# 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**

**Naloxone & overdose prevention & response training**. Current [Responding to Opioid Overdose Protocol](http://www.bccdc.ca/Health-Info-Site/Documents/COVID19_RespondingToOpioidODsInOPS_SCS.pdf) recommended by the British Columbia Centre for Disease Control (BCCDC) for COVID-19 pandemic.

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.](http://www.vch.ca/Documents/Washroom-Checklist-Service-Settings.pdf)

**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](https://towardtheheart.com/resource/naloxone-on-site-and-naloxone-training-stickers/open) **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 has been an OD death, consider implementing evidence-based OD response practices, including [Episodic Overdose Prevention Sites (e-OPS)](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_EpisodicOPSProtocolGuidelines.pdf) and/or opening onsite consumption rooms.

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

**Have a shift change checklist that:**

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| Details ODs that occurred on that shift. | Identifies clients with new/increased OD risk. |
| Requires a communication log review. | Includes inventory checks of naloxone kit, emergency & PPE supplies. |
| Establishes roles & responsibilities of each person on shift in case of an OD (including volunteers/students). | 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](https://lifeguarddh.com/).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](http://www.vch.ca/Documents/Housing-overdose-revention-site-HOPS-Manual.pdf) for more information.

**Topics to consider:**

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| Who will monitor room? | Who will clean the room? How often? |
| Will you have a camera in the room? | How long can clients stay in the room? |
| Will it be open 24 hours? | What to do if clients need assistance with administering substance? |
| What equipment will be kept in the room? | Can clients administer their substance through any route (e.g., injection, smoking, snorting, oral, rectal) in the room? |
| Can clients use any substance 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?](BC%20Provincial%20Mobile%20Response%20Team) 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](http://towardtheheart.com/assets/uploads/1498603569uLoegEpvU14s7SqwcwLiarQYrM2ce2RW66ET9NW.pdf) **after an OD reversal.**

**Connect client(s)** with [Overdose Outreach Team](http://www.vch.ca/locations-services/result?res_id=1422) for temporary case management support & information on BC [withdrawal management/risk mitigation prescribing.](https://sneezesdiseases.com/covid-19-community-resources)