

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](#) 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](#).
- 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

Version 7 Overdose Response, COVID-19

*All underlined text is connected to a hyperlink

https://sneezesdiseases.com/assets/wysiwyg/OD%20response%20in%20social%20service%20settings%20%2B%20COVID%20checklist_V7.pdf

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?
 - 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?
 - 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?](#) 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](#).**