Program on the same day as the naloxone administration. <<How will staff let the FORB Site Coordinator know that the form has been completed? Orders for more naloxone will not be processed without documentation of how the naloxone has been used.>>

6) Debriefing and On-Going Support for Staff

- a) The Organization recognizes that responding to an overdose can be a stressful experience;
- b) Following each overdose response <<describe how your agency will debrief following an on-site overdose;>>
- c) Describe what on-going support will be available to staff (and clients if possible – on-site overdoses are stressful for clients too).